President’s Message

Greetings to all fellow West Virginia Nurses. Fall is again at our doors and the aroma of pumpkin spice is thick in the air. The Mountains are magically transforming from their thick lush greenery into the dazzling sparks of gold and cooper cresting mountain tops in preparation for heavy winter snows. The West Virginia Nurse Association also busies with preparations for the entry of the 2012 legislative session. We rake together all the year’s information and health care reform data to prepare the nursing profession in WV to embrace the transformations and advance nursing into the rapid changes of health care politics.

WVNA has many great opportunities for all nurses to be influential in the choices that will sculpt our profession. The WVNA starts with the Health policy and legislative statement. This document encompasses the broad position statements of our professional association and is used to guide decisions on legislation that will undoubtedly arise over the winter session. It also highlights the focus of imperative issues that will need a strong legislative voice and initiative to support today. Join WVNA the voice of all nurses and give the membership of nurses your professional knowledge to have effective changes for our citizens, family and our state.

Finally the implementation stages of the Institute of Medicine report has begun in WV. The Future of WV nurses are in our hands. The Center of Nursing has been accepted as one of the next 13 states into the action coalition, this will be the driving force to begin planning this implementation in WV. This will include the planning to assure those nurses are able to work into the full scope of their educational preparations, planning to assure those nurses are able to work on these boards. As West Virginia creates the health insurance exchanges for our citizens and takes the next steps in implementation of the Affordable Care Act it is even more important that nurses join in the efforts to be at the table of healthcare decisions. Listen, speak up and use our professional knowledge to have effective changes for our citizens, family and our state.

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WVNA is looking for membership on local and state wide planning board and community health care panels that are often involved in health care planning and reforms at the ground level. WVNA feels these panels need to be highly populated by nurses. WVNA’s voice is boosted by the efforts of the nursing membership and empanelment on these boards. As West Virginia creates the health insurance exchanges for our citizens and takes the next steps in implementation of the Affordable Care Act it is even more important that nurses join in the efforts to be at the table of healthcare decisions. Listen, speak up and use our professional knowledge to have effective changes for our citizens, family and our state.

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Ruth Blevins, RN
Executive Director WVNA

Health Reform is a Wake Up Call for Nurses

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Notes from the ED
Ruth Blevins, RN Executive Director WVNA
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The Vicious Cycle of Stress and Substance Abuse

by Aila Accad, RN, MSN

It is natural to want quick relief from stress. When you try to find fast relief by using mood altering substances like alcohol, prescription drugs, nicotine, caffeine or even food, you may not realize that this can make the problem worse.

Stress occurs when you feel out-of-control in a situation. Uneasiness, anxiety, depression, and other feelings are normal reactions to stressful events. One quick way to take control and calm the reaction is to take a drink, tranquilizer or antidepressant, smoke a cigarette or eat some sweet, salty or high fat comfort food. While these solutions might offer fast short term relief they can also backfire over time.

Even though substances can seem helpful on a short-term basis, it’s important to remember the problem has not gone away. When you relieve symptoms without addressing the cause, the distress is still there. You just don’t feel it anymore. Once the calming affect wears off, you need to use the substance to get relief again.

Over time, the body adapts to the substance, so you need to get more of the same effect. This is called “tolerance.” Feeling stress and using short term relief from mood altering substances is a vicious cycle that can lead to dependence and addiction.

Plus, each substance has side effects or consequences. Increasing use of alcohol, mood altering drugs, sugar, salt, caffeine and nicotine are proven to increase your risk for high blood pressure, heart disease, diabetes, cancer and other chronic conditions. There is also the down side of intoxication, accidents, obesity and even death due to overdose.

While used as directed, many drugs are safe; using two or more substances can have dim results. Adding even small amounts of alcohol to tranquilizers, for example, increases the effect of each, which can quickly lead to overdose, poisoning or death.

