Happy New Year Colleagues, and welcome to 2020! I hope everyone has sufficiently recouped from the fun but frequently hectic holiday season. Rather than reflect on NNA's past year, which I briefly covered in the November issue, I would like to address the coming year and talk a bit about the process and upcoming plans for your NNA. As long as the weather cooperates, the entire Board of Directors will meet in Reno in February for a retreat to strategically chart the course for NNA in 2020. Since most Board members serve as the liaison to one or more of the various NNA committees, a report from each respective committee's 2019 activities and accomplishments will be given. Additionally, we collectively work on our budget for the coming year and brainstorm to set goals that we would like to see accomplished for and by the organization in 2020.

While I can't speak for my colleagues regarding their thoughts on the 2020 NNA goals, I can speak to mine. One goal that I would like to share with you and personally drive in 2020 is our educational endeavor for nurses in Nevada. Over the year, I would like to see the development of an entire online curriculum of continuing education (CE) offerings that would be free to NNA members as a member benefit and offered at a minimal fee for NV nurses who are not NNA members. The NNA already has the technology needed, and we have the expertise among NV nurses to achieve this goal relatively easily. Don't be surprised, Colleague, if I call upon some of you to contribute that expertise in the form of a CE offering. I envision a list of our CE offering to be easily accessible from the NNA website and to be in one-hour online segments—similar to what we have now, just expanded more broadly. If you have some ideas for CE offerings, I hope you will contact me; my email is mary.bondmass@unlv.edu.

In closing colleagues, I applaud all of you who have completed some form of professional progression in 2019, and I encourage others to think of their educational advancement, either through CE offerings, professional progression, or certification in 2020. As nurses, I feel like we owe it to the citizens of Nevada to provide them with the most educated workforce possible.

Best regards to all for a happy and healthy new year!

Mary Bondmass, Ph.D., RN, CNE
President, Nevada Nurses Association
Mary.bondmass@unlv.edu

Mark Your Calendars

- January is National Radon Action Month in Nevada
- February is National Heart Health Month
- Saturday, March 28, 2020 - 6th annual Wild West: Tea on the Comstock Big Hat High Tea at the Governor's Mansion.
- April is National Donate Life Month (visit NVDonor.org)
Four Nevada Nurses were Inducted as Fellows in the American Academy of Nursing

On October 26, 2019 in Washington DC, four distinguished nurses from Nevada were inducted as Fellows in the prestigious American Academy of Nursing (Academy). These included:

June Cho, PhD, RN, FAAN
Faculty, University of Nevada Las Vegas

Elizabeth Filides, EdD, RN, CNE, CARN-AP, PHNA-BC, FIAAN, FAAN
Faculty, Chamberlain University

Linda Anne Silvestri, PhD, RN, FAAN
Faculty, University of Nevada Las Vegas

Rhigel Alforque Tan, DNP, RN, APRN, GNP, ANP, PMHNP, FAAN
Faculty University of Nevada Las Vegas

The Academy serves the public and the nursing profession by advancing health policy, practice, and science through organizational excellence and effective nursing leadership. The Academy and its more than 2,700 members, known as Fellows, create and execute knowledge-driving and policy-related initiatives to drive reform of America’s health system. Academy Fellows are nursing’s most accomplished leaders in education, management, practice, and research. Fellows include association executives; university presidents, chancellors, and deans; state and federal political appointees; hospital chief executives and vice presidents for nursing; nurse consultants; researchers; and entrepreneurs.

Fellows have been recognized for their extraordinary nursing careers and are among the nation’s most highly-educated citizens: more than 90% hold doctoral degrees and the rest have completed masters programs.

The above information about the Academy is verbatim from their website: https://www.aannet.org/about/about-the-academy

Are you interested in submitting an article for publication in RNFormation? Please send it in a Word document to us at lbowman@nvnurses.org. Our Editorial Board will review the article and notify you whether it has been accepted for publication.

If you wish to contact the author of an article published in RNFormation, please email us and we will be happy to forward your comments.

To access electronic copies of the Nevada RNFormation, please visit http://www.nursingald.com/publications

APRNS AND HOME HEALTH ORDERS

There has been some confusion over the recently passed Nevada law regarding APRNs and Home Health Orders. The Nevada Division of Public and Behavioral Health’s website includes the following information, “A new Nevada law allows licensed physician assistants (PA) and licensed advanced practice registered nurses (APRN) to order home health care for a patient. This law took effect July 1, 2019. Although state law now allows a PA and APRN to order home health, if your home health agency is certified by the Centers for Medicare and Medicaid Services (CMS), it is important to be aware of the federal regulations governing home health agencies, including Code of Federal Regulation (CFR) 484.60(b)(1) which notes: “Drugs, services, and treatments are administered only as ordered by a physician.”

While Nevada passed a law giving APRNs this approval, federal regulations were not revised. (CFR as stated in the above paragraph, “...only as ordered by a physician.”). Therefore, for home health agencies licensed by the state and certified by CMS, APRNs cannot order home health services.

However, for home health agencies licensed by the state, but not certified by CMS, APRNs can order home health services. Additional information is located at http://dpbh.nv.gov/Reg/HealthFacilities/HCQC-Blog/ or you can contact Carol Eastburg, RN, at the Bureau of Health Care Quality and Compliance.
Once again, for the 17th year straight, nursing was ranked the most trusted profession by the annual Gallup Honesty and Ethical Standards poll (Jones & Saad, 2018). As nurses, we are known for putting our patients, families, and friends at the top of the priority list and our own somewhere towards the bottom. In the 2018 HealthNurse survey, 70% of participants either agreed or strongly agreed with the statement, “I put my patient’s health, safety, and wellness before my own” (American Nurse Today, 2019, p. 66). American Nurses Association (ANA) recognized the need for nurses to prioritize their own health, and by doing so, improving the health of our entire nation. In pursuit of this incredible goal, ANA Enterprise launched Healthy Nurse, Healthy Nation (HNHN) on May 1, 2017.

By improving the health, safety, and wellness of the over 4 million US nurses, CNAs, and nursing students, the initiative seeks improvement of nurses as health role models, advocates, and educators (American Nurse Today, 2019). HNHN aims to connect nurses from all over the nation in five main areas of health:

- Physical Activity
- Rest
- Nutrition
- Quality of Life
- Safety

HNHN provides an interactive web platform that allows participants to engage in conversation, inspire action, join challenges, find resources and education, take a free health-risk appraisal survey, and make a commitment to move toward a healthier life. Already in two short years, over 117,000 people have joined and are participating. On the physical activity domain, 46% of nurses completing the survey reported not participating in any type of weekly aerobic workout, while 47% reported no weekly muscle-strengthening exercise (American Nurse Today, 2019). The Move More, Move 4 a Cause, and Renew Mind and Body challenges, helped make physical activity the most popular domain. Quality of Life challenges included Get Your Gratitude On, Stress Less, and Bringing in the Joy. Organizations and hospitals can also get involved as was demonstrated when the Medical University of South Carolina tripled its nursing staff’s consumption of fruits and vegetables through a Nutrition platform challenge. The Safety platform has a broad focus from safety issues in the workplace to no texting while driving, and the Rest platform focuses on assisting nurses in getting the sleep they need.

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Founded in 1957, we prepare nurses for practice, education, research, and leadership.

A leader in quality nursing education, research, and service in partnership with global communities and the first nursing school in Nevada to offer a Bachelor of Science in Nursing program for both entry-level students and registered nurses.

Committed to fostering diverse and inclusive teaching and research environment.
Christa Secord, MSN, FNP-BC, Director at Large, Nevada Nurses Association

Once again, for the 17th year straight, nursing was ranked the most trusted profession by the annual Gallup Honesty and Ethical Standards poll (Jones & Saad, 2018). As nurses, we are known for putting our patients, families, and friends’ needs at the top of the priority list and our own somewhere towards the bottom. In the 2018 HealthNurse survey, 70% of participants either agreed or strongly agreed with the statement, “I put my patient’s health, safety, and wellness before my own” (American Nurse Today, 2019, p. 66). American Nurses Association (ANA) recognized the need for nurses to prioritize their own health, and by doing so, improving the health of our entire nation. In pursuit of this incredible goal, ANA Enterprise launched Healthy Nurse, Healthy Nation (HNHN) on May 1, 2017.

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Less than 1 in 3 nurses get the recommended amount of sleep

Although created with nurses in mind, the HNHN platform is open for anyone to join. Check it out at hnhn.org or text healthynurse to 52-886. Take the free health survey and start a new health journey in one or several areas of interest along with nurses from around the nation. HNHN can be accessed through social media platforms:

- Twitter: @HealthyNurseUSA
- Instagram: HealthyNurse
- Pinterest: HealthNurse
- Facebook: Healthy Nurse, Healthy Nation

The Nevada Nurses Association (NNA), has initiated a Healthy Nurse, Healthy Nation committee with a primary objective to mirror the national challenge of improving the health of nurses across the state through education. We have started monthly health educational classes for anyone interested. Each class will last approximately 30 mins, followed by a short HNHN committee meeting, and FREE nursing CEUs for the educational portion will be provided. The classes are presented by fellow nurses and will be held on the second Tuesday of the month at 12 noon. Please plan to attend, and please join us and get involved with this important committee. If you have a health topic you would like to present, or if you have any questions, please contact Christa Secord at cjsecord@gmail.com or Linda Bowman at lbowman@nvnurses.org.

**References**

Every day we depend upon the products of mining. Some of those products are familiar like the steel in vehicles that we ride in to get to the clinic or hospital, the lithium batteries in our cellular phones, or the cement and steel construction of the buildings where we practice, even the metal in our stethoscope. All are made from rock-based materials mostly in the form of minerals that are extracted from the Earth. Minerals form naturally and are solid inorganic compounds made from combining various elements. Minerals also have a consistent chemical composition, hardness, and a unique crystalline structure. In addition, some metals are also elements and are found in native form such as gold, silver and copper.

Many minerals are used in the delivery of healthcare. Halite is commonly used in healthcare and at the dinner table, but we don’t think of it as a mineral. We know it as salt (sodium chloride) that is dissolved in the familiar IV fluid called normal saline, which is a solution at 0.9% concentration. Another is gypsum (CaSO4 • 2H2O), a soft mineral mined in Nevada, and is commonly used in the material for orthopedic casts.

Mining is a major industry that contributes to our state’s economy. The minerals mined in Nevada are classified into two main categories: (a) Metal Minerals such as native gold, silver, copper sulfides and molybdenite, and (b) Industrial Minerals such as barite, gypsum, limestone, quartz (silica sand), lithium compounds, and perlite. Many of these minerals are used in medical treatments and devices to deliver state-of-the-art healthcare (Table 1).

