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"Nurses working together for a healthy West Virginia"

Quarterly circulation approximately 35,000 to all RNs, LPNs, and Student Nurses in West Virginia.

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President's Message

Aila Accad, MSN, RN
WVNA President

Aila Accad

Dear WVNA Members and Future Members,

These are exciting and challenging times for Nursing and Your WV Nurses Association is front and center of the action to assure a bright future for your professional nursing career and the health of the people of WV.

Annual Board Retreat

At our Annual WVNA Board Retreat we updated our goals for 2014 along with the organizational bylaws. You will be see details on these changes in this issue of the *WVNurse*. Please look them over carefully. If you are a member of WVNA, you can vote on adoption of these changes at our Annual Membership Meeting on November 16.

In addition we have plans for updating our website at wvnurses.org to include an events calendar and a more interactive interface, so we can have more participation and contact with you.

Due to changes in technology, over the years continuing education is no longer the central focus for our organizational districts. There are only two active districts out of our original twelve. The activities of those active districts focus around legislative issues.

For this reason a proposal is being put forth for your consideration at the Annual Meeting to alter the district boundaries to better accommodate our primary role as legislative advocates by aligning our district boundaries with WV Senatorial districts. We are delighted that two active WVNA members, who are doctoral students, are choosing to focus on achieving this leadership initiative with us.

We will also be providing a CE training program on the afternoon of Unity Day at the Culture Center for our nurse advocates from each of the Senatorial Districts. If you are interested in participating as a nurse advocate, please contact ruth@wvnurses.org to enroll in the training.

Additional initiatives for the next year include obtaining grant funding for nursing research projects, increasing the number of reviewers for the CE Approver Unit, and increasing our association membership by 25% to financially support our expanding professional growth and legislative needs.

Enroll WV

WVNA participated through our partnership with West Virginians for Affordable Healthcare in providing training throughout WV regarding the upcoming enrollment of nearly 100,000 uninsured WV residents in Medicaid, CHIP, Private Health Insurance through the Marketplace Exchange, and Small Business Options Program (SHOP).

This is a daunting task. Nurses will be at the front line in helping people understand the enrollment process and referring those who need assistance to qualified Assisters and Navigators. WVNA has received a grant to provide training for nurses to assist with this enrollment process. You will hear more about these efforts as the October 1 enrollment period begins.

Campaign for the Future of Nursing

We are delighted that many of our members have volunteered to work on the Future of Nursing recommendation teams. Our all team strategic planning meeting is scheduled for September 20 at the Hospital Association Conference Room in Charleston. An experienced Campaign nursing facilitator from the University of Texas will move us through a tried and true process to clarify our tactics for progress. You will hear more on the progress of these teams at Unity Day and in the next issue of the *WVNurse*.

If you are interested in joining one of the teams, please contact me at ailaspeaks@gmail.com to be added to a team.

Nurse Unity Day

Plans are underway for a fantastic Unity Day at the Legislature on February 26, 2014.

Be sure to look over our legislative agenda in this issue of the *WVNurse*.

Your membership is vital to making all of our goals for the future of nursing in WV a reality. If you are not a member of WVNA, there is no time like the present to get involved. If you do not have time to be involved, please support our efforts on your behalf through your membership. The cost is nominal on a monthly plan, yet the benefits are huge!

Warm Regards,
Aila

Beth Baldwin, WVNA President 2008-2012 receives a commemorative pin to celebrate her past presidency from Aila Accad current WVNA President at the board retreat in August. Congratulations Beth!

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Inside this Issue...

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What is PERD and Why Do Nurses Need to Know About It?

Is PERD one of those medical grouped initials that means a disease or surgical procedure, or is it a collection of symptoms one must on the lookout when giving newer anti-neoplasms or something else? It's something else entirely. The Performance Evaluation and Research Division (PERD) has been in operation since 1994 as a division of the West Virginia Legislative Auditor's Office. PERD conducts performance evaluations under the Legislative Auditor's authority – *Chapter 4, Article 2, Section 5* of the WV Code – and agency reviews and regulatory board reviews per the West Virginia Performance Review Act – *Chapter 4, Article 10*. Also, the Division conducts research on special topics as requested by the Legislature or mandated by separate legislation. Most reviews are presented by PERD staff to the Joint Committee on Government Operations and the Joint Committee on Government Organization.

What does this mean for nurses? For any profession that is requesting changes within the code of law that pertains to that profession, (nurses have West Virginia Code §30-7-1 through 20) which defines the nursing practice as allowed by law. This law give us the parameters of nursing practice and protects the profession of nursing. It is enforced by law and is a part of the law that governs how our state board of nursing oversees the practice of nursing through rules established by the board. But what does PERD have to do with this you say? It is PERD's mission to provide useful information to the Legislature for legislative decision-making and hold state government accountable for its performance by:

- measuring the performance of state agencies by measuring outputs, outcomes, compliance and impact in relation to the purpose for which they were created;
- determining whether there is still a need for an agency or program;
- measuring the impact of agencies on citizens of the state; and
- reporting findings and recommendations to the Legislature in a concise and timely manner.

This year WVNA has asked PERD to look at the written collaborative agreement that an APRN must obtain to have prescriptive authority. Why is this necessary? Many APRN's (Advance Practice Nurse Practitioner) have free standing clinics in areas where there are underserved populations. With the changes in healthcare and the specializations of many physicians there are gaps in primary healthcare that APRNs can fill. But not without a written piece of paper. Does this tie the nurse's practice to any particular physician? No, an APRN is free to professionally collaborate with any physician that the patient needs to see for his/her health needs. Some physicians charge for this written collaboration leaving a clinic paying for a service where that money could go to another health worker attached to that clinic or pay for a vital piece of medical equipment. If a physician moves, changes his/her practice or dies often the APRN must close the clinic leaving many patients with no primary care. PERD will explore the issue and give recommendations to our legislators.

WVNA opens the annual board retreat with new shirts displaying our logo.

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WV 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.

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 and may be edited for publication. There is no payment for articles published in the *West Virginia Nurse*.
Article submission is preferred in Word Perfect or MS Word format. When sending pictures, please remember to label pictures clearly since the editors have no way of knowing who persons in the photos might be.
Copy Submission via email: Only use MS Word for text submission. Please do not embed photos in Word files, send photos as separate jpg files.
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:
West Virginia Nurse
PO Box 1946, Charleston, WV 25327
or Email: ruth@wvnurses.org or
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Pipeline Construction Ahead

Kay F. Margocee, FNP-BC

Do you ever wonder how natural gas goes from wells to your gas cooktop or gas furnace or how the oil travels from the oil rig to the refinery in order to go to the gas pump and ultimately to your car's tank? Oil and gas are transported through "transmission" lines, which are installed by employees that are called "pipeliners." I find myself now part of the "pipeline" family in an area of West Virginia that is called Triadelphia, which includes West Virginia, Ohio and Pennsylvania. Because this is a new opportunity for Nurse Practitioners in West Virginia, I was asked to write about my experience as a "pipeliner."