The number of people seen in the hospital for poisoning from prescription painkillers, sedatives and tranquilizers is increasing. In 2010, Jeffrey H. Cohen, MD reported in the American Journal of Preventive Medicine, that unintentional poisoning was the second leading cause of unintentional injury deaths in the US. This is even more than the number of deaths from car accidents for people aged 35-54.

Keep in mind that now you still have the original stress plus the side effects or complications of your temporary solution. This ends up being a vicious and dangerous cycle that leads to higher stress. You have now added the problems created by the mood altering substances to the original stress.

Symptoms of addiction include:
- Not meeting work, family, or school responsibilities
- Tolerance leading to higher need
- Inability to stop in spite of added problems
- Hopeless, powerless and depressed feelings from loss of control
- Needing more relief from the added stress.

Substance abuse is not usually the original problem. It is the temporary solution to stress that creates a bigger problem. This is what makes it so hard to recover from substance abuse, dependence and addiction. You must still take care of the cause for the original stress in order to finally get permanent relief.

There are many safe ways to relieve stress quickly and effectively. Using mood altering substances as your primary solution is not one of them.

Summary

It’s important to be careful when you are tempted to use mood altering substances for short term stress relief. The original stress does not go away. You will find that you need more of the substance to keep the stress under control. Mood altering substances come with their own side effects, problems and complications. As a result of this vicious cycle you have more stress than you had in the beginning. Before turning to mood altering substances for short term stress relief, ask your healthcare provider to suggest more effective and permanent solutions.

Aila Accad, RN, MSN is an award-winning speaker, bestselling author and certified life coach, who specializes in quick ways to release stress and empower your life. A health innovator and futurist, member of the National Speakers Association, she is a popular keynote speaker and radio and television guest. Her bestselling book “34 Instant Stress-Busters, Quick tips to de-stress fast without no extra stress or money” is available at www.stressbustersbook.com Sign up for Dr-Stress Tips & News at www.ailaspeaks.com and receive a gift, “Ten Instant Stress Busters” e-book.

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Phone: 304.428.1169 or 800.400.1226
Fax: 304.414.3369
Email: circ@wvnurses.org
Webpage: www.wvnurses.org
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WVN Nurse reserves the right to edit all materials to its style and space requirements and to clarify presentations.

WVNA Mission Statement

To ensure a unified and powerful voice for all nurses, to advocate for enhancement and access to quality, professional, healthcare services for all citizens of West Virginia, and to promote the professional development of nurses to ensure the forward progress of our profession.

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baldwin@wvnurses.org
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Charles Long@wvnurses.org
Aila Accad, 2nd Vice President
Aila Accad@wvnurses.org
Angy Nixon, Treasurer
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Charles Hosessler, Secretary
hosessler@marshall.edu

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Scott Long
Aila Accad
Angy Nixon
Charles Hosessler
Kelli Phillips

APN Congress Representatives:
Charles Long@wvnurses.org
M.M. Dania Hayman, APN Congress Chair
dhayman@wvnurses.org

WVNA Staff
Ruth Blevins, Executive Director
Ruth Blevins@wvnurses.org

Government Relations Director, CEO - WVNA Foundation
rblevins@wvnurses.org

WVN Nurse Staff
Charles Hosessler, Ph.D.
Editor
ruth@wvnurses.org

West Virginia Nurse Copy Submission Guidelines
All WVNA members are encouraged to submit material for publication that is of interest to nurses especially in the following sections: Nightingale Tribute, District News and Members in the News. The material will be reviewed by the WVNA and may be edited for publication based on space and style and space requirements and to clarify presentations.

Accepted submission is published in West Word or MS Word format. WVNA reserves the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of cost of advertising.

Acceptance of advertisement does not imply endorsement or approval. WVNA accepts no responsibility for ad content. WVNA does not necessarily reflect views of the staff, board, or membership of WVNA or those of the national or local associations.

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The Air Force is currently offering scholarships for NP/CRNA students. Our scholarship pays full tuition and all required fees. You will also receive a monthly stipend. Scholarships are available for NP/CRNA students. The material will be reviewed by the WVNA and may be edited for publication based on space and style and space requirements and to clarify presentations.

