In July 2018, I began the first year of my two-year term as the ANA-Idaho president. It has been a busy year with so much success for Idaho nurses and the association. None of these successes would have happened without the partnership of an engaged board of directors and the support of an ever increasing membership of nurses throughout Idaho. I believe in what the nurses association offers to nurses and to people in Idaho that need nursing care, and I appreciate the support that nurses have given to the association over the past year.

I want to highlight some of the major successes of ANA-Idaho in the past year, and then detail some of the current plans for the next 12 months.

- Relocating the ANA-Idaho office back to Idaho: In 2004 the Idaho Nurses Association (INA) board was faced with the same issues that faced other rural state nurses associations; a declining membership and insufficient revenue to maintain a home state presence. Like other states, INA decided to hire a membership management organization. The one chosen was headquartered in Atlanta, Georgia. In 2009 the national ANA refocused state affiliate management into regions, Idaho, along with other Western state organizations, became managed by the Arizona Nurses Association. The success of this management plan resulted in increasing membership and sufficient revenue so that by 2018 the organization was positioned to open an office back in Idaho and focus on growing ANA-Idaho from within the state. In July 2018 this happened...
An emerging body of work on moral injury is capturing the attention of medical providers and scholars nationwide. Moral injury, most associated with the effects of war on soldiers, represents “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (Talbot & Dean, 2018, p. 5). This concept is a profound and unwelcome threat to healthcare workers and is often mischaracterized as burnout (Kent, 2019; Talbot & Dean, 2018). Burnout is manifest in exhaustion, sacasm, and decreased productivity. Researchers however believe it is merely a symptom of moral injury — the point at which resilience is completely exhausted (Kent, 2019; Talbot & Dean, 2018). Talbot and Dean (2018) add that moral injury in healthcare is manifest as an inability to give high quality care in the context of a broken healthcare system. Nurses are particularly vulnerable to moral injury and report feeling unable to meet patient needs consistently as a consequence of unalterable workloads and unpredictable maelstrom (Hawkins, 2017). While additional research is needed on moral injury among nurses, it is both instructive and encouraging and unpredictable maelstrom (Hawkins, 2017).

Injury and report feeling unable to meet patient needs across the state. In each feature, attend to the level of engaged and passionate scholarship. Think about the reality crises that lie at the heart of fostering wellness in patients, providers, and the public.

Last, enjoy, appreciate and celebrate your peers from across the state for their accomplishments! Idaho nurses make this state great!

References


The healthcare industry is one of the fastest growing sectors of the United States economy (Bureau of Labor Statistics 2019), and we are in need of more than just pharmacists, nurses, and physicians. We need administrators who understand the pressures that practitioners face. We also need practitioners who understand the decision-making processes involved in the business of healthcare. Boise State University is developing inter-disciplinary classrooms and projects to create just such a workforce.

Clinical associate professors Dr. Shelle Poole and Dr. Renee Walters are involved in one of Boise State’s innovative and forward-looking interdisciplinary projects. Students from the School of Nursing and the College of Business and Economics are tasked with combining their education and experience to present timely, cost-effective solutions to current, relevant problems. Regarding the significance of such projects, Dr. Poole explains “The goal is for business students to understand the vertical market of healthcare, which is one of the largest employers in the state of Idaho. It is also essential for nurses to understand the business side of patient care. Although nurses are highly trained, they have not generally been trained to see themselves as part of the complex business of the healthcare system. We would like to adjust that.”

Each class conducts a unique interdisciplinary project aimed at addressing current issues facing healthcare. When Hurricane Maria hit in fall 2017, healthcare relief efforts experienced a significant supply shortage, especially in saline solutions and IV bags (Saker & Rudavsky, 2018; Weber, 2018). In the spring 2018 semester, business and nursing students were asked to consider this pressing issue and present solutions as teams as if they were making a humanitarian or business case for industry action.

Students in both departments benefit from interdisciplinary projects in many ways. In addition to developing an understanding of other disciplines, appreciation and trust are key. “Interactions outside of the nursing discipline will enhance their effectiveness as communicators as well as their skills in problem-solving, collaboration, and creative thinking. Developing a deep-seated appreciation for the unique value and contribution of others is a core value in healthcare,” says Dr. Walters.

In the growing and quickly evolving world of health care, business leaders and healthcare practitioners will co-exist, working as partners to develop the breakthroughs for building a sustainable and accessible health care model for the future.

References
our primary objectives are to help increase the attendance and benefits to attendees. Because we often compete for event space, attendees, sponsors and Idaho often has the same people at each conference, a collaborative conference is an exciting opportunity. We believe it will be very successful and will result in better attendance and nurse representation.

• Student Engagement: Students are our future and the success of the organization depends on students having a good experience with the professional organization, so that when they graduate, they become sustaining members. Therefore, ANA has pledged our support to the Idaho Nursing Student Association this year to help them re-establish a state organization and an affiliation with the National Student Nurse Association.

• Membership Engagement. The board is looking to continue the increase in membership numbers. For four of the last six months, Idaho has been the leader in ANA membership growth. Our website supports communication with both currently active members and website followers, who can be students or potential future members. The website which is linked to other social media and RN Idaho continue to be the best methods of communicating with nurses.

ANA will continue to work collaboratively with all of the state nursing organizations and to represent issues that are important to nursing professionals. We support the full implementation of the Value Pricing Project that will keep dues low and look toward increased membership presence in the Idaho legislature. We support and build connections on boards, joining community groups and participating as affiliate organizations of the Idaho Center for Nursing. As Idaho’s premier nursing representative organization, the future is bright!

Welcome new RN Idaho Editorial Board Member

Pamela Gehrke EdD, RN

We are pleased to welcome a new member of the Editorial Board: Pamela Gehrke is an Associate Professor in the School of Nursing at Boise State University where she is the Coordinator for the Post-Master’s Doctorate of Nursing Practice program. She has taught nursing undergraduate, masters, and doctoral students at Boise State for 32 years. She is one of Boise State University’s eight Idaho Professors of the Year recognized by the Carnegie Foundation. Gehrke’s research focuses on civic engagement, political advocacy, and nursing. Her clinical expertise is in public health, school, rural, and faith community nursing. She presents on policy advocacy in nursing and strategies to increase nursing’s involvement in civic and political processes. Gehrke received an AS from Lewis-Clark State College, a BS degree in nursing from Southern Oregon State College (now Southern Oregon University), an MS from the University of Portland, and an EdD from Boise State University.

Nursing Instructor

Instructor will provide instruction to post-secondary students in assigned content area, both technical and general education and other related activities.

Minimum Qualifications:

• Obtain CE certification within three years and maintain it throughout employment time,

• Master’s degree in nursing or enrolled in a master’s degree in nursing

• Five years’ experience in medical surgical nursing.

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Pamela Gehrke

Pamela Gehrke

Russ Barron as New Executive Director

Idaho Board of Nursing Announces

Russ Barron as New Executive Director

Judy Taylor, MSN, RN, Chairperson for the Idaho Board of Nursing (BON), announces the hiring of Mr. Russ Barron as Executive Director effective June 10, 2019. He comes to the BON from the Idaho State Department of Health & Welfare where he had administrative responsibilities to oversee statewide operations of all department programs and services. These included state hospitals and treatment centers, managing a budget of more than $3 billion, and leading more than 2,900 employees. He was successful in directing transformational projects that positively impacted quality, timeliness, service delivery, customer satisfaction, and employee morale.

Before his last role, he was the Deputy Director of the Department of Health & Welfare’s administration, overseeing administration for the Division of Family and Community Services. In these administrative capacities, he was tasked to oversee programs involved with child welfare, children with developmental disabilities, and infant/toddler services. He was formerly the Southwest Idaho Treatment Center for individuals with developmental disabilities, the statewide Services Navigation Program and the Idaho 211 CareLine.

Prior to his role as Deputy Director, Russ served as the Administrator of the Division of Welfare for nine years overseeing several programs including the Supplemental Nutrition Assistance Program (SNAP), Child Support, Cash Assistance, and Medicaid Eligibility. He directed the implementation of the largest changes this division had experienced in more than 20 years. These changes included re-engineering statewide business processes and implementing a new automated eligibility system costing $30 million, resulting in improved quality and customer service through increased efficiency and productivity. These improvements resulted in additional funding from the federal government for exceptional performance in SNAP for several consecutive years, and it remains the highest performing division in the country. Through collaborating and partnering he also led the implementation and operation of one of the most successful state-based health insurance exchanges in the country.

Russ received his bachelor’s degree in business management from Abilene Christian University, Abilene, Texas, and his Master of Business Administration degree from Boise State University. Russ and his wife, Michelle, have two sons and two daughters.
Background
Prior to the development of vaccines and the vaccination program in 1963, an estimated three to four million people in the U.S. got measles each year. The number of deaths per year was over 100,000 people in 2017; most of these deaths were in children under age five (CDC, 2019a). Unfortunately, there have been recent outbreaks of measles throughout the United States attributed to a decline of routine childhood vaccination. In 2018, 182 cases were reported predominantly in New York State, with a high concentration in New York City, and in New Jersey, primarily among unvaccinated people (Kennon, 2019). In 2017, Minnesota experienced a 75-case outbreak in a community with poor vaccination rates (CDC, 2019b). These outbreaks have been linked to travelers arriving from European and Asian countries where large measles outbreaks are occurring (CDC, 2019b). These outbreaks pose a serious threat to the children under five years, adults over 20 years, and those medically unable to be vaccinated such as immunocompromised individuals, newborns under one year old, and those with severe allergies, etc.

