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In January I will end my two years as president of both the Nurse Leaders of Idaho (NLI) and the Idaho Alliance of Leaders in Nursing (IALN). Both of these organizations have continued to grow and expand services during the past two years. I am confident that this will continue with my successor, Joan Agee, becoming president in January 2020.

There are many achievements and successes to celebrate. Certainly, the big ones are forming the Idaho Center for Nursing that has pulled the professional nursing associations in Idaho together, focusing on the recognition of nurses and expanding the annual Nurse Recognition Dinner, and importantly to all Idaho nurses, the refocusing of RN IDAHO to showcase achievements of Idaho nurses, events and scholarship.

Being the president put me in the position to see and appreciate all of the behind the scenes work that keeps these associations moving ahead and nursing gaining increased attention in the public domain. This experience has demonstrated two things that I knew were important. They are that leadership and engagement count!

Leadership in an organization involves being open to suggestions, being willing to accept the opinions and desires of others and being able to take in stride the barriers and limitations imposed or the unintended consequences of decisions taken. Successful leadership involves guiding the analysis of what is happening and crafting mitigation strategies to move the organizations ahead. These efforts are guided by an active organizational strategic plan, frequent communication with stakeholders, and consistent messaging and support to members.

Engagement is not only about the leadership being engaged, but how an engaged membership benefits both the organization and the profession. The organization as a whole thrives when individual members are engaged; like the old adage, a rising tide raises all ships. It is often said that individuals may not see tangible results from their personal membership without begin engaged, but by their membership the entire association benefits. Our former president, Joan Simon, commented on the association's progress and said that “everyone wants to be on a winning team.” That is so true. NLI members have demonstrated that culture. We have seen more nurse leaders join NLI, more abstracts and posters submitted to the LEAP planning committee, more visits and followers to the website and more interest in NLI's ongoing programs than in past years.

The Idaho Center for Nursing works to promote a culture of engagement and active participation in addressing issues that impact the profession and the overall health of Idahoans. There appears to be a culture among nurses that strongly supports the Idaho Center for Nursing’s tagline: “A Healthy Idaho Begins with Nurses.”

Karen S. Neill

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FEATURE:
Charting Idaho’s Nursing History turns 10 Years Old

FEATURE:
Local Couple Represents Idaho on Capitol Hill
Robert and Carmelita Jones

In Memorium
In June, I attended the 2019 ANA Membership Assembly in Washington D.C. Dori Healy, ANA President-elect, Randall Hudspeth, ANA Executive Director and I proudly represented the interests of Idaho’s approximately 25,000 registered nurses (RNs). We advocated for nurses on Capitol Hill, considered proposed ANA bylaw and policy revisions and cast our vote for candidates seeking election to the ANA Board of Directors.

• ANA Hill Day: Dori Healy, ANA President-elect, and I spent the day before Membership Assembly traversing Capitol Hill meeting with the members of our Idaho delegation to discuss issues important to nurses. We had the opportunity to engage with Senators Risch and Crapo, as well as Congressmen Simpson and Fulcher, on safe staffing, nursing workforce development, home health, and workplace violence.

• Safe Staffing: Safe staffing is crucial to the provision of high-quality patient care. Achieving the right staffing levels requires nurses and management working together. Collaborative efforts among state hospital associations, nurse executives, and ANA-affiliated state nurses associations result in balanced state-level staffing legislation that benefits patients, nurses, and hospitals.

• Nursing Workforce Development: Nurses continue to represent the largest group of health care providers whose services are directly linked to quality and cost-effectiveness. Increased demands for RNs in the coming years will be driven by an aging population. Dori and I urged lawmakers to support H.R. 7283. 1399, the bipartisan Title VIII Nursing Workforce Reauthorization Act of 2019, which would authorization nursing workforce development programs through fiscal year 2024. Title VIII provides the largest source of federal funding for nursing education.

• Home Health: Advanced practice registered nurses (APRNs) provide high-quality, affordable health care especially in areas where access to physicians is limited, such as remote rural areas. Currently APRNs with patients who need home health care services are required to have a physician verify their assessments. Medicare policy prevents these APRNs from providing appropriate, timely care for their patients. Dori and I asked lawmakers to support the bipartisan Home Health Care Planning Improvement Act (H.R. 2150 / S. 298), which will allow nurse practitioners (NPs), advanced practice registered nurses (APRNs) and physician assistants (PAs) to prescribe in the home setting.

Here are the highlights!

- ANA Hill Day: Dori Healy, ANA President-elect, and I spent the day before Membership Assembly in Washington D.C.
PORTraits of Courage

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The Veterans Administration (VA) is exemplar in their advocacy for patient-centered care. The launch of the “My Life: My Story” program provides for staff and volunteers to sit with veterans for one-on-one interviews designed to supplement the medical record with a 1,500-word narrative (Kesling, 2019). The effect of this narrative has been remarkable in changing the perspective of the caregivers – reminding them of their mission and who they are serving (Kesling, 2019). The narratives honor the story teller, many of whom in silent courage have carried the burden of wartime memories, observations, and actions. In the end, these 1,500 word portraits of courage, allow healthcare providers to increasingly relate to their patients and respond to their needs in a much more personal and meaningful way.

Narrative is a powerful tool providing the reader an account of personal experience and perspective. Understanding how others experience health, illness, war, and peace context amplifies our capacity for caring and compassion, and perhaps, can even unite us. I am certain there was no better way to honor our Veterans and active duty military this year than by sharing their stories. Stories of character, courage, and advocacy particularly from the point of view of registered nurses in the military. The combination of which results in extraordinary portraits of courage!

Research into the behavior of U.S. Military personnel suggests that courage is a readiness for sacrifice motivated by a perceived responsibility to protect, an outcome of which is human security, peacekeeping, and protecting the interests of a now global state (Kucera & Gulpers, 2018). Interestingly, Kucera and Gulpers maintain that modern military courage must more closely align with care ethics, described as a way of thinking that enhances relations with others (p. 361).

When considering the care ethic and behaviors of nurses, courage is ethical – moral risk-taking actions, despite the fear we may have for ourselves and others (Hawkins & Morse, 2014, p. 268). An attribute of this courage is manifest in advocacy and the outcome is the protection of patient harm. Hence, the parallels between the military and nursing are compelling. Courage is central for the functioning of both military and healthcare organizations. As we are reminded of our missions and we accept and internalize these missions, we are compelled to do the right thing without hesitation or compulsion.

This November, I invite you to contemplate the courage of our Idaho veterans, active duty military personnel, and others who advocate on their behalf. This issue of RN Idaho is dedicated to sharing Idaho’s narratives and portraits of courage.

References

With Our Sincere Thanks, a Farewell to Outgoing Editorial Board Member Mark Siemon

Mark Siemon PhD, RN, PHNA-BC, CPH served on the Editorial Board for RN Idaho from August 2017 until August 2019. Mark grew up in Ketchum, Idaho, and he received his Bachelors of Science in Nursing from Boise State University in 1993. He worked as a Public Health Nurse (PHN) at Central District Health Department in Boise from 1993-95, before moving to Arizona and New Mexico where he worked as a PHN with American Indian communities, 1996-2008. He received a dual Masters Degree in Public Health and Community Health Nursing from the University of New Mexico (UNM) in 2006. He was a Robert Wood Johnson Foundation Fellow with the UNM Health Policy Collaborative, and he graduated with his PhD in Nursing in 2014. Mark taught undergraduate health and public health nursing course at UNM (2011-2013), Boise State University (2013-2016). He spent the past three years helping to care for his aging parents, and he recently accepted a faculty position at Southern Utah University in Cedar City, UT where he will continue to promote public health and population care nursing education.