References & Resources
Minerals Education Coalition. Available at: https://mineralseducationcoalition.org/
Mining Matters Organization, the publication “Medicine from the Ground Up.” Available at: https://miningmatters.ca/
Smithsonian National Museum of Natural History. Research and Collections’ Geogallery. Available at: https://geogallery.si.edu/gemstones-minerals-meteorites-rocks
State of Nevada Division of Minerals. Resources available at: http://minerals.nv.gov/

I. Medical Treatments

Gold:
used in dental fillings, gold nanoparticles, cancer drugs & historically rheumatoid arthritis drugs

Silver:
anti-bacterial properties, added to bandages, wound dressings, catheters, and creams

Gypsum:
used in orthopedic casts

Lithium:
used as medication for treatment of bipolar disorder

Sulphur:
used in medications to treat various skin diseases, arthritis, and various infections

Platinum compounds:
used in medicines to target cancer cells

Bismuth:
The common ingredient in medicine to calm upset stomachs

Mercury:
used in dental amalgam, sphygmomanometers and thermometers

Barium:
X-ray contrast used for screening gastrointestinal tract

Manganese:
an MRI contrasting agent

Iron:
an MRI contrasting agent

Cesium compounds:
Used to separate DNA in biomedical research

Copper:
Used in X-ray machines

Lead:
Used to shield workers from X-rays

Molybdenum:
Used in CAT scanners

Holmium:
A rare earth element used in solid-state lasers

Titanium:
used in orthopedic implants

Photo credits: The Smithsonian Institution, Minerals Education Coalition, and Mindat.org
What was Your Inspiration to Become a Nurse?

What you see is what you get - Where do we go from here?

RNF is starting a new column, “What Was Your Inspiration to Become a Nurse?” It will include inspiring stories from nurses. Was there a person or an event that inspired you to become a nurse? Below is the first inspirational story in this series and I think you will really enjoy it. If you have a story you’d like to share, please contact Linda Bowman at lbowman@nvnurses.org.

By Norman Wright, RN, BSN, MS

To inspire is to fill someone with confidence and desire to do something. As we enter a new decade, RNF isformation is adding a new column on inspiration that invites you, the readers, to write your stories of inspiration. Here is one of mine:

Hector visited Las Vegas in 2015 to attend a spinal cord injury convention and our friendship renewed. Hector inspired me to be a better nurse and in return I played a part to inspire him to find a path that turned tragedy to triumph.

I left public health nursing, becoming a Rehabilitation Coordinator for auto insurance companies instead. Advocating for the best medical treatment the job also involved vocational modification. In October 1982 I was assigned the case of Hector DelValle, a 17-year-old boy high school senior who became a C 6-7 quadriplegic six weeks earlier after drinking, driving and crashing into a brick wall.

During my initial interview Hector inspired me by saying, “What you see is what you get - where do we go from here?” His can-do attitude made me realize that Hector was what I asked for. He became a quadriplegic a few weeks before, was not depressed, had spirit and belief in the future.

I continued to coordinate Hector’s care at the rehab hospital, visiting every few weeks to review his condition, the care he received, and chances of regaining use of his legs and arms. As 1983 approached it became apparent this was unlikely. Just before New Year’s Eve while watching the evening news Hector appeared, speaking about his drinking, driving and becoming paralyzed. At that time Mothers Against Drunk Driving (MADD) was a growing movement . . . and at that moment it clicked! Hector could be a spokesman to prevent others from suffering his fate and he agreed. Hector was released from the rehab in April and returned to be a student at Dover High School.

As graduation approached the idea of giving a commencement speech materialized. Approval from Dover High School was obtained, I wrote a speech and honed New York TV news reporters to cover it. This included “pushing” my way into WCBS and WABC TV studios. Long story short Hector’s graduation speech made front page news of New York’s newspapers and National coverage on CBS and ABC TV. The next morning Hector received a call from President Reagan.

Negotiations with his auto insurance company resulted in obtaining a modified van that, despite the fact he could only move his shoulders and had severe limitations of his elbows, Hector was able to drive independently. The Governor of New Jersey became involved and Hector was hired by the Bergen County Council on Alcoholism, driving throughout New Jersey speaking, and demonstrating, the dangers of drinking and driving to high school students.

Throughout this time many of my co-workers discouraged me from continuing to promote Hector, saying, “What happens in the future when he is no longer attracting audiences and the media?” I ignored their discouragement, persisted, and Hector’s job speaking to high school students and media coverage continued.

At that time New Jersey’s legal age to buy alcohol was 21 but it was 18 In New York and many teenagers were drinking to New York, drinking, and getting into accidents while driving back to Jersey. The MADD initiative campaigned to create National laws to establish 21 as the legal drinking age. In June 1984 President Reagan came to a New Jersey High School to promote the uniform drinking age and shared the stage with Hector. Although Hector was smooth when he was speaking to high school audiences his Presidential speech needed to be polished. Another speech was written, practiced, and delivered masterfully.

Hector again made National News, this time the coverage was universal. The naysayers kept saying, “but what happens when the spotlight is no longer on him, when his ‘15 minutes of fame’ ends?” I ignored them and continued to work with Hector until 1988 when my professional part in his rehabilitation ended. We maintained a friendship and kept in regular contact until the mid-nineteen nineties, when he moved to Florida and our contact became infrequent.

Hector visited Las Vegas in 2015 to attend a spinal cord injury convention and our friendship renewed. Hector inspired me to be a better nurse and in return I played a part to inspire him to find a path that turned tragedy to triumph.

It has been 37 years since Hector paralyzed himself. Communicating even a portion of how Hector has inspired countless others since 1983 in this brief article is impossible - and Hector’s story continues.

Which brings me to you. Don’t be discouraged by the cynics, those who disparage your ideas. Find a path that feels right for you, believe in yourself, pursue it, and give it your fullest.

Randy Diamond

1984 newspaper clip

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If the board calls, we have the answer!

Our attorneys have been protecting the livelihood of doctors and nurses in Nevada for over 40 years. Clark Hill is a multidisciplinary, national law firm that draws on our attorneys’ industry and policy knowledge, our deeply held shared values, and a global network of premier firms and advisors to provide innovative legal solutions and client-service excellence worldwide.
Dr. Federizo is the only Hemostasis board certified nurse in the state and her clinic covers the entire state of Nevada. She is the Director of Research at the Hemostasis and Thrombosis Center of Nevada and the first in her field to become a principal investigator on global clinical trials as a nurse practitioner. Dr. Federizo has presented research in the Philippines and Germany and has been asked to present this research in Malaysia next year. Her research and work to improve access to care for women with bleeding disorders globally led to recognition by the National Hemophilia Foundation in 2018 as humanitarian of the year. Currently, Dr. Federizo is researching the long-term remission patterns of Hepatitis C following therapy.

Submitted by
Mory Bondmass, Ph.D., RN, CNE

This RNF feature presents abstracts of research and evidence-based practice (EBP) projects completed or spearheaded by nurses or student nurses in Nevada. The focus is on new evidence (i.e., research) or on the translation of evidence (i.e., EBP) in Practice, Education or Research. Submissions are welcome and will be reviewed by the RNF editorial board for publication; send your abstract submission in a similar format used below to mary.bondmass@unlv.edu.

THE ECHO PLATFORM OFFERED A POSSIBLE AVENUE TO REDUCE KNOWLEDGE GAPS IN BLEEDING DISORDERS.

The focus is on new evidence (i.e., research) or on the translation of evidence (i.e., EBP) in Practice, Education or Research. Submissions are welcome and will be reviewed by the RNF editorial board for publication; send your abstract submission in a similar format used below to mary.bondmass@unlv.edu.

Dr. Federizo is the only Hemostasis board certified nurse in the state and her clinic covers the entire state of Nevada. She is the Director of Research at the Hemostasis and Thrombosis Center of Nevada and the first in her field to become a principal investigator on global clinical trials as a nurse practitioner. Dr. Federizo has presented research in the Philippines and Germany and has been asked to present this research in Malaysia next year. Her research and work to improve access to care for women with bleeding disorders globally led to recognition by the National Hemophilia Foundation in 2018 as humanitarian of the year. Currently, Dr. Federizo is researching the long-term remission patterns of Hepatitis C following therapy.

BACKGROUND

The Extension for Community Healthcare Outcomes (ECHO) video conferencing platform affords clinicians access to specialty and subspecialty education that may otherwise be unavailable due to geographic barriers. Experience with ECHO largely focuses on improving generalist clinician knowledge about the diagnosis and treatment of highly prevalent chronic conditions, however, little is known about ECHO’s efficacy in improving competency in low prevalence chronic conditions that primary care clinicians that utilized ECHO changed their behavioral health care plans 75% of the time. Given the subspecialty nature of hemostasis, the ECHO platform offered a possible avenue to reduce knowledge gaps in bleeding disorders.

Evaluating clinicians about hemostasis who practice in fields outside of hematology is critical for the early identification, referral, and treatment of individuals and families with bleeding disorders. The utilization of distance education and videoconferencing may be a viable avenue to reduce time to accurate diagnosis and treatment. Project ECHO initiatives seek to improve the education of generalist clinicians to improve care for complex patients with great geographic barriers to specialty care. In this format, the impact of access to care may be exponentially increased.

METHODS

Project Site and Population

The project site was the Project ECHO campus in Reno, Nevada. Potential subjects include registered nurses participating accessing Nevada ECHO programs.

Inclusion and Recruitment

All participants were recruited via electronic and paper flyers announcing the dates and times of the hemostasis sessions with Project ECHO. Demographic questions included: professional title, year of graduation, area of current practice, and prior exposure to hemostasis education in the last six months. Participants engaged voluntarily and were eligible to receive continuing medical education credits and a $10 Amazon gift card upon completion of the pre and post-survey questionnaires.

RESULTS

A total of 20 clinicians participated with 17 completing both the pre and post-survey questionnaires. A paired t-test analysis was utilized to compare the groups. A statistically significant improvement was found between the overall pre and post-test scores of the two groups (p < .001). Average years of experience was 17. Open-ended responses emphasized key points such as the difficulty and necessity of identifying populations such as women with severe hemophilia A. Below is Dr. Federizo’s abstract and poster.

Stakeholders included Nevada’s Project ECHO, faculty at the University of Nevada, Reno Health Sciences (UNRHS), clinicians across the state and the co-medical director of the Hemostasis and Thrombosis Center of Nevada (HTCNV), a federally recognized HTC. Nevada’s Project ECHO approved three sessions in 2018. These were considered “special series” sessions. Faculty at UNR provided guidance over the project and ensured compliance with institutional requirements. The HTCNV co-medical director was responsible for program development, implementation, and evaluation.