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Approximately 1,600 words equal a full page in the paper. This does not account for headlines, photos, special graphics, pull quotes, etc.

Submit material to:
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For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 258, Cedar Falls, IA 50613, (866) 626-4016, sales@aldpub.com. WVNA and the Arthur L. Davis Publishing Agency, Inc. reserves the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of cost of advertisement.
Preparing to attend my first International Confederation of Midwives (ICM) Congress began two years ago, when I was inspired to visit South Africa and spend some additional time traveling. The ICM is a “super-organization” comprised of professional midwife associations from over 100 nations. There are two US professional associations that are member associations of ICM, the American College of Nurse-Midwives (ACNM) and the Midwifery Alliance of North America (MANA). In most of the other countries of the world, midwifery is its own independent and autonomous profession, not hyphenated with nursing as it is in the US. US midwifery as practiced by certified nurse-midwives (CNMs) is an advanced practice nursing specialty, very similar to and often categorized together with nurse practitioners (NPs) and nurse anesthetists (CRNAs).

With the ICM Congress as a framework to plan a trip, I began collecting geographic points for my itinerary as one might collect textiles or materials for a quilt or collage. Last summer I met the first female elected Vice President, The Honorable Joyce Banda, of Malawi on a plane; we struck up conversation about maternal mortality, a field in which she is an expert and ambassador. Giving birth to her daughter, she herself had suffered from anemia and experienced a postpartum hemorrhage. Joyce invited me to visit Malawi, and so I added Blantyre as a point on my itinerary. Little did I know that she would be representing a grassroots feminist movement at the forefront of a political opposition movement, poised to overthrow the government, by the time I traveled there! The first nationwide political demonstration in decades occurred the day after I arrived as her guest, while she remained under house arrest; I also wanted to witness this history in the making.

On my journey to Malawi, traveling from South Africa following the ICM Congress, I entered by way of Zambia. While couchsurfing with midwives after the ICM Congress I had met a woman who knew a surgeon-anesthesiologist-pilot husband-and-wife team doing medical missions based in the capital city of Lusaka. My new friend/host gave me their number, and I called upon them when I was in town. They asked me if I would be willing to help coordinate contacts in the remote towns along my itinerary. With this task at hand, I presented myself to several of those hospitals and simply asked to speak with administrators. I was to find out if they could arrange a “camp” for at least 40 women with rectovaginal fistulas needing repair, with an offer from these volunteers to do so. I easily recruited three sites, all of which were sure they could find the women.

While in the offices of administrators, I took advantage of the opportunity to talk to them about the ICM Congress proceedings, to request a tour of their maternity wards, to speak with a midwife if one was available, to interview them about the priorities they could identify in the communities, to learn their challenges, to share a few of my own observations, and to compare these accounts with all I had learned in Durban. They were all well aware of what had been newsworthy to me. I noted that the conditions in some hospital wards were comparable to conditions in some of my home births, or less well-supplied. I read local newspaper articles about women in labor having to navigate long treks to even reach health facilities, much less the tertiary centers—treks which sometimes included fording rivers, riding bicycle taxis for many kilometers, bringing all their own personal and baby supplies to the hospital—all while avoiding such environmental hazards as crocodiles!

I am still taking in all the lessons and absorbing the live education, not the least of which was a temptation to reexamine all I have learned about maternal and child health, considering the global perspective. I am enriched with a renewed hope because midwifery is recognized and so appreciated in the rest of the world, that we might integrate some wisdom from countries which we might consider less developed. Based on my recent experiences, I see the world, in terms of maternal and child health, as both a bigger and a smaller place. Meanwhile, these three African countries have new relevance to me, now that I have a few friends who live and work there.
The West Virginia Center for Nursing Addresses the IOM/Future of Nursing Report

In 2008 the Robert Wood Johnson Foundation and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The report “The Future of Nursing: Leading Change, Advancing Health” was released in October 2010. To read or download the report go to www.IOM.org, or http://www.BWJF.org.