First I would like to give a little background into "pipelining." History indicates that China was the first to transport a hydrocarbon (400 BC) by using bamboo pipes coated with wax to transport natural gas to light the city of Peking. Persians and Romans used lead and copper pipes to transport water (500 BC). The use of pipes to transport oil became popular around 1859, when Edwin Drake drilled two oil wells in Titusville, Pennsylvania. The crude oil was boiled to obtain kerosene, a cheap replacement for whale oil used for lighting. With the advent of the "horseless carriage" gasoline, which was the useless byproduct of boiling the oil, was in demand. This increased demand spear headed the advent of the underground pipeline. The oil, up to this point, had been transported in wooden barrels by land on horse drawn carriages or by rail. The danger here is obvious. In 1865 an oil pipeline was built in Pennsylvania to transport oil from the source to the refinery. Since that time this industry has continued to grow. With the United States striving to no longer be dependent on foreign sources of energy and with the advent of new technology, the pipeline industry is experiencing marked growth in this part of the country.

These employees need health care and Nurse Practitioners fit the bill. I had never really heard of the pipeline and had no idea NPs provided health services to this population. From what I can gather this position started about 10 years ago during the installation of the Trans Canadian pipeline. Since that time OSHA regulations have also lead to the large companies involved with the pipeline to appreciate the advantage of having an NP on site. I became aware of the position through the WVNA job site. I was on my way to an interview near Pittsburgh when I received a call from the representative of Construction Medicamp. I pulled off the road and talked with her at length. After our conversation I realized that I had a passion for their mission and agreed with the company philosophy. Simply put, my role is to provide care for acute, episodic and chronic conditions, as well as care for injuries sustained on the job. But one of the most important aspects of this position is that I am providing care for men and women that work 12 hours a day, 6 days a week. Also these "pipeliners" live a rather nomadic life. The work extends over different areas of the country and the jobs last for various time frames-as short as 3 months to 6 months or longer. Often the workers are not able to return home for visits to their families. Therefore, the "pipeline" workers become a family type unit and they become fiercely loyal to each other. When I entered health care as an RN, the atmosphere at the hospital where I worked had this same "family" feel. It has been many years since I felt that and I must say that is a benefit in itself.

The role as NP on a pipeline yard is a different experience. I am in an autonomous position but have both a collaborating physician and an employee who is known as a Safety Lead. The Safety Lead has a close working relationship with the NP and has been very helpful in assisting me in understanding the "ropes." The clinic exists in a trailer and is equipped with various medical supplies. In relation to performing the role, I do assessments and determine treatment or referral, as indicated. The employees are truly grateful to have this service since many of them live as far away as Texas and Colorado and are unable to quickly obtain health care in a distant state. I am able to provide them with continuity of care in relation to their chronic illnesses, to provide quick access for acute and episodic care, and to serve as a caring professional in a consistent manner. And these employees are truly grateful that the NPs are there on site. It reminds me of how I was appreciated when I went to Haiti on a medical mission. The people are truly grateful that you are there for them.

Another benefit is that there is time to talk to your clients. The time constraints of clinical practice are not present in this position. Sure, if you have 5 clients to be seen in the morning before they go to the spread (the area where they are working on the pipeline) you have to assess them in a timely manner but you can tell them to come back and can provide one on one care that you can't give in a clinical setting. Why? Because you are not billing for your services. The position is unique in this way. It is a service provided by the company. And my personal feeling is that establishing relationships with the individual is an important part of the position. I am able to do what Nurse Practitioners are best at doing-I can discuss health promotion. An important aspect of providing health care to a population that is migratory.

The Construction Medicamp team has been wonderful in assisting this NP to transition to health care of this type. The team is supportive and is available at any time to answer any question, no matter how trivial it may seem. A feeling of being valued is expressed by the team members to each other and to the providers. Again, due to many factors this is often absent in today's health care environment and it is very gratifying to experience this.

Although I am very satisfied with the role, there are some negatives. The job requires me to stay in the area. Although I miss my home, I have been able to turn it into a positive by exploring the local areas of interest. The job is considered a locums position, therefore, there are no benefits. However, the hourly rate is the same as most locums positions. In essence, I have become a "pipeliner." I'll work until the job is done, I will be away from my home for short periods of time, I am on an adventure, and I can wear jeans to work. Who would have ever thought?

And above all, remember the men and women who work so hard and sacrifice so much to help provide us with many of the comforts we that take for granted.

Collaborative Utopia

One year has passed since opening my primary care clinic in Morgantown. As there are few independent nurse practitioner clinics in the state and none in Morgantown before Health thru Care opened, I have faced, as the 'new girl on the block', expected challenges within the health care "establishment." The endeavor has not been easy. It has, however, been worth every ounce of money, effort and angst invested. And that's not because of a sudden increase in profits; rather, it is the professional satisfaction I have felt in providing care and witnessing how our nursing profession can make such an impact on the health and well-being of others. A large part of that positive impact has been particularly apparent with a professional collaboration I have with a primary care physician in town. I have witnessed the utopia of what true collaboration is all about and yearn for more.

It is noteworthy that the utopic collaboration I speak of has not been with my collaborative physician for prescriptive authority (although we have a wonderful working relationship). Instead, it is with a physician who has been receptive to the role I can provide, as a nurse practitioner, in managing chronic disease. This physician has taken me up on an offer I made when opening regarding providing collaborative services, as an NP, in helping with the management of patients with chronic disease. He has sent me several of his most uncontrolled diabetics. These patients are referred to me with hemoglobin A1Cs of no less than 10% up to greater than 13%. Together (patient, physician and myself) we have gotten these high risk patients to diabetic control.

What makes true, effective collaboration work is capitalizing on the strengths of both professionals. The physician I collaborate with has amazing intellect and medical knowledge, as do most physicians. He has properly diagnosed the patients we work with and done what he can for them. I, as a nurse practitioner, have particular strengths in education, perseverance and approachability. Several of the patients that we have gotten under control have been because some revelation was shared with me that the patient or caregiver did not feel comfortable sharing with the physician, whether because of time constraints or patient insecurity. As "the most trusted profession," we nurses tend to exude an air that allows patients to feel immensely comfortable sharing their thoughts, feelings, and failures. For others patients, it has been the time I can devote to their care that has made the difference. In addition to the education provided in my clinic, uncontrolled patients are typically called weekly so we can be aggressive in their care but also to hold them accountable. We also delve into actual medication compliance and often reach out to the patients' pharmacies to see if they are actually picking up their prescriptions and taking medications appropriately. This detective work combined with the close contact my office has with our patients has allowed me to make very personalized diabetic care plans for each of them which I manage completely, including assessing, prescribing and evaluating.