The Measles Vaccine
Vaccines in the United States are routinely tested and evaluated to ensure their safety and effectiveness before being licensed by the United States Food and Drug Administration (FDA) and recommended by the CDC and departments of health (National Immunization Program, 2017). The CDC also provides a recommended schedule of immunizations according to age (CDC, 2016b, 2019e).

According to the CDC (2015, p. 208), the measles virus is a weakened live virus. It is a paramyxovirus, genus Morbillivirus that was first identified in 1934. The vaccine was developed in 1963 and its history and composition are shown in Figure 1. The 1997 study by Andrew Wakefield caused an unrelenting public fear and fuel for the anti-vaccinators by suggesting the measles, mumps, rubella (MMR) vaccine was causing a developmental disorder in children (Wakefield et al., 1998). The study has since been discredited and retracted from publication but the fear and anti-vaccination sentiment continues to question the safety of vaccinations and linking the MMR with autism (Seppa, 2010).

History of the Measles Vaccines

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1963</td>
<td>Live attenuated and inactivated “killed” vaccines</td>
</tr>
<tr>
<td>1965</td>
<td>Live further attenuated vaccine</td>
</tr>
<tr>
<td>1967</td>
<td>Killed vaccine withdrawn</td>
</tr>
<tr>
<td>1968</td>
<td>Live further attenuated vaccine (Edmonston-Enders strain)</td>
</tr>
<tr>
<td>1971</td>
<td>Licensure of measles-mumps-rubella vaccine</td>
</tr>
<tr>
<td>1989</td>
<td>Two dose schedule</td>
</tr>
<tr>
<td>2005</td>
<td>Licensure of measles-mumps-rubella-varicella vaccine</td>
</tr>
</tbody>
</table>

Measles Vaccine Composition: live virus
- Efficacy: 95% at 12 months of age, 98% at 15 months of age
- Duration of Immunity: lifelong

Schedule: two doses should be administered with mumps and rubella as MMR or with mumps, rubella and varicella as MMRV

Single-antigen measles vaccine is not available in the United States

Figure 1. History and composition of the measles vaccine. (CDC, 2015, p. 217).

Washington State’s Experience
Recent measles outbreaks in the state of Washington and across the U.S. have prompted the writing of legislation in an attempt to control the further spread of measles. Other states may benefit from Washington’s progress in advancing legislation to improve measles vaccination rates and in addressing personal and philosophical exemptions.

The vaccination rate for Washington State’s kindergarten children in the 2017-2018 school year was 86% (Kolan, 2019). This was a significant decline from the WA DOH’s and CDC’s recommendation of 95% and resulted in numerous cases of measles throughout the state. As a result, Washington state legislators proposed bills to improve the vaccination rates to meet the WA DOH and CDC recommended standards. Greater than 95% coverage rate ensures measles herd or community immunity in which vulnerable populations would be protected from vaccine-preventable infectious diseases (Majumder, Cohn, Mekaru, Huston, & Brownstein, 2015).

Legislation
Washington’s Engrossed HB 1638: Promoting Immunity Against Vaccine Preventable Diseases was introduced by Representative Harris of Vancouver in January and was signed into law by Governor Jay Inslee on May 10, 2019. It will go into effect at the end of July 2020 (Washington State Legislative, 2019).

This new Washington law provides guidance for physicians, licensed naturopaths, and advanced practice registered nurses (APRNs) and focuses, in part, on the requirements for measles Minigrant at centers attending any public or private school or licensed day care center in Washington. Of significance, the law no longer allows personal or philosophical exemptions for MMR vaccination.

Economic Factors
Immunization legislation in the U.S. has been prompted by economic and legal considerations. The financial input. A modest 5% decline in MMR vaccine coverage for children between two to 11 years of age would result in $21.2 million or $20,000 per measles case in economic cost to the public sector (Lo & Hotze, 2017). According to the CDC projections, the costs would be significantly higher if unvaccinated infants, adolescents, and adults were to be considered. As of late February 2019, the Seattle Times reported that Washington State has surpassed $1 million in expenditures due to the measles outbreaks (Goldstein-Street, 2019).

In Minnesota, the 2017 measles outbreak resulted in $2.3 million in attempts to contain the outbreak (lannell, 2018). Furthermore, Minnesota spent over 10,000 personnel hours responding to and controlling the outbreak of 2018 (lannell, 2018). If vaccination rates continue to decline, states will continue to spend countless taxpayer dollars on an epidemic of a vaccine-preventable infectious disease that could have easily been avoided.

Legalities
At the present time, there are laws across all 50 states that specify a “personal” or “philosophical objection” as a reason for not immunizing against measles. Oregon laws support medical (temporary or permanent) and non-medical exemptions that include personal, religious, or philosophical reasons. Idaho law currently allows a parent or guardian to claim an immunization exemption for their child for medical, religious, or other reasons. During the last legislative session, Idaho House Bill 133: Immunization Exemptions requiring schools and daycare centers to accept immunization exemption forms from parents and guardians was “held without action” after passing the House (McGrane, 2019).

Stakeholder Perspectives
In a study conducted by Kurup, He, Wang, and Shorey (2017), parents’ perceptions of childhood vaccinations were evaluated to identify factors promoting and impeding vaccination. Identified factors that promoted vaccination included the parent’s trust in the government and healthcare system; perception that the vaccination was a necessary precautionary measure; fear of contracting a vaccine-preventable disease; and adherence to the mandatory vaccination schedule (Kurup, He, Wang, Wang, & Shorey, 2017). Factors that impeded compliance included parent’s uncertainty on the safety of vaccines; perception of unwanted side effects such as fever, allergic reaction or possible developmental delay; confusion about vaccination schedule; or exclusion of certain vaccines based on the parent’s perception of the disease having a low severity (Kurup, He, Wang, Wang, & Shorey, 2017). These findings have implications for APRNs to increase parent education and immunization awareness.

Another study conducted by the Pew Research Center in 2015 concluded that individuals who are considered as politically “liberal” are more likely to express anti-vaccine sentiments. However, “conservative” respondents expressed a more pro-vaccination view (Baumgaertner, Carlisle, & Justwan, 2018). However, The New York Times reported from 2011-2017, state lawmakers, predominantly Republicans, introduced over 150 bills that would “make it easier to obtain exemptions from vaccine policies” (Dias, 2019, p. 1).
Resurgence of Measles continued from page 5

Many individuals including some parents believe that eliminating personal and philosophical exemptions impinges on the parental right to choose and obstructs “the legal right of citizens to exercise freedom of thought, conscience and informed consent when making vaccine decisions for themselves and their children” (Shihavy, 2019, p. 1). In states such as California and Vermont, where personal and philosophical exemptions have been eliminated, there has been an overall increase in their vaccination rates (Kolan, 2019).

Other stakeholders in this issue include those vulnerable individuals who cannot be vaccinated such as newborns, the immunocompromised, and pregnant women. Parents of newborns who are under the care of vaccinated are avoiding public places and voicing fear of encountering the unvaccinated.

Implications for the Advanced Practice Registered Nurse and All Nurses

As leaders, advocates, and members of the health care team, it is of utmost importance that all nurses utilize the best evidence and resources from the CDC (CDC, 2018a, 2018b, 2019b, 2019d) for guiding immunization therapy, understanding federal and healthcare professional immunization requirements, and accessing patient/consumer education tool such as Vaccine Instruction Statement (VIS) sheets outlines the benefits and risks of vaccines to recipients of care.

Of equal importance, APRNs should unite with professional organizations such as the American Academy of Pediatrics (AAP), the Association of Nurse Practitioners (AANP), and the National Association of Pediatric Nurse Practitioners (NAPNAP) to help advance the organizations’ mission, vision, and goals in protecting patients and the public against vaccine-preventable disease outbreaks. The AAP “has made the elimination of nonmedical vaccination exemptions its top priority this year” (Dias, 2019, p.1). The AAP urges patients to work with their health care providers to make informed decisions about vaccinations and stresses how nurse practitioners (NPs) provide essential patient education on disease prevention, vaccines, and ways to protect individual, their families, and communities (American Association of Nurse Practitioners, 2019).

The NAPNAP has endorsed the CDC’s Immunization Information Systems (IIS) as an essential database for health care providers to track individual histories of vaccine use and for tracking and reporting aggregate vaccination data for surveillance and use in public health. The IISs are databases or computer registries that record vaccination doses administered by healthcare professionals in a given geographical location (American Academy of Pediatrics, 2018). Such systems allow for the identification of under- or over-immunized children, monitoring of immunization rates, and improvement in vaccination rates (American Academy of Pediatrics, 2019). They also offer the healthcare provider immediate access to vaccination records. Furthermore, ISIs allow for multidisciplinary and interprofessional collaboration by communicating and documenting vital patient information that can quickly and easily be shared between different healthcare providers.