The Center for Nursing has begun work on the eight recommendations presented in the report. The Center has formed a team around each of the recommendations to lead the efforts of ensuring nurses are playing a key role in transforming health care in West Virginia.

The recommendations are:

1. Remove scope-of-practice barriers.
   Team leaders: Beth Baldwin and Ruth Blevins—WVNA

2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
   Team leaders: no team leaders have been appointed

3. Implement nurse residency programs.
   Team leader: West Virginia Center for Nursing, Recruitment and Retention Committee and Mary Fanning, RN

4. Increase the preparation of nurses with a baccalaureate degree to 80 percent by 2020.
   Team leaders: Mary Sharon Boni, PhD, Fairmont State University and Laura Skidmore Rhodes, ED, West Virginia Board of Examiners for Registered Professional Nurses

5. Double the number of nurses with a doctorate by 2020.
   Team leader: Georgia Nar新加vage, PhD, Dean, WVU School of Nursing

   Team leader: Jim Kranz, VP for Professional Services, WVUH

7. Prepare and enable nurses to lead change to advance health.
   Team leader: Dottie Oakes, VP of Patient Services WVUH

8. Build an infrastructure for the collection and analysis of inter-professional healthcare workforce data.
   Team leader: West Virginia Center for Nursing Research and Data Committee

The United States has the opportunity to transform its health care system, and nurses can and should play a fundamental role in this transformation. However the power to improve the current regulatory, business and organizational conditions does not rest solely with nurses; government, businesses, health care organizations, professional associations, and the insurance industry all must play a role (IOM, 2010).

The recommendations presented in the IOM report are directed at individual policy makers; national, state and local government leaders; payers; and health care researchers, executives, and professionals including nurses and others as well as to larger groups such as licensing bodies, educational institutions, philanthropic organizations, and consumer advocacy organizations. Working together, these many diverse parties can help to ensure that the health care system provides seamless, affordable, quality care that is accessible to all and leads to improved health (IOM, 2010).

If you are interested in participating on a team or would like additional information contact Duane F. Napier, ED at 1.304.585.0838 or napier@heps.wvnet.edu.

#4. Increase the preparation of nurses with a baccalaureate degree to 80 percent by 2020.

#5. Double the number of nurses with a doctorate by 2020.

#6. Ensure that nurses engage in life-long learning.

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Rockefeller Announces $2,765,721 for Health Centers at 9 West Virginia Schools

Funding Will Help Keep Kids Healthy so They Can Excel at School

WASHINGTON, D.C.—Senator Jay Rockefeller today announced that nine health centers located in nine different counties in West Virginia will receive a total of $2,765,721 in funding from the U.S. Department of Health and Human Services.

The funding will enable the health centers to assist even more West Virginia students through health screenings, health promotion and disease prevention programs. The funding will help enable children with acute or chronic illnesses to better manage their conditions at school. The funding was provided through the health care reform law, which Rockefeller helped write.

“Healthy children are able to go to school, learn more, and better succeed both in the classroom and in the future,” said Rockefeller. “This funding will help many health centers throughout the state support even more students with critical health care services. Our children deserve the best education possible. With this funding, we can help make sure that they are healthy enough to make the most of that education.”

The following clinics received awards:

- Lincoln County Primary Care Center in Hamlin—$398,522
- Rainelle Medical Center Inc. in Rainelle—$452,456
- Tug River Health Association Inc. in Gary—$91,000
- Valley Health Systems Inc. in Huntington—$482,835
- Wirt County Health Services Association Inc. in Elizabeth—$249,735
- Womencare Inc. in Scott Depot—$90,838
- Monroe County Health Center in Union—$155,950
- Ritchie County Primary Care Association Inc. in Harrisville—$334,325
- New River Health Association Inc. in Scarbro—$500,000

Background

According to Marshall University, between 2007-2008 school-based health centers in West Virginia provided one-on-one care to 15,458 students recording over 67,575 visits. An additional 8,660 encounters were recorded for services provided to area school students, school staff, and members of the community. At the beginning of the 2010-2011 school year there were 56 school-based health care centers in the state serving 61 schools in 24 counties.