Be thankful for your teeth

A Tooth Truths™ article
Heather A. Brown RDH, MPH
Delta Dental of Idaho

Leaves falling from trees in autumn remind me to be thankful for the teeth I have. Sound odd? It comes from the fact that our baby teeth are referred to as deciduous teeth. Like trees? Yes, like trees! Our baby teeth fall out the way leaves fall off a tree. Deciduous. Plus it’s a fun word to say, right? But our baby teeth fall out as our permanent teeth move in behind them. We get one set of permanent teeth and they’re usually in place by age 12. Think about all of the things you go through in life from age 12. Playing with friends, sports teams, bike riding, and so many other things that might have an impact on your teeth. If you’re well into adulthood and still have all of your teeth, good job! Not everyone can say that.

What’s the big deal? You have 32 teeth, right? So what if you lose one or two?

Your teeth play a bigger role than just chewing your food. Teeth are an integral part of the structure of the jaw bone. Tooth loss means more than a space in your gum line, it’s a loss of structural support that affects the way you look, chew and speak; it weakens the cheek on either side of the space, and allows the underlying jawbone to deteriorate.

Yes, there are ways to replace missing teeth: bridges, implants, and dentures to name a few. But these are expensive, time consuming, and sometimes require filing down the healthy teeth on either side of the space in order to support the dental replacement device.

Your own real teeth are best and as you age it’s more and more important to properly take care of them. Preventive care, like brushing twice a day (for 2 minutes each time) and flossing at least once a day is effective in maintaining your oral health at home. If you’re a smoker please consider quitting. Besides the risk you run with lung and throat cancers, tobacco use (of any kind) is associated with bad breath, yellow teeth, tooth and gum damage that can lead to tooth loss, oral cancer, and a host of other oral diseases. And yes, this includes vaping! Get regular check-ups and oral cancer screenings from your dentist and ask about other ways to improve your oral health.

Be thankful for your teeth, they’re the only ones you get!

For more information visit deltadentalid.com.
When the United States entered into fighting during World War I, each state was asked by the federal government through the Red Cross Nursing Service to recruit nurses to serve in the Army Nurse Corps. The target was to recruit one million nurses. The president of the Nurses Association had the responsibility to provide the recruitment list. This became a problem for Idaho because nurse licensure was voluntary at that time and less than 100 nurses had a license. This meant that there was no inventory of all nurses in Idaho to contact for recruitment. When nurses were notified, Geneva Castevens was the first nurse to enlist. Six nurses from St. Luke’s and several from Saint Alphonsus were identified and went to Europe in 1918 to nurse wounded soldiers. The nurses from Idaho had their photo taken with the hospital matron when they arrived. Geneva Castevens was identified by the arrow in the photograph below.

Geneva Castevens RN was born in Illinois and came to Idaho with her sister and brother-in-law. They settled at Deer Flat near Kuna. In 1910, when she was 18 years old, Geneva started nursing training at the St. Luke’s Hospital School of Nursing in Boise. She graduated in 1913. Initially worked at the hospital in surgery and also on the wards. Geneva was one of the exceedingly popular nurses training at the St. Luke’s Hospital School of Nursing in Boise. She graduated in 1913. Initially worked at the hospital in surgery and also on the wards. Geneva was one of the exceedingly popular

She was active in the Idaho State Association of Graduate Nurses. When the war started, she joined the Red Cross Nursing Service and was the first Boise Red Cross Nurse to report for duty abroad. While in France she became ill and was returned to London. On October 15, 1918, Geneva Castevens died in London, England, of pneumonia at age 25. Most likely she contracted the flu during the flu epidemic of 1918 that became known as the Spanish Flu. She was the first nurse from Idaho to die on foreign soil. The Idaho Statesman headline on October 18, 1918 read: “Nurse from St. Luke’s Makes Supreme Sacrifice.” The article further stated that, “Miss Geneva Castevens Dies of Pneumonia at Her Post of Duty in War Zone. St. Luke’s Hospital has its first gold star on its nurses’ service flag.” The Idaho State Nurses Association of Graduate Nurses and the Red Cross Committee responded to the death by passing the following Resolution:

The following resolutions anent [regarding] the death at London, England, Miss Geneva Castevens, a graduate of St. Luke’s Training School, and the first of the Boise Red Cross Nurses to report for duty abroad and the first to meet death on foreign soil, have been passed by the Idaho State Association of Graduate Nurses and the State Committee of Red Cross Nursing Services. Whereas, on October 15, 1918, our friend and co-worker, Geneva Castevens, in the service of her country, finished a life of faithful ministry to the sick. Be it resolved that we, the members of the State Association of Graduate Nurses and State committee of the Red Cross Nursing Service, express in this way our recognition of our loss as organizations and as individuals. Quiet, patient, faithful and efficient, Miss Castevens was loved as a friend, trusted as a nurse and died as a patriot. Be it further resolved, that these resolutions be inscribed in our records and that a copy be forwarded to Miss Castevens’ family.

The Idaho Statesman printed the Resolution under the headline, “Pay Tribute to Faithful Nurse.” The Association also sent the family a copy of the Resolutions and flowers which the family responded to with a thank you card. The thank you card can be found in the Association’s archived materials at the Idaho State Historical Society, Boise, Idaho.

Geneva Castevens died of pneumonia at age twenty-five. The association also sent the family a copy of the Resolutions and flowers which the family responded to with a thank you card. The thank you card can be found in the Association’s archived materials at the Idaho State Historical Society, Boise, Idaho.
An Interview with Russ Barron, MBA, Executive Director, Idaho Board of Nursing

Introduction: There is much interest among Idaho nurses about the new Executive Director at the Board of Nursing (BON). This is the first time that Idaho has had a non-nurse in the leadership role at the BON, although other states have often had non-nurses in that role. RN IDAHO took the opportunity to interview Mr. Barron as a means for Idaho nurses to become familiar with him.

Since starting on June 10, what has challenged you the most in your new role at the BON? I really had to hit the ground running from day one. The Board was in the initial few weeks of their licensure cycle, and they had a large number of paperwork assignments that needed to be completed. Also, it was the middle of graduation season and hundreds of applications from recent graduates were being processed. It was a bit challenging because the Associate Executive Director who was an RN had also retired, but luckily, she had been covering the Executive Director role for some time. That gave me valuable information on the status of everything and what needed attention first. Interestingly, the evening of my first day was the board meeting of the Idaho Center for Nursing, which I attended with the BON chair, Judy Taylor, MSN, RN. It was good to meet many of the nurse leaders in Idaho when I first started. Needless to say, not being a nurse there was a high learning curve but I had some great support to help me.

How did your previous experience impact your new role at the BON? I came to this role with a great deal of experience working in state government. I had been with the Idaho Department of Health & Welfare for more than 20 years, and for the last 18 months I had served as the Director of the department. That is a governor appointed role, and much like a presidential cabinet member being replaced when a new president takes office, the same is true for the H&W Director. I was appointed by Governor Otter and Governor Little, a different own team. I was fortunate to have two very different sets and expect that the BON members were seeking and to be able to transition into this role. Being familiar with the state system and knowing many legislators and state employees has served me well in my initial work at the BON. The work has focused on budget preparation, administrative rule changes, Board meetings, working with the Governor’s office team, the team of very qualified nurses with contracts, expenses, and personnel items, and learning about the nursing profession.