Conclusion

A decline in vaccination rates across the U.S. continues to pose a serious threat to our health and the health of our community. Policies must be drafted, established and enacted to ensure the safety of our children and our community. Educating the public on vaccine misconceptions and safety and allowing healthcare professionals to speak openly on the importance of vaccines could help renew the trust in vaccines. Nurses must unite with professional organizations such as the AAP, AANP, and NAPNAP whose focus is advancing the organization’s mission, vision, and goals in protecting patients and the public against vaccine-preventable disease outbreaks.

What would happen if we stopped vaccinations?


What will you do:

• Provide excellent nursing care to patients either in the surgery or inpatient setting

• Utilize the nursing process to assess, diagnose, plan, implement and evaluate the plan of care for patients

Collaborate with all members of the healthcare team within a healing culture for our patient population and their families.

What will you need:

• Candidates must have a valid Montana RN license or compatible compact licensure

• Must have BLS (other certifications as required by position)

• A team player attitude, a passion for small town living, a love of the great outdoors, and the drive to be a part of something extraordinary!

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In February, he was honored to be appointed by Governor Little to represent nursing on the Healthcare Transformation Council of Idaho (HTCi). I know many of the 22 voting members of the Council, including the seven physicians through professional interactions only. However, I find it interesting to be the only nurse member.

The council has a charge from the Governor to “promote the advancement of person-centered healthcare delivery system transformation efforts in Idaho to improve the health of Idaohans and align payment to achieve improved health, improved healthcare delivery and lower costs.” The council aligns with Governor Little’s four major focus areas: (1) economic viability – jobs and wages for people; (2) education; (3) quality of life-affordable and accessible healthcare for all; and (4) building confidence in government.

Building on the outcomes of the Statewide Healthcare Innovation Plan (SHIP) grant, HTCi has established 11 functions where it will focus its work:

1. Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.
2. Serve as a trusted source and a credible voice to strategically drive improvements in the healthcare delivery system.
3. Serve as a convener of a broad-based set of stakeholders.
4. Identify delivery system barriers that are preventing healthcare transformation, prioritize, and recommend solutions.
5. Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.
6. Recommend and promote strategies to reduce overall health care costs.
7. Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.
8. Promote improved population health through policies and best practices that improve access, quality, and the health of all Idaohans.
9. Promote whole person integrated care, health equity, and recognize the impact of social determinants of health.
10. Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.
11. Promote efficiencies in the collection, measuring, and reporting of quality metrics.

HTCi has identified advancing payment reform as the single most important healthcare transformation activity to address. The HTCi co-chairman, Dr. David Pate, CEO of St. Luke’s Health System, explained that the current American healthcare funding methodology is based on a fee-for-service mechanism. While this can be more predictable of consistent revenue streams, it is driving the wrong incentives, wrong behaviors and it is not working in relation to behavioral health integration and care management, especially in a rural state like Idaho.

There are multiple payment methodologies available to evaluate for implementation in Idaho that are value based. Helping providers with the value-based transformation by identifying examples and guidelines for best practices, highlighting success, discussing lessons learned, and helping to identify opportunities for improvement can promote a framework for change. The initial work will be to define the resources that are available and to educate healthcare staff and providers so that they can better operationalize the change process from fee-for-service to value based payments, and become comfortable with the methods, requirements and expected outcomes.

Currently in Idaho, only 29% of healthcare payments are value based. To ensure focused activities for the transformation implementation process, HTCi established the ambitious goal of moving from 29% to 50% of all Idaho healthcare payments being made in value based arrangements by 2023. HTCi has begun the work to identify and prioritize the first round of initiatives and corresponding success metrics.

The next steps for the HTCi will be to evaluate the survey results taken of Idaho Healthcare Coalition members and HTCi members to advance payment reform efforts in Idaho. Then workgroups will be established to define the necessary timelines to advance the identified initiatives. A Request for Proposal (RFP) to obtain a vendor that will continue the measurement of payment reform progress will be released with a target of awarding a contract by August 2019.

The long-term focus of HTCi is to change healthcare payment methodology in Idaho. The major involved provider groups are hospitals, physicians, nurse practitioners and physician assistants as direct providers. In 2018, Idaho NPs self-reported that 75.2% (N=1086) of them worked for a health system or a physician with 2% (23 NPs) reporting that they worked in a NP only private practice (primarily mental health). Recognition must be given to other APRN groups, Nurse Midwives, Clinical Nurse Specialists and Nurse Anesthetists, but their numbers of direct care services are small and do not cause a significant affect on the overall payment mechanisms.

Nursing, as the largest single healthcare profession in Idaho, has a role that is supportive but significant when evaluating nursing's impact on value based care. The nursing role is supportive because nurses do not receive direct reimbursement for nursing services, but they are indirectly impacted because their employers do. Nursing's role is significant because evidence has shown that the success of most healthcare reforms, guideline implementation, quality measures, program management, and individual case management commonly involves nurses who are not APRN providers. Nurses are often the people who collect the data and monitor the use of guidelines and program rules that are used to measure compliance and success when it comes to determining reimbursements. Thus, nursing does have a big role in the successful outcome of value-based care in Idaho.
Resilience in Nursing Students and New Nurses

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As a student nurse, I witnessed many of my classmates struggle with challenges such as suicide ideation, substance abuse, self-harm, eating disorders, anxiety attacks, and more. In undergraduate programs, student nurses lack in resilience, or the ability to recover and adapt after a stressful event. Literature about nursing students shows my experience is not uncommon. Data from student nurses showed 95.7% reported having anxiety, 87.8% had feelings of excess worry, and 42.1% struggled with depression (Reeve, Shumaker, Yearwood, Crowell, & Riley, 2012). Students have struggled with maladaptive coping for decades, and not much has been done to foster adaptation and resilience (Reeve et al., 2012). While there are addiction recovery support resources for registered nurses, the American Nurses Association (ANA) (2018) recognizes the absence of student nurse support.

Reinforcement and development of resilience in undergraduate programs and beyond, must include positive coping strategies and healthy adaptation assessments to decrease burnout and provide safe quality patient care. As a new nurse, the first staff meeting I attended was dedicated to the awareness of nurses’ lives lost due to maladaptive coping strategies. The National Council of State Boards of Nursing (NCSBN) (2017) gathered data from registered nurses who anonymously reported that 48% have used drugs or alcohol while on the job. I was also able to see first-hand the demand on nurses indicated by high employee turnover and burnout impart because of lack of resilience and maladaptation coping (NCSBN, 2017). New nurses lacking in resilience are more susceptible to burn out in the first few years of professional practice, contributing to the nursing shortage and decreasing patient care. According to Bounce Back Project (n.d.), there are five pillars of resilience. These pillars are: self-awareness, self-care, mindfulness, relationships, and purpose. These pillars were strengthened, as nurse leaders, educators and administrators welcomed me into their clinical units, classrooms, offices, and nurse team development events. My resilience was strengthened through individuals in moments such as: sharing a sweet treat with tears and a listening ear, instructors and classmates participating together in recreational events, mistakes gently corrected and rehabilitated, sharing a favorite song to start the day, and patience with endless questions. These leaders and mentors increased peer, professional, and mentor support to assist in development of resilience (Galla & Duckworth, 2015). These gestures helped me and others feel sense of purpose and connection to individuals, increasing self-awareness and mindfulness.

During my struggles as a student and new nurse, nurse leaders, educators, preceptors, and administrators recognized my resilience and adaptability being challenged. These leaders acted quickly to facilitate adaptation and growth by increasing support, checking in regularly with me, and offering mentoring programs. Participation in team and individual character-building activities, one to one evaluations, open communication, and decreased threat of job loss, contributes to increased resilience and longevity of career (Boulton, & O’Connel, 2017).

Undergraduate nurse programs and hospitals that provide rehabilitation programs and teach adaptive coping strategies to students and novice nurses, advance adaptation and resilience (Rose, Niles, & Reid, 2017). Professional nurse educators must implement continuous resilience training and rehabilitation in nursing programs, which includes consistently assessing and adapting coping strategies, and mental health counseling (Thomas & Asselin, 2018).

New nurses demonstrating resilience and adaptive coping strategies increase patient safety and quality care. These nurses reduce medical and medication errors, provide patient-centered care using evidence-based practice, adapt to constant changes and stressors in the workplace, and increase patient satisfaction and outcomes (Rose et al., 2017). Adaptation, resilience and grit are necessary in obtaining an experienced expert eye in nursing practice. I am ever grateful for institutions, educators, leaders, mentors and administrators who recognize this in undergraduate nurses and new nurses, and are dedicated to building a nursing workforce that exercises a team approach in the growth and protection of resilience.

As students and new nurses develop their assessment skills, let us remember to assess those we work with and advocate for their needs (Harris, Rosenberg, & O’Rourke, 2014). Awareness of each nurse’s abilities to adapt and demonstrate resilience will increase organizational and individual productivity, engagement, and quality of care. Additionally, the ongoing development of resilience in all levels of the nurse’s career path decreases attrition rates and career burnout. This increase in adaptive habits and behaviors result in improved patient outcomes, safety, and work satisfaction.

References


As a nurse practitioner (NP) from Boise, Idaho, Becky Elder has volunteered as a Shot@Life Champion since 2014 and became the Champion Leader for Idaho in 2018. Time spent in Uganda painted a picture of hope – of mothers who dream of giving their newborns a “shot at life.” They can travel miles by foot to see that their newborn is immunized against two of the three top killers of infants in sub-Saharan Africa: diarreal disease and pneumonia. Health care clinics are designed without walls and in the open space of someone’s front yard, where people wait for hours to get the Rotavirus vaccine that was just launched in 2018. They can also get the life-saving Pneumovax at the same visit. In fact, newborns in Uganda get seven vaccines at birth.

