February 7, Go Red for Women

Nevada Action Coalition
Read the first in a new column from the Nevada Action Coalition, which is advancing the Initiative on the Future of Nursing goals in Nevada. Page 10

Human-Technology Interface: Computers & Vision Health
What are electronics doing to your eyes and what can you do about it? Page 8

Pursuing Lifelong Learning
Learn about some of the opportunities available to advance your education. Page 11

Quitting Smoking
If you haven’t done it yet, here are some tips on quitting. Page 16

Staffing
If nurses are not at the table, they’re probably on the menu! Read Dave Tyrell’s thought-provoking article. Page 6

For more information, visit www.nvnurses.org

February is Heart Month!
Heart Attack... Could One Be in Your Future?

Plus...
Meet New Leaders of the Nevada Nurses Association
NNA Mission Statement

The Nevada Nurses Association promotes professional nursing practice through continuing education, community service, nursing leadership, and legislative activities to advocate for improved health and high quality health care for citizens of Nevada.

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Are you interested in submitting an article for publication in RNFormation? Please send it in a Word document to us at nvnursesassn@nvqn.net. Our Editorial Board will review the article and notify you whether it has been accepted for publication. Articles for our next edition are due by March 1, 2014.

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

CORRECTION

The credentials for Paula Schneider in the November issue of RNFormation should have read Paula Schneider, MPH, BSN, RN.
February, March, April 2014

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“As nurses, we care for people every day but sometimes need a reminder to care for ourselves as well. What better way to help our patients than to lead by example in making healthy choices and changing lives?”

~ NNA President, Dr. Scott Lamprecht
Heart Health

Scott Lamprecht, DNP, RN, APN
President, Nevada Nurses Association

February is here and Valentine's Day is fast approaching! February is also Heart Month and is an important time to raise awareness about Heart Health. Every year in the United States there are over 500,000 cardiac arrests. Unhealthy lifestyle choices such as smoking, lack of activity, frequent high fat, or high sodium foods all contribute to the increasing incidence. Unfortunately heart disease is no longer limited to just adults. The incidence of adolescent obesity, heart disease, high blood pressure, and Sudden Cardiac Arrest is continuing to increase with survival rates remaining less than 10%. An Automated External Defibrillator (AED) can increase survival rates to 90% if used in conjunction with immediate bystander CPR. These SCAs, which usually occur during intense physical exertion associated with workouts or sports related activities, are often classified as “Natural Causes” due to a lack of identifiable or reportable cause upon autopsy. SCA associated risk factors include a family history of SCA, a history of exertion-induced syncope, and undiagnosed heart conditions. As nurses, we care for people every day but sometimes need a reminder to care for ourselves as well. What better way to help our patients than to lead by example in making healthy choices and changing lives?

Legislative Update

Teresa Serratt, RN, Ph.D.
Northern Chair,
NNA Legislative Committee

The leadership of the Nevada Nurse’s Association (NNA) legislative committee has changed and now has a new a chair in the north: Teresa Serratt RN, Ph.D. and south: Katherine Cylke RN, DNP. Together, these two women will assist NNA in establishing a game plan, developing communications and building relationships that help make legislative work successful.

As many of you may know, the end of the legislative session doesn’t mean the legislative activity in the state ends and so we are actively monitoring the activities of the interim health care committee that is currently in session. Additionally, members of the NNA legislative committee are hard at work identifying legislative issues that may arise in the upcoming 2015 legislative session. We need your help identifying these legislative issues and in setting the legislative priorities for the next two years. Are there current regulations that adversely affect your ability to provide care to your patients? Are there environmental factors contributing to the poor health of the patients to which you provide care that need to be addressed? Are there things in your work environment that need to be changed in order for you to continue providing high quality and safe care?

While not every issue can or should be addressed through legislative action, we’d like to hear about your concerns so that we can provide appropriate support to the nurses in our state through our legislative agenda. One of the benefits you receive as a member of the NNA is the collaborative power we have as an organization to make a difference in the lives of nurses and patients in our state. We welcome your input and if you would like to volunteer to be a part of a legislative sub-committee, please contact us at: nvnursesassn@mvqn.net

Commit today to walk 10,000 steps a day every day for the month of February. All you need is a pedometer. When you’re ready to make the commitment to your health, sign up at www.nvnurses.org.

Challenge others!

Accept the Healthy Nevada Nurse 10,000 step challenge!

P.S. It sounds like a lot, but everything counts – even walking around your house.

Results will be announced in the next issue of RNFomation!
Heart Attack…. Could One Be in Your Future?

Jean C. Lyon, PhD, APRN, FNP-BC

“In what was wrong with me? Indigestion…. stomach flu? If I can just throw up, I know I will feel sooo much better.” Those were my thoughts the night that I almost died from a heart attack.