How has your orientation to the nursing profession been managed? Not having a nursing education, I knew that I had much to learn about the profession and its workings. I have had great relationships with current and former BON Associate Executive Director and has been a strong resource. The board members have approved my attendance at several conferences this year to help me learn and they have all been readily available to answer questions. Also, we have one RN on staff at the BON. From the professional organization perspective, the Executive Director of the Idaho Center for Nursing has been so kind and has been most helpful, and the RN chair has been very willing to help me. There is a lot of knowledge on the professional issues and has facilitated meetings with state nursing leaders. The National Council of State Boards of Nursing held their BON Executive Workshop and their annual Delegate Assembly. I attended both and have begun developing relationships with the Executive Directors from other states. I was happy to learn that some states also have non-nurses in the BON Executive Director role. Overall, I would say that I am learning much, and I am becoming comfortable with knowing what my resources are and when to ask questions and when to just listen. Thus far, everyone has been welcoming and helpful.

What has been your initial focus at the BON? A few things. First, I needed to get used to the office. I have been meeting with staff and learning and evaluating the systems that exist to determine if they need revision, replaced or if they can remain. I have concentrated on building a cohesive team among the board staff and meeting with them to determine their job goals, satisfaction levels and what I can do to help them. I have made some organizational changes designed to improve customer service and efficiencies within the office. I have also been recruiting for the professional Associate Executive Director nursing staff position.

What initiatives can we expect for 2020? A focus of the Governor’s Office has been regulatory reduction. For agencies like the BON, that means looking at the rules and seeing how they can be reduced or eliminated. Some of that work began before I came to the BON, and we are continuing it now. An example is Rule wording that speaks to certified nurse aides (CNAs). The BON does not regulate CNAs; that is the role of the Dept. of Health & Welfare. We can work with them to see that BON needs are met within their rules and eliminate or redefine rules in the BON documents. Another role is Rule wording that speak to how Medication Assistants are certified. There is only one person in Idaho certified nurse aides (CNAs). The BON does not regulate CNAs; that is the role of the

Are you foresee any significant Nurse Practice Act revisions being proposed for the 2020 Legislature? The focus thus far has been on Rule. The BON did have some proposals in the past that were passed and are currently law. At this time we are not seeing any current legislative coming up.

If Washington and Oregon join the Nurse License Compact (NLC), how will that impact Idaho? Currently neither state is a member of the NLC. There is some activity in Washington State to join the NLC. That would benefit nurses who live in Idaho and work in Washington because they would not have to obtain two licenses. However, many nurses live in Washington and work in Idaho, either as insurance company staff or managers or as direct employees of an Idaho agency, and thus the Washington based nurse would no longer need to purchase an Idaho license. As of September 2019, there are 1,252 RNs living in Washington and having an Idaho license. For Oregon, 356 nurses have an Idaho license. Should those states join the NLC, the Idaho BON will lose a significant amount of revenue from license fees. Incidentally, for our remaining surrounding states, Nevada, which is a non-compact state has 91 Idaho licensed nurses, Montana, a compact state, has nine, Wyoming, a compact state, has four and Utah, a compact state, has ten.

How is the BON funded? In Idaho there are three primary ways that agencies get funded: (1) Federal Funds, (2) State Funds, or (3) Dedicated Funds from fees for services provided. The legislature makes decisions on what funds are used and how much can be used. The budget is approved by the Legislature, but the money is generated by the agency itself in terms of license fees. The money that nurses pay for their licenses supports all of the activities of the BON. This is why Washington and Oregon joining the NLC and ceasing to license in Idaho would negatively impact the BON financially, and the Board would have to consider ways to meet budget needs.

Review of nursing education programs is a main function of the BON. How do you plan to meet this responsibility? Very soon I have a conference call with the deans and directors of the 10 Idaho nursing programs that educate RNs. That group, the Council of Nursing Education Leadership (CNEL), is a unified group with common issues. I look forward to a very positive working relationship with them and filling the Associate Executive Director position will be key to the schools having a ready resource in the BON office.

How do you see the BON impacting the future nursing shortage? The primary mission of the board is public safety and protection. Part of that mission is to be effective and responsive to nursing needs and working to remove barriers that keep qualified nurses from being part of the workforce. This involves timely responses to questions, efficient processing of license applications, consistent and correct messaging to the people we license, being helpful to resolve issues and being mindful that delays can impact the nursing workforce.

Is the board of nursing concerned about the emergence of new for profit schools of nursing coming into Idaho? I think it is important to provide educational opportunities for individuals wanting to become nurses. At the same time, the BON is concerned about the educational quality as evidenced by the consistent measure of the first time NCLEX pass-rates of these programs’ graduates, the truthfulness and disclosure to students about cost and the articulation of academic credits, the way schools will recruit faculty in the communities they want to be present, and the impact that more nursing programs and more students will have on the already limited clinical experience availability. Certainly, Idaho will need more nurses because of the increasing demand from population growth, especially an older population that will need more nursing care, and the impact of an aging nursing workforce that will retire from active practice. I understand that the current numbers of graduates do not sufficiently impact the needed nursing workforce numbers. However, we must ensure that Idaho has sold nursing programs that will prepare highly qualified individuals to enter the nursing workforce as we consider more educational opportunities.

Do you have anything special that you want to communicate to Idaho nurses who read RN IDAHO? I want to say that I appreciate this opportunity to be a part of the nursing community. I see this as a very interesting, and integral role and I believe I have the background and experience to make it successful. Look for some changes in the future to the BON website, the office systems, and the efficiency and stability of the BON staff. We are working together to better serve the citizens of Idaho and the nurses who work here.
Most combat outposts (COPs) are in austere environments too far away to quickly transport an urgent patient with immediate needs back to a traditional FST or combat support hospital by helicopter and this is where we come in. My unit has a unique mission with the acronym of “GHOST-T” or Golden Hour Offset Surgical Team – Trauma with the capability to infiltrate and exfiltrate by helicopter into these outposts, setup or occupy a treatment site and provide damage control resuscitative and surgical care. Our job is to expand the medical ring so that soldiers can receive treatment within an hour of injury. Additionally, we have the capability to leave these outposts and push closer to mission point by four-wheeler or razor in order to support the combat elements.

 deployment for a registered nurse on a forward surgical team (FST) is unlike any other nursing job in Afghanistan or Iraq. Most people presume that we are at one of the two large posts in Bagram or Kandahar with a nice air-conditioned hospital and beds to sleep in at night. In reality, we only get those on occasion when we go “home” to re-set gear and re-supply. The FST is traditionally comprised of fifteen organic members consisting of one ED, ICU and OR nurse along with combat medics, surgical technologists and licensed practical nurses. The team is supported by two general arms soldiers. Some of these missions are months long in established COPs and we rotate teams while others are as short as twenty-four hours with our arrival just after an area has been secured and occupied.

An RN is typically the officer-in-charge (OIC) during these missions. When a team pushes out with a larger element of eight soldiers, I am usually alongside a surgical technologist functioning in a circulator role. On one mission with a team of four, I was the only surgical scrub role to aid the surgeon and CRNA, so I held many hats of the perioperative world. I hand scrubbed instruments, ran the field steam sterilizer and held the surgical scrub role while relying on non-surgical team members to circulate if needed. I may be the lead nurse on a non-surgical trauma patient and the very next patient wind up working the left/right medic position while getting IV access, labs and exposing the patient’s body. Roles are not static in any way and every hand is utilized during all phases of patient treatment due to our limited staff size required to increase our mobility throughout country.

I cannot say that there is a typical day for a GHOST-T, but an ideal day is when we do nothing but read books, steal anesthesia’s sudoku or just hang out and chat. Sometimes it feels like all we do is rehearse mass casualty or MASCAL drills or practice implementing a walking blood bank as efficiently as possible to a point that it feels mundane. As those men go out on their missions, we tell them to stay safe because we do not want to work, and we mean it. Doing nothing means nobody got hurt tonight! A wife, child or parent will not be opening a door in four to twelve hours to strangers wearing fancy blue uniforms with gold braiding and perfectly placed awards within 1/32nd of an inch from standard. We do not have to watch a group of the most masculine men console each other or see American flag draped litters carried by grieving teammates during an Honor Walk to be loaded into a C130, delivered at Bagram and eventually the Old Guard at Dover Airfield.