Uganda has made great strides in vaccine administration, attaining 90% that are on par with many developed nations. However, many vaccine delivery challenges still remain, including the cold chain to get the vaccines safely out into communities. A big part of this is not only having safe, effective vaccines in place but back-up plans as well, such as generators or solar powered refrigerators that can save vaccines during a power outage, which can happen all too frequently. Another challenge is in delivery of the vaccines, particularly the increasing cost of gasoline needed to fuel the boda, or motorcycle taxi, for long-distance travel to remote villages.

The fertility rate has decreased from 7.00 births per woman in 1970 to 5.2 in the last year, but the population continues to explode (The World Bank, 2019). The need for health care workers who are educated and trained to deliver these life-saving vaccines to the communities is an ongoing challenge. Uganda’s educational structure is much different than in the U.S., and the different health care workers include midwife (three levels), nurse (two different levels) and nurse’s assistant. The average health care worker earns less than $2 per day in Uganda. The country has launched a new level of training and is trying to improve education by designing a program specifically for nurses’ assistants, which will include nine months of training specific to their position. Even still, there are not enough medical providers in Uganda to keep up with the population growth.

Many members of the population are able to speak, read, and write English, but these parents are unable to follow the growth curve of their children and are unable to read the immunization card to recognize when the next vaccine should occur.

A partnership between UNICEF and the Ministry of Health has led to the development of a new text messaging system to remind young mothers of their immunization schedule. The introduction of cellular phones and the increasing percentage of the population purchasing this affordable technology has greatly improved outreach and immunization rates; the program reaches 60 percent of the population. Much work still needs to be done, but the partnerships between GAVI, the Vaccine Alliance; UNICEF, the Ministry of African Health; and the United Nations Foundation have taken tremendous strides in protecting children. Diseases do not have borders — an investment in vaccines is an investment to save lives.

Learn more about the Shot@Life Champions campaign by taking one of the online training webinars at shotatlife.org/training/ or by joining the online Champion Community at community.shotatlife.org.

References

Denise M. Camacho, MSN, RN, MAOL
St. Luke’s Healthcare System

What began as a mom on a journey to fight for and support her son turned into a state-wide partnership between the State of Idaho Education, healthcare, and community. In 2016 my son was diagnosed with dyslexia. When hearing the word “dyslexia” many think of reading words backwards. It’s so easy, transparent, and accessible. DDID is here to unify the efforts of our State Department of Education, State Department of Education, SPED 2019), trained educational specialists, and healthcare therapy efforts, and other community trained educational specialists to ensure when a dyslexia diagnosis comes, parents know how to navigate the next steps.

Dyslexia occurs in one in four children and one in five adults, putting more than 700 million children and adults worldwide at risk for life-long literacy and social exclusion (International Dyslexia Association, 2017; Shaywitz, 2003). The time to intervene is early, often, and now. This has become this nurse mom’s mantra. To learn more, or sign up for the summit, contact DDIDchange@gmail.com and follow Decoding Dyslexia Idaho on Facebook for continued updates and support in our state.

References
Registered Nurses are renewing their licenses in 2019 and next year LPNs will renew and have to begin meeting the relicensure requirements. Beginning with the 2019 license renewal cycle it becomes Idaho law that to renew a nursing license in 2021 a nurse will need to accomplish two of any of the learning activities identified in the Board of Nursing Rules. The activities focus on clinical practice, education and professional engagement.

Meeting the clinical practice requirement can be achieved by completing one hundred hours of practice or simulation practice, paid or unpaid, in which the nurse applies knowledge or clinical judgment in a way that influences patients, families, nurses, or organizations. A second clinical practice option is to maintain a current nursing specialty certification, which also requires clinical practice hours.

Meeting license renewal requirements through education, continuing education, e-learning and in-service education programs also facilitated relicensure. A nurse may use continuing education to meet the 15 required hours, but there are other educational mechanisms to meet the requirement. These options include semester credit hours in a post-licensure academic program relevant to nursing that is offered by an accredited college or university. The completion of a board of nursing approved nurse refresher program or nurse residency also meets this requirement. Nurse Leaders of Idaho (NLI) offers a board approved refresher program. Details are available on the NLI website.

Professional engagement can be accomplished by being an acknowledged contributor to a published nursing-related article or manuscript or teaching or developing a nursing-related course of instruction. Participation in related professional activities can also meet the requirement. These include research, publish professional materials, nursing-related volunteer work, teaching (if not licensee’s primary employment), peer reviewing, precepting, professional auditing, and service on nursing or healthcare related boards, organizations, associations or committees.

For the majority of nurses, participating in a nursing education conference and learning about updates in the profession, both in clinical practice and for general professional engagement, makes sense. It is easy to do within the state, provides a great opportunity to network with peers and colleagues and offers time to enrich themselves.

In spring 2019, ANA-Idaho conducted a statewide educational needs assessment to determine what issues existed that concerned nurses the most. To the surprise of many, workplace violence was the number one concern for nurses across Idaho, whether they worked in bigger facilities or in rural settings. This concern about violence was focused in two main areas: nurses being the victims of violent acts by patients or visitors whereby the nurse is hit, attacked, kicked or otherwise harmed while they are caring for a patient and secondly, the nurse being a victim of violence or abuse by co-workers. Violent patients were identified as those who become violent that are not specifically identified as having mental health issues and where violence was not situationally expected. The violent acts of patients with diagnosed mental illness remain problematic, but in these cases nurses identified that they were more aware of the violence potential.

In addition of workplace violence, there was a general concern about immunizations and what is happening in Idaho in relation to children being immunized. The most common comments were about too much negative and incorrect information about immunization's benefits being presented by untrained people.

To address these topics, the annual conference planning committee recommended to the boards of directors of both ANA-Idaho and Nurse Leaders of Idaho that the annual conference should be combined under the umbrella of the Idaho Center for Nursing. This makes sense because so many times the same people are at every meeting and the cost savings to both organizations made combination a good deal, thus having one larger and more comprehensive meeting was approved by both organizations.

The 2019 keynote speaker will be Mathew Keller, JD, RN. He is a nurse attorney and the Director of Nursing Practice and Health Policy for the Washington State Nurses Association. He has specialized in nursing regulation and policy development and has been an advocate for legislation to combat workplace violence. He championed national attention on the campaigns to #EndNurseAbuse and #STAMP (stop assaults against medical providers). Much of this activity gained attention after the 2018 LEAP Conference keynote speaker, Utah nurse Alex Wubbles, BSN, RN, who was arrested because she advocated for a patient. Statistics have shown that 13 to 82 percent of nurses experience some form of violence or abuse each year in the work setting, but that only about 30 percent are reported. Mr. Keller’s opening session is expected to be very informative and energizing.

The conference program tracks focus on clinical practice, nursing education and nursing management. Idaho based nursing research and clinical practice updates will be presented at breakout sessions over both days. There is a good mix of quality presentations from nurses across Idaho.

This year, the Idaho Nursing Student Association (INSA) and all student nurses are invited to attend the conference. ANA-Idaho and the Idaho Center for Nursing have partnered to support INSA as it prepares to engage student nurse organizations at each school. There will be opportunities to hear reports from the Executive Directors of the Idaho Board of Nursing and the Idaho Center for Nursing, as well as to attend the business meetings of ANA-Idaho, NLI and INSA.

A highlight of the conference will be the Nurse Recognition Celebration Dinner on Monday evening, November 4 at the Riverside Hotel Ballroom. This year, employers
Foundations in Nursing Leadership Course Offering 17.5 CNE

Accredited by The Continuing Nursing Education Group (ANCC)

One of the 2010 Institute of Medicine (now renamed to be the National Academy of Medicine) recommendations for the future of nursing was to prepare more nurses to assume leadership roles. Since the Idaho Alliance of Leaders in Nursing (ALN) received the Robert Wood Johnson grant to improve CRNA recommendations in Idaho, leadership development has been a focus. The Foundations in Nursing Leadership course has been completed by 183 nurses and has been offered in Idaho Falls, Pocatello, Coeur d’Alene, Lewiston and Boise.

Today the course is a three-day curriculum that builds on leadership foundations starting with an assessment and analysis of individual communication and leadership styles using a methodology called “Color Code,” a copyrighted method that is available (paper version is also available) to identify their own personal style, and then discuss how best to interact with people who have a different style.

Following the initial assessment there is content on managing a multigenerational workforce. In some places there are different five generations in the workplace, and each has its own employee traits, interests, communication styles and levels of engagement and loyalty. Participants then build on developing workplace skills that managers need to lead teams, monitor goal attainment and generally manage within a healthcare system. Following the essential skills discussion participants engage in skills to manage conflict resolution.

The second day morning session focuses on “Human Resource Leadership Skills” with employee selection, how to promote engagement and what the employment laws are that impact management behaviors and decisions. Performance management is covered including effective evaluations, corrective action techniques and identification of activities and discussions that managers should avoid.