Efficacy of Videoconferencing via Project ECHO in Improving Hemostasis Knowledge

Dr. Federizo is the only Hemostasis board certified nurse in the state and her clinic covers the entire state of Nevada. She is the Director of Research at the Hemostasis and Thrombosis Center of Nevada and the first in her field to become a principal investigator on global clinical trials as a nurse practitioner. Dr. Federizo has presented research in the Philippines and Germany and has been asked to present this research in Malaysia next year. Her research and work to improve access to care for women with bleeding disorders globally led to recognition by the National Hemophilia Foundation in 2018 as humanitarian of the year. Currently, Dr. Federizo is researching the long-term remission patterns of Hepatitis C following therapy.
with bleeding disorders early to avoid the current average of delayed diagnosis of 16 years in von Willebrand disorder.

Identification of von Willebrand Disorder as the most common bleeding disorder improved 59% (p <.001). Identification of the knowledge of hemophilia as a spontaneous mutation improved 52% (p <.001). The knowledge of the use of anti-fibrinolytics as first line therapy in women with menorrhagia improved 35% (p <.029). The appropriate use of desmopressin in the treatment of a patient with von Willebrand Disorder improved 58% (p <.001). Although confidence in the ability to diagnose bleeding disorders moved closer to Agree in the post-assessment it was not statistically significant (p <.052). Prior to the session, 88% of participants were able to correctly identify the impact of a federally designated treatment center on the care of a male with hemophilia. On post-assessment 100% of respondents were able to identify the impact. Given the high percentage of respondents able to answer this question correctly prior to the session, a non-significant increase was found on post-assessment.

Critical improvements in knowledge gaps were identified which may guide future designs and sessions. The impact of the study was limited by its application and assessment of only one session. Offering multiple repeat sessions at hours outside of 5pm could improve recruitment and participation.

CONCLUSION

This project suggests that the ECHO telementoring platform may be useful to non-hematologists clinicians in the prevalence, diagnosis, and treatment of patients with bleeding disorders. Participants found the opportunity valuable. This modality enhances the access to care for not only rural clinicians and patients but also clinicians and patients with less access to subspecialty consult in urban areas. Results suggest proof of concept that the Project ECHO platform can increase knowledge of complex condition diagnosis and management among non-specialists, which is vital to improving access to care for rural and frontier residents with bleeding disorders. Additional research is needed to analyze the need for potential integration of a direct telemedicine component, replicate results and study the impact of ECHO on care outcomes long-term.

REFERENCES


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February, March, April 2020

Efficacy of Videoconferencing via Project ECHO in Improving Hemostasis Knowledge

Amber Federizo, APRN, FNP-BC

University of Nevada, Reno

Co-Medical Director at the Hemostasis and Thrombosis Center of Nevada

Project Site and Population

The project site was the Project ECHO program in Reno, Nevada. Participants were in rural care providers practicing Nevada’s Project ECHO program. Participants from the University of Nevada, Reno, School of Medicine and Thrombosis Treatment Center of Nevada. The University of Nevada, Reno, School of Medicine, created a modified Project ECHO approach delivered to rural care providers across the state. The program was delivered remotely via videoconferencing.

Methods

All participants were recruited via electronic and paper forms advertising the time and date of the hemostasis webinar with Project ECHO. Demographic questions included, profession, prior year of publication, title and place of practice, socioeconomic status of the caregivers not working in urban/suburban areas.

Participants had the opportunity to receive continuing medical education credits with 1 CME credit awarded for attendance.

Inclusion and Exclusion

All participants responded electronically and paper forms were analyzed for the data of the hemostasis webinar with Project ECHO. Demographic questions included, profession, prior year of publication, title and place of practice, socioeconomic status of the caregivers not working in urban/suburban areas.

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On November 13, 2019 the CDC published its ANTIBIOTIC RESISTANCE THREATS IN THE UNITED STATES 2019 report updating the previous 2013 report. The 2019 report shows improvements in some areas and concerns in others.

The 2013 report stated, “At least 23,000 people die each year as a direct result of these antibiotic-resistant infections.” The 2019 report increases this number to, “more than 35,000,” and when adding in the number of deaths from Clostridioides difficile, (the new term for C-diff) the total increases to 48,700.

The 2019 CDC report lists resistance concerns as urgent, serious, concerning and those on a watch list.

The pathogens listed as Urgent Threats are
- Carbapenem-resistant Acinetobacter
- Candida auris (C. auris)
- Clostridioides difficile (C. difficile)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Drug-resistant Neisseria gonorrhoeae (N. gonorrhoeae)

Serious threats include
- Drug-resistant Candida
- Extended-spectrum beta-lactamase (ESBL)-producing Enterobacteriaceae
- Vancomycin-resistant Enterococci (VRE)
- Multidrug-resistant Pseudomonas aeruginosa (P. aeruginosa)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Drug-resistant Streptococcus pneumoniae (S. pneumoniae)
- Drug-resistant Tuberculosis (TB) and others.

The 148 page report raises alarms and is divided into sections. The first section: “THE THREAT OF ANTIBIOTIC RESISTANCE” has subsections including: “Everyone is at Risk, Antibiotic Resistance Spreads Easily Across the Globe and Stopping Spread of Antibiotic Resistance Saves Lives.” These address the “Think Globally – Act Locally” theme that this column has previously discussed.

The next section: “Antibiotic-Resistant Infections Threaten Modern Medicine” reviews how resistance impedes sepsis treatment, surgery, organ transplants, dialysis, cancer therapy and more.

Robert R. Redfield, M.D. Director of the CDS states: “Stop referring to a coming post-antibiotic era—it’s already here. You and I are living in a time when some miracle drugs no longer perform miracles and families are being ripped apart by a microscopic enemy. The time for action is now and we can be part of the solution.”

Which brings us to progress and hope in the report. Efforts to combat resistance are having a positive impact and MRSA, VRE, and other pathogen rates are slowing but these positive trends must only be the beginning...as some threats are reducing, others are developing.

Anyone following this column will notice it is now titled Antimicrobial Stewardship. To quote the 2019 report: “In this report, CDC uses “antibiotic” to describe antibacterial and antifungal drugs, which kill bacteria and fungi. The report goes on to say, “C. auris emerged after the 2013 report was published. It is a multidrug-resistant yeast that can cause invasive infection and death. It spreads easily between hospitalized patients and nursing home residents.” The May 2019 edition of RNformation reviewed Nevada’s C. auris concerns and what Nevada is doing to combat this antimicrobial resistant fungus. The ANA republished the article, with modifications, in the November 2019 issue of American Nurse Today.

The CDC’s 2019 report stresses the importance of hand hygiene, good EVS services, and that all health care providers work to prevent the transmission of pathogens.

The report gives “strategies to decrease infection spread within healthcare settings (e.g., implementing hand hygiene • Vaccinating)” and more.

Be a volunteer in the army of health care providers and enlist in the battle to prevent infections, join the Nevada Antimicrobial Stewardship Program (NVASP) and other organizations promoting Antimicrobial Stewardship.

The CDC’s 2019 report is comprehensive and easy to read. Please take some time to review it.
Transgender is an umbrella term that includes a variety of identifications and expressions to describe individuals who do not fit into traditional gender expectations. The term Gender Identity refers to a person’s innate, deeply felt psychological identification as male or female, which may or may not correspond to the person’s body or genitalia. Post-natal sex reassignment, a reassignment surgery to a different gender, can result in people identifying as female, male, or neither. They may also identify as bisexual, transgender, or they may use some other label that describes their sexual orientation.

Transgender individuals may experience physical and psychological distress due to their non-conforming gender identity. Gender confirmation surgery is available to those with male sex that identifies as female, and people who identify as female, including those with female sex that identifies as male, may feel welcome, safe, and receive comprehensive care and support in a welcoming environment.

The VHA directive 1341(1) on providing health care for transgender veterans effectively protects veterans within the clinical setting through the use of inclusive and gender-neutral language (e.g. use of veteran’s preferred name and gender pronouns), including use of posters, welcoming signage, and providing gender neutral bathrooms and use of gender-neutral forms and educational materials

Creating a welcoming environment for transgender veterans is an important VHA priority. VHA facilitates this directive by supporting, inclusive initiatives, increasing staff knowledge base, and educational awareness, and by providing more training for healthcare providers. Treating transgender veterans respectfully is protected within the clinical setting through the use of inclusive and gender-neutral language (e.g. use of veteran’s preferred name and gender pronouns (e.g. he, she, him, her), use of posters, welcoming signage, and providing gender neutral bathrooms and use of gender-neutral forms and educational materials (Department of Veterans Affairs, 2019b).

Cross sex hormone feminizing therapy (male to female) with estrogen and masculinizing therapy (female to male) is available to treat transgender veterans experiencing gender dysphoria. While the VHA medical package does not provide funding for gender-conforming, reassignment surgeries, pre-operative evaluations for veteran desiring reassignment surgeries, and post-operative and long-term care following reassignment surgeries are offered. Cosmetic procedures related to reassignment surgeries such as breast augmentation/reduction, facial reconstruction, and electrolysis are not covered in the VHA medical package.

The Healthcare Equality Index (HEI) is a national LGBTQ benchmarking tool used to evaluate healthcare facilities’ policies and practices related to the care and inclusion of their LGBTQ patients, visitors and employees. VA Southern Nevada Healthcare System (VASNHS) successfully achieved the coveted status of “Leader in LGBTQ Healthcare Equality” for 2019, and is the only healthcare facility in the State of Nevada with this standing. (Human Rights Campaign, 2019)

Since 2013 when the Office of Patient Care Services established the transgender directive, VHA has implemented transgender supportive directives, provider education programs, and clinical services that support personalized, pro-active, patient-driven healthcare for veterans with transgender-related identities. As the largest healthcare system in the United States, VHA continues its leadership in creating a more welcoming environment for this vulnerable veteran population.

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A couple of dilemmas contributing to the financial impact of insurance include the cost of premiums as well as healthcare taxes. It seems that every year, premiums and deductibles increase significantly, while covered services often decrease. Average premiums and deductibles nationwide for unsubsidized shoppers averaged $440 per month, while premiums for family plans averaged $1,168. The average premium for individual plans was $4,578 and the average deductible for family plans was $8,803. Average annual premiums after employer contributions are $1,235.