August 8, 2011, a Monday evening. I arrived home from a particularly stressful day at work. I felt incredibly tired, but I had felt tired the entire summer. I just thought it was from too much work, not enough sleep, and overall stress. I didn’t have much of an appetite and ate an Asian chicken salad for dinner with my husband. I sat in the living room and fell asleep. I woke up at 8:30 pm, and still feeling tired and a little nauseous, I decided to go to bed early. My husband, a night shift worker, got up and left for work at 9 pm, and other than my small dogs, I was home alone.

After Bob went to work, I sat at the side of the bed, waiting to see what would happen next. I knew I didn’t feel right. The thought that it could be my heart flashed through my mind. If it was my heart, I should take an aspirin – or two. I also had some old nitroglycerin – maybe that would help? I took the old nitro with no response. Then I took 3 small dogs, I was home alone.

When the 9-1-1 dispatcher asked about my emergency, I responded that I could not catch my breath. Then I excused myself and left to throw up. My stomach felt better, but then the chest pain started. Intense chest pain. A 15 on a 1 to 10 scale. Not an elephant sitting on my chest, but someone cutting into my chest and pulling my heart out and twisting it over and over again.

The local firemen and their paramedic was the first to arrive. He was palpating my upper right abdomen. I told him it was not my gallbladder, but probably my heart. A blood pressure and EKG were quickly performed. I glanced at the EKG and asked if “Those are S-T elevations that I was seeing?” Oh yes, he said, I was having a STEMI. They gave me fluids and nitroglycerine and we waited for REMSA to arrive to take me to the cath lab.

During the ride to the hospital, the paramedic said, “I think I’ll start a second IV – just in case.” In case? In case of what?? A few minutes later he said, “I think I will put the defibrillator pads on – just in case.” Now I knew I was in trouble. I started asking when we would be at the hospital. Can they drive faster? I know all about door-to-balloon time, and was hoping that St. Mary’s had a solid, fast process.

After what seemed like an endless ambulance ride to St. Mary’s, the ED physician, nursing staff, and cath lab staff were waiting for me when I got there. In what seemed like no time, I was in the cath lab.

I woke up in the Coronary Care Unit. I remember that as the first to arrive. He was palpating my upper right abdomen. Then I knew I was in trouble. I went to the bottom of the stairs, unlocked the front door, turned on the lights, sat down and dialed 9-1-1.

The Centers for Disease Control and Prevention cites the facts of the matter as follows:

Heart Disease
- NUMBER 1 cause of death in the US, with almost 600,000 deaths/year
- number of non-institutionalized adults with diagnosed heart disease is 26.5 million, or 11.5%
- number of cardiovascular care provider visits is 12.4 million/year
- number of hospital discharges with heart disease as a primary diagnosis is 3.7 million/year
- www.cdc.gov/nchs/fastats/heart.htm

Overweight and Obesity
- dramatically increasing in the US, affecting more than one third of adults (35.7%)
- related conditions include heart disease and stroke, some of the leading causes of preventable death
- no state met the Healthy People 2010 goal to lower obesity’s prevalence to 15%
- Nevada’s current prevalence is 26.2%
- www.cdc.gov/obesity/data/adult.htm

In the American Heart Association’s “Dear America” letter, they note that the guidelines continue to advocate healthy diet, exercise, and smoking cessation as great ways to achieve and maintain health. But the guidelines offer a couple of “firsts”: “we focus on estimating risk for both heart attacks AND strokes… and provide estimates applicable to African-Americans, who face greater risks…than other groups.”

The Preventive Cardiovascular Nurses Association (PCNA) concentrates its prevention efforts through tools that assess risk, facilitate therapeutic lifestyle changes, and guide clients toward treatment goals. President Kathy Berra commented that PCNA welcomes the opportunity to share the guidelines, and plans to update client and professional materials, promote online discussions, and create a keynote session at their 20th Annual Symposium, April 10-12, 2014, in Atlanta, Georgia.

For links to the new guidelines please visit
- The American Heart Association at http://heart.org
- The Preventive Cardiovascular Nurses Association at http://pcna.net

And check out the Obesity Society at www.obesity.org for information and continuing education opportunities
First of all, I hope all of you had a wonderful holiday season, and I hope that the New Year is filled with all of the best for you and your family. The past couple of months since the last newsletter have been very busy for District 3. In October, NNA was in charge of a water station out at Redrock for the inaugural National Nurses Half Marathon. Support from NNA nurses and even students that wanted to get involved was amazing. The overall event was a great success and runners from all over the country got a chance to see NNA in action.

During the first weekend in November I had the opportunity to attend a conference put on by ANA that was all about Safe Staffing. During the day and a half event, the presenters shared numerous ideas on how to present nursing as a valuable part of the organization and not just a cost center or part of the room cost. This conference reinforced my belief that we as nurses must get fully engaged in our units, departments and hospitals. We should be on hospital committees, like the staffing committees, fall prevention committees, or Infection control committees. Only the bedside nurse can truly give an accurate picture about what is happening at the bedside and the best solutions for improving care. If you are not at the table helping to identify the problems and then helping to craft the solutions you will end up most often not liking the solutions that others came up with. One of the statements that I heard at the conference that really stuck with me was “If you are not at the table; then you’re probably on the menu.” I don’t know about you, but I’d rather be helping to identify the problems and then helping to craft the solutions you will end up most often not liking the solutions that others came up with. One of the statements that I heard at the conference that really stuck with me was “If you are not at the table; then you’re probably on the menu.”