Day two afternoon is focused on “Financial Concepts for the Nurse Manager” with understanding budget types, volume measures, and construction and monitoring of a department budget. Basic budget terminology is explained and there are workshop exercises on how to develop a budget using different variables.

The second day concludes with a discussion on the excitement Idaho nurses in workforce statistics and explanations of supply, demand and education data that impacts nurse managers and program development in healthcare agencies.

Day three has two morning presentations by the Idaho Board of Nursing. The first presentation discusses the mission and work of the board and covers concepts of regulation that impact daily nursing practice. Specific topics include the history of the board, understanding the role of the board, and issues that impact nurse managers such as duty to report, delegation and new legislation. There is also an explanation of the Nurse License Compact and using the RNPSA system.

The second board of nursing presentation focuses on managing the impaired nurse from identifying a problem, reporting to the board, the investigating process and resolving the issue. Then it discusses the role of the nurse manager and a workplace monitor when a nurse who has completed a program for recovering nurses re-enters the workplace. What can the manager expect in terms of reporting and working with the board’s recovery and workplace monitoring program?

Finally, all of the concepts are pulled together with a focus on quality outcomes, leading quality initiatives, using data better and smarter and how to use tools to achieve goals.

The next Fundamentals in Nursing Leadership Course will be in September in Boise. Information about the course, location, program agenda and how to register is available on the Nurse Leaders of Idaho website: https://nurseleadersidaho.nursingnetwork.com/
Karen S. Neill, Ph.D., R.N., SANE-A, DF-IAFN
President of NLI and IALN
Email: neillkare@isu.edu

Nursing organizations in Idaho have had similar missions and goals over the years. Each organization wants to support and sustain its own membership and to maintain its own affiliation with a national specialty organization, yet all have issues with membership numbers, funding, program development and organizational sustainability. Throughout the career life-time of most currently practicing nurses in Idaho, we have seen smaller specialty organizations come and go when the few nurses who are the driving forces lose momentum and other members do not continue the engagement. To change this cycle nursing needs a different management strategy. It makes sense that one overall nursing organization that engages and links all of the other state based nursing organizations together and sustains a presence within the state will benefit all nurses and all nursing organizations.

The concept of the Idaho Center for Nursing (ICN) is to have one entity that serves to connect each of the separate organizations together without any financial entanglements, bylaws, officers, or vested interests. Each individual professional organization can choose to affiliate or not. The only requirement for an organization to affiliate is that each organization’s board of directors must sign a Memorandum of Understanding that states the expectation of participation. These expectations include having two representatives attend the quarterly ICN steering committee meetings, having a qualified member participate on the RN Idaho editorial board, allowing their organization logo to be used on the RN Idaho masthead, sharing political issues, and negotiating support for specific issues where the organization has an interest. Beyond the benefit of professional collaboration, another affiliated organization has the opportunity to share in the resources of an office, accounting firm, insurance negotiation, website use, and staff.

One year ago, the Idaho Alliance of Leaders in Nursing (IALN), Nurse Leaders of Idaho (NLI) and the ANA-Idaho came together to form the ICN. Soon after, the Nurse Practitioners of Idaho (NPI) and the Idaho Association of Nurse Anesthetists (IDANA) joined. We are hopeful that other specialty professional organizations will consider affiliation with ICN. Today we have a one year experience to evaluate the relationship; thus we ask ourselves if we have seen the intended outcomes. Quarterly, the presidents and one other organization representative have met and representatives from the Board of Nursing have also attended. There have been some very interesting, informative and thoughtful discussions. The unique perspectives have enriched the conversations between groups. The single greatest outcome has been the ability to state in public forums, such as the Idaho Legislature that the ICN speaks for the collective nursing community of 27,000 licensed RNs and 3,500 LPNs in Idaho, which live in every legislative district in the state.

IALN and NLI have benefitted from the relationships.

NLI is a membership organization and the Idaho affiliate to the American Organization for Nursing Leadership. NLI has both organizational and individual members. NLI claims almost 100% of hospitals in Idaho as being organizational members and the majority of Chief Nursing Officers (CNOs) are individual organizational members. From an educational perspective, the Council of Nursing Education Leaders (CNEL), representing all nursing schools in Idaho, voted to join NLI and the CNEL president is a voting board member. Thus, all employees of those hospitals and schools of nursing can participate in NLI activities.

Professional communication to the memberships and to every RN and LPN in Idaho has been facilitated by the new websites and also by the expanded scope of RN Idaho. At the ICN meetings we discuss how to facilitate this communication, to improve nurse engagement, and to encourage scholarly publication in RN Idaho. Each organization struggles to maintain membership, but that problem is not specific to nursing. However, nursing in Idaho can demonstrate that in all group membership has grown and nurses increasingly voice the importance and benefit of being a member in a professional nursing organization.

As we enter year two for the ICN, things are looking great for Idaho nurses. Nurses are the single largest licensed and organized healthcare workforce in Idaho, and healthcare executives, legislators and the public are noticing. Nurses were voted the most trusted profession in America for the 17th straight year for a good reason! Our influence, perspective, and our votes count. The tag-line on the ICN logo says it all... A healthy Idaho begins with nurses.

This is a general update about the multiple aspects of the Idaho Center for Nursing (ICN) and its affiliated organizations:

Idaho Alliance of Leaders in Nursing, Nurse Leaders of Idaho, American Nurses Association of Idaho, Nurse Practitioners of Idaho and the Idaho Association of Nurse Anesthetists. I am happy to report that in the 12 months since we launched the ICN, each separate organization has operated independently and come together quarterly, as was initially agreed to in the Memorandum of Understanding (MOU) for ICN Affiliation. The collegiality, support, information sharing, and belief in what can be achieved by collaboration is amazing. The leadership of each organization has been remarkable, and in my 40 year Idaho nursing career I have not seen this type of relationship before in this state.

Changes have been made that impact Idaho nurses and that we hope will be recognized by nurses across Idaho, whether or not they are members of any professional organization. These changes focus on three areas:

1. communication with nurses;
2. continuing nursing education; and
3. the public awareness and presence of nurses.

The Idaho Center for Nursing — Its Time Has Come

Randall Hudspeth
Executive Director, Idaho Center for Nursing
Email: randhuds@msn.com

In the communication category, I want to introduce the new editor of RN Idaho effective with this August edition. Sara Hawkins, PhD, RN, well known in Idaho and especially eastern Idaho. She was on the faculty of the BYU nursing program and served as the director of that program before she continued to obtain her PhD from the University of Utah. Currently she is the Director of Patient Safety at Eastern Idaho Regional Medical Center in Idaho Falls. We are all looking forward to working with her to continue producing a high quality publication.

We must also thank Sydney Parker, who served as editor for the past year. She relocated to Los Angeles in June. Sydney edited RN Idaho through a year with multiple changes, starting with the refocusing of the publication and expansion of the editorial board. Sydney did a great job of managing all of the changes and building RN Idaho to be more broadly focused. RN Idaho is where it is today because of the strong foundation and guidance of long-time editor Barbara McNeil, who remains a strong resource to the editor and editorial board. Barbara guided the peer review process and quality article publication that allowed RN Idaho to become a recognized EBSCO publication.

For ANA-Idaho the year has also seen many changes. Relocating back to Idaho was terrific for Idaho nurses. Membership has grown greatly, as evidenced by the 92 new members in the last quarter who are recognized in this edition. Idaho was a pilot in the Value Pricing Program that reduced dues and yielded an ever-increasing membership. Partnership with the other organizations to share the office facilities and staff have resulted in substantial savings to ANA, as well as to every participating organization.

In the implementation category, I want to introduce the new editor of RN Idaho effective with this August edition. Sara Hawkins, PhD, RN, well known in Idaho and especially eastern Idaho. She was on the faculty of the BYU nursing program and served as the director of that program before she continued to obtain her PhD from the University of Utah. Currently she is the Director of Patient Safety at Eastern Idaho Regional Medical Center in Idaho Falls. We are all looking forward to working with her to continue producing a high quality publication.

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In the action category, I want to introduce the new editors of RN Idaho for the next two years. Sara Hawkins, PhD, RN will be the editor for the next year. She relocated to Los Angeles in June. Sydney edited RN Idaho through a year with multiple changes, starting with the refocusing of the publication and expansion of the editorial board. Sydney did a great job of managing all of the changes and building RN Idaho to be more broadly focused. RN Idaho is where it is today because of the strong foundation and guidance of long-time editor Barbara McNeil, who remains a strong resource to the editor and editorial board. Barbara guided the peer review process and quality article publication that allowed RN Idaho to become a recognized EBSCO publication.

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Nurse Leaders of Idaho has also seen a jump in membership and activities. Today, 99% of Idaho hospitals are organizational members, and every school of nursing except one is an organizational member. The Council of Nursing Education Leaders (CNEL) voted to assimilate into NLI and the CNEL president became a voting member of the NLI board of directors this year.

Continuing nursing education (CNE) is the new term officially used) is a major focus for each nursing organization. While the IDANA and NPI have, their separate clinically focused education programs that help meet their members’ certification and licensure requirements, ANA-Idaho and NLI have collaborated to co-sponsor the annual Leaders in Education and Practice (LEAP) and ANA-I Clinical Conference that is planned for November 4-5 at the Boise Riverside Hotel. ANA-I collaborated with the Arizona and Utah Nurses Association to sponsor the ANCC continuing education approval program. The forms to get a program approved are available on both the NLI and ANA-I websites.