I guess that is why I do it. Both my dad and step-dad were in the Navy, my brother served in both the Navy and Army, several grandfathers served as well. I joined because it is what I knew, but I continue to support America’s finest hoping to do nothing while preparing to do anything!

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Perioperative Nurse, CPT (USAR)
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We are a team of twenty first lieutenants, the GHOST-T does not move as a whole unit. Instead, we are further broken down into several smaller packages of four to eight personnel and go where the risk of injury is highest to the combat arms soldiers. Some of these missions are months long in established COPs and we rotate teams while others are as short as twenty-four hours with our arrival just after an area has been secured and occupied.

First Lieutenant
Patrick Moody RN

This is the closest to the front line the Army places its medical personnel outside of the combat medics. While we are a team of twenty soldiers, the GHOST-T does not move as a whole unit. Instead, we are further broken down into several smaller packages of four to eight personnel and go where the risk of injury is highest to the combat arms soldiers. Some of these missions are months long in established COPs and we rotate teams while others are as short as twenty-four hours with our arrival just after an area has been secured and occupied.

GHOST-T team members

A field steam sterilizer

The ED/OR setup in the morale, welfare, and recreation room (MWR) complete with the pool table.

Dutch flight crew delivering supplies
Some were drafted, others volunteered. The profound sense of commitment, bravery, and passionate desire to defend our Country’s interests abroad resonates among each of them. They are the United States Army, Navy, Marines, Air Force, Coast Guard, and National Guard Veterans. They served and sacrificed during WWII, Vietnam, Korea, the Gulf Wars, and during many other conflicts around the globe where our Veterans have been placed in harm’s way to defend our Country’s interests.

There are currently more than 38,740 Veterans who have entrusted their healthcare to the Boise VA Medical Center. That number grows every year and employees, including registered nurses (RNs) and licensed practical nurses (LPNs), at the Boise VA have the distinct honor of providing superior service and high-quality care to each of these valued Veterans.

The Boise VA offers healthcare services in communities as close as Caldwell and Mountain Home and as far away as Salmon. Services are provided in large communities such as Boise and small communities such as Burns.

The Boise VA offers a wide range of services and highly qualified nursing professionals, all dedicated to supporting unique, Veteran-specific needs. Service offerings include the Veteran’s Outreach program, routine, urgent and emergent care, pain management, podiatry, surgery, psychiatry, cardiology, pulmonary, vascular, Women’s health, oncology, urology, and endoscopy services, substance abuse and post-traumatic stress disorder programs, telehealth and homeless care services.

These programs all utilize evidence-based practice to improve the quality of care and customer service to our Veterans. These initiatives reflect Boise VA leadership priorities and are significant investments in employees that directly result in materially improved patient care and patient satisfaction.

What does it mean to work at the Boise VA and serve those who served? It is an opportunity to show how much our Veterans are appreciated. To come into work every day looking forward to having a small role in a Veteran’s treatment, recovery or help to resolve a Veteran’s concern and to show that they are valued. As an RN, and former LPN, I have had the pleasure of meeting many incredible Veterans over the years.

I have provided care to WWII veterans who are stict, honest, and genuine. They always want to tell stories about others who have sacrificed and often forget the sacrifices they, themselves, have made. They bear their pain in silence.

I have met Vietnam Veterans, younger than my children, who bear the mental and physical scars of war in service to our Country. As a Nurse at the Boise VA, it is not my purpose to judge these Veterans. My purpose is to serve. To be present. To Listen. To be a resource. To help and to heal. My purpose is to fulfill President Lincoln’s promise “To care for him who shall have borne the battle…”

I have the best job in the world. I am a United States Veteran. I am a patient at the Boise VA. And, I am privileged and honored to work as an RN serving those who served.

Photos Courtesy Boise VA. BoiseVA.gov

Accessed 9/12/19
Joy in the Workplace and the Triple Aim

Joan Agee DNP, RN, CNOR, FACHE
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In 2008, the Institute for Healthcare Improvement (IHI) developed the Triple Aim Framework. With a focus on improving patient care, this framework introduced three dimensions with a simultaneous pursuit that includes improving the health of populations, improving the patient experience of care, and reducing per capita costs (IHI, 2019). The triple aim became the framework utilized by healthcare organizations around the world.

Fast forward to 2016, the IHI has introduced another concept to help drive the pursuit of the triple aim: joy in work. Perlo et al., (2017) published a large body of evidence on what brings joy to the workplace. However, the concept has created some confusion among the public, believing that the IHI changed the triple aim framework to a quadruple aim framework. This perception is incorrect. Derek Feeley, IHI President and CEO, emphasizes that while the IHI supports organizations adding a fourth aim to the triple aim framework such as joy in the workplace, the primary focus of the triple aim remains patient care (2019).

With that said, the IHI has certainly spent time and resources on the concept of joy. This is the result of growing evidence indicating that providers and nurses are experiencing burnout. According to Perlo et al., (2017) this burnout is epidemic. Burnout affects patient care and lowers staff engagement, which can negatively impact the goals of the triple aim. Risks leading to burnout include staff shortages, practice changes, and ambiguity of roles that can lead to the leading to burnout include staff shortages, practice changes, and ambiguity of roles that can lead to burnout.

In summary, to support the focus of the triple aim leading to improved patient care, it is paramount for you face the perils of burnout. You can influence the work environment to create joy that leads to decreased risks of burnout. Evidence-based strategies are available to guide this work (Perlo et al., 2017). IHI developed virtual learning about improving joy in the workplace which can be accessed at: http://www.ihi.org/education/OnDemandWebTraining/Webinars/Joy-in-Work/

References

Employer Support of the Guard and Reserve

Trudi Poole MSN, RN, CDE
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I belong to an organization, the Employer Support of the Guard and Reserve (ESGR), comprised of dedicated volunteers seeking to make an impact on the lives of our Guard and Reserve service members. The Department of Defense (DOD) chartered the ESGR in 1972 in response to the draft ending. Members of the Guard and Reserve were exiting by the hundreds because of inability to resolve conflicts arising from employee military commitments. Through outreach, recognition, and educational opportunities we increase awareness and provide assistance to resolve such conflicts between service members and their employers. The ESGR has over 54 committees in all 50 states, the District of Columbia, and all U.S. territories.

This summer, Eastern Idaho Regional Medical Center (EIRM) hosted an event to show support for their employees that are “Citizen Soldiers.” Administrators, department directors and key staff attended. Idaho Adjutant General, Michael J. Garshak made the trip from Boise’s Gowman Field, to recognize and address the great work going on at EIRM and other employers throughout our community. Major General Garshak spoke of the importance of the three-legged stool. One leg represents the military, another leg represents the employers and the final leg is the family. It is vital that each leg supports the other in order for the reserve and guard members to be successful and stand together.

As nurses, in any practice, we can step up to support our service member. During my tenure with ESGR, I have learned that something as simple as covering extra shifts for those on military orders relieves their stress. Offering family support and having situational awareness of family needs reassures those deployed. Upon return from service, helping the service member transition back to civilian life and employment reduces feelings of being overwhelming. Last, an occasional hug and a big thank you for both the citizen soldier and their family’s sacrifices can make all the difference in the world.