According to information retrieved from the Nevada Division of Insurance, there are vast differences in health insurance rates for 2019 between Northern and Southern Nevada. For instance, a 21-year-old in Carson County pays an average of $304/month whereas in Carson County premiums range from a low of $331/month to a high of $550/month. The average premium in Carson County is approximately $437/month. On the other end of the age spectrum, a 60-year-old in Clark County pays an average of $825/month, whereas in Carson County the average premium is $1,185/month. These premiums do not reflect catastrophic coverage. Why do these differences exist? Part of the reason is population based. Typically, the lower the population of an area, the higher the premium, and not all plans are available in rural areas where populations are lower than in urban districts. Another reason is territorial. Insurance corporations have marked their terrain in an effort to secure coverage only to specific geographical locations. Your plan may cover your healthcare needs in Carson City but not in Reno. You may be covered in Carson County whereas in Reno, you may not be covered. Significant resources and attention have been dedicated to researching and discussing various perceived problems in the current system, and the list of flaws is seemingly endless. Is it impossible to provide all services for all people? Many people can’t get appointments with their providers within 24-48 hours. When primary care office visits finally do occur, often after a few weeks of waiting, they usually last under 10 minutes. That is why there is now a whole industry devoted to walk-in-clinics. It seems as if we are settling for a broken healthcare system. The healthcare system is multi-faceted, perplexing and enormously intricate. Coverage plans include employer based, state and federal policies, Medicaid, Medicare and private plans. The health system is constantly evolving. The healthcare industry continues to grow and stake their claim on communities. Consumers are finding it more difficult to navigate their way to affordable care and providers. Patients must wait weeks to months to secure appointments. Physicians, Nurse Practitioners and Physician Assistants have limited time to evaluate patients and can do little more than generate referrals to various specialists. The resulting consequences to these approaches force patients to spend yet another day waiting at medical offices in time to access care. Rarely can a patient be seen by a specialist without a referral and proper authorization from an insurance entity. In addition, there is a total lack of transparency among providers and institutions regarding the cost of services. Trying to locate the best bang for your buck when diagnostic tests are required is next to impossible. At this point in time these entities are not required by law to disclose the cost of their services.
Throughout history, the delivery of healthcare services has undergone tremendous changes. Not all of those changes have significantly benefitted patient services, especially within the primary care arena. Having spent my career working in medicine, it was with great surprise that I discovered health care resources would be diverted away from patients to transfer them to higher levels of care, most elderly with an acute illness were admitted to inpatient care, and the remainder of the community had the services of primary providers and a walk-in clinic. Consumers are on the receiving end of this battle to balance cost control, quality care costs with quantity and pay little in time to do anything more than order labs, renew prescriptions, and make appropriate referrals. Providers don’t have adequate time to spend with patients due to increased documentation requirements and need to maintain expected quotas for services. Though many facilities of outpatient services utilize a “model” of healthcare delivery, this approach is typically based upon the organizations’ policies and procedures. Research has identified four healthcare models with providing treatment, holistic, epidemiological, and social. However, what are these actually mean to the consumer? In addition, there are two broad approaches to financing healthcare: a market-based approach and a government-financed approach.

Changes must be made. Remember, you get what you pay for. As a dear colleague stated in a newsletter, “a good health system delivers quality services to all people, when and where they need them. In all cases, it requires a robust financing mechanism; a well-trained and adequately paid workforce; and others...”

Unlike most Western democracies, health insurance in the United States is provided by a haphazard mix of employer-based plans. Medicare is provided for those over 65 years of age, with or without a disability. Medicaid is available under varying state-dependent rules for some low-income recipients, yet tens of millions are still without health insurance. Administrative costs, waste, and profits are paid by the insured and the costs of the insurers and the indirect costs imposed on physicians and hospitals, make up nearly 25% of our bloated national healthcare expenditures. This high cost adds no proven value to healthcare outcomes. Our current system of covering healthcare expenditures is both inefficient and unfair. Changes must be made. Remember, you get what you pay for. As a dear colleague pointed out, why does health insurance need to be attached to employment anyway? What about single-pay insurance and the Affordable Care Act? Let me ask you this question: “who pays?”

In an article written by Physicians for a National Health Program, “Single-Payer health insurance is a model that seeks to provide healthcare coverage so that all people have access to essential, necessary, and preventive care and that are willing to pay. Although the Affordable Care Act made it possible for millions of Americans to become insured, it is NOT single payer healthcare. Single payer health insurance is a health insurance system financed by taxes that is managed and run by one entity (the government) that pays the costs (a “single payer”). A single payer health insurance system is financed by taxes so that individuals and citizens of the country have access to essential care. Theoretically, the Medicare system does not currently have a single-payer health system. Many presidential candidates however have expressed their support of this system. Services would include Doctor Visits, Preventative Care, Long-term care, Mental health treatment, Reproductive health care, etc. Medicaid is a form of public assistance for low income families and children, on how the system is set up, certain coverage may not be included. As always, cost is a consideration. You may still have co-pays with a single-payer health system, or you may have certain coverage excluded.

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Witnessing ethical dilemmas are inevitable in healthcare. For example, observing a homeless individual without any insurance provided substandard care by the healthcare team (Maville & Huerta, 2008). Nurses witness clinical situations in numerous perspectives that protect their patients, their families, and health care team members. Nurses provide care to any person to protect their patients’ welfare, improve health outcomes, and assume they will accept your insurance, especially if they are not on your plan. Stay vigilant and be aware of the patients’ rights; it is their option to be patient advocates, and often encounter complex and ethically challenging situations. Nurses are key players in providing ethical care to any person. Nurses are known and assume they will accept your insurance, especially if they are not on your plan. Stay vigilant and be aware of the patients’ rights; it is their option to be patient advocates, and often encounter complex and ethically challenging situations. Nurses are key players in providing ethical care to any person. Nurses are known to be patient advocates, and often encounter complex and ethically challenging situations. Beneficence as one of the ethical principles is pivotal in nursing decision making the process. Nurses must know this, and from an ethical perspective, nurses may argue that beneficence calls health care providers to do good to patients, to prevent and remove harm. A homeless individual without healthcare coverage received substandard care by the healthcare team. In addition, a single-payer health insurance system is beneficial to the patient and serves as patients’ advocates and affect change. Nurses are key contributors to the resolution of ethical dilemmas present in clinical settings.

Conclusion

Nurses are key players in providing ethical care to any person. Nurses are known to be patient advocates, and often encounter complex and ethically challenging situations. Beneficence as one of the ethical principles is pivotal in nursing decision making the process. It is essential in nursing professionals to identify potential harm and benefit other options and serve as advocates for their patients, especially the vulnerable population. The American Nurses Association (2015) Code of Ethics for Nurses with Interpretative Statements provision of 1.1 Respect for human dignity is a fundamental principle in motivating and inspiring nursing practice. A homeless individual is undoubtedly in need and has the right to health care. The financial status of the patient is not the main determinant of how health care professionals should provide treatment and care to any individual. Nursing practice is guided by fundamental values that are humane and ethical. Practicing in the realm of compassion and respect for human dignity, worth, uniqueness not influenced by the economic status of the patient. The American Nurses Association Diagnosis, Nurses are caregivers in nature with the mission of delivering care that is patient-centered unrestricted by considerations of social, health, and economic status.

References


We have all heard media stories about “the wall.” The physical boundary between the United States and Mexico. What is it really like at the border? Most of us in Nevada don’t know.

October’s issue of American Nurse Today included an article by Leah Curtin, RN, ScD(N), Executive Director, Professional Outreach, “Must nurses care for migrants?” Ms. Curtin referenced Article 25 of the Universal Declaration of Human Rights adopted by the General Assembly of the United Nations in 1948. Article 25 is the right to a standard of living. It states in part, “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing, and medical care and necessary social services.” The word “everyone” caught my attention. Article 25 didn’t state, only legal immigrants or only those born in the U.S. but “everyone.”

In October 2019, I interviewed seven individuals who made the trip from Reno, Nevada to Tucson, Arizona. The travelers I spoke with included Stan, Jackie, Lloyd, Pat, Billie Jean, Greg, and Kristin. For some, it was their first journey; for others, it was their third. These individuals ranged in age from mid-30s to early 70s. I wanted to know, given what I’d read in the media, how are the experiences of the undocumented individuals and their families.

Some of the travelers remember when the Unitarian Universalist Fellowship of Northern Nevada (UUFNN) became a sanctuary for a family man who attempted to go through the proper channels to become a U.S. citizen, but couldn’t obtain legal status. He lived in the UUFNN away from his family for weeks. Ultimately, even though he had a severe medical condition, he was removed from his family and deported.

The group arrived in Tucson, Arizona, on October 5, 2019, around 2:00 pm. Once there, they set out to see the border wall in Nogales. The town of Nogales is split into two parts. One side is in Mexico, while the other side is in the United States. I asked them to describe the experience by the undocumented individuals and their families.

What compelled them to go from comfort to courage and take a trip to a relatively unknown and unsafe area? According to Stan, the reason he wanted to visit the border was, in part due to conversations he had with undocumented citizens passing through Reno in 2017. He remembers how they described the terror they experienced when trying to flee Central America. Lloyd described how he had close friends who had to relocate from northern Nevada to Baja, Mexico to live near family members. A family member had tried to obtain legal status but received poor legal advice, and once he crossed back into Mexico, he was not allowed to return to the United States. Bob taught at a local community college. He taught Deferred Action for Childhood Arrivals (DACA) students and had friends who were deemed “illegal.” They had fled to the United States from a violent society.

Pat belongs to Northern Nevada International Center located at University of Nevada Reno. Through this organization, she met families from Syria, Afghanistan, and the Congo. She recalls the stories of the terror experienced by the undocumented individuals and their families.

On one of the most impactful days, the travelers carried jugs of water into the desert for immigrants who reached the desert on the U.S. side. The travelers described the desert as hot, dangerous, gravelly, steep, and rocky with a narrow path. The corridor they walked had been “groomed by the border police” so that the immigrants had to cross at the most dangerous place. Due to tall grass and bushes on the route, it was difficult to navigate. There was no water. According to the travelers, border police have authority to patrol up to 100 miles outside the border wall into the U.S. The travelers were stopped at least two times on this route by the border police. There are three spy towers near the wall, and helicopters frequently fly over. One traveler described it as a police state. And this was in our own country. Also, the “groomed routine” forces immigrants to walk through an active military bombing range (Barry M. Goldwater Range.)

The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who carried jugs of water into the desert for immigrants who reached the desert. The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who reached the desert. The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who reached the desert. The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who reached the desert. The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who reached the desert. The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who reached the desert. The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who reached the desert. The travelers observed court proceedings while in Tucson. Billie Jean described seeing immigrants who reached the desert.
Many are sent to private and isolated detention centers for 15-180 days. The travelers felt the arrested migrants were sent to detention centers farthest from their homes. This was to make it difficult for family members to visit and thus prevent petitioning or disruptions outside of the detention centers. These individuals were arrested because they were trying to escape a horrible and unsafe situation and find a better life in the U.S. They are provided court-appointed lawyers. However, most of the documents provided are in English only. The language spoken in the courtroom was English. Nothing was translated into Spanish. Most didn’t understand the proceedings or understand what they agreed to, worsening their outcomes.