School-based health centers are essential to helping students stay healthy. They provide a variety of services including treatment for illnesses ranging from the flu to diabetes or asthma, as well as dental, vision, and hearing care. The centers focus on prevention, early intervention, and risk education so that students can stay healthy and continue to attend school. They also have professionals to counsel students on many threats including healthy habits, prevention and injury, and violence.

School-based health centers often are operated as a partnership between the school and a community health organization, such as a community health center, hospital, or local health department. The specific services provided by school-based health centers vary based on community needs and resources as determined through collaborations between the community, the school district, and the health care providers.
The Graduate Nurse’s Transition from Academia to the Professional Nursing Role

by Sandra Barill, RN

The month of May is when most nursing students graduate from nursing school. They are on a high. They have a diploma in hand. They think they’ll never have to do another career plan. Some purchase a new car in anticipation of their first paycheck. Some move far away from home to bigger cities, while others are excited just to have a place of their own independent from mom and dad. It’s an exciting time—they are finally reaching their dreams.

A new nurse often spends her first day on the job in orientation, but she’s excited and eager to hit the ground running. She’s taken to the unit by her preceptor who has been a nurse for more than 20 years (and has precepted more RNs than she cares to remember, who thinks to herself: here’s one more glassy-eyed, idealistic, ambitious new nurse).

During the first 12 to 16 weeks of orientation, graduates nurses use their preceptors as a valued resource, support and mentor. Reality sets in around the 18th week when they realize they are solely responsible for someone’s life and death. This is also when many start calling physician’s offices and want to escape the hospital setting. They are capable of educating a patient on diabetes care, nutrition and blood thinners, but they are not confident, nor fully competent, to care for a group of patients. October arrives, and guess who is on the upcoming holiday schedules for evenings on Thanksgiving, days on Christmas and nights on New Year’s Eve (their most anticipated social event of the year)? The new kids on the block. Another sobering reality check.

Once the holidays are behind them, every bed in the hospital is filled. Every COPD within a 300-mile radius is in the hospital, and no one ventilator sits in respiratory therapy collecting dust. Having worked as a nurse for 6 months and knowing who and when to contact their resources, their confidence builds and they are feeling a little more comfortable in providing safe care to their patients.

March arrives. They have now accumulated some vacation time, and they are making reservations at the beach for a week in the summer. By June, they have completed their first year as a nurse, which is what it takes to be considered an “experienced” RN, just as a fresh group of graduate nurses begin their career. This is also when last year’s group of graduates realize how much they have learned and experienced during their first year as a nurse. Some of them are even selected to be preceptors for this year’s group of nurses. They ask, “Was I this green last year?” The experienced preceptors say, “Yes, you were.”

Although few of us would repeat our first year as a nurse, we know that it really does take a full year to make an RN. The first year is tough, but most nurses cherish their patients and would not think of switching to another profession because there is no profession as rewarding, frustrating or challenging as nursing. It is also where we have developed our most rewarding and lasting friendships.

Those of us who recognize that it is the new grads that will be taking care of us in the future welcome them to us in the best profession in the world.
The American Nurses Association (ANA) worked hard to ensure that nurses, including APRNs, were recognized in and incorporated into the Affordable Care Act (the health reform law of 2010). Now that the law has been signed, the regulatory work to implement it is underway. One area of particular importance to ANA regards accountable care organizations or “ACOs.”

An ACO refers to a group of providers and suppliers, and is often comprised of hospitals, physicians, and others involved in patient care) that will work together to coordinate care for the Medicare beneficiaries in a region. The ACO must achieve a savings over what Medicare would have otherwise paid for the beneficiaries. ANA continues to provide guidance to providers and patients alike. In addition, for systems that currently depend heavily on NP's (and PAs) to provide primary care services, the current role of APNs, the statement notes, is a problem in their ability to fulfill the eligibility requirement of 5,000 beneficiaries.