This is the type of collaboration that is truly patient-centered and meaningful. It is not some statutorily required piece of paper that, in actuality, limits nurse practitioners ability to practice. What should happen to my primary care patients or future patients this physician would send me should I lose, through no fault of my own, my statutorily required collaborator for prescriptive authority? All of us would suffer from such an event. I believe in, have witnessed, and promote inter-professional collaboration. But positive, patient-centered collaboration does not occur with the current limits placed on APRNs in WV. Hopefully that will soon change.

I have seen how good things can look if we can get past regulatory collaboration and actually practice in professional collaboration; it's a utopic healthcare experience all patients deserve.

"Toni DiChiacchio, a family nurse practitioner, owns the primary care clinic Health thru Care in Morgantown. With deep knowledge and appreciation of the APRN role, she is in ardent pursuit of their full practice authority in WV"

Affordable Health Insurance for West Virginians

by Renate Pore

Uninsured West Virginians can start signing up for affordable health coverage beginning October 1, 2013. The new policies are effective on January 1, 2014.

This is a great opportunity for nurses to let their patients know about the new coverage.

About 135,000 West Virginians will be eligible for Medicaid, the State's public health insurance program and another 100,000 will have a choice of policies offered through private health insurance companies. The private policies will have generous subsidies to make them affordable. The size of the subsidy depends on income and family size. The table below shows income-based eligibility for Medicaid and subsidies for private policies.

Eligibility for Medicaid and Subsidized Private Policies

Family Size	Maximum income for Medicard	Maximum income for subsidy
1	$15,856	$45,960
2	$21,404	$62,040
3	$26,951	$78,120
4	$32,499	$94,200

*For an example of a subsidy go to www.kff.org and look at the subsidy calculator.

Enrolling in the new health insurance programs is simple. West Virginians can call an 800 number, enroll on line or get a paper application to send through the post office. Every county will also have a number of trained people to assist West Virginians in enrollment. Information on who the enrollment assisters are in each county will be available by October 1, 2013.

West Virginians for Affordable Health Care is offering training in various locations around the state. A schedule of training is listed on www.enrollwv.org

How to Enroll

Get a paper application	www.healthcare.gov
Enroll on-line	www.healthcare.gov
Enroll by phone	Call 1-800-318-2596 TTY users call 1-855-889-4325
Get personal assistance	Enrollment assisters will be available at community health centers, most hospitals, and many social service agencies in your community.
For questions	Email Renate Pore or Perry Bryant renatepore@gmail.com – perrybryant@suddenlink.net

Legislative Update

2013 Health Policy and Legislative Position Statement

The West Virginia Nurses Association (WVNA) goal is to support enactment and implementation of policy that will benefit the health and welfare of all citizens. The WVNA strives to provide information, advocacy, representation and protection for the state's professional nurses. As part of the American Nurses Association (ANA), the organization establishes policies and goals for the profession that form the basis for nursing's contribution to the advancement of health care policy.

I. PROFESSIONAL ISSUES

WVNA supports regulatory legislation that:

1. Assures the continued autonomy and full scope of authority of the West Virginia Board of Examiners for Registered Professional Nurses (WVRNB);
2. Supports the licensure, accreditation, certification, and education (LACE) consensus model for APRNs;
3. Supports the IOM Future of Nursing WV Regional Action Coalition recommendations. (IOM, 2010);
4. Promotes APRNs as licensed independent practitioners, promotes full compensation for APRNs, prevents professional liability carriers from limiting coverage that restricts the full APRN scope of practice, and prevents restraint of trade through collaborative requirements (ACNM, 2011; NCSBN, 2008);
5. Improves health care access through retiring restrictions on APRN prescriptive and signature authority.(AANP, 2013);
6. Recognizes the full scope of practice and autonomy of RNs as established by professional licensure and delineated by professional organizations;
7. Promotes the exclusive use of appropriate medically and scientifically correct terminology in proposed legislation;
8. Promote full practice authority for APRNs within their educational standards of practice, specific to the national credentialing standards (NCSBN, 2008).

WVNA supports workplace initiatives that:

1. Uphold individual nurses' right to make moral-ethical decisions (ANA Code of Ethics, 2010);
2. Recognize the RN as the coordinator for patient care;
3. Improve patient and staff safety with supplied devices to protect the patient and staff from injury;
4. Provide flexible work schedules that lessen the risk of fatigue-related errors;
5. Supports safe staffing initiatives determined by nurses, that take into account patient acuity and that maximize standard quality outcomes;
6. Prohibit forced overtime and fairly compensate RNs and other health care providers utilizing traditional payment scales for overtime hours (ANA Code of Ethics, 2010);
7. Standardize policies and procedures, equipment and medication delivery systems, including but not limited to information technology, to provide seamless care to rural populations;
8. Support unrestricted use of titles appropriate to educational degrees and credentials (e.g., Doctor of Nursing Practice, DNP);
9. Expand the Mandatory Overtime Bill to include all healthcare facilities that provide nursing care.

II. HEALTH CARE DELIVERY

WVNA supports a health care delivery system that:

1. Encourages wellness through education, public awareness and utilizing the full impact of the media (e.g., RN license plate);
2. Aggressively addresses leading health indicators including physical activity, obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care (Healthy People, 2020);
3. Provides interdisciplinary patient-centered care, employs evidence-based practice, applies quality improvement, and utilizes informatics (IOM, 2010);
4. Supports professional nurses practicing to the full extent of their education and training. Review existing and proposed state regulations concerning professional nurses to identify those that have anticompetitive effects without contributing to the health and safety of the public (IOM, 2010; FTC, 2012);
5. Supports patient safety though adequate staffing patterns with RN supervision and appropriate delegation of licensed and unlicensed assistive nursing personnel;
6. Supports safety devices and workplace initiatives that promote safe delivery of care by all health care delivery personnel;
7. Encourages expedited patient care with increased patient safety and error prevention through the implementation and expansion of secure electronic information infrastructure (IOM, 2010).

WVNA supports public policies that:

1. Promote equal access to quality, comprehensive health care for all West Virginians;
2. Promote a commitment to the principle that all persons are entitled to affordable, readily accessible, high quality health care services (AHRQ, 2008; ACA, 2010);
3. Promote reimbursement parity for all health care services including, but not limited to medications, complementary care, reproductive services, and mental health services (ACA, 2010);
4. Assure that high quality, supportive/palliative, end-of-life care, including effective symptom control and psychosocial and spiritual support, is accessible to all people;
5. Maintain current West Virginia (WV) immunization mandates and ongoing immunization guideline modifications as outlined by the U.S. Centers for Disease Control (CDC, 2012);
6. Encourage senior West Virginians to maintain active, healthy, and independent lifestyles and when desired and needed, have access to quality long-term care.
7. Identify, prevent, and report elder abuse and neglect including physical, mental and financial abuse (WV State Auditor's Office, 2012);
8. Decrease substance abuse, including drug diversion;
9. Support the safe regulated prescribing of medical Marijuana by all prescribing providers as alternative to narcotics and deemed appropriate by the provider;
10. Promote seamless health care delivery through recognition of endorsement by an APRN any WV law or regulation requiring a signature, certification, stamp, verification, affidavit or endorsement by a physician;
11. Recognize the importance of understanding the impact of social media on professional practice and following secure guidelines for patient confidentiality (ANA, 2012).