I have been practicing as a nurse for 39 years and as an active member of the ESGR, I have seen first-hand how important it is to lend support and encouragement to our team, no matter what the challenge may be. Let us celebrate the freedoms we enjoy and this month. Let us shout out the Army’s battle cry “HOO-AH!” to all nurses for our role in helping the community. “HOO- AH” to support our National Guard, Reserves and all our war heroes. “HOO- AH” to stand proud to be a part of this great nation! To learn more about volunteerism with ESGR, visit https://www.esgr.mil/
The Color Code – Part I: What's Your MO in Healthcare?

There are some key things to understand about Color Code. It's based on the premise that your core color – your motive – is innate. You were born with it. We recognize that environmental factors and life can impact your personality but it’s not going to change your driving core motive. (I'm a Blue and always will be) Another way to think about core motive is “What gets you up out of bed each morning?”

There are four different motives – the Code behind the colors:

- **Reds** are motivated by power. They want to get things done as quickly and efficiently as possible! They are super productive and enjoy challenging adventure. They are attracted to leadership positions because that's how they can get things done. Reds need to be respected for their expertise.

- **Blues** are motivated by intimacy. Not sex like the Reds think of intimacy. No, this is about deeply connecting with people and doing important, meaningful work that changes lives, organizations or the world. Blues need to be understood.

- **Whites** are motivated by peace. Peace within themselves and peace in their external world. Things need to be in balance for a white. If their mojo is good, they are pleasant, productive and steady. However, if something off in their internal or external spheres, they feel off. Whites need to be accepted for their individuality.

- **Yellows** are motivated by fun. That doesn’t mean they want to party all the time (but they probably know where a good party is). They process relationships and work through the lens of having a good time. Work is necessary but can’t we have fun while we’re doing it? Yellows are charismatic and need to be adored.

EXECUTIVE DIRECTOR REPORT

NURSING 2019: Reporting on the Health of Nursing in Idaho

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Near the end of each year it is good to assess the overall health of Idaho’s most trusted profession. Nursing can claim that title because for the past 20 years nursing has been voted the most trusted profession by the public according to the Gallup poll (Stryker and Forbes (2019). This study shows that Nursing has an 84% trust rating compared to 67% for physicians and 66% for pharmacists. By comparison, car salespeople tie with members of Congress at an 8% trust rating, having the least trustworthiness reported by the public.

The Idaho Center for Nursing (ICN) completed its one year anniversary in October. This is a collaborative collection of independent professional nursing membership organizations that agreed to work together supporting mutual interests that benefit the respective associations. ICN has been seen by eliminating conflicts between groups that cause confusion among stakeholders and the public, promoting cost sharing to decrease operational expenses, increasing communication between organizations, participating mutually to support nursing’s voice statewide through communications such as the websites, RN IDAHO and at the Idaho Legislature. The ICN participants today are the American Nurses Association of Idaho (ANAI), Nurse Leaders of Idaho (NDL), Council of Nursing Education Leaders (CNE), Idaho Association of Nurse Anesthetists (IDAANA), Nurse Practitioners of Idaho (NPI) and the nursing philanthropy, Idaho Alliance of Leaders in Nursing (IALN). ICN is open to welcoming other nursing groups to participate, such as the School Nurses of Idaho, and specialty nursing organizations that are active in the state.

The story that has impacted the greatest number of nurses has been the opening of an Idaho office and having a physical presence back in Idaho by the American Nurses Association of Idaho (former the Idaho Nurses Association). Because of the large reduction in membership dues, increasing numbers of Idaho nurses have joined the association. There remains much opportunity for membership growth, but in one year the membership has almost doubled. ANAI has increased communication to members and has promoted state-based programs to help nurses achieve continuing education requirements and to have an active voice in public policy. The success of ANAI can be attributed to the many nurses across the state who believed in the importance of having a professional association that is present in the state, engaged to represent nurses to the public in meetings other than nursing meetings, and that effectively communicates with all nurses on a regular basis.

The Nurse Leaders of Idaho expanded its membership in 2019 to include nurses engaged in leadership at all levels. Nationally, the American Organization of Nurse Executives (AONE) evolved to become the American Organization of Nursing Leadership (AONL), and NLI is a constituent of AONE. This shift has increased the membership. NLI is focused on improving the education of the Idaho nursing workforce through educational and mentorship opportunities. Successful programs for NLI are the nursing leadership three-day course that is held twice annually across Idaho, that being Lewiston and Boise in 2019, the nurse refresher course that helps nurses who have lapsed licenses refresh their practice and return to having a full active license, new nurse residency program that assists with transition to practice, mentorship and preceptoring for graduate students and working collaboratively with the CNE to maximize student clinical placement opportunities.

The Nurse Practitioners of Idaho and the Idaho Association of Nurse Anesthetists both have robust organizations that focus on the needs of the Advanced Practice Registered Nurses that they represent. They have partnered as the two large APRN organizations in Idaho to share some resources and both have expanded membership in 2019.

Without a doubt, the Idaho Alliance of Leaders in Nursing has changed the most in 2019. A new set of bylaws has transformed the organization into being the only non-profit nursing philanthropy in Idaho. The focus is on positively impacting the nursing workforce to improve the overall health of Idaho citizens. IALN relies on grant funding and charitable contributions to pay for its programs and activities. The focus areas of the IALN are, (1) ongoing research of the Idaho nursing workforce data, (2) producing a biennial nursing workforce report that details the supply, demand, and educational information, (3) developing impact plans and mitigation strategies to meet workplace demands from employers and the public, (4) working to align Idaho public policy to reflect the 2019 recommendations for the future of nursing, (5) positioning nursing to be in a leadership role to impact the development of a culture of health in Idaho, (6) supporting the Nurses on Boards Coalition as a part of the goal to have 10,000 RNs on various boards nationally by 2020, and (7) supporting and promoting the recognition of nurses in Idaho.

A major benefit of the ICN and having one centralized office for nursing organizations that choose to affiliate has been the savings achieved through common cost sharing. Organizations pay for the items they want to utilize such as internet, bookkeeping and CPA series, insurance, office space and management time. This has resulted in less duplication and noteworthy savings to each organization.

Other noteworthy endeavors include the transition of the Idaho Nurses Foundation, which is covered elsewhere in this edition of RN IDAHO.

References


Certified Registered Nurse Anesthetists (CRNAs) have a long history of serving in the United States military. Starting with the civil war, nurse anesthetists began administering anesthesia to wounded soldiers in harsh environments. Since then, CRNAs have continued that legacy of excellence and service to our country by providing the vast majority of anesthetics for military forward surgical teams to this day. To function in such remote locations with limited supplies highlights the independence and skill level that these CRNAs possess. Many CRNAs in Idaho have served or are currently serving in the military, and it is an honor and a privilege to highlight two that have sacrificed so much for their patients and our country.

Lieutenant Colonel Aaron Gopp, US Army Reserves, has served over 28 years in the US military. Enlisting in 1987, he worked as a Nuclear Power Engineering Laboratory Technician, responsible for the radiation monitoring and controls, as well as reactor systems chemistry controls aboard nuclear powered cruisers. He attended the University of Colorado on a Navy ROTC scholarship, where he earned a Bachelor of Science degree in nursing. Following graduation, he was commissioned as a Naval Officer in May, 1997. In 2001, he left the active duty Navy to attend the University of Iowa nurse anesthesia program on a US Army scholarship.