ANA has recommended modifications to the role that are intended to meet the ACO's goals of preserving continuity of care and patient choice, and better incorporate the care services of APNs. ANA has also urged CMS to apply to nurse-managed health centers the same incentives that are intended to encourage the inclusion of federally qualified health centers and rural health centers. ANA supports the proposed rule's vision of a patient-centered care delivery model that improves quality of care while seeking greater efficiencies and savings, a statement notes that CMS has largely neglected to include the contributions of nursing, particularly the role that APRNs can play in delivering primary care. For more details and to access ANA's comments, visit www.nursingworld.org.

—Lisa Summers is a senior policy fellow in the Department of Nursing Practice and Policy at ANA.
**ANA Pledges to Help Patients Improve Care Through Use of Electronic Health Information**

**Association Joins National Consumer eHealth Program Launch**

SILVER SPRING, MD—The American Nurses Association (ANA) pledged to educate consumers about the benefits of electronic health information, as part of a national campaign launched today to engage consumers in improving their own health through information technology.

ANA made a formal pledge to develop educational materials on health information technology for registered nurses to share with consumers, in support of the Consumer eHealth Program launched by the Office of the National Coordinator for Health Information Technology (ONC), U.S. Department of Health and Human Services (HHS).

The ANA initiative will help people understand the benefits of using their electronic health records to prevent illness and manage chronic conditions, and to track history of immunizations, clinical exams and hospitalizations.

Health information technology provides a platform for capturing and sharing standardized data, such as lab results, tests, treatment history, medication profiles and allergies.

“Health information technology can improve care by ensuring that care is based on evidence. It also allows health care professionals from different clinical settings and disciplines to communicate effectively about a patient’s care to avoid duplication of services and ensure nothing important is missed through a lost paper trail or failed memory,” said ANA President Karen Daley, PhD, MPH, RN, FAAN.

ANA will ask nurses to submit examples of innovative use of health information technology in practices that can help patients engage to improve their health, such as patient portals. ANA also intends to share such models with ONC to demonstrate nursing’s effectiveness in developing consumer-oriented health information technology strategies.

ANA has long recognized the importance of using standardized data and information technology to improve the quality of care. ANA began promoting the broad use of health information technology in the 1990s, designating nursing informatics as a nursing specialty and publishing the first scope and standards of practice documents for that specialty. Nursing informatics integrates nursing science, computer science and information science to manage and communicate data, information, knowledge and wisdom in nursing practice.

In 1998, ANA established the National Database for Nursing Quality Indicators (NDNQI), the nation’s only comprehensive database allowing hospitals to compare nursing performance measures at the unit level. For example, a hospital can compare its rate of hospital-acquired pressure ulcers in intensive care units to similar units at other NDNQI-participating hospitals in the region, state or nation, providing a benchmark for performance and quality of care.

ANA values its relationship and partnership with health care consumers and nurses is well-positioned to create opportunities that will further engage consumers in improving their own health through information technology.
Health Reform Is a Wake Up Call for Nurses

It’s time for nurses to wake up. The cry for health reform is a call to nursing. It is a call to return to healing, to health, to wellness well. Florence Nightingale’s mission for nurses is to help people learn how to get and stay well. It was through observing the person and their responses to treatments and making adjustments through nursing interventions that helped people get well. It was not instituting more medicine. In fact, she said, “nursing and medicine must never be mixed up. It spoils both…”

When nursing was instituted in the hospital setting in the 1800’s, more people got well. They did not heal from adding more physicians. It is through the nursing process: interaction, observation, assessment, intervention and evaluation that Florence Nightingale learned and taught her nurses to improve health outcomes. People were dying in hospitals. When nurses were introduced more people got well.

Medicine alone does not make us well. It is only in the personalization and integration of medical interventions for unique individuals that treatments can have their intended effect. Without that personalization, without the knowledgeable human-to-human interface between the nurse and the person, healing is intermittent at best. At its worst people continue to suffer and even die.