WVNA supports school health initiatives that:

1. Support the Certified School Nurse RN and other nursing healthcare providers in the school setting as the sole administrators of insulin to students with Insulin-Dependent Diabetes Mellitus (IDDM)(Reference WVASN and WV COSN Position Papers);
2. Promote the coordination and linkage of students to a health home including dental care through the Certified School Nurse RN;
3. Promote the role of RN in the enrollment of children and families in health and dental insurance programs;
4. Recognize the Certified School Nurse RN as the coordinator of health care intervention with the authority to make appropriate health care task delegations and assignments within the educational setting and the RN's scope and ability;
5. Promote every school having a school nurse in collaboration with a school-based clinic to support health promotion and disease management, (Note: a distinct difference in roles exists with the daily educational health support services performed by a Certified School Nurse RN to cover all children in public schools, and performed in a School-Based Health Center that provides care to only enrolled patients).;
6. Recognize the Certified School Nurse RN as the professional who ensures quality health care instruction for pre-K through 12th grade students, including comprehensive age-appropriate human sexuality education, asthma and diabetes (WVDE School Nurse Needs Assessment 2010);
7. Support Certified School Nurse RNs' pay parity within educational funding formula for teachers;
8. Promote the community school concept coordinating programs and services to support healthy lifestyles for students, staff, parents and the community for whicheach school serves(Coalition for Community Schools/CDC-Coordinated School Health Programs).

III. PATIENT RIGHTS

WVNA supports patients' rights to:

1. Health care as a basic human right;
2. Safe, error-free health care environments;
3. Choice of sources, methods, services, and providers of health care;
4. Privacy and confidentiality;
5. Access to all medical records pertaining to their own care;
6. Participation in informed decision making about personal health care, including end-of-life care and reproductive health choices;
7. Information about all treatment options, including the comparative risks and benefits of each presented at the appropriate literacy-level;
8. Transparent information regarding health institution nursing staffing and patient outcome benchmarks as outlined by____ (reference);
9. Access to quality healthcare providers of their choice.
10. Designate APRNs as their primary licensed independent provider of healthcare.

2013 Health Policy continued on page 6

2013 Health Policy continued from page 5

IV. NURSING RETENTION AND RECRUITMENT

WVNA supports strategies for retention and recruitment including:

1. Practices that promote a safe, professional work environment;
2. Support The Center for Nursing and other statewide organizations that promote nursing recruitment and retention;
3. Support efforts to secure sources and amounts of funding for: undergraduate and graduate nursing education, continued educational opportunities for promoting qualified faculty, nursing workforce redevelopment programs (ANA, 2010);
4. Initiatives to retain currently practicing nurses and recruit others into the profession;
5. Promote proposals that enhance and recruit nurse educators to attract and retain qualified nursing faculty such as tax incentives and educational loan repayment plans(ANA, 2010);
6. Promote parity of reimbursement for APRN services to encourage and establish health care services for all West Virginians;
7. Peer monitoring and counseling that is confidential and compassionate to protect the public and promote retention of recovering nurses in the workforce (ANA, 2010).

V. SOCIAL ISSUES

WVNA supports the following:

1. Professional and lay education focusing on social justice issues;
2. Hate crime legislation that addresses violence against vulnerable populations;
3. Legislation focused on prevention of violence and bullying, particularly the protection of vulnerable populations in all venues including social media;
4. Initiatives to screen, educate and reduce public health risks, including but not limited to unclean air and water, harmful health additives and toxins, drug and alcohol impairment, distracted driving, sexually transmitted infections, and ATV/motorcycle helmet use;
5. Public disclosure and education of environmental health risks in home, work, school, and other public settings (ANA, 2010);
6. Adequate funding, including a tobacco excise tax, to provide smoking prevention, cessation, and educational programs to eliminate tobacco use and environmental tobacco smoke exposure;
7. A mother's right to breastfeed as an important, basic act of nutrition and nurturing and a child's right to be breastfed in any venue as a basic human need. Support the establishment of a state law that would protect a mother who breastfeeds her child in any location, public or private(WVBA, 2012);
8. Ongoing recognition and support of WV nurse veterans;
9. Programs developed to identify and treat the high incidence of post-traumatic stress disorder (PTSD) and post-concussive head injuries in the post-war veteran population(e.g., traumatic brain injury or TBI) (AANP, 2012);
10. Access to mental health services for all veterans with supportive opportunities for the highest quality of independent living (AANP, 2012);
11. Promotion of an "all hands inter-professional approach" to disaster planning and rapid response including anticipated readiness to support current communities and potential influx of populations;
12. Support a realistic living minimum wage.

A Responsibility to Commit to Lifelong Learning

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B. Kent Wilson, RN

In 2003, the Institute of Medicine (IOM) released a report titled *Health Professions Education: A Bridge to Quality* which called for reform among health professions in examining the means in which all healthcare professionals are educated for the future in terms of patient-centered healthcare delivery in an interprofessional approach. In doing so, the IOM identified a need to place a greater emphasis on evidence-based practice, quality improvement, and employ a greater use of informatics.

Building upon the IOM's mandate, the Robert Wood Johnson Foundation issued a report in 2010 titled *The Future of Nursing*. In the report, 8 recommendations were made to improve healthcare of the communities we serve. Among those 8 recommendations, number six states "*ensure that nurses engage in lifelong learning*." It charges that "accrediting bodies, schools of nursing, healthcare organizations, and continuing competency educators from multiple healthcare professions should collaborate to ensure that nurses, nursing students, and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan."

It is well documented that lifelong learning contributes to the development of knowledge and skills that are necessary to remain current on the trends, practices, and treatment modalities in healthcare and nursing. When research, education and experience are directly linked to evidence-based practice, the resulting expertise and confidence promises optimal patient care and public comfort through the aptitude and capability of nurses in practice. Supporting lifelong learning practice provides an avenue for the development of a direct relationship between nursing, critical thinking and clinical reasoning.

Prior to the IOM and RWJ Foundation, Dr. Patricia Benner introduced the concept that expert nurses slowly develop their skills and understanding of patient care over time though a comprehensive educational base that's built upon research and through clinical experience. Dr. Benner described five distinct levels of nursing experience: 1) a *novice* nurse who is a beginner with no experience; 2) an *advanced beginner* who demonstrates acceptable performance; 3) a *competent* nurse with 2-3 years of experience and one who has developed more abstract and analytical thinking abilities; 4) nurses who are *proficient* and have more holistic thinking and improved decision-making capacity; and 5) the *expert* nurse who is highly proficient and has an intuitive grasp on clinical situations.