For immigrants seeking asylum, their cases are classified as civil. Because the cases are classified as civil, they are not granted court-appointed attorneys. Again, all the correspondence is in English. Less than 1% of individuals seeking asylum are granted asylum.

Providing care to immigrants has been considered "harboring" immigrants and classified as a felony. Dr. Scott Warren of Tucson faced federal charges with two counts of harboring unauthorized migrants. Scott Warren was found not guilty on two counts of harboring unauthorized migrants. He was English. Nothing was translated into Spanish. Most of the correspondence is in English. Less than 1% of the documents provided are in English only. The language spoke in the courtroom was English. However, most of the documents provided are in English only. The language spoken in the courtroom was English.

The interview concluded with Pat stating that she is in a state of depression since her return to Reno. Bob stated that listening and speaking with the group today, he is close to tears when he describes what he experienced on the trip.

I heard in their voices and see on their faces how the trip impacted them and that they will never forget it was like to see first-hand how cruel individuals can be towards each other. The travelers want readers to understand that there are organizations and individuals continuing to help the immigrants seeking a better life. This trip was made possible by the Unitarian Universalist College of Social Justice. Photos provided by Pat Purkey-Entropy.

Nurses help with disasters either individually or through organizations. National Nurses United (NNU) and Registered Nurse Response Network (RNRN) are two organizations that respond to disasters and humanitarian needs. In an article in the March 2019 edition of National Nurse, Kathy Kennedy, RN, and a vice president of NNU stated, “It is extremely important for the RNRN to help migrant families who are fleeing from extreme poverty, widespread violence and political repression, conditions that were brought on in part because of U.S. policies.”


It is a part of the solution. We can ensure that as we care for human beings, regardless of where they were born, we always treat them with dignity and honor. An important declaration of Human Rights can be downloaded from https://www.un.org/sections/universal-declaration-human-rights/.


## Horizontal or Vertical Violence: It’s All Disruptive

### Sandra Olguín, DNP, RN

Horizontal violence, lateral violence, vertical violence, and bullying are names used interchangeably. However, lateral and horizontal violence are peer to peer disruption and vertical violence and bullying are inferred to be from the top down. However, the behavior is discrete, it’s disruptive, uncaring, unprofessional, and unhealthy, especially in healthcare.

Bullying behaviors may be blatant or subtle and intentional or unintentional, including verbal innuendos (snide remarks), insults, gossiping, backstabbing, backbiting, exclusion, intimidation, omitting forms of reactive non-verbal actions (eye-rolling, arm-crossing).

People in leadership roles may misuse their authority not only demonstrating power, but also by removing or adding roles, responsibilities, and assignments without justification, giving ultimatums and threats, and accommodating, growing, and building some staff but not others for personal, rather than professional reasons.

Miakaelian & Stanley (2016) identified 98% of nurses surveyed reported experiencing some form of incivility. According to Sauer and McCoy (2019), workplace bullying in nursing is a persistent problem, with 40% of the nurses surveyed reported being bullied within the past six months (p. 223). Also noted, 68% of the nurses surveyed witnessed a co-worker being bullied.

The frequency of experiencing bullying affects nurses’ physical and psychological health complaints and leads to depressive symptoms (Dehue, Bolman, Vollink, Pouwee, 2012). These behaviors may also affect productivity, sleep, anxiety, quality, care, patient safety, employee, patient, and physician satisfaction, healthcare costs, turnover, burnout, and absences (Gorgi et al., 2016; Shimp, 2017; Wright, Khati, 2019).

Davidson, Proudfoot, Loe, and Zissok (2019) completed a longitudinal analysis of nurse suicide rate in the United States and recently published their findings. Fifth (2019), from MedPage Today, asserts that Davidson stated, “…nurses are at higher risk of suicide than the general population.” Although Davidson, et al. (2019) did not discuss or investigate a relationship between bullying and suicide, the possibility is valid. Feelings of anxiety, depression, not wanting to go to work, turning inward and feeling hopeless if not untreated, may lead to attempting and committing suicide.

Bullying is an activity that disrupts the health care environment which may negatively impact patient safety and outcomes, according to The Joint Commission (2015). Institutions are responsible for maintaining a healthy work environment and policies were created to hold perpetrators accountable. The American Nurses Association Code of Ethics for Nurses (American Nurses Association [ANA], 2019) guides our nursing practice. It reminds nurses to be respectful and considerate to everyone, to treat others with dignity and value, to participate in creating “environments and conditions of employment conducive to the provision of quality health care to people, and to each other member of the healthcare team, and to maintain the integrity of the nursing profession.

An Inicity in the Workplace Nursing Survey, after IRBs approval, will be available through the Nevada Nurses Association and Nevada Nurses Foundation website. Please complete the survey and share it with your nursing colleagues to find out where we stand after over 20 years of identifying nurse to nurse bullying. Let’s be the change we all wish to see in nursing and support one another, model the behaviors we wish to see, and “do unto others as we would have them do unto us.”

For more information, please email me at olguin@nurses.org

References


Healing Through Your Hands

By Tracey Long RN, APRN, PhD, MS, MSN

Nurses are used to using their hands to help heal patients, but how can patients help heal themselves by their own hands? Using hands to create art can help heal the soul. Eliane Balsewich has used her hands to create the Healing Art Program at Summerlin Hospital, Las Vegas. Inspired by her own background of coping with postpartum depression through painting, she realized how powerful art can be in the healing process. She also taught art to children in a behavior school years ago, and the school faculty were amazed at the improved school moral and behavior of the children when they could express themselves through paint and crafts.

She began her nonprofit company Busy Bee Art Foundation to schools and eventually to the hospital. Her foundation’s goals are to continue reaching hospitals, senior centers, and schools to heal, empower, and encourage children and adults through artistic expression. She started in the pediatric unit where children could become an artist and not just a cancer patient or a sick child. The program was very successful to improve the positive energy and spirit of fun on the unit, in addition to decorating the unit walls and halls with the drawings and artwork of the children.

The success continued with adults. One particular patient named Daliyah was struggling with a new diagnosis of cancer. She was treated as an inpatient for extensive IV chemotherapy and was in the hospital for several months. As to be expected, she became depressed and disinterested in everything. Then Eliane brought her Busy Bee Art program to the oncology department by request of the oncology nurses where she offered her free program once a week. Each Monday Daliyah would attend and create art. Soon the nurses noted how improved her mood was after each session. Family members would also attend and could see the joy of the patients in the process of self-expression and the creation of art.

The nurses also noticed their own increased enjoyment by seeing the art being created and realized it was healing them. This time the patients helped heal the frequently weary nurses.

Eliane’s advice for nurses is that art can heal even if it can’t cure. It affects the patient, the nurse and often the family who can see and feel the sincere care for their loved one. Nurses can become the catalyst for art therapy by inviting artists into their department, with administrative approval of course, and promote the expression of their patients through different mediums of art. Sometimes the negative emotions of anxiety, stress, depression and fear can be dealt with on paper through paint or crayons better than words can express. Nurses recognize the importance of treating the whole patient and art therapy can be a remedy. One of her favorite quotes is “Earth without ART is just EH” by Demetri Martin.

Visit www.busybeartfoundaion.org or busybeeartstudio@yahoo.com

Eliane Balsewich (Foundation Artist) with Carla Stevens, RN, Oncology Department Coordinator

West Hills Hospital

West Hills Hospital located in Reno, NV, a leader in the treatment of behavioral, mental health care and substance abuse treatment is seeking FT/PT/PRN Registered Nurses to implement the nursing process as it relates to our programs.

Visit www.westhillshospital.net and click on CAREERS to apply.

The Benefits of a Nursing Network: Building Relationships in our Nursing Community

Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP

Networking is a fabulous tool in our box of skills and accessories within our profession. Many times you meet someone for the first time, and it doesn’t take long to discover the common thread – nursing! This connection can be the starting point to bring us together. According to the American Association of Colleges of Nursing (2019), nurses represent the largest healthcare profession, with nearly 4 million registered nurses nationwide. According to the Nevada State Board of Nursing 2017-2018 Annual Report, there are 44,555 licensed nurses in the state. According to the International Council of Nurses (ICN), there are more than 20 million nurses worldwide. With all of these licensed nurses in our midst, it’s no wonder we have such a vast and diverse network of colleagues nationally and internationally.

Building your network of colleagues and friends can be a powerful tool for learning, advocacy, and improving the community. In my experience, I’ve had many opportunities to network with others to advocate and work to modernize legislation to reflect current nursing practice as well as health care delivery. These experiences, to make a positive change, don’t happen in a silo but require a network to mobilize so that our voice can be heard. Think of the huge voice of nearly four million in our country alone and how this network could work together to change the world!

But what about your local network? How do you manage to deal with issues requiring a call to action? These issues may be small in your community or more significant in the state. Our relationships with each other as professionals, as well as those within our communities, are so important to health and wellbeing. These relationships can be mobilized to make change or simply be nurtured for development and fellowship.

As the Director of Clinical and Community Engagement at the University of Nevada, Las Vegas, I’ve had the privilege of meeting with many nurses and leaders over the last year throughout Nevada. From Battle Mountain to Caliente to Las Vegas and Reno, nurses are leading the way. In these meetings and discussions, two common themes recurred - networking and fellowship. Nurses want to be connected and share their ideas, thoughts and have a common bond and a place to make this happen. One of the ideas that came out of my fact-finding mission was to create a place where nursing leaders, engaged in clinical education in Southern Nevada, could gather to meet each other face to face, share ideas, and learn from each other. Out of this, the Southern Nevada Nursing Practice Alliance (SNNPA) was born. Our group includes nurse leaders in the area of education who showed an interest in being part of a powerful alliance to identify, discuss, and work together to see what is available in our community as well as share ideas on good things happening in their communities.

The SNNPA, formed officially in early 2019, has been off to a great start. We’ve made new friends and have shared ideas for a common goal - networking to create meaningful, deep, and lasting relationships as nurses. At our last meeting, an expert panel discussed telehealth implementation in Nevada. We heard from nurses in private organizations, public institutions, and a national government healthcare organization. The panel gave their perspective on the telehealth environment in Nevada and what nurses need to consider to deliver the best care possible with sometimes limited resources and often limited access (think rural).