For the next decade, he attended the University of Colorado on an Army ROTC scholarship, where he earned a Bachelor of Science degree in nursing. Following graduation, he was commissioned as a Naval Officer in May, 1997. In 2001, he left the active duty Navy to attend the University of Iowa nurse anesthesia program on a US Army scholarship. He was commissioned with the Army Reserves in 2001. During his 28 years in the military, he has been deployed numerous times, including twice to the Persian Gulf region and Iraq. In addition, he has deployed twice to Afghanistan with forward surgical teams, as well as counter narcotics operations south of the border. Additionally, he was attached to 2nd Marines while he was active duty Navy. Aaron has commanded the 915th Forward Surgical Team in preparation for their deployment to Afghanistan. He is presently assigned to the 7305th Medical Training Support Battalion as a Senior observer, controller, and trainer.

Aaron has been married to his wife Shania for 24 years, and they have two sons. In his civilian practice, Aaron has been a solo practice partner/owner of Treasure Valley Anesthesia since 2005, practicing in Ontario, Oregon and Meridian, ID.

In 1971, Paul T. Beisser, III received a Vietnam lottery draft number of 69. Paul joined Army ROTC and graduated with a forestry degree in 1976, and was commissioned as a 2nd Lieutenant in field artillery. Following three and a half years of active service, he went to inactive reserves while completing nursing school at the University of Northern Colorado. After a short time, Paul was accepted to the George Washington University program for nurse anesthesia, where he earned a Bachelor of Science in Nursing. He had numerous assignments in the Air Force as a CRNA, including Williams Air Force Base in Arizona, and Osan Air Base in the Republic of Korea, where he was the Chief CRNA (84-96). Paul also worked as a CRNA at Offut Air Force Base (92-94) in Omaha, NE, Landstuhl Medical Center in Germany, and Nellis AFB, Nevada. While stationed in Germany, he had the honor and privilege to represent the Air Force on a State Department team as the Assistant Squadron Commander going to Baku, Azerbaijan and deliver excess hospital supplies to four area Medical Centers. The highlight of his career and highest honor was to deploy to Muscat, Oman in early support of the war in Afghanistan on October 20th, 2001. Paul forward deployed to Jacobabad, Pakistan on an air base there, and commanded a Mobile Field Surgical Team before Thanksgiving. The team consisted of Paul, an orthopedic and general surgeon, a specialist care physician, an OR nurse, an OR technician, and a respiratory therapist. They carried only enough gear in backpacks to do two trauma cases. Paul had a draw over vaporizer, a battery powered pulse oximeter, and a manual cuff with a precordial stethoscope attached for blood pressure readings. It was the highlight of Paul's career to be able to do a remote anesthetic for stabilizing surgery in the field with the draw over vaporizer. He hated seeing what war did to our military members, but was so glad to be there and use his training to save lives in such austere conditions with a great team. Paul returned to the USA on March 21, 2002 and retired from active duty after 22 years total service on December 31st, 2002. Paul states that “because of my training and military assignments, I was an independent nurse anesthesiologist.” Paul currently continues his CRNA career as a partner with Madison Anesthesia Services, P.A. in Redburg, ID, where he has practiced since November, 2002.

Thank you to all the CRNAs and nurses of all roles who have served in any branch of the military. Please take time to recognize and thank your local colleagues who have sacrificed so much for our country. Happy Veterans Day!
Local Nurse Embarks on Groundbreaking Environmental Health Nurse Fellowship Program

Kelly McCarthy, MS, RN-BC, CHSE
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Local nurse Kelly McCarthy was recently selected to represent Idaho in the Alliance of Nurses for Healthy Environments’ (ANHE) groundbreaking new environmental health nurse fellowship program. ANHE, the only national nursing organization focused on the intersection of health and the environment, has designed this first-of-its-kind fellowship program to train nurses to work with communities in tackling serious environmental health threats, including toxic chemical pollution, water contamination, climate disruption and related health impacts, and more. Funded by the Kresge Foundation, the program has a particular focus on environmental health equity and justice, specifically addressing the disproportionate impact of environmental exposures on vulnerable groups.

Kelly has been a nurse for 13 years at Kootenai Health. She became interested in environmental health while working with patients and witnessing firsthand the impacts our environment has on patient care and recovery. The program includes 30 ANHE fellows from across the United States, with three from every EPA region. The fellows hail from Alaska to Puerto Rico and many states in between. In addition to geographical diversity, the fellows are diverse in terms of age, nursing specialty and expertise, educational attainment, race and ethnicity, gender, and more, reflecting the diverse nation and communities they serve. Paired with expert environmental health nurse mentors, each fellow will conduct a project in their community to address a community-identified environmental health need and build support for community-driven solutions. In addition, each fellow will work to educate health professionals and colleagues in their communities about environmental health in order to expand knowledge and engagement of health professionals on critical environmental health issues.

The fellowship kicked off earlier this summer with a transformative meeting in Philadelphia, where together the nurse fellows learned about environmental health and environmental justice from environmental health nurse experts and community leaders. The meeting created awareness of the many factors affecting the environment and the many ways nurses can get involved. Over the next year, the fellows will interact and learn together in monthly webinars and will meet again in person next spring, all while working to improve environmental health in their communities. “We see this program having a positive impact on communities nation-wide who are facing environmental challenges, and we hope this program will be considered as a practice model across the country for nurses and for informing leaders and the public about the significant work nurses are doing in environmental health,” said Azaa Amiri, PhD, RN, ANHE mentor and assistant professor of nursing at the University of Alabama in Huntsville.

To learn more about the ANHE Environmental Health Nurse Fellowship and the program participants, visit envisionhealth.org/anhefellowship. Follow ANHE on Facebook and Twitter @ENVFN to view updates of the nurse fellows work throughout the program.

About the Alliance of Nurses for Healthy Environments

The Alliance of Nurses for Healthy Environments is the only national nursing organization focused solely on environmental health. The Alliance exists to promote healthy people and healthy environments by educating and leading the nursing profession, advancing research, incorporating evidence-based practice, and influencing policy. envn.org

The sole reason my delivery went so smoothly, I’m not sure why Carrie and I connected as we did, but she felt like a dear friend by the end of the day and I was sad to see her go. She told us that at one point during her shift she was told to change rooms and she refused because she had to stay and see my baby born. She was also determined that I give birth before her shift ended at 6 pm, because, again, she just wanted to see me have my daughter (and luckily that happened). When her shift ended, we hugged, and both started crying. She said it had been a long time since she had cried after a delivery but for some reason, we had connected to the point that emotions ran that high.

Two days later, she just happened to see my husband coming up from the cafeteria and was able to stop by and see me and the baby. We were both so happy that she was able to come to see us before we checked out of the hospital. She even remembered the exact time my girl was born!

Long story short, Carrie was the best thing that could have happened to us during our labor and delivery. I can’t say enough good things about her; she deserves every praise available to her. I’m just so grateful for her and the experience she allowed us to have.

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You may fax or email your CV to: ATTN: Katie Gillies
Fax: (208) 888-0884 Email: gillies.katie@midvalleyhealthcare.com

Join Our Team!
The annual nurse Recognition Celebration Dinner honors nurses from throughout Idaho who have been recognized by their facilities, professional organizations or their communities for achievements that promote the profession and contribute to the overall health of Idahoans. Additionally, nurses themselves select peers who have retired after distinguished careers that enhanced the professional status of nurses and that have made substantial and sustained contributions to the profession.

In 2019, two retired nurses were recognized for having distinguished careers and for making significant contributions to nursing in Idaho. Verlene Kaiser and Jan Moseley were honored at the November dinner.

Verlene Kaiser grew up in northern Washington State and graduated from the Sacred Heart School of Nursing that was affiliated with Gonzaga University. As a military wife in the 1960s she worked in seven states and held a variety of nursing positions. She moved to Boise in 1971 when her husband joined Boise Cascade. She worked for the Central District Health Department in the newly formed Home Health Division. Thinking that she needed more education, she enrolled in the first Boise State Family Nurse Practitioner Certificate program and graduated among the first ten students from that program in 1978 and became a licensed NP.