To create a culture in which lifelong learning and initiative is developed; schools of nursing must take the charge. More innovative and learner-centered active teaching methodologies promoting interprofessionalism, collaboration, and the development of lifelong learning skills are paramount. The shift in faculty preparation and resulting curriculum redesign requires faculty acceptance and endorsement by accrediting bodies. Additionally, insightful changes in the education of nurses, before and after they obtain their undergraduate degree, are vital to develop a more highly educated workforce. In the IOM's 2011 report *The Future of Nursing: Focus on Education*, nursing education is given the responsibility to serve as a stage for continuous lifelong learning which embraces opportunities for seamless transition to higher degree programs. In order to achieve this, bridge programs such as LPN-to-BSN, ADN-to-BSN or even ADN-to-MSN programs are designed to ease academic advancement to higher levels of education.

Healthcare organizations can play a vital role in continuing education and knowledge development. By supporting continuing education of employees, healthcare organizations create a culture of competency maintenance and clinical reasoning / critical thinking development while remaining current in practice. Hospital-based residency programs have the potential to foster individual competence and growth, confidence, practice and performance, thus reducing errors and resulting in overall improved individual and organizational performance. In addition, healthcare organizations, through competency educators, can establish meaningful, interactive learning experiences that provide instant feedback to healthcare professionals based upon their performance.

Accrediting bodies and regulatory boards can help too. By reinforcing efforts that support the alignment of continuing education procedures to be consistent with health system and healthcare professional needs, more credible mechanisms are established. The adoption and incorporation of evidence-based, effective educational methods can be encouraged.

In order for lifelong learning to fully gain support and be exercised, several barriers to full implementation must be overcome. First, healthcare employee funding for continuing education opportunities should be garnered. Second, consistent requirements for continuing education should be collaboratively mandated by accrediting and regulating agencies. Third, a thorough assessment of the learning needs of the healthcare practitioner should allow for creative active learning strategies that foster an environment conducive for effective learning. Fourth, competency development that focuses on the ever-changing healthcare needs of clients across the lifespan should be nurtured. Last, and probably the biggest barrier, is creating the mindset that all healthcare practitioners must be committed to lifelong learning that responds to and facilitates changes in healthcare delivery while providing quality, safe, effective patient-centered care.

In summary, " Lifelong Learning in Medicine and Nursing Final Conference Report," funded by the Josiah Macy Foundation and hosted by the Association of American Medical Colleges and the American Association of Colleges in Nursing (November 2007), establishes a vision for continuing education and lifelong learning for the future. In its Executive Summary, it found the future for health professional lifelong learning needs to stress interprofessional instruction and preparation; formulate and provide graduates with skills that support lifelong learning; implement an increased diversity in ongoing education approaches and self-learning opportunities; have a greater usage of technologies to convey evidence-based information and assess changes in practice; and last, concentrate on ways in which this vision could be realistically utilized in the workplace environment. In doing so, several key competencies were identified.

Healthcare clinicians must have an understanding of the importance of evidence-based practice while utilizing a critical appraisal process. Additionally, practitioners must have familiarity with informatics by being able to conduct a thorough literature search and retrieval strategies. And, those in practice must be able to train by using evidence-based learning skill sets linked to knowledge management while incorporating developmental approaches through self-direction and assessment.

Ultimately, we all have a responsibility to maintain currency in practice whether we are a physician, nurse, medical director, social worker, chief nursing officer, dietician, medical lab tech, educator, or other healthcare practitioner. Shared responsibility exists from those involved in undergraduate and graduate education to those involved in regulatory practice. In the end though, it is our own individual responsibility to commit to lifelong learning- a paradigm shift from the perception that a Registered Nurse is a competent healthcare practitioner upon graduation to one that engages in professional learning activities continuously throughout their career. As the nation's largest healthcare sector, nurses have an opportunity like never before to have a direct influence on patient care and implement changes in the healthcare system to deliver safe, competent, quality patient-centered care. It all begins with you, make a commitment to be a lifelong learner and help make that difference!

Associate Director, Nancy Daugherty of the WVGEC Reflects on Past Five (5) Years of Operations

In May of 2008, after being "retired" from state government for 30 days, I traveled to Morgantown WV, to meet with Maria Durbin, who formerly worked for the WVU Center on Aging for a half day orientation and education about Geriatric Education Centers. I set up operations in a third floor office of the WVU-Robert C Byrd Health Sciences Center, Charleston campus with a Visio laptop and café table and chair. The first few days on the job included reading the grant narrative, WVU – Research Corp employee handbook, searching the internet for information about geriatrics and health professional training, and many conversations with the Director, Mark A. Newbrough MD, Associate Professor for the WVU-School of Medicine, Internal Medicine Department and Physician for WV Physicians of Charleston and meeting faculty and staff in the building.

There wasn't a lot of time to waste. The grant funding had been awarded in September of 2007, with the new location and Director assigned in early 2008. Dr. Newbrough, the Director and Principle Investigator of the grant had just submitted the first performance report/ narrative to our funder, the U.S. Health and Human Services, Health Services Research Administration (HRSA), Bureau of Health Professionals in February. The first week I attended a "summit" of geriatrics stakeholders from throughout the state and met people who became great collaborators and supporters over the years.

Things progressed fast. Health Literacy Training was coming up in June. There was much to do, materials needed to be prepared, copies made, details confirmed at the facility and supplies purchased to conduct this training event. Health Literacy continues to receive national attention and is still an initiative of the WVGEC today. Statistics show that low/limited health literacy inhibits an individual's ability to obtain process and understand basic information needed to make appropriate health decisions and follow instructions for treatment.

To date WVGEC has trained over 500 health professionals from a variety of disciplines. This training has made a positive change in bringing awareness of the prevalence and impact that low/ limited health literacy has on health outcomes for individuals, particularly older adults. Last spring, the WVGEC partnered with WV Medical Institute to deliver three webinars about health literacy, as part of an initiative to reduce hospital readmissions.

- Many trainees have conducted a health literacy project with reported successes that included:
- Health Literacy training provided at new employee orientation for the VA Medical Center
- Training state, regional and national employees of the UMWA Health & Retirement Funds
- Interactive instruction about health literacy to co-workers, management and the community
- Health literacy content into assessment courses for Family Nurse Practitioners
- Brochure in plain language describing palliative care services at Suncrest Nursing Home

Last spring the WVGEC and the health literacy team, Sara Jane Gainor, MBA; Charlotte Nath Ed.D, MSN; Mary Emmett, PhD and I presented a symposium at the Association of Gerontology in Higher Education (AGHE) in Florida and also presented a poster on our outcomes/change strategies a few months later in California. The next Health Literacy training will be held on February 6-7, 2014 at Grand Pointe Conference Center in Vienna WV.

This spring will be the tenth (10th) anniversary of Advanced Geriatrics Skills (AGES) training, a premier event teaching evidence based knowledge and skills for advanced geriatric practice that includes education on the major geriatric syndromes, psychosocial and ethical issues, and demonstrates competency by having trainees complete a written test and objective structured clinical exam. AGES includes instruction from faculty and practitioners representing medicine, social work, nursing, pharmacy and dentistry. The next AGES is scheduled for April 3-5, 2014 at Bridgeport Conference Center.