Two areas of focus have required additional attention: future management of the Idaho Nurses Foundation (INF) and how to support the Idaho Nursing Student Association (INSA). Operating and supporting each of those organizations deserves a more thorough report than I can fully give here. At the time of this writing, both organizations continue to work in close partnership so that both entities will be in a much better place very soon.

I continue to believe in the value of a collective nursing voice in Idaho. When individual nurses join their respective professional organizations, and those organizations collaboratively work together, the entire profession, and the citizens of Idaho, will benefit. When the profession benefits as a whole, each individual nurse also benefits.
Joan Simon, MSA, RN, Chief Nursing Officer at Kootenai Health System, and the immediate past president of both iALN and NLI was elected to the nominating committee for the American Organization for Nursing Leadership (AONL), formerly the American Organization for Nurse Executives (AONE). NLI is the Idaho state affiliate organization for AONL.

Karen Neill, PhD, RN, Interim Dean and a Professor at the College of Nursing, Idaho State University, was appointed by Governor Little to serve a six-year term on the Idaho Board of Corrections. The Board provides oversight and direction of all correctional facilities in the state and supports the mission and vision of the Department of Corrections, which is to “protect the public, our staff, and those within our custody and supervision through safety, accountability, partnerships and providing opportunities for offender change.” Dr. Neill brings years of experience as a forensic nurse, educator, researcher, and consultant to the Idaho Board of Corrections and supports the mission and vision of the Department of Corrections. She believes in the opportunity to change lives of those that are incarcerated, and improve the societal condition through efforts emphasizing safety, offender change, accountability, and successful re-entry while protecting the public.

Deena Rauch, DNP, RN, NEA-BC, Chief Nursing Officer at Weiser Memorial Hospital, earned the designation of Evidence-based Practice Certificate (EBP-C) from The Ohio State University through the Accreditation Board for Specialty Nursing Certification. Deena is one of the first 20 nurses to receive this certification, which was the focus of her doctoral work in nursing leadership through Boise State University.

Joyce Alexander, RN, Lindsay Cronister, RN, Taylor Baird, RN, and Cija Hauver, RN received the Daisy Award in recognition of providing excellent and compassionate care. They were nominated by patients and their families as well as their nursing colleagues. On behalf of St. Luke’s Nampa and the whole St. Luke’s system, we want to thank you, Joyce, Lindsey, Taylor and Cija for being a wonderful example of excellence in patient-centered care. It is through your daily efforts and extraordinary dedication that we can serve our community in the manner it deserves.
Karen Sare, RN – Rexburg

Karen has been a nurse for 47 years and many of them have been spent at Madison Memorial Hospital. She has literally touched thousands of lives. She is hands down the best, most helpful house supervisor at Madison in my opinion. Plus, she still manages to work shifts in the ER. I’ve seen her comfort patients and explain things to nurses, all of which she does with patience and making sure whoever she is talking to understands and knows they are being cared for. She is always willing to help wherever she can!

Over the years she’s gotten to personally know the nurses in each department and has shared her knowledge with many nurses. She has outstanding nursing skills that she has shared with hundreds of nurses and thousands of patients. I really couldn’t think of a better nurse!

It is only fitting that our first DAISY Nurse is Karen, for all that you do.

Carmen Leahu BSN, RN, CMSRN and Blair Eby BSN, RN – Meridian

Honored for their work with Nursing Research and EBP Fellowship Carmen Leahu, BSN, RN, CMSRN, and Blair Eby, BSN, RN, had a story to tell. An incidence of undetected acute delirium in a young post-operative patient came to their attention. The patient was seen by a neurologist and had multiple tests, but a bladder scan revealed the problem: a large quantity of retained urine was causing the patient to be delirious. The patient was seen by a neurologist and had multiple tests, but a bladder scan revealed the problem: a large quantity of retained urine was causing the patient to be delirious. The patient was seen by a neurologist and had multiple tests, but a bladder scan revealed the problem: a large quantity of retained urine was causing the patient to be delirious. The patient was seen by a neurologist and had multiple tests, but a bladder scan revealed the problem: a large quantity of retained urine was causing the patient to be delirious.

Ashton Living Center, a skilled nursing facility, is now hiring for RN Charge Nurses. Full time or part time positions available. We do pay a travel perk to anyone who drives more than 10 miles one way to work in our facility. Full time benefits for 32 plus hours average a week – includes PTO and insurance benefits. Part-time – modified benefit package if working at least 20 hours a week. Apply online at ashtonmemorial.com or to famcenter@msn.com for more information.

Left to Right: Carmen Leahu and Blair Eby

CAPTIONS:

FOUNDATION OF FAITH
Community Nursing Curriculum
November 7-10, 2019
Saint Alphonsus is offering training for nurses of all faith traditions, desiring to volunteer time and talent to provide specialized nursing focusing on intentional care of the soul, promotion of holistic health and prevention of illness in their faith congregations (church, synagogue).

36.5 CNEs are available upon completion. Saint Alphonsus Health System is approved as a provider of Continuing nursing education by Montana Nurses Association, an accredited approval with distinction by the American Nurses Credentialing Center’s Commission on Accreditation of continuing nursing education (A-CNE).

To register call our email:
Carrie Hoggard • (208) 367-6494
Carrie.Hoggard@Saintalphonsus.org
ISP by October 4, 2019
Scholarships are available.

Cari Moodie • (208) 367-6494
Cari.Moodie@saintalphonsus.org

Classes held at
1055 N Curtis Rd. • Boise, ID 83706

RSVP by October 4, 2019

Our community partners are

Saint Alphonsus Regional Medical Center
Fellowship work Cheryl Henriksen, MSN, RN, CEAS-I, COHN-S, Patient Safety Specialist, and Wallace “Max” Maxwell, MSN, RN, CPPS, Patient Safety Specialist, had concerns about employee injuries. “Every employee has the right to work and to return home from work unharmed,” said Henriksen. This Magic Valley-based duo decided to apply to the Nursing Research and Evidence-Based Practice (EBP) Fellowship program to make a difference. “The focus of our project was to determine if the use of a well-structured and validated investigative model would produce meaningful interventions that would in turn reduce the number of contaminated sharps injuries being experienced by our employees” said Maxwell. “A reduction of these types of injuries would conceivably result in fewer distractions and time away from the bedside which in turn should improve patient satisfaction and outcomes.”

Max Maxwell MSN, RN, CPPS – Twin Falls

Cheryl Hendrickson MSN, RN CEAS-1, COHN-S and

Mack Maxwell MSN, RN, CPPS – Twin Falls

Honored for their Nursing Research and EBP & Fellowship work Cheryl Hendrickson, MSN, RN, CEAS-1, COHN-S, Clinical Employee Safety Specialist, and Wallace “Max” Maxwell, MSN, RN, CPPS, Patient Safety Specialist, had concerns about employee injuries. “Every employee has the right to work and to return home from work unharmed,” said Hendrickson. This Magic Valley-based

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Ashton Living Center, a skilled nursing facility, is now hiring for RN Charge Nurses. Full time or part time positions available. We do pay a travel perk to anyone who drives more than 10 miles one way to work in our facility. Full time benefits for 32 plus hours average a week - includes PTO and insurance benefits. Part-time - modified benefit package if working at least 20 hours a week. Apply online at ashtonmemorial.com or to famcenter@msn.com for more information.

Right: Carmen Leahu and Blair Eby

Carmen Leahu BSN, RN, CMSRN and Blair Eby BSN, RN

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Left to Right: Carmen Leahu and Blair Eby
At the Top of Her Class: Erin Dever is School Nurse of the Year

Leanne Bullamore, BSN, RN
School Health Services
CDA School District #271
SNII, Inc. Past-President
Email: lbullamore@cdaschools.org

Erin Dever, BSN, RN decided she wanted to be a nurse when she grew up. Shortly after graduating from high school, she moved to Coeur d’Alene and began classes to obtain her CNA while working at the hospital childcare facility. Once her certification was complete, she entered nursing school as a dual enrolled student while working in the hospital. Her determination led to graduating with her associates degree in 2005 from North Idaho College, followed shortly with her baccalaureate in 2006 from Lewis Clark State College.

Dever found her perfect niche while completing clinical requirements for her degree in the school district. In her own words, “I knew that school nursing was exactly where I wanted to be! I’m so thankful to be able to come to a job every day that I love!”

Those that love what they do, do it wholeheartedly. Cindy Perry, Erin’s supervisor and mentor of many years, said that she always knew Erin would one day be School Nurse of the Year. Perry recalls that when the school district did not have an open position for Dever, she elected to volunteer her time until a position became available. It’s no surprise that Dever has achieved such a high honor.

Dever has worked with School Health Services in the Coeur d’Alene School District for over 10 years. She has cared for students in a myriad of settings and with all age groups, ranging from pre-kindergarten to high school. Many people see school nurses helping students out when they feel sick, have ear aches and fevers, or even just need a Band-Aid! However, being a school nurse also entails the management and delegation of health services including:

- Medication administration
- Development of health care plans
- Diabetes care
- Tracheostomy care/airway management
- Gastric tube feedings
- Sterile catheterization
- Immunization review
- Reportable disease tracking
- Vision and scoliosis screenings.