Another networking group I’m proud to be part of is in my church community. I’ve been working as a volunteer for many years, taking blood pressures on the first Sunday of every month for members of my church community. This activity has built a wonderful fellowship with parishioners’ but also with my nurse colleagues in my church. Over time, other nurses wanted to be engaged and make plans to be a bigger part of our community. We met and made a list of goals for the church community. From this initial meeting, our nursing network has ensured the installation and maintenance of automatic defibrillators (AEDs) and started a discussion regarding disaster planning for the church campus. What an excellent opportunity to work with other nurses to demonstrate leadership, collaborate with others, and make a positive change in our local community.

Take time to think about networks within your community. It’s likely they are deep and well developed as they are second nature for many. Next, consider how to build your network further to meet goals of improving a community, organization, or making change in the world. We all have that power within us to mobilize, connect, and utilize our fellow nurses to make positive change in the world.

References:

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Building your network of colleagues and friends can be a powerful tool for learning, advocacy, and improving the community. In my experience, I’ve had many opportunities to network with others to advocate and work to modernize legislation to reflect current nursing practice as well as health care delivery. These experiences, to make a positive change, don’t happen in a silo but require a network to mobilize so that our voice can be heard. Think of the huge voice of nearly four million in our country alone and how this network could work together to change the world!

But what about your local network? How do you manage to deal with issues requiring a call to action? These issues may be small in your community or more significant in the state. Our relationships with each other as professionals, as well as those within our communities, are so important to health and wellbeing. These relationships can be mobilized to make change or simply be nurtured for development and fellowship.

As the Director of Clinical and Community Engagement at the University of Nevada, Las Vegas, I’ve had the privilege of meeting with many nurses and leaders over the last year throughout Nevada. From Battle Mountain to Caliente to Las Vegas and Reno, nurses are leading the way. In these meetings and discussions, two common themes recurred - networking and fellowship. Nurses want to be connected and share their ideas, thoughts and have a common bond and a place to make this happen. One of the ideas that came out of my fact-finding mission was to create a place where nursing leaders, engaged in clinical education in Southern Nevada, could gather to meet each other face to face, share ideas, and learn from each other. Out of this, the Southern Nevada Nursing Practice Alliance (SNNPA) was born. Our group includes nurse leaders in the area of education who showed an interest in being part of a powerful alliance to identify, discuss, and work together to see what is available in our community as well as share ideas on good things happening in their communities.

The SNNPA, formed officially in early 2019, has been off to a great start. We’ve made new friends and have shared ideas for a common goal - networking to create meaningful, deep, and lasting relationships as nurses. At our last meeting, an expert panel discussed telehealth implementation in Nevada. We heard from nurses in private organizations, public institutions, and a national government healthcare organization. The panel gave their perspective on the telehealth environment in Nevada and what nurses need to consider to deliver the best care possible with sometimes limited resources and often limited access (think rural).

Another networking group I’m proud to be part of is in my church community. I’ve been working as a volunteer for many years, taking blood pressures on the first Sunday of every month for members of my church community. This activity has built a wonderful fellowship with parishioners’ but also with my nurse colleagues in my church. Over time, other nurses wanted to be engaged and make plans to be a bigger part of our community. We met and made a list of goals for the church community. From this initial meeting, our nursing network has ensured the installation and maintenance of automatic defibrillators (AEDs) and started a discussion regarding disaster planning for the church campus. What an excellent opportunity to work with other nurses to demonstrate leadership, collaborate with others, and make a positive change in our local community.

Take time to think about networks within your community. It’s likely they are deep and well developed as they are second nature for many. Next, consider how to build your network further to meet goals of improving a community, organization, or making change in the world. We all have that power within us to mobilize, connect, and utilize our fellow nurses to make positive change in the world.

References:
The Community Foundation of Western Nevada is a 501(c)3 nonprofit organization.

Our mission is to connect people who care with causes that matter. The Community Foundation is leading a new initiative on Preventing Financial Scams. Unfortunately, there are many types of scams and financial abuse. Here are some common scams and tips to protect yourself:

1. Collection Fraud Scam.
   - If a company you’re unfamiliar with is calling you and claiming that you owe them money, you might be subject to a collection fraud scam. Here are the signs to look out for:
     - A caller claims there is a warrant for your arrest and advises you to make an immediate payment to avoid legal trouble.
     - A caller pressures you to pay money by claiming that someone will visit your home or place of employment.
     - A caller claims to be from the IRS.
     - You are instructed to send payment to someone other than the party to which you supposedly owe money.

2. Grandparent Scam
   - Scam artists try to tug at the heartstrings of their targets by pretending to be related to them. Here are the signs of a grandparent scam:
     - A grandchild contacts you instead of his or her parents to ask for money.
     - The caller asks you to wire money to a person or place that you don’t recognize, or to a country other than where the caller says he is located. (For example, the caller might claim to be in a Canadian jail but ask you to wire money to Jamaica.)
     - You receive a call from someone who doesn’t really identify himself or makes you guess who he is.

If you believe you have become the victim of a grandparent scam, please contact your local law enforcement agency and immediately notify the financial institution(s) the funds were sent from.


Here are tips to protect yourself from scams:

Consumer Financial Protection Bureau – According to the Consumer Financial Protection Bureau, here are easy ways to protect yourself from scams:

1. Don’t give out the basics: numbers, passwords, credit cards, or Social Security.
2. Do not pay for something promised upfront to receive it – fees, taxes, or prizes.
3. Do your research and compare prices after hearing a sales pitch.
4. Put your number on the National Do Not Call Registry. Go to www.donotcall.gov or call (888) 382-1222.

Other tips:
   - Inspect your credit report. For more information, visit www.annualcreditreport.com or call 877-322-8228.
   - Do your research on a business before making any kind of payment or signing a contract. (The Better Business Bureau is a good source of information.)
   - Be cognizant of phone calls and junk mail.
   - Download the HIYA App: Caller ID, Call Blocker for protection from scam calls.
   - Have a healthy skepticism when it comes to individuals to avoid falling prey to scams and fraud.
   - If you have been affected by a scam, fight back. Do not stay silent.
   - Be mindful of any message with emotional amplification or a sense of urgency.

• Never give your Social Security Number, car’s VIN number or other personal information to someone you do not know.
• If you do not know who is calling you, do not pick up the phone.

Reporting the fraud:
- If you believe you have been victimized by fraud, report the incident to:
  - Your state Attorney General’s office (www.naag.org)
  - The Federal Trade Commission (FTC) at 877-382-4357 or www.ftc.gov
  - The Consumer Financial Protection Bureau at 855-411-2372 or www.consumerfinance.gov

You can find additional information on financial planning by downloading the Washoe Caregivers Guidebook at https://washoearegivers.org/documents/washoe-caregivers-guidebook/

Tips and Resources on Preventing Financial Scams

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Veteran’s Administration (VISN 21) Nursing Research & Evidence-based Practice Collaborative Conference

July 19, 2019

Submitted by Bernadette Longo, PhD, RN, CNL, FAAN and Kelly Presser, MSN, RN, CNL

Over 80 nurses from across VISN21 gathered for the 2nd annual Nursing Research and Evidence Based Practice Symposium, titled “Blueprint for Excellence Utilizing Research and Evidence-based Practice.” This year’s meeting was held at the VA Sierra Nevada Healthcare System’s hospital in Reno. Attendees came from as far as Hawai’i, Palo Alto, San Francisco, Fresno, and Las Vegas to gather and spend the day networking. Conference coordinator Kelly Presser, MSN, RN, CNL shared “This is a wonderful opportunity for VA nurses to share the amazing work they are doing with their colleagues. Our goal is to spread best practices throughout the VA, to inspire nurses and to demonstrate the amazing things that nurses are doing.”

The event started with a warm welcome from the acting nurse executive of the host institution Maisha Moore, MSN, RN, CNL. There was a dynamic keynote presentation from Dr. Mary Foley, a research expert from UCSF’s School of Nursing, on the use of evidence to improve care to our Veterans. A Hawai’i VA nurse scientist Dr. Judy Carlson presented on neurofeedback’s positive impact on sleep, headache and attention deficit disorders experienced by Veterans with minor traumatic brain injuries. The San Francisco VA System had several researchers who reported on new interventions for colon cleansing prior to colonoscopy and improving advanced care planning for Veterans with late-staged illnesses. A presentation on the evolution of data-driven strategies to decrease readmissions for heart failure was delivered by the VA's Palo Alto-based statistician Dr. Satish Mahajan. Other nurse scientists with a Nevada connection also presented at the conference. UNR Orvis School of Nursing’s Dr. Bernadette Longo shared evidence-based interventions for use during wildfire smoke events and volcanic eruptions, highlighting last summer’s Kilauea volcano eruption. Dr. Michelle Peteler, a former faculty member with Orvis and currently with UCSF, presented on alarm fatigue and EBP interventions to reduce its impact. In addition, Dr. Terri Kazik, formerly with St. Mary’s Hospital in Reno and currently with St. Joseph’s Medical Center in Stockton, presented on a few studies including an enlightening investigation on arrhythmias emerging from energy drink consumption during exercise. Moreover, several EBP initiatives from across VISN21 were featured on posters that attendees reviewed. All these presentations highlighted the growth of the VA’s EBP initiative and clinical advances now in place for our Veterans.

Several nurses attended from the VA’s Southern Nevada Health Care System Nursing and Evidenced Based Practice Sub-Committee. Cindy LeVee, MSN, RN, CNL a committee member stated, “The most important thing I took away from the Symposium was the statement: ‘If you have meaningful interventions, you will decrease readmission rates.’ I will add that we cannot have meaningful interventions without first evaluating the evidence or conduct research.” Alexis Starks, an RN from the VA Sierra Nevada Healthcare System, shared, “This was a truly inspiring experience to see the innovations made in healthcare led by nurses. It left me feeling inspired.”

Collaboration is a key to building clinical research and enhancing EBP for Veteran’s care. One of the conference organizers Vonnie Doolin, MSN, RN states, “It was exciting to bring the VISN 21 VA EBP Workgroups and Universities from California and Nevada together to collaborate. The quality and content of the presentations got a lot of the staff and the professors excited about nursing research. Since the Symposium, I have received a lot of requests from our VA employees for nursing certification books and for guidance on best practice projects.”

Sponsors for the conference included the VA’s Suicide Prevention program, Alzheimer’s Association, American Parkinson Disease Association, Donor Network West, EBSCO, Wolters Kluwer, The Western Regional International Clinical Nurse Leader Association, and the Orvis School of Nursing from University of Nevada Reno.

Evidence-based project poster: “Implementation of Animatronic Companion Pets to Improve Quality of Life, Reduce Falls and Reduce Medication Use in the Community Living Center” by Clinical Nurse Leader Kelly Presser, Socorro Conway, RN, MBA, and Joanne Farris ACC/MC, CCI, CDP, MS.