That same year she started a Home Health agency with two other nurses. After three years she became the sole owner of Community Home Health, Inc. Over the following 18 years she and her husband expanded the business to cover 48,000 miles of central Idaho, eastern Oregon and southern Montana. The business grew from employing a few nurses to having hundreds of employees.

Professional involvement never escaped Verlene. She served as a board member and president of the Idaho Home Health Association and went on to serve on the national board of directors for the American Federations of Home Health Agencies and also served on committees for the National Homecare Association. Starting in 1985, and continuing through 2007, Verlene was appointed by successive Idaho Governors, Evans, Batt, Kempthorne and Otter, to serve terms on various state boards, including the Board of Dental Examiners, Board of Medicine, Board of Occupational Therapy, and the Board for Residential Care Facilities.

Verlene was also very involved with the Idaho Nurses Association (INA) and served as INA president in the 1980s, during the years when federal laws changed and mandated that foundations be separate entities and have separate financial records from membership organizations. Her leadership efforts are credited with the successful launching of the Idaho Nurses Foundation (INF). The newly formed INF pulled five separate nursing scholarship funds together, including the large Florence Whipple Education Fund, under the direction of a separate board of directors from INA.

Nationally, Verlene served on the American Nurses Association's (ANA) Institute of Nursing Practice, and on several National Council of State Boards of Nursing committees on practice and program development. She was appointed to the Governor’s committee on the Idaho Commission on Nursing and Nursing Education and was also appointed to serve on the board of the Idaho Vocational & Technical Education Council. She was a member and also chairman of the Boise State University Friends of Nursing fund development that later joined the Boise State University Foundation. She was one of the initial six nurses who worked to establish a chapter of Sigma Theta Tau, the national nursing honor society, at Boise State University, and she was a founding member of the Nurse Practitioners of Idaho organization.

Beginning in the mid 1990’s, Verlene assumed the role of INA Historian and began to collect the chronological story of nursing in Idaho. This work led to her partnership with Randy Hudspeth and together they formed VKRH Publications that resulted in the only nursing history book ever written about the evolution of nursing from the Idaho Territory to current times. Their landmark book was published in 2009 and was recognized by the Idaho Library Association for its contribution to documenting nursing’s history in Idaho.

Verlene was recognized for her many years of sustained contributions to nursing and to the State of Idaho.

Jan Moseley retired this year from Kootenai Health after serving as the Director of Professional Practice. She has 40 years of dedication to nursing and has impacted many nurses throughout her career. Jan has served in many roles at Kootenai Health, but perhaps her greatest achievement has been working to have Kootenai Health designated the second Magnet facility in Idaho, and to have been awarded that designation for three successive designations cycles.

Jan has served professional nursing in Idaho in multiple ways. She is a former president of Nurse Leaders of Idaho (NLI) and was honored as Nurse Leader of the Year by NLI in the past. She has served on the nursing advisory committee for Washington State University College of Nursing and was appointed by Governor Otter to serve on the Idaho Board of Nursing, where she is currently the chairperson for the Program for Recovering Nurses. In 2018 she was recognized by School District 271 with their Superstar Award, and in 2019 she was nominated for the very prestigious DAISY Lifetime Achievement.

Perhaps the greatest honor to Jan was from the nurses who have worked with her throughout the years. Many described her as instrumental in helping them develop as clinical nurse leaders. She supported the staff in all aspects of the Shared Governance structure and she was an influence in guiding the profession. Her dedication to creating the Shared Governance structure was forward thinking years ago and has since given every nurse an outlet for their voice as a means to impact positive change.

Jan’s efforts as an advocate for patient care and employee engagement helped to create and support nurse excellence and to elevate nursing practice in an effort to provide nurses with the opportunity to do their best work every day. Achieving that achievement is often the most rewarding outcome of a nurse’s career. The nurses who know Jan best said that it is difficult to sum up all her accomplishments over her 40 years as a nurse, and that her achievements would be difficult for any nurse to accomplish. The best gift is knowing that nurses feel Jan’s impact, contributions and legacy to nursing will live on for years to come.

Both Verlene and Jan were awarded crystal bowls with plaques commemorating their recognitions.
In December 2009, Verlene Kaiser and Randy Hudspeth published the only book that chronicles nursing history in Idaho, Charting Idaho Nursing History. Over 3,000 books were printed. Verlene was a former president of the Idaho Nurses Association and had served as the INA historian for 10 years. Randy had a student experience when he served as NSNA Imprint editor and had the opportunity to work with the American Journal of Nursing editor, Thelma Schorr. He admired her 1988 book “Making Choices, Taking Chances: Nursing Leaders Tell Their Stories.” He felt a similar story could be told for Idaho. Verlene and Randy shared a common vision of what an Idaho nursing history book would be. Verlene had already outlined many of nursing’s major events by decade and had interviewed nurses who were still alive and could share the stories of earlier days. They started collecting and organizing data in 2002. Along the way they hired a publishing consultant and formed their own publishing company, VKRH Pub. They invested $35,000.00 to launch the publication through their own company. Most of 2009 was devoted to copy editing, publication design and marketing. In December 2009 the book was printed. After publication there was much interest, but it took months to recapture the initial investment. Once that was accomplished, they were in a position to donate book copies and enjoy seeing the book be used as a reference.

After seven years of information collecting and verifying stories with Idaho nurses, it was interesting to note that within six months of publication, people from across Idaho wrote to tell of additional details or question why a previously unknown event was not included. Six months after publication, RN IDAHO editorial board member Dorothy Witmer, EdD, RN, wrote “The Story Behind the Story.” Excerpts of that May 2010 article are re-published here:

Verlene Kaiser and Randall Hudspeth have provided outstanding documentation on the evolution of nursing in Idaho with the publication of their book, Charting Idaho Nursing History. They wrote that Idaho nurses consistently contributed during wars, epidemics, and natural disasters. They built hospitals, established nursing schools, introduced new health departments and nursing homes and started home health agencies.

Idaho’s first nurses had to overcome huge barriers as they forged ahead to build hospitals and schools and a professional nursing organization, now the Idaho Nurses Association (INA), that survived because of the deep commitment of these nursing pioneers. The book also contains stories written by nurses and by family members and other contacts for deceased nurses who made contributions in Idaho.

Why did you want to write this book? (Verlene Kaiser) I have a love of history. As state historian for the Idaho Nurses Association (INA), I received all kinds of information about nurses. I quickly realized the passion of the contributors; this information needed preserving. I started organizing the collected materials by decade and stored it. In 1985, while state president and preparing for INA’s 75th anniversary, I worked with INA members to establish a nursing timeline of dates and events. The deciding factor to write the history of Idaho nursing came when I saw stacks of boxes in the INA office containing years of meeting minutes and other historical items dating back to 1909.

How do you decide what the contents should be? We knew the story was greater than a collection of single stories and needed to include what was happening as Idaho grew beyond the world of nursing. It became a challenge to tell the real story because there were so many inconsistencies. We collected many stories and tried to select the ones that we could validate as being the most accurate. Verlene took the primary responsibility for working on the individual stories and Randy worked from her outline to write the chapters. Completing a chapter and then finding conflicting information and having to go back and completely rewrite a chapter was the most interesting read. We spent a lot of time on the phone supporting each other’s efforts, and we know we drove our spouses crazy with messages, calls, and asking them to proofread for us.