As school nurses, we guide our practice around the Framework for 21st Century School Nursing Practice, which is built on five core principles:

- Standards of Practice
- Care Coordination
- Leadership
- Quality Improvement and
- Community/Public Health

Dever has demonstrated exemplary skills in every part of her nursing care and always provides the highest quality of nursing care that reflects the most evidence-based practice. She conducts herself with integrity, and is committed to these standards and inspires her team members to strive for the same. Because of Dever’s sincerity, honesty, warm and inviting personality, she has an excellent rapport with her nurse colleagues, district staff, students and parents. Dever is passionate about her role as a school nurse and is devoted to her profession. It is an honor for school nurses in the Coeur d’Alene school district to celebrate Dever as School Nurse of the Year!

Left to Right: Cathy Arvidson, Michelle Anderson, and Randall Hudspeth

Michelle Anderson, a nurse practitioner in Sandpoint, was inducted into the prestigious Fellows of AANP at a formal ceremony held during the national conference in Indianapolis. She is the owner of Pend Oreille Healthcare in Sandpoint. She is the first NP to serve on her area hospital board of directors and previously served on the Idaho SHP Grant board. The Nurse Practitioner of Idaho organization has previously recognized her for clinical excellence and advocacy. She obtained her DNP from Idaho State University.

The Fellows of AANP have 830 members of the 286,000 NPs in the United States and have a rigorous application process before being accepted for induction. FAANP was established to recognize NPs who have made outstanding contributions to healthcare through clinical practice, advocacy, research, or public policy at the state and national levels. Idaho now has four Fellows out of 1,468 NPs. Dr. Anderson is pictured with Idaho’s other FAANPs, Cathy Arvidson, PhD, APRN-CNP; FAANP (inducted in 2010) and Randall Hudspeth, PhD, APRN-CNP; FNP, FAANP (inducted in 2008). Not pictured is Lorna Schumann, PhD, APRN-CNP; FAANP (inducted 2001), who is a retired Washington State faculty and lives in Post Falls.

Left to Right: Cathy Arvidson, Michelle Anderson, and Randall Hudspeth

Erin Dever receives her award from Nichole Piekarski

Skyway Elementary students congratulate their mom, Erin Dever, as School Nurse of the Year!

School Nurse of the Year celebration at Skyway Elementary School, Coeur d’Alene, Idaho, May 8, 2019. Pictured (left to right) are Nichole Piekarski, Erin Dever, and Leanne Bullamore.
The annual dinner to recognize the achievements of nurses will be held Monday, November 4, 2019, at the Riverside Hotel Ballroom starting at 6PM. This year’s event is being held the first evening of the LEAP conference and is being co-sponsored by the Idaho Center for Nursing, Nurse Leaders of Idaho and the American Nurses Association of Idaho.

Nurse recognition has proven to be a job and career satisfaction activity and is an excellent way to retain and recruit nurses to a facility. This is more important today than ever before as Idaho, as well as all of the surrounding states, will be facing major nursing shortages because of the current national population shift with retirees moving into the Pacific Northwest and the aging and retirements of the existing nursing workforce. Idaho is expected to gain near 100,000 new citizens annually for the next five years, and 38 percent of all currently licensed Idaho RNs are older than 55 years and will be retiring. This double demand on the nursing workforce could result in hundreds to thousands of nursing jobs remaining vacant. Thus, recognition and acknowledgement of professional nursing achievements becomes increasingly important.

In 2018, hospitals, schools of nursing, and other nursing employers recognized the many contributions of their nurses. These recognitions have been published in RN Idaho throughout the year. Last year’s event was sold-out at 200 attendees, so this year the seating opportunity has been increased to 250 seats. Individual nurses, their families, as well as the sponsoring organizations are invited to participate.

The Nurse Recognition Event planning committee, chaired by Claudia Miewald, DNP, APRN-PMHCNS, who is the Director of Behavioral Health at Kootenai Health Systems, Coeur d’Alene, encourages organizations to support the event by sponsoring their nurses and administrators to attend and be recognized. Any nurse who has become certified, received an award for excellence in practice, been selected as an outstanding educator, preceptor, or mentor or been otherwise recognized is encouraged to be submitted for recognition at the dinner.

The profits from the dinner go to fund continuing nursing education opportunities in Idaho. The funds from the 2018 event were used to support the Fundamentals of Nursing Leadership course and also to sponsor the February Legislative Awareness Conference that was attended by over 250 Idaho nurses and students. Funds from previous years have been used to support scholarly work by nursing graduate students and to support an evidenced based practice pilot in critical access hospitals in one region of Idaho.

To nominate a nurse and to register for the dinner, or to sponsor a table at the event, please visit either the NLI or ANA-Idaho websites and go to the event page. https://nurseleadersidaho.nursingnetwork.com or https://idahonurses.nursingnetwork.com

Nominating a nurse for recognition is a simple four-step process, and a brief form is attached to the registration webpage. It includes:

1. Identify the nurse,
2. attach a photo to be used on screen at the event and also to be published in RN Idaho,
3. identify the recognition they received and
4. a very brief bio paragraph about the nurse. An organization can nominate as many nurses as they want.

Organizations and nominees should plan to be present at the dinner on November 4.

**Nurse Recognition Annual Dinner**

**MONDAY 6-10 PM**

**NOVEMBER 4, 2019**

**RIVERSIDE HOTEL, BOISE**

Recognizing staff who have made significant contributions to patient care, organizations or had personal professional achievements is important and recognition is the number one way to retain and motivate people.

**Sponsor & Registration**

Visit Our Websites to Reserve Your Tickets:

- nurseleadersidaho.nursingnetwork.com
- idahonurses.nursingnetwork.com

**Tickets (ONLY 250 Seats Available):**

- Individual: $60
- Family or spouse: $65
- Organization Sponsor table of 8 seats: $800

Examples of Awards:

- Daisy Award Winners
- Certifications
- Clinical Excellence
- Nurse Leader
- Nurse Innovator
- Preceptor Excellence
- Excellence in Education in Clinical Outstanding Faculty Member
- Nurse of the Year
- Employee of the Month
- Outstanding New Graduate RN
- Publication Recognition

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When a seemingly routine surgery on a young, healthy patient turned into an unidentified case of delirium, the question arose, “how educated are nurses on the identification and management of delirium?” The patient was a healthy teen waking up in the recovery room following a relatively simple procedure. He had multiple highly-skilled nurses, an anesthesiologist, and an emergency specialist at the bedside, all scratching their heads as to what was causing such an unusual case of acute altered mental status. Following multiple diagnostic tests, it was after an episode of incontinence that the nurse recognized the need to assess and treat the patient for urinary retention. The patient’s mentation returned to baseline shortly following this treatment and was admitted to the hospital for observation.

Research suggests a knowledge gap in the recognition of delirium among hospitalized patients (LaMantia et al., 2017; Oosterhouse, Vincent, Foreman, Gruss, Corte, & Berger, 2016; Rowley-Conwy, 2018; Travers, Henderson, Graham, & Beattie, 2018). The incidence of delirium has been shown to be 42% in medical patients and up to 70% in post-surgical patients (Sola-Miravete, López, Martínez-Segura, Adell-Lleixà, Juvé-Udina, & Lleixà-Fortuño, 2017). Barriers to the effective assessment and management of delirium may include a lack of understanding or unfamiliarity with the condition, appropriate assessment tools, and poor prioritization by medical staff (Rowley-Conwy, 2018). A study conducted among different staff in an emergency department concluded that clear steps need to be made to improve delirium care, which includes “the institution of a standardized method to treat the condition when identified” (LaMantia et al., 2017). As highlighted by the above case scenario, nurses might be aware of a patient’s altered mental status, but might not recognize it as an acute episode of delirium, ultimately missing further assessments or interventions that should be considered. A case-control study conducted by Sola-Miravete et al. (2017), concluded that recognition of delirium is limited among nurses “and consequently, the problem is usually addressed from a standpoint that is complex, deficient and delayed” (p. 346).

In an evidence based practice (EBP) project conducted through a Nursing Research and EBP Fellowship program, a gap analysis of medical-surgical (med-surg) nurses’ assessment and management of delirium was conducted in hospitalized patients. Around 30 registered nurses (RNs) participated. Results indicated that overall, med-surg RNs felt the Confusion Assessment Method (CAM), a widely used and validated delirium assessment tool, was effective for the assessment and management of delirium. However, consideration of intake and output, including urinary retention, was not always a top consideration for nurses managing delirium in their patients. This failure to recognize subtle cues may indicate a knowledge gap or that the gold-standard CAM tool is not being utilized fully as it is intended to be.

While these 30 participants portrayed confidence in their approach to delirium assessment, management and CAM use, in unstructured interviews, it was noted that some nurses were unaware of all of the features embedded within the CAM tool in the electronic charting system. The results of this gap analysis indicate there is opportunity for future research in the proper use the CAM charting tool and early recognition of delirium. The evidence is clear: delirium is a common occurrence among hospitalized patients and is under recognized. As healthcare providers it is our duty to ensure proper education on assessment and management of this condition.