The drive for profits over the well-being of people has created a crisis in health care today. While the numbers of medications and treatments are rising at astronomical rates fewer nurses are at the bedside where they can make the healing difference.

Our healthcare system has forgotten the lesson that Florence Nightingale taught us decades ago. It is not more medicine that makes people well. It is through the integration and personalization of treatments for unique individuals; it is that nursing that makes the difference.

Research is proving over and over again that when more nurses are at the bedside outcomes improve. It’s time for nurses and nursing leaders in every institution to reclaim the professional integrity and autonomy of nursing. It is time for nurses in their primary role as advocates for patients to hear the plea for health reform as a “wake up call” to re-institute healing through the nursing process back into our health care model.

Nurses must stop being oppressed and nursing leaders must stop being marginalized by a system that has forgotten their true value. It’s time to wake up, to step up, to speak out and to articulate clearly how nursing must be re-instituted in the healthcare process for healing outcomes to improve.

Can Nurses be Entrepreneurs?

Two nurses related as step-sisters have formed a unique company that provides staffing to local healthcare facilities and the insertion of PICC lines with her husband, Brain, and their two children, Drew and Avery.

Jill faced with a growing awareness of the staffing dilemma many facilities are dealing with started the company of West Virginia Nursing Network and Jessica Whitman, RN and Jill Hopkins are the one. The company experienced a growth period. Being the integration and personalization of treatments for unique individuals; it is nursing that makes the difference.

In 1997. She started her nursing journey ay Roane Jackson Technical Center Practical Nursing Program in 2005. Her background includes home health, medical offices and hospital areas such as critical care and ER. She lives in Hurricane with her husband, Brain, and their two children, Katelyn and Holly. Jessica grew up in the Spring Hill area of South Charleston graduating from South Charleston High School in 1993. She started her nursing journey with a BSN from West Virginia University. She has worked in such settings as pediatrics including PICU, outpatient surgery and as a LPN instructor. She lives in St. Albans with her husband, Rick and their two children, Drew and Avery.

Just goes to show that nurses can be entrepreneurial adventurers who can have an impact on nursing in West Virginia.
When caring for children, nurses seek to enhance the health and safety of parents because such factors correlate directly with our ability to gain optimal outcomes for pediatric clients. Similarly, our aspirations to achieve the initiatives established by the Institute of Medicine (IOM) for The Future of Nursing can only be reached if we foster the optimal health and wellbeing of every nurse.

As we identify strategies which will secure the very best future for our profession and the public, we must scrutinize pre-existing shortfalls which have caused erosion into the wellbeing of individual nurses and the profession as a whole. One of the most costly deterrents to our individual and collective strength as nurses is that of substance use disorders (SUDs).

While concern about substance abuse and addiction in health professionals in the U.S. dates back to 1883 (Mattison, 1883) and recent studies document excellent long-term recovery outcomes in physicians afforded structured monitoring in professional assistance programs (DuPont, McLellan, Carr, Gendel, & Skipper, 2009; DuPont, McLellan, White, Merlo, & Gold, 2009; Gastrifaut, 2005), development and implementation of initiatives which fortify our resilience from developing substance disorders must be embraced.

Underscoring every single strategy set forth to combat the nursing shortage, SUDs literally abscend with the license of several thousand nurses every single year in the U.S. With a lifetime incidence of substance use, misuse, and abuse at 19-20% in nurses (Bell, 1999; Monroe, 2008), nurses have a significantly greater risk of addiction to mood-altering prescription substances than their non-nurse counterparts (Kornegoy, 2004; Trinkoff, 1991; Trinkoff, 2000). While studies underscore that substance abuse in nurses poses a greater risk of fatality to the nurse and a threat to patient safety (Smith, 1998), the disastrous consequences of SUDs on the student nurse population is vastly underappreciated (Monroe, 2009). Research indicates that more than half of the nurses who identify an issue with SUDs readily admit that their substance use began during or prior to nursing school (Coleman, 1997). Since earlier onset of alcohol and drug use predisposes one to a greater likelihood of developing a SUD and also increases the difficulty one encounters in attempting to achieve long term addiction recovery (NIDA, 2007), there is a dire need for creating resources and instituting initiatives which specifically target those currently practicing or embarking on nursing as a career.