Presentation: University of Nevada’s Orvis School of Nursing researcher Bernadette Longo speaking on evidence-based interventions to use for Veterans during air pollution events.

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For more information, please call Leah Webb at 775-356-4085 or visit www.nnmc.com/careers.
Cancer is still the second leading cause of death after heart disease for both men and women. According to the American Cancer Society, an estimated 1,800,000 new cases of cancer occurred in 2019 with 600,000 deaths from cancer in the United States annually. The good news is that annual statistics reveal a 27% decrease in cancer death rates in the past 25 years. Health Professionals estimate the decrease is due to reductions in smoking, early detection from screening and early treatment. The most common types of cancer still remain lung cancer for both genders, followed by prostate cancer for men and breast cancer for women. PSA blood tests for screening are no longer recommended due to the high number of false positives and over diagnosis. Mammograms are recommended beginning age 50 every two-three years until age 75, unless there is a family history of breast cancer. Breast cancer accounts for 30% of all new cases and due to recommended mammograms and screening, many are treatable with favorable outcomes. The incidence of colon cancer has also declined in the past decade due to earlier detection and promotion of a colonoscopy every ten years after the age of 50 and use of fecal occult blood test (FOBT) annual screenings. There is still a higher incidence of all types of cancer among African Americans and lowest for Asian Americans. Lower socioeconomic groups also see a higher incidence of cancer and poorer prognosis due to lower rates of screening, later stage at diagnosis and delays obtaining treatment.

Nurses in the News
Celebrating our Exemplary Nurses

By Tracey Long PhD, RN, APRN

The true spirit of nursing is exemplified by Carla Stevens and Laura Devine at Summerlin Hospital in Las Vegas, Nevada. They have both been oncology nurses for many years and currently Carla is the Oncology Program coordinator and Laura is the specialty case manager for the unit’s oncology patients providing resources and support. In addition to supporting their staff with education, together they have gone above and beyond to invite an art therapist to provide creative expression for their patients on their unit, organize and promote donations of wigs and blankets and create a meditation room for staff and patients on the unit.

Oncology nurses have an extra measure of compassion as they help patients deal with cancer diagnoses and treatments who are often hospitalized for weeks to months. Carla noticed many of the female patients who lost their hair also lost their self-confidence and hope. She turned a small supply closet into the oncology wig and hair supply center and brought wigs to her patients directly on the unit. She also promoted and received crochet hats and blankets from oncology nurses to stock the closet. Patients helped paint the display heads for the wigs in one of the weekly art classes and she began to see new joy among the women. Hair is generally considered dead however it can bring life to someone suffering from cancer.

On October 26, 2019, our organization, the Nevada Nursing Student Association (NVNSA), had the pleasure of attending and assisting with the production and execution of the Nevada Nurses Foundation’s annual gala, the Shining Stars of Nursing in Nevada (SSON). Some of our NVNSA board members even received awards! It was truly inspiring watching our mentors, our instructors, and even our peers receive recognition on their hard work and contributions that make an impact on our community. At the SSON gala, the Nevada Nurses Foundation honored ‘nurses on boards,’ student nurse leaders, nurses who achieved professional progression (advanced degrees or certifications) and presented awards such as the People’s Choice CNO/DON, 50 under 50, and Distinguished Nurse Leader with Lifetime Achievement. Not only did everyone look fabulous in their gala attire, but everyone had an incredible time!

Earlier in the day on October 26, the NVNSA hosted a well-attended student event at the Clinical Simulation Center of Las Vegas. The students had opportunities to speak with exhibitors, participate in a test-taking strategies workshop, and listen to a nurse roundtable. As a student, it was incredibly motivating to see the endless opportunities in nursing and scholarships for continuing education or research, peer recognition, and networking for our future practice. It was encouraging to know that as a community, nurses can, and are, making a difference in health and healthcare.

Student nurses are encouraged to join your local professional organizations, attend their events, and apply for scholarships. As a student, and soon to be a nurse, know that this is our collective community, so join in and make an impact; you will have fun while learning about leadership in nursing!
Thank You!

Painite Sponsorship: $5,000.00
Optum Health System

Ruby Sponsorship: $2,000.00
College of Southern Nevada
Nevada Advanced Practice Nurses Association
Philippine Nurses Association of Nevada
Roseman University
Volunteers in Medicine of Southern Nevada - Dr. Florence Jameson
Western Regional Advanced Practice Nurses Network

Sapphire Sponsorship: $1,000.00
Boyd Gaming Enterprise
Chamberlain University
Denise Olgetree-McGuinn / Martha Drohobyczer
Saint Mary's Regional Medical Center
Touro University Nevada
University Medical Center
University of Nevada, Las Vegas / Zeta Kappa at Large Chapter

On behalf of the Nevada Nurses Foundation (NNF), thank you to all the individuals and organizations who supported the Shining Stars of Nursing in Nevada, the 4th annual Nevada Nursing Gala, on Saturday, October 12, 2019, at the Blind Center of Nevada. Thank you, to the brilliant co-leaders, Rev. Dr. Denise Olgetree-McGuinn and Karen Bearer for taking the lead and creating an elegant and “glamazing” event on a dime! Thank you, to the wonderful team of nurses, community members, and student nurses for your contributions! The event was sold out! Thank you to Dr. Jameson, Boyd Gaming Enterprise, and Dr. Glenn Hagerstrom for your generosity and allowing several awardee’s to receive a complimentary ticket to the Gala! Thank you to all of our event sponsors!

We were honored by the distinguished Congresswoman, Susie Lee giving the opening speech which included her gratitude and recognition of the tremendous work nurses do every day. The Nevada NURSING STARS from Pahrump, Las Vegas, Carson City, Henderson, Elko, Reno/Sparks, and Lake Tahoe were shining brightly as we celebrated generous partners and sponsors, amazing nurses and student nurses, and five years of being a federally recognized 501(c)(3)!

The Nevada Nurses Foundation came to fruition in 2014 and began awarding scholarships in 2015 and grants in 2018. The NNF has recently exceeded $100,000 in scholarships and grants! The NNF grant application is open now at https://NVNursesFoundation.org until February 2020 and scholarship applications are open two times a year, in February 1-28 and August 1-28. To qualify, you must be a Nevada resident pursuing a career in nursing (CNA, LPN, RN) or you are an unencumbered Nevada nursing license holder looking to advance their nursing degree from an accredited nursing school or certification program.

To eliminate bias and maintain the anonymity of each applicant, applications are redacted before judges review them. The demographic breakdown recently moved from 40% in both the north and south and 20% in the rural area to north, 32%, south, 50%, and 18% rural area. There are several legacy scholarships with demographic criteria for a southern candidate that may influence the increase in awardees from the south.

The NNF Executive Board recently approved the addition of another NNF scholarship to meet the needs of the graduate nurse who is pursuing a post-graduate degree. This type of scholarship will benefit a nurse who already has their MSN or Doctorate and is pursuing a post-graduate certificate. The NNF will now be sponsoring and awarding the following scholarships:

- Certified Nursing Assistant (CNA)
- CNA to Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- LPN to RN
- RN to Bachelors of Science in Nursing (BSN)
- Pre-licensure to Nursing (Associates or Bachelors Degree in Nursing)
- Masters of Science in Nursing (MSN)
- Doctorate
- Post-Graduate

Legacy Scholarships or Endowments are funds donated by a generous individual or organization. The amount of the award and the criteria is identified by the donor. When considering making a charitable donation to a transparent and reputable organization, please consider the Nevada Nurses Foundation. Aside from the cost of doing business, marketing, and some travel expenses, 70% of funds go to the organization, please consider the Nevada Nurses Foundation. Aside from the cost of doing business, marketing, and some travel expenses, 70% of funds go to the organization.

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Our Recent Fallen Heroes

Lori Griffin
Lori Griffin found nursing later in life, and blossomed as an individual, as a peer, and as a colleague within the School of Nursing at Nevada State College. Her journey took her across the world and back, and like the sun, her smile lit up a room. She was a shrewd business woman and had a thriving career as a travel consultant prior to dreaming about a career as a nurse, family and achieve a desire to help others. Her nursing career had barely started as she had much to achieve. Unfortunately, she leaves us far too soon to realize those dreams.

Jami-Sue Coleman
Jami-Sue held a BSN, two master's degrees, and a doctorate in Nursing Education. She worked at Carson Tahoe and St. Mary’s Medical Center in a variety of departments. She enjoyed caring for children in the intensive care nursery and pediatrics at St. Mary’s. She spent five years as a nurse missionary working with the poor in Papua New Guinea, the Himalayas, and Turkey. Family and friends of Jami-Sue have established the Jami-Sue Coleman Scholarship.

Patricia Alfonso
Pat earned her BSN from Mt. Saint Mary’s College just before turning 50 years old after her husband passed away. She went on to earn a MSN from UCLA in 1977. Pat obtained her APRN credentials and served the mental health community of Northern Nevada through private practice, teaching at various local colleges, and serving on the Nevada State Board of Nursing. She retired at the age of 80 having served the mental health community in Northern Nevada for over 15 years. Pat’s family and friends have established the Patricia Alfonso Nursing Scholarship.

Lauren Delameter
Lauren was a graduate of Carrington College and Orvis School of Nursing. She was completing her Masters in Nursing. She recently obtained a certification in Emergency Room Nursing. This young woman was a strong advocate for advanced education in nursing and was an inspiration to all her peers to pursue higher levels of nursing education. She always promoted excellence in nursing practice through advocacy, hard work, and education on all levels of nursing practice. Family and friends of Lauren’s have established the Lauren Nicole Delameter Nursing Scholarship.

Deloris Middlebrooks
Deloris served the nursing community for 57 years as a nurse and a nursing instructor. The Nevada Nurses Foundation has established the Dr. Deloris Middlebrooks Legacy of Nursing Scholarship Fund to honor an icon in Nevada nursing. This fund will be used to further the Foundation’s mission to promote professional development of nurses through recognition, grants, and scholarships.

Gayle Wickman
Gayle attended the diploma nursing program in San Francisco. She worked as a staff nurse at the Lindsay District Hospital and became the Director of Nursing in just four years. During her career, she was awarded the “Faculty of the Year” several times at the College of the Sequoias and “Most Inspirational Faculty” several times during her tenure at the University of Nevada, Reno. She received the Lifetime Achievement Award from the Northern Nevada Nurse of Achievement in 2011.