References
Dr. Susan Cline served as an RN Idaho editorial board member since February 2018. When she joined the editorial board, she stated that she had moved to Idaho four years prior and that she was looking forward to participating in a nursing organization at a state-wide level. She began working at St. Luke’s McCall in 2014 as the Manager of Clinical Education and then was interim Manager of Inpatient Services until 2016. In early 2018 she joined the Center of Nursing Excellence and served as a Director of Nursing Practice. Although she only spent a year in that role, her influence was felt throughout the St. Luke’s system as she was gifted with the ability to create relationships.

She received her BSN from the University of Southern California, her MSN and MBA in Healthcare Administration from the University of Phoenix, and her Doctor of Philosophy in Organizational Leadership, from the Oregon Health & Science University. Susan was passionate about nursing and developing new nurses. She enjoyed teaching, mentoring and sharing her knowledge. Her passionate desire to help others, both personally and professionally, was a hallmark of her personality.

Dr. Susan Cline, DNP, MBA, RN, NEA-BC

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RN Idaho is pleased to honor Registered Nurses and Licensed Practical Nurses, now deceased, who graduated from Idaho nursing programs and/or served in Idaho during their nursing careers. Included information, if known or when space allows, will include the date of graduation from the LPN or RN program or when space allows, will include the date of graduation from the LPN or RN program they attended and the name of the hospital or program.

The names will be submitted to the American Nurses Association for inclusion in a memorial held in conjunction with the ANA House of Delegates. Please enable the list’s inclusiveness by submitting information to editidahnurses.org.

Benson, Elaine, 1932-2019, Idaho Falls. After graduating high school in Preston, she became an LPN at General Memorial Hospital in Preston.

Campbell, Velma Nilsson, 1938-2019, Shelley and Priest River. After graduation from High School in Shelley, Idaho, she attended nursing school at Ricks College. She graduated from the last three-year program affiliated with Idaho Falls LDS Hospital. Most of her career focused on Obstetrics and Maternal-Child Nursing.

Cartwright Emeline, Marjorie, 1926-2018, Boise. Marj was born in Pleasant Valley, Owyhee County, Idaho. She lived on a ranch and attended a one-room school house until she graduated from grade school. She lived in Twin Falls and Boise and graduated from Boise High School. At age 18, Marj enrolled in the LPN Program at Boise Junior College and then worked as an LPN at St. Alphonsus Hospital for 30 years. During that time, Marj worked with other nurses and physicians to start the hospital’s out-patient surgery department. Marj was hard-working and devoted to her family and helping others.

Condit, Michael, 1931-2019, Boise. After graduation from high school in Boise she attended nursing school and graduated in 1949. She worked as an RN in many settings during her career and while they raised their family.

Curnall, Donna, 1929-2019, Boise. She grew up in Nebraska and attended Clarkson College School of Nursing in Omaha. She moved to Boise in 1974 and retired as an RN from the Federal Occupational Health Unit in 1995.

Cullen, Ernestine “Tina”, 1924-2019, Blackfoot. She was raised in Pennsylvania and attended nursing school in Massachusetts, where she married fellow nurse Frank Cullen. She moved to Idaho in 1969.

Emmeline, Marjorie, 1926-1997, Boise. She graduated from Boise Junior College and worked as an LPN at Saint Alphonsus Hospital for 30 years, and was one of the first nurses to work in out-patient surgery when it was a new concept.

Galbraith, Edna Pearl, 1934-2019, Blackfoot. She attended school in Rexburg and after her family moved to Blackfoot, she practiced at State Hospital School for 25 years.

Griffin, Jan, 1940-2019, Idaho Falls. She grew up in Wyoming and graduated from the Casper College School of Nursing in 1972. She moved to Idaho Falls in 1972. She passed the CDC certification exam and became an infection control practitioner at ERMIC.

Hahn, Sylvia “Sue,” 1929-1997, Idaho Falls. She grew up in Pennsylvania and moved to Idaho Falls in 1958. She worked as an LPN in Idaho Falls.

Hunter, Iva, 1929-2019, Caldwell. She graduated as an LPN in Kansas. She primarily worked with the elderly and she retired in 1999.

Jenkins, Maria Elena, 1969-2019, Rexburg and Idaho Falls. After graduation from nursing school in Utah she worked at ERMIC, Bingham Memorial Hospital and Good Samaritan Care Centers.

Johnson, Edwin, 1949-2019, Pocatello. He initially graduated from the University of South Dakota with a B.A. degree in sociology and later with a B.S.N. degree from Idaho State University in 1990. He worked as a psychiatric and mental health RN. He was also a singer.

Kidd, Joan, 1923-2019, Caldwell. She worked many years as a nurse retiring at age 67.

Kirkland, Ruth Ella (Jones), 1917-2019, Deary. After graduation from Parma High School she attended nursing school.

Moore, Dorothy Mae, 1931-2019, Boise. She graduated from Deaconess Hospital School of Nursing, Grand Forks, North Dakota. During the Korean War she was commissioned as a second lieutenant in the U.S. Air Force.

Muir, Judith, 1939-2019, Idaho Falls. After graduation from high school in Minneapolis, she attended BYU nursing. After marriage she stopped working as nurse and raised a family of 12 children.

Nickel, Carol Ann, 1935-2019, Filer. She graduated from nursing school in Idaho Falls and worked for a few years as an RN before joining her husband in the family business.

Omdorff, Mary Lou, 1936-2019, Boise. She graduated from the Idaho State College of Nursing and St. Anthony Hospital School of Nursing, Pocatello, in 1952.

Papenfuss, Laide Hudson, 1936-2019, Rexburg and Newdale. She graduated as a nurse while her family was living in Canada.

Pippitt, Betty Haney, 1933-2019, Hauser. She graduated from the St. Barnabas Hospital School of Nursing in Minneapolis and practiced as an RN for 35 years.

Rhoades, Mary, 1938-2019, Idaho Falls. She was a LPN at Idaho Falls Sacred Heart Hospital. She worked as a LPN from 1956 to 2003.

Simmons, Theresa Madeline, 1929-1999, American Falls. She worked as a surgical nurse at Power County Hospital for 25 years.

Stamy, Kathy Ann, 1950-2019, Boise. After graduation from McClallan Donnelly High School in 1968 she graduated from the Boise State University School of Nursing. She worked as an RN at the St. Luke’s Mountain States Tumor Institute for 25 years.

Thielges, Patricia Anne, 1928-2019, Nampa and Emmett. She was raised in Iowa and graduated from the Omaha Nursing School. She lived most of her life in Idaho, practicing nursing in Emmett with her husband Dr. James Thielges.

VanBlaricom, Velma, 1936-2019, Caldwell. She graduated from the University of Idaho in 1958, and after moving to Caldwell, she worked for many years for Mercy Hospital.

Win, LaRee, 1954-2019, Rexburg. After graduating from nursing school in Utah, she worked in Utah and Idaho.

Wright, Leslie Ann (Hymas), 1965-2019, Idaho Falls and Newdale. She graduated from Ricks College School of Nursing in 1994.
"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.

RNs: idahonurses.nursingnetwork.com/
Nurse Practitioners: npidaho.enpnetwork.com/
CRNAs: idahoana.org/
Nurse Leaders of Idaho: nurseleadersidaho.nursingnetwork.com/

Joining Your Professional Organization

Nite-time Scribbles by the Oldster

By J.M.

Living on the riches of my long life's memories,  
Long forgotten, yet arising, in my sleep;  
And in my dark bed I awaken  
To those long forgotten times,  
Now peeking out from behind the curtain,  
Into my dreams.  
Each precious moment that I've lived;  
Full of wonder, hope and fears.  
Do not let them pass me by,  
For they are all that I've been given.  
Echoes from childhood float back into memory;  
Bringing, it seems, their 'Tales right behind them.'  
Feel the heat from the cheerful fireplace,  
Aflame next to me so safely,  
On my Daddy's big shoulders, on to Daddy's big chair;  
While Mama arrives in her apron, smelling of cookies;  
And all us grinning  
With anticipation and love.

J.M. is a 90 year old female suffering from the early stages of dementia. She has always been incredibly vibrant and independent and has spent her life helping others as a PhD psychologist. Because of her education, she has a lot of questions about her changes in memory and why it is happening. She also has significant questions about why her dreams are so vivid now. This poem came to her in her dream and she wrote it down before she forgot the memory. Her reflection is incredibly insightful and poignant, portraying her feelings in a way we, as providers, may not always comprehend. Sensing her fears and confusion, this poem serves as a powerful reminder to always consider the whole person.

Submitted by Michelle Anderson DNP, FNP  
Pend Oreille Health Care

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NITE-TIME SCRIBBLES

BY THE OLDSTER

BY J.M.

LIVING ON THE RICHES OF MY LONG LIFE'S MEMORIES,
LONG FORGOTTEN, YET ARISING, IN MY SLEEP;
AND IN MY DARK BED I WAKEEN
TO THOSE LONG FORGOTTEN TIMES,
NOW PEKKING OUT FROM BEHIND THE CURTAIN,
INTO MY DREAMS.

Each precious moment that I’ve lived;
Full of wonder, hope and fears.

Do not let them pass me by,
For they are all that I’ve been given.

Echoes from childhood float back into memory;

Bringing, it seems, their ‘Tales right behind them.’

Feel the heat from the cheerful fireplace,
Aflame next to me so safely,
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Submitted by Michelle Anderson DNP, FNP  
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