What part of the process did you enjoy most? For Verlene it was meeting nurses, their families and enjoying their stories. For Randy it was the day the first book came off the press and he knew they were finished with edits after nine months of sourcing, writing, and re-writing, almost every night and weekend. For both of them, it was so much better than they ever envisioned. Vicky Goettscche’s art work on the cover is a treasure and made the book’s cover distinctively Idaho. It is hard to fully appreciate the cover in its final appearance, but it is the map of Idaho with the traditional nursing candleholder and the arms and hands of a nurse gathered together.

What advice do you have for nurses who want to write a book? Begin with a business plan to establish a strong foundation and to limit future problems. Utilize experts for book design, copy editing, printing and marketing. No matter how good of a writer you think you might be, hire a professional editor and expect each sentence to be modified. Finally, a well thought marketing plan as part of the business plan is essential. While the writing of the book is important, the marketing plan for the book with timely follow through and follow up will make or break the book’s presence.

How did your past nursing experiences influence the writing of this book? (Verlene) Working in nursing from the west coast to the east coast opened my eyes to the differences and similarities in nursing practice. During the research process, I was so equipped to recognize and understand the influences on nursing practice that nurses educated in other states brought to Idaho. (Randy) What did influence me was my appreciation of being dedicated to something. Dedication was truly exemplified in those nurses whose names appeared decade after decade as leaders in Idaho nursing. They gave selflessly. I grew up Catholic and the Sisters were a significant part of my youth and education. While writing this book I gained a much deeper appreciation of them when I wrote about the incredible hardships they overcame as pioneers in Idaho as they built 10 hospitals and started schools of nursing. The legacies we have today are because so many nurses gave so much of themselves and dedicated their lives to caring for others. My own nursing experiences are nothing in comparison.
Members of the Veterans of Foreign Wars (VFW) recently stormed Capitol Hill to communicate their legislative agenda to Congress. More than 70 members of the Veterans of Foreign Wars National Legislative Committee and VFW leadership met with their Senators and Congressmen to give their perspective on issues affecting veterans, the military and their families.

Bob Jones of Rexburg, Past All-American State Commander and National Legislative Committee Member of the Department of Idaho VFW, and his wife, Carmelita, Past State President and Past National Legislative Ambassador of the VFW Auxiliary, represented Idaho in the Nation’s Capital. They visited the Congressional Offices of Senators Jim Risch and Mike Crapo, and Representatives Mike Simpson and Russ Fulcher.

Primary issues discussed included Veterans health care through the Department of Veterans Affairs (VA). The VA operates the largest integrated health care system in the country, which is tasked with providing veteran-centered, timely and high-quality care to more than seven million veterans. VFW members across the country have made it clear they prefer health care at VA. They prefer VA because they like the quality of care they receive, which is equal to or better than the private sector. Still, veterans want VA to hire more doctors to improve access, fix its aging infrastructure, and improve customer service.

Recognizing that the VA cannot be everything to everyone, VFW members have also called for a seamless and easy-to-understand community care program. The VFW-supported VA MISSION Act of 2018 addresses these concerns and makes other improvements to the VA health care system. The VA MISSION Act provides veterans the option of using VA-approved private urgent care when VA facilities are not easily accessible. As part of the Act, the VA now has a network of urgent care community providers. There are currently 5,000 providers, with VA looking to add an additional 2,000. Urgent care providers can be used for injuries or illnesses that need to be treated immediately but are not life threatening. It is important to note that the eligibility criteria requires that the veteran must be enrolled in the VA health care system and they have to have received care from VA or a VA-community provider in the preceding 24 months. The urgent care facility must also be part of VA’s contracted network.

Department of Veterans Affairs Secretary Robert Wilkie told VFW members that the rate of Veterans Suicide is a “national tragedy” and suicide prevention is President Donald Trump’s number one veteran’s priority. A recent suicide data report by VA (2019) found veterans total 18% of adult suicides in the United States, with an average of 20 veterans and service members who die by suicide every day. Of those veterans, only six are actively enrolled in VA. Reports have also consistently found veterans ages 18-34 to be most likely to die by suicide.

There is substantial evidence from comprehensive studies that concludes cannabinoids are effective for treating chronic pain, chemotherapy-induced nausea and vomiting, sleep disturbances, multiple sclerosis spasticity symptoms, and possibly post-traumatic stress disorder.

Yet, minimal federal research has been conducted regarding medicinal cannabis. It is imperative VA providers are fully educated and understand the potential impact of cannabis use for those who receive legal prescriptions from outside VA.

Women veterans make up about 10% of the veteran population and are the fastest growing cohort within the veteran community. VA has made progress in gender-specific health care for women, but more is needed. VA must ensure it addresses privacy concerns, expands the amount of time new mothers are given to find health care coverage for their newborns and makes other improvements to women veteran’s health care.

The Veterans of Foreign Wars of the U.S. is the nation’s largest and oldest major war veterans’ organization. Founded in 1899 and chartered by Congress in 1936, the VFW is comprised entirely of eligible veterans and military service members from the active, Guard and Reserve forces. With nearly 1.7 million VFW and Auxiliary members located in almost 6,500 Posts worldwide, the nonprofit veterans’ service organization is dedicated to veterans’ service, legislative advocacy, and military and community service programs.

Reference
Jobs over her career as they moved with her husband's job. She retired from nursing at age 72.

Jones, Louise, 1938-2019, Idaho Falls. She graduated from Idaho Falls LDS Hospital school of nursing and later obtained a BSN from Incarnate World College in San Antonio, TX. She taught in the LPN program until she retired.

Larsen, Melanie, 1952-2019, Caldwell. She obtained her LPN from Caldwell Memorial Hospital in 1970.

Lirgg, Willliamae (Billie), 1931-2019, Boise. She graduated nursing school in Oakland, CA and moved with her husband to Boise in 1962. She worked as a RN until she retired in 1990.

Nebeker, Gregory, 1961-2019, Idaho Falls. He graduated from the University of Utah College of Nursing and later from the Mayo Clinic School of Anesthesia. He worked as a CRNA and started his own interventional pain practice.

Pinkston, Juanita M., 1921-2019, Twin Falls. She was a well-known nurse in the Magic Valley. She became an LPN at age 40 and worked in the OR at Magic Valley Memorial Hospital. She later obtained her RN and the nursing supervisor at the Hazeldel and Skyview Manors. She then obtained her BSN and began teaching in the nursing program at the College of Southern Idaho. She retired in 1986.

Scott, Lorna Jeanne, 1933-2019, Nampa. She graduated as an LPN from the Mercy Hospital nursing program. After becoming an LPN she worked for Dr. Saltzer.

Servatius, Debra Sue, 1955-2019, Boise. She graduated from Boise State University with a BSN. She worked 40 years in many areas of nursing, including ICU, Emergency and being a flight nurse. She was instrumental in starting the Saint Al's Sexual Assault Nurse Examiner program. She has worked at the Family Practice Residency, St. Luke's, Saint Al's, and Weiser Memorial Hospital.

Stephens, Sonja, 1914-2019, Middleton. She became a nurse at age 50 and spent her time caring for others and her family.


Sutton, Hedy, 1946-2019, Sunnydell. She graduated from Ricks College nursing program and worked 20 years as an RN in a physician office or as a hospice nurse.

Thompson, Dolores Jeanne (Sloan), 1928-2019, Boise. She graduated from Mt. Carmel School of Nursing, Pittsburgh, PA, in 1950. She worked throughout her career. She worked for 21 years at the Ada County Central District Health Department and retired in 1988. She was an active member of the Idaho Nurses Association.

Trueworthy, Dorothy (Dottie), 1934-2019, Burley. She graduated from an LPN program and worked in the Magic Valley.

Wren, Velma Eloise (Allred), 1931-2019, Nampa. She became an LPN while she was raising her family. She worked in Nampa during her career.
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