Changes over the years included reducing the training materials from two large notebooks that include written chapters and power points for 23 modules to accessing the material via the web or on a flash drive; saving trees along the way.

I have had the pleasure of learning from our consortium partners that include faculty and staff from WVU – Health Sciences Center campuses at Charleston, Morgantown and Martinsburg, Marshall University's Joan C. Edwards School of Medicine, WV School of Osteopathic Medicine, and Area Health Education Centers. Through their assistance we now reach over 1000 individuals each year, providing over 40 training events, some monthly and some annually. All of our training is dedicated to improving the health and well being of older West Virginians by creating a sustainable interprofessional program of geriatric education for health profession faculty, students and practitioners from medicine, pharmacy, nursing, dentistry, social work and allied health disciplines. Along the way, I am rewarded by partnerships with individuals from the Alzheimer's Association, WV Partnership for Elder Living, WV Rural Health Association, WV Primary Care Association, WV Center for End of Life Care and others that help make more inroads into the basic mission of providing excellent care of our older adults. Ironically, many things I have learned have helped me care for my family, friends and myself.

Initially, the WVGEC was led by a visionary Geriatrician – Mark A. Newbrough MD and Assistant Professor at WVU, who had the patience to teach me about the complexity of caring for older adults and the rewards of working with the aging population. Most specialists in geriatrics have a true passion for this work and experience great personal satisfaction in this field. Today, I have been fortunate to have the guidance of a network of accomplished faculty specializing in geriatrics, including our Director, David P Elliott, PharmD who also serves as a Professor in the School of Pharmacy, Associate Chair for WVU-HSC-Charleston and the Program Director of the PG Y2 Pharmacy Residency. We have had some staff turn-over but currently have a very talented team of professionals that include Hanna Thurman, MSW, LGSW, MPA as the Training Coordinator and Vanessa Ferrari, BA in Management that serves as our Administrative Assistant. From one lone person sitting at a café table, we now have an office suite housing three women and "Friends of Geriatrics" from throughout the state. I am inordinately proud of the impact the WVGEC has had on the training of faculty, students and practitioners in West Virginia. Addressing such varied topics as pain assessment of cognitively impaired individuals, transition of care for older adults with diabetes, oral health for older adults, medication reconciliation, aging with spinal cord injury, prevention of falls to name just a few. I am always interested in learning what the needs are for our state's health profession workforce and encourage new partnerships. We are already starting to gather input from our stakeholders and partners about future goals and objectives to include in any proposals for funding that will occur in the future.

I am proud that our website is available to connect to training events, publications, linkages and upcoming events with easy access at www.wvgec.org. You can also "like" us on Facebook at www.facebook.com/wvgec. With the continued support of dedicated faculty, partners and staff we are well positioned to continue and expand our important work to help with the diagnosis, treatment and prevention of disease, disability and other health problems related to our elderly. This work continues to excite and delight me as I share this adage "Anyone who stops learning is old, whether at twenty or eighty" ~ Henry Ford. Hope to see you at a WVGEC training event!

By-Laws Information

By-Laws are what keeps an organization together, lets it work cohesively, sets framework for internal elections and in short are the operating manual. They define:

- Size of the board and how it will function
- Roles and duties of directors and officers
- Rules and procedures for holding meetings, electing directors, and appointing officers
- Conflict of interest policies and procedures
- Other essential corporate governance matters

Over the past 2 years at the annual board retreat members have gathered to review and revise the WVNA bylaws. The herculean achievement has resulted in 19 pages of bylaws that leave WVNA with the ability meet the coming years ahead with the adaptability it needs to give a voice to all nurses of West Virginia.

Please read the bylaws, offer your suggestions by emailing, phoning or writing to the central office. Bylaws can be accessed through the Constant Contact email sent via email blast to all our members. If you would like a copy mailed to you please contact the office and one will be sent to you.

Email – centraloffice@wvnurses.org
Phone – 304-342-1169 or 304-951-9382
Mail – WVNA Bylaws Info
PO Box 1946
Charleston, WV, 25327-1946

Brenda Isaacs, RN School nurse and WVNA member accepts the Marie Fallon Leadership award on behalf of the Kanawha Charleston Board of Health and Dr. Gupta.

The Evolving Role of the Certified School Nurse RN in the School Setting

by Rebecca King MSN, MEd, NCSN, RN and Paula Fields MSN, RN

As we move into the 21st Century, the needs of West Virginia children have increased in every fashion from more poverty by a downward spiraling economy to chronic health care needs with an increase in extended families due to substance abuse, disease and cost of living. The children of today are faced with increased social issues as well as the need for preventative services and interventions for acute and chronic health issues (AAP, 2008). According to the National Association of School Nurses-Caseload Assignments (2010), factors that impact the need for a more comprehensive delivery of health care services in schools include:

- The IDEA/Individuals with Disabilities Education Act Federal law and the Section 504 provision of the Vocational Rehabilitation Act which mandate health-related services to children and adolescents in school (Section 504, 2005; IDEA, 2004).
- An increase in the number of children with complex health problems. Overall, 15% to 18% of children and adolescents have a chronic health condition (Perrin, 2007). From 2002 to 2008, the percentage of children in special education with health impairments, due to chronic or acute health problems, increased 60% (Bloom, 2009). Within this group, the rate of children with autism has doubled since 2002 (Bloom, 2009). A 40% increase in asthma has been seen in the past ten years (Levy, 2006), along with nearly 50% increase in the incidence of diabetes in the same time period (CDC, 2009).
- The Centers for Disease Control and Prevention report that the percentage of children without health insurance was 8.9% in 2008 (CDC, 2009). With over 1.3 million homeless children in our country, schools have become the only source of health care for many children and adolescents.
- Language barriers face many families, including the children of immigrants. Families that face barriers of communication have been found to be less likely than others to have a usual source of medical care (Flores, 2006).
- Availability of affordable health care in the community may affect the need for school health services (RWJF, 2009).
- Communicable and infectious diseases impact school attendance and require school nurse surveillance and reporting. "Infectious diseases account for millions of school days lost each year for Kindergarten through 12th grade public school students in the United States: 40% of children aged 5-17 years missed 3 or more school days in the past year because of illness or injury" (CDC, 2009). School nurses have a positive impact on immunization rates with fewer parent requested exemptions (Salmon, 2005).

In the state of West Virginia approximately 22% of children in public schools have daily specialized health care procedures ordered by a licensed prescriber (WV School Nurse Needs Assessment, 2010). The Certified School Nurse RN is faced with the needs seen through the eyes of each child who are living in poverty, experiencing a lack of community socialization, a lack of preventative and behavioral health care needs, an environment filled with substance abuse, teen pregnancy, dropouts and lack of system supports. School nurse make up less than 1% of the WV Registered Nurse workforce yet 29% hold a master degree making up 2% of the total registered nurses in West Virginia with a master degree.