Dr. Susan Adamek
Susan was the former President of the Nevada Organization of Nurse Leaders, treasurer of both the Nevada Alliance for Nursing Excellence and the Nevada Action Coalition, a member of the Education Advisory Board for the Nevada State Board of Nursing, the American Organization of Nurse Executives, and the American College of Healthcare Executives, to name just a few.

Linda Platz, RN
Linda Platz graduated from Mead High School outside of Spokane, Washington, in 1963, and then continued to nurses training at Legacy Emanuel Medical Center in Portland, Oregon. After completion of her training, her career as an RN spanned over five decades and included many different aspects of nursing, including at hospitals, the Nevada State Prison System and the Nevada State Health Department. Linda retired from the State of Nevada as a RN in the Vaccines for Children program. Linda passed away April 20, 2019, at the age of 73.

Margaret Curley
Margaret served many years as Nevada Nurses Association’s Executive Director and was highly respected from nurses throughout Nevada. She retired from the position in September 2018. She was the 2018 recipient of the Distinguished Nurse Leader with Lifetime Achievement Award and the Nevada Action Coalition Nurse Nightingale Award. She was one of the founders of the Nevada Nurses Foundation, and served as the NNA/NFN Liaison on the Foundation’s Board of Directors. Family and friends of Margaret’s have established the Margaret Curley Endowed Nursing Scholarship. To contribute to this endowment, please visit the Nevada Nurses Foundation website.

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Rev. Dr. Denise Ogletree McGuinn honoring and remembering our Fallen Nursing Stars.
Congratulations to the Distinguished Nurse Leaders with Lifetime Achievement nominees: Doris Bauer, Doreen Begley, Mary Bondmass, Marissa Brown, Margaret Covelli, Stephanie DeBoor, Katie Grimm, and Linda Jacobson!

Congratulations to Debra Fox, People’s Choice CNO and Dr. Lindsey, People’s Choice DON.

Congratulations to the People’s Choice CNO/DON nominees.
Carla Adams, Northern Nevada Medical Center
Anna Anders, Carson Tahoe Health
Toni Bell, Dignity Health: St. Rose Siena
Beth Carlson, Dignity Health: Saint Rose Siena
Judith Cordia, Western Nevada College
Erica Daniels, ProCare Hospice of Nevada
Debra Fox, University Medical Center
Katie Grimm, Saint Mary’s Medical Center
Linda Hagemann, Nellis Air Force Base
Lisa Jackson, Sana Behavioral Hospital
Sherri Lindsey, College of Southern Nevada
Jalyn McKelleb, Dignity Health: Saint Rose Dominican Hospitals
Maisha Moore, VA Sierra Nevada Healthcare System
Melodie Osborn, Renown Regional Medical Center
Kathy Raymond, St. Rose Dominican Hospital-San Martin Campus
Jen Richards, Renown Regional Medical
Sandi Scaccia, Sunrise Hospital Medical Center
Stacey Smith, Centennial Hills Hospital
Theresa Tarrant, Touro University Nevada
Holley Tyler, Valley Health Hospital
Janet Wright, Centennial Hills Hospital Medical Center

Congratulations to the People’s Choice CNO/DON nominees.

Congratulations to the 2019 scholarship recipients!
We are so proud of your accomplishments and are excited to see you enter nursing and advance your degree.

Congratulations to Debra Fox, People’s Choice CNO and Dr. Lindsey, People’s Choice DON.

Photographed: Ian Curley, Katie Grimm, Doris Bauer, Mary Bondmass, Margaret Covelli, Marissa Brown, Debra Scott

Congratulations to the Distinguished Nurse Leaders with Lifetime Achievement nominees: Doris Bauer, Doreen Begley, Mary Bondmass, Marissa Brown, Margaret Covelli, Stephanie DeBoor, Katie Grimm, and Linda Jacobson!
Thank you, Debra Scott, the inaugural Distinguished Nurse Leader in 2016 and Ian Curley, on behalf of Margaret Curley, the 2018 recipient, for presenting the 2019 award to Dr. Mary Bondmass. Dr. Mary Bondmass lives the Nevada Nurses Foundation mission of increasing access of quality healthcare for Nevada citizens by promoting the professional development of nursing. She is revered as a catalyst for change, advocate in nursing, scholarly writer, and leader in nursing. Thank you, Dr. Bondmass for being of service and making a genuine difference in nursing and healthcare.

Congratulations to the 50 Nurse Leaders Under 50 years of age who are making their mark in nursing! Their fortitude, resilience, motivation, determination, and perseverance to lead the change we need to see in nursing is inspiring. On behalf of the Nevada Nurses Foundation, thank you for all that you do!

There were over 100 nurses who advanced their nursing degree or obtained certification in their practice. Thank you, Heather Shawcross NVNSA President and Sherri Sherk NVNSA Northern Nevada Director for presenting the announcing the Nevada Nurses who professionally progressed by obtaining an advanced degree or certification in their practice.


Congratulations to the Shining Star Partnering Professional Organization's Stellar Nurse Award Recipients! Keep shining brightly!

These students are demonstrating leadership, advocacy, community support, and scholarship. They were identified by their educational institution, a professional nursing organization, or community as being a Rising Star! Thank you! We appreciate you choosing to join the nursing profession.
PROGRAM OFFERINGS

Bachelor of Science in Nursing (BSN)
Accelerated Second-degree BSN
Online RN-BSN
Online Master’s of Science in Nursing (MSN)
  Clinical Nurse Leader
  Nurse Educator
  Adult Gerontology Acute Care Nurse Practitioner
  Family Nurse Practitioner
  Psychiatric Mental Health Nurse Practitioner
Post-Master’s Certificate is offered for all specialties and Pediatric Acute Care Nurse Practitioner.

Online Doctor of Nursing Practice (DNP)
  BSN to DNP:
    Adult Gerontology Acute Care Nurse Practitioner
    Family Nurse Practitioner
    Psychiatric Mental Health Nurse Practitioner
  MSN to DNP:
    Advanced Practice Nurse Executive

Membership

Would you like to receive NNA email updates with information relative to nursing & healthcare?  YES  NO

Membership Options (Check One)

Full ANA/NNA Membership
Includes full membership to both ANA and the American Nurses Association (ANA) for 12 months.

F-Full Membership
  ______ Employed

R-Reduced Membership
  ______ Not employed
  ______ Full-time student (must be a RN)
  ______ New graduate from basic nursing education program, within two years of graduation
  ______ 62 years of age or older and not earning more than Social Security allows

S-Special Membership
  ______ 62 years of age or over and unemployed
  ______ Totally disabled

*State nurses' association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.

State Only NNA Membership
Includes state only membership to NNA only for 12 months. Does not establish membership in the American Nurses Association.

_______ Any RN with an active or inactive Nevada license.

*State Only dues must be paid in full at the time of application.

Payment Plan (Check One)

Full Annual Payment
  ______ Check (payable to NNA/ANA)
  ______ Visa
  ______ MasterCard

Annual Credit Card Payment
This is to authorize annual credit card payments to NNA/ANA. By signing on the line, I authorize NNA/ANA to charge the credit card listed for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Authorization Signature*

EDPP (Monthly Electronic Payment)
This is to authorize monthly electronic payments to ANA. By signing on the line, I authorize NNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking: Please enclose a check for the first month’s payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

Credit card: Please complete the credit card information and this credit card will be debited on or after the 1st day of each month.

EDPP Authorization Signature*

*By signing the EDPP or Annual Credit Card authorizations, you are authorizing NNA/ANA to charge the amount by giving the above-signed thirty (30) days advance written notice. Above signer may cancel this authorization upon receipt by NNA/ANA of written notification of termination twenty (20) days prior to the deduction date designated above. Membership will continue unless this notification is received. NNA/ANA will charge a $5 fee for any returned drafts of charges backs.

Credit Card Information

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Bank Card Number and Expiration Date

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Authorization Signature

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Printed Name

__________________________________________
Amount $

Membership Dues

Full NNA/ANA
Annual $262.00 / Monthly $22.33

Reduced NNA/ANA
Annual $131.00 / Monthly $11.42

Special NNA/ANA
Annual $65.50 / Monthly $5.96

NNA State Only
Annual $105.00 / Monthly— not applicable

To be completed by NNA/ANA

State __________ District __________

Approved by ________ Date ________

Expires ________ Amt. Paid ________

Check # ________

***Referred to NNA/ANA by:______
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NEVADA NURSES ASSOCIATION MEMBERSHIP APPLICATION
P.O. BOX 34660, RENO, NEVADA 89533 • 775 747-2333 • FAX 775 201-9002
NNA@NVNURSES.ORG

Please mail your completed application with payment to: NNA, Constituent and Member Billing Services, ANA, P.O. Box 504345, St. Louis, MO 63150-4345.

Please Print Clearly:

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State _________ District _________

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Expires _________ Amt. Paid _________

Check # _________

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VA Southern Nevada Healthcare System (VASNHS) is located in North Las Vegas. VASNHS is comprised of an acute care hospital and has Out Patient Clinics throughout the Las Vegas area, Pahrump, and Laughlin, NV.

Over 330 days of sunshine annually, world-class entertainment, and world-class resorts. Las Vegas is home to the Vegas Golden Knights NHL hockey team and soon will be home to the Las Vegas Raiders NFL football team.

VA Southern Nevada Healthcare System is proud to be the first and only healthcare facility in Southern Nevada that is American Nurse Credentialing Center (ANCC)® Pathway to Excellence® designated.

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Dear RN & LPN,

Skilled Nursing (RN & LPN) Home Health under PDGM (Patient Driven Groupings Model) effective January 01, 2020, will revolutionize innovative care delivery standards with additional focus on patient-engagement.

The item above identifies that the modern Home Health Nurse requires not only exceptional hands-on skills but most important, is an excellent communicator who has the ability to educate and re-teach patients on how to manage their chronic illness, functional loss or recent injury.

At Caring Nurses, our continued growth in Las Vegas Nevada motivates us to seek highly qualified RNs & LPNs, like you, who have the ability to inoculate meaningful-quality-of-life to susceptible patients who are prone to suffering a medical catastrophe, if Nursing intervention is not provided.
Our 25 years of practice in the Vegas Valley has allowed us to genuinely authenticate that RNs & LPNs make a significant difference, in promoting medical safety and changing lives of our senior patients in a positively distinctive and respectable manner.

As a practicing RN or LPN, the skills that you have acquired, both through classroom & clinical academics, parlayed with practical training and experience, elevate you with higher medical distinction and recognition to be an outstanding Skilled Nursing Professional in Home Health.

As you consider a career change to Home Health or if you are currently practicing as a Home Health Nursing Professional, we invite you to give us a call and or send your resume to:

jobs@caringnurses.com

We look forward to hearing from you soon. - Roger Corbin, Chief Operating Officer

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