Yet, what truly pale in comparison to any of the studies cited above is the actual tall SUDs has levied upon our rank and file membership. Between 1996 and 2006, the National Council of State Boards of Nursing (NCSBN) noted 60,010 violations by nurses in the U.S. alone, with 13,680 attributed to alcohol and 16,286 drugs. Of these, 16,286 were categorized specifically as drug diversion by the nurse for their own use (NIDA, 2007). It is extremely important to note that these statistics only include data from 44 of the 60 member boards of the NCSBN, rendering strong evidence to support that the actual frequency of drug diversion by nurses in the U.S. is far greater than the above tally reflects. Additionally, since some instances of drug diversion by a nurse go unrecognized or might be unreported by employers to State Boards of Nursing, it is plausible to suspect that the rate of drug diversion by nurses is significantly higher.

In order to meet the challenge of adequately profiling this health and safety risk to nurses and nursing students, we have to embraced the development and implementation of comprehensive and continuing education for those already licensed as nurses should incorporate practices which foster acuity, nurses, competency, and the development of skills and promote optimal maintenance of physical and emotional health should be taught as part of the core curricula in all nursing programs and reinforced with a minimum mandatory continuing education post licensure.

Nurses and students should be encouraged to seek support for their particular challenges and occupational exposure to becoming chemically dependent. In this way, each nurse can identify risky situations and situations and may be afforded the opportunity to make possible modifications prior to encountering a problem that may short circuit their professional practice.

An easy-to-use framework for nurses to evaluate their risk of developing a problem with alcohol or other drugs, The SHUNT Self-survey for Nurses, was developed to address risk of SUDs preemively (Scimeca, 2008). In September, 2011, the book detailing this self-survey was included in over 150 tool-kits distributed in Rhode Island to combat the risk of SUDs and nurses. The tool-kit is a first of its kind in New England and was made possible by a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The risk of SUDs in nurses is life-long and although optimal treatment and monitoring has increased, occupational exposure to SUDs remains prevalent. The latest research estimates the rates of over 90% in some state monitoring programs (Monroe, 2008), prevention of such disorders is definitely preferable. By continuing to embrace the development and implementation of comprehensive strategies aimed at strengthening the health, wellbeing and resilience of nurses, we will be better able to respond to demands of patients for generations to come and fulfill the very best outlook for The Future of Nursing.

References


**WVN Members Will Miss These Members Who Did Not Renew Their Membership**

If your name appears on this list and you feel it is in error please contact the office.

- Jamie Thornburg
- Sissy Price
- Tanya Rogers
- Elizabeth Stingo
- Teressa Hines
- Ronika Bompus
- Nancy Atkins
- Rostia Briggs

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**Additional Membership Opportunities**

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Join the WVNA/APC Council. For an additional $25 you can join this WVNA specialty group. An additional check should be included made payable to WVNA with APC Council listed in the memo.

**WV NURSES-POLITICAL ACTION COMMITTEE**

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Fax: 304-598-4264

E-mail: wvuhjobs@wvuhhc.edu

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**WVWU Will Miss These Members Who Did Not Renew Their Membership**

- Rebecka Knotts
- Eleanor Berg
- Debra Rencich
- Susan Simmons
- Erica Cervera
- Bethany McNair
- Tiffany Cookus
- Jodi Hayes
- Peggy Cester
- Jean Davidson
- Mark H Eickbush
- Julia Moore
- Lori Chaffins
- Rebeca Deweese
- Amanda Nicol
- Terri Ranson
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- Joann Nutter
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- Caroline Charonko
- Maria Stoker
- Wendy Epling
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