In order to meet the overwhelming needs of our children with a mere 275 Certified School Nurse RNs and over 282,000 children in public schools, school nurses have begun to explore the support of modern medicine and community partnerships through the concept of Community Schools. The innovation of Community Schools through school nurses has brought telemedicine to schools, insurance enrollment, diabetes and asthma support courses, immunization clinics, medical, dental and behavioral health to students and families onsite in schools and many other community supports including physical activity, smoking cessation and nutrition education.

Community schools are about focusing joint community and school resources on student success which leads to community success. They bring together many partners to offer a range of supports and opportunities to children, youth, families and communities. Realizing the school nurse is a leader and the coordinator of the school health services team, the school nurse is in ideal position to foster, promote and or lead a community school initiative. So in closing, we challenge the nursing community to contact your school nurse to see how you can support the children of West Virginia from assisting with enrollment into insurance programs to basic health education which encompasses the concept of a Community School.

FINANCIAL EXPLOITATION: It's Everyone's Problem

Submitted by Suzanne E. Messenger, West Virginia State Long-term Care Ombudsman, acting coordinator for the West Virginia Financial Exploitation Taskforce

Although there are many definitions, financial exploitation is basically the unauthorized use of someone else's money or property. It can be as simple as using a credit card without permission or it can involve a complicated fraud or identity theft scheme. Experts believe that statistics do not accurately reflect the magnitude of the problem. "There is wide consensus that currently a clear picture of the incidence and prevalence of elder abuse [including financial exploitation] in the United States is sadly lacking." (Executive Summary, *The Availability and Utility of Interdisciplinary Data on Elder Abuse: A White Paper for the National Center on Elder Abuse. April 27, 2006.*) Over a decade ago, estimates put the overall reporting of financial exploitation at only 1 in 25 cases, suggesting that there may be at least 5 million financial abuse victims each year. (*Wasik, John F. 2000. "The Fleecing of America's Elderly," Consumers Digest, March/April.*) As we heard from Mickey Rooney recently, things have not gotten better. In 2010, a MetLife study reported that the annual financial loss by victims of elder financial abuse is estimated to be at least $2.9 billion dollars, a 12% increase from the $2.6 billion estimated in 2008. (*The MetLife Study of Elder Financial Abuse, June 2011.*)

Exploiters are criminals, but sadly they are also often friends, family members, or others that a vulnerable adult thought they could trust. Exploiters may even act under the "authority" of a legal document often referred to as a "durable power of attorney. In these situations, the exploiter has legal access to the funds as the resident's agent and the victim is reluctant to make a report against a family member or unaware of the situation until nearly all of his money is gone. In addition, even if a vulnerable adult finds the courage to report, law enforcement may be reluctant or unable to access the information necessary to prosecute. Victims are often sick and getting sicker. They may not be perceived as credible witnesses or may even die before they have their day in court. Finally, even when prosecutions occur, recovery of funds is rare. Exploiters spend the purloined money. They do not save it just in case they get caught.

West Virginia's Uniform Power of Attorney Act, *West Virginia Code 39B-1-101*, enacted by the legislature in 2012, provides important protections for people who rely on powers of attorney to conduct their affairs. *West Virginia Code 61-2-29B* permits employees of banks and other financial institutions to report reasonable suspicions of financial exploitation to federal and state law enforcement agencies as well as the Department of Health and Human Resources. The enactment and enforcement of these laws are important steps in addressing the problem of financial exploitation. Sadly, they do not signal the end. There is much work remaining.

In West Virginia, a group of committed individuals, the West Virginia Financial Exploitation Taskforce, meets regularly to focus on this work. The mission of the Financial Exploitation Taskforce is to empower individuals and create a culture and an environment where vulnerable adult West Virginians are safe from financial exploitation. The taskforce is composed of both agency and individual representatives. Although participation in the taskforce often varies greatly from meeting to meeting, participants have included representatives from WV AARP, AARP Foundation, the banking industry, Social Security Administration, the Federal Trade Commission, the West Virginia Auditor's Office, the West Virginia Attorney General's office, the Department of Health and Human Resources (including Adult Protective Services, the Medicaid Fraud Control Unit and the Office of Health Facility Licensure and Certification), the West Virginia Bureau of Senior Services, the long-term care ombudsmen, Behavioral Health Advocates, West Virginia Advocates, Legal Aid of West Virginia, West Virginia Senior Legal Aid, the Kanawha County Prosecutor's Office, private attorneys, the Coalition Against Domestic Violence, independent consultants, West Virginia Health Care Association and state legislators. The taskforce generally meets quarterly and has three committees (legislative/policy, education, and partnership). To learn more about the Financial Exploitation Taskforce or to find out when the next meeting is contact Suzanne Messenger, acting co-ordinator, at 304-816-3151 or Suzanne.E.Messenger@wv.gov.

Membership News

Center for Nursing News

Submitted by: Pamela L. Alderman, EdD, MSN, RN

On behalf of the West Virginia Center for Nursing (Center) Board of Directors I would like to take this opportunity to provide a brief history on the development of the Center, as well as provide information regarding current and future operations. It is the intent of the Board of Directors to assist nurses in West Virginia in understanding the mission and operations of the Center.

What precipitated the formation of the Center for Nursing? In 2000 individuals studying the nursing workforce, as well as the supply and demand of nurses across the nation, predicted a national nursing shortage in the near future. These individuals went on to project the nursing shortage would intensify in the coming decade. Previously there had been shortages of nurses; however the coming shortage was predicted to be worse due to the impending retirement of "baby boomers." These shortages had the potential to cause a national health care crisis.

The West Virginia Legislature established the Nursing Shortage Study Commission (Commission) in 2001 with passage of HB 2504. Legislation directed the West Virginia Board of Examiners for Registered Professional Nurses to oversee and fund all activities of the Commission. The Commission was charged with studying nursing employment trends throughout the state, to determine if a nursing shortage existed in West Virginia, and, if a shortage did exist, offer solutions to alleviate this impending health care crisis. A diverse group of individuals were appointed members of the Commission. Members represented nurses from different geographical regions of the state, nursing specialty organizations, and health profession members, as well as public members.

One of the first tasks of the Commission was to evaluate mechanisms currently available to enhance nursing education, recruitment, and retention of nurses in the workforce and to improve the quality of patient care. Commission members began assessing the impact of the nursing shortage on access to care and the delivery of quality care. The Commission started developing recommendations and strategies to reverse the growing shortage of qualified nursing personnel in West Virginia.

Commission members looked at ways to facilitate career advancement within the profession of nursing. Specific shortage areas were identified and mechanisms were put into place that would pinpoint problem areas more accurately and in a timely manner. Middle and high school students were identified as potential future nurses who could be attracted to the profession. The Commission also studied ways to project a more positive and professional image of nursing.

The Commission successfully gathered data and found there was a shortage of nurses in West Virginia and there was a looming public health crisis. This public health crisis was the result of many factors:

- Nursing remains a predominately female profession;
- The careers for women have changed from the typical choices to more commonly recognized male roles;
- The profession has not kept up with other professional roles in relation to salary and career opportunities within the field; and
- Fewer women are entering the field due to complaints of long working hours, inadequate staffing, and little to no decision-making authority in the workplace.

Prior to the 2002 Legislative session the Commission recommended the following actions:

1. Development of the Center for Nursing;
2. Evaluate the effects of magnet hospital status on the work environment and job satisfaction;
3. Evaluate the current funding for nursing education and students;
4. Evaluate nursing education articulation; and
5. Form alliances with other initiatives to leverage support and funding.

In 2002, the Study Commission continued its work and offered a report in January 2003, in which more specific data was presented concerning statistics and recruitment and retention strategies gathered from across the state. In January 2004, the Commission again presented documentation to the Legislature concerning the current and future predictions for the nursing shortage. Finally, in March 2004, the West Virginia Legislature created the West Virginia Center for Nursing (Center) with the passage of HB 4143.

In the Legislative Code that created the Center it states "The Legislature finds that through the study of the nursing shortage study commission, it is essential that there be qualified registered professional nurses and other licensed nurses to meet the needs of patients. Without qualified nurses, quality patient care is jeopardized. The nursing population is aging and fewer students are entering nursing programs. Therefore, the Legislature declares to ensure quality health care, recruitment and retention of nurses is important and a center is needed to address the nursing shortage crisis in West Virginia." The Legislature further authorized the West Virginia Board of Examiners for Licensed Practical Nursing and the West Virginia Board of Examiners for Registered Professional Nurses to assess a supplemental licensure fee not to exceed ten dollars per license per year to fund the Center. Funding for the Center for Nursing is provided entirely by nurses, both Licensed Practical Nurses and Registered Professional Nurses. Each year when you renew your license $10 is assessed to support the Center.

A twelve member board of directors was appointed to the Center for Nursig by Governor Joe Manchin. In May 2005 the first meeting of the Center's Board of Directors convened and began the task of addressing the nursing shortage as recommended in the Study Commission reports. Since that time the Board has met regularly and has continued to fulfill the intent and mission of HB 4143. From the beginning to the present the Board has sought to enhance and strengthen nursing excellence and to optimize the health and healthcare of all West Virginians.

During the 2013 Legislative session, HB 2738 was passed by both the Senate and the House. This bill could have brought about several changes for the Center for Nursing. Due to technical issues Governor Earl Ray Tomblin vetoed the bill. What does this mean? The Center for Nursing is operational and functioning under legislative authority which may be found in HB 4143. This bill outlines the responsibilities and duties of the Board, and has guided the work of the Center since May 2005. The West Virginia Center for Nursing Board of Directors operates under the provisions of this bill and will continue to plan initiatives to meet the mandates of HB 4143.

The Center continues to be governed by the original bylaws which were developed during the initiation of the Center. One of the mandates of HB 4143 directed the Center to work cooperatively with the Higher Education Policy Commission (HEPC). The HEPC provides office space for the Center. Both the HEPC and the Center are to share statistics and other pertinent information in order to assist the Center to achieve its goals and objectives.

Over the past few months the Center's Board of Directors has analyzed the work that has been accomplished over the last eight years. The Board has taken this opportunity to reevaluate the mission, goals, day-to-day operations, committee structure, finances, and governance practices. In order to reduce costs the Board eliminated the positions of Executive Director and Associate Director of Recruitment and Retention. Elimination of these positions will allow the Board to redirect resources to be used in other mandated areas. The Board would like to thank Duane Napier, MSN, RN, and Carrie Mallory, MSN, RN, for their service to the Center. Changes to the scholarship program management, recruitment activities, as well as other operations, are under consideration by the Board and future changes may be forthcoming.

Currently the Center's Board of Directors are all serving out expired terms, waiting for re-appointments by the Governor, or appointment of replacement board members. Rest assured the current board members have all pledged to continue the efforts of the Center during this time of transition. The Board is also committed to fulfilling the mission of the Center: Improving the health and healthcare of all West Virginians through strategic nursing workforce planning and development. Board members believe the West Virginia Center for Nursing will be a national leader in the development and implementation of strategies to support the education, recruitment and retention of qualified nurse professionals for and in the state of West Virginia.

To learn more about the Center please visit the website www.wvcenterfornursing.org or call Christopher Ross at 304-558-0838.

Dr. Alderman is the chair of the West Virginia Center for Nursing. She is also the Dean Career and Technical Programs at Southern West Virginia Community and Technical College.

Membership News

Please complete and return to:
West Virginia Nurses Association
PO Box 1946
Charleston, West Virginia 25327
(f) 304-414-3369

WVNA/ANA Membership Application

Contact Information

Full Name Credentials Today's Date

Personal Information

Mailing Address

City State Zip

Phone E-mail

County of Residence

NOTE: Please indicate the WVNA member who helped with your decision to become a member._____

Membership Categories

Check One:

** State nurse association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. WVNA members may deduct 82% as a business expense; 18% of dues are spent on lobbying Note: $7.50 of the SNA member dues is for subscription to The American Nurse. $14 is for subscription to the American Journal of Nursing. Various amounts are for subscriptions to SNA/DNA newsletters; check with your SNA office for exact amount.

	Full Payment**	Electronic Dues Transfer*
❑ **Full** Employed Full Time Employed Part Time	$278.00	$23.67
❑ **Special** 62 years of age Totally Disabled Unemployed	Special Payment $69.50	$6.30
❑ **WVNA ONLY** RN's who work or live in WV may join WVNA at the state level only. This does not entitle RN to receive national benefits.	$149.00	$12.91

Additional Membership Opportunities

ADVANCED PRACTICE COUNCIL

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

_____ **I would like to join the APN Council**

WV NURSES-POLITICAL ACTION COMMITTEE

Join the external political action committee for nurses. An additional check should be included made payable to WVN-PAC

_____ **I would like to join the WVN-PAC**

Professional Information

RN License # Years Experience

Basic School of Nursing

Employer

Position Department or Division

Mailing Address City State Zip

Phone E-mail

*Please indicate the WVNA member who helped with your decision to become a member: _____

Payment Plans

Check One:

❑ **Annual**

Complete form in it's entirety and send check or money order in the amount of $278.
Checks should be made payable to WVNA and submitted to the above address.

❑ **Electronic Dues Payment Plan (EDPP)**

Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee. *Monthly Service charge .50

(Please sign below)

Signature_____**Date**_____

Authorization to provide monthly electronic payments to American Nurses Association (ANA). This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fee from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

PAYMENT DETAILS

Annual Membership Cost
$278.00 (Full) $149.00 (State Only)

❑ Check
❑ Money Order
❑ Credit Card (Visa or MC)

Credit Card# Expiration Date CVC#