Imagine overhearing the following conversation;

Person A – “My doctor told me that I needed surgery and wants to do it in XYZ hospital but I told him I wanted it done in ABC hospital because they have got a much better nursing staff.”

Person B – “What does the nursing staff have to do with your surgery? Your doctor is the best surgeon in the country at that procedure.”

Person A – “Well the quality of the nursing staff has everything to do with whether or not I will have positive outcomes after my surgery. You see, my nurse will be the one that sees my incision, protecting me from falling and making sure I don’t lay on one spot for too long to prevent developing a pressure ulcer. My nurse will be the one educating me about caring for my incision, preventing me from falling and making sure I don’t lay on one spot for too long to prevent developing a pressure ulcer. My nurse will be the first to notice if something my doctor ordered is not working and then call them to get a new order. So you see, all of the things that could complicate my recovery – the nursing staff are the ones that prevent them from happening.”

Person B – “Wow, I didn’t realize that nurses did all of that. From what I see on that show Gray’s Anatomical, I thought the doctors were the ones that take care of all of that.”

Person A – “No, the nurse is the one that sees to it that you don’t develop any further complications outside of the surgery. That’s why I want to go to a hospital where the infection rates are low, fall rates are low, and where nurse to patient ratios are manageable, because those numbers are a good indication of the type of nursing care I will get.”

Person B – “Wow! I never realized that nurses did such a vital and important of a patient’s recovery in the hospital.”

Person A – “Well, you learn something new every day.”

Bedside nurses are the ones that make it happen when it comes to improving infection rates, fall rates, and customer satisfaction in hospitals. With that data readily available to potential patients, poor numbers will in the near future make or break a hospital. A good nursing environment makes for a safe and profitable hospital. Nurses, especially bedside nurses, show your worth and get involved in your profession. Remember, if you’re not at the table you’re probably on the menu.

On November 13 the new members of the District 3 met for the first time. The energy in the group was amazing and a very positive sign of things to come. The new members come from diverse areas of the nursing profession which will be very helpful as we strive to reach out to nurses in the state and make NNA more visible to nurses in Nevada.

First of all, I hope all of you had a wonderful holiday season, and I hope that the New Year is filled with all of the best for you and your family. The past couple of months since the last newsletter have been very busy for District 3. In October, NNA was in charge of a water station out at Redrock for the inaugural National Nurses Half Marathon. Support from NNA nurses and even students that wanted to get involved was amazing. The overall event was a great success and runners from all over the country got a chance to see NNA in action.
Linda Bowman, RN  
NNA District 1 Board

What is ACTIONN?  
Action in Community Together in Organizing Northern Nevada.

ACTIONN began in 2010 and is a grassroots movement working for positive social change based upon a commitment to ensure social justice for all people in Northern Nevada, regardless of income, race or nationality.

ACTIONN is a member of the national network - People Improving Communities through Organization (PICO). PICO has been in existence since 1972.

Why is ACTIONN important to Northern Nevada?  
Many leaders and key stakeholders in Northern Nevada were interviewed to identify and prioritize the needs of the community. One of the goals identified was the creation of health care jobs in Nevada.

A kick-off convention to share the goals identified for Northern Nevada was held in Reno on October 9, 2012. In attendance were over 600 individuals from 29 faith communities and elected and appointed officials. This group came together to support one of ACTIONN’s important community goals – the creation of a Healthcare Jobs for the Future Task Force. Many leaders stood in front of the crowd and publicly announced their support.

The Healthcare Task Force was developed with the help of ACTIONN leaders, to address the high unemployment rate while filling the need for trained health care professionals in Northern Nevada. Additionally, ACTIONN is committed to looking at “living-wage” jobs, not minimum wage jobs that do not sustain families.

What has ACTIONN discovered this far?  
In a report titled, “Health Workforce in Nevada 2013 Edition” written by John Packham, PhD (Director of Health Policy Research), Tabor Griswold, MS, and Christopher Marchand, BS from the University of Nevada, School of Medicine, the outlook for Nevada having enough health care providers for the aging population is grim. The report provided estimates on how ill-prepared Nevada is to address the shortage. According to this report, the need for additional registered nurses statewide is projected to be 610 every year during the period of 2010-2020. This will be virtually impossible to fill as the current graduation rate is extremely low given the current enrollment numbers for State of Nevada higher-learning institutions. The need for registered nurses is the highest need of all health care providers second only to Primary care physicians.

The report identified several key points:

- Nevada’s health workforce represents only 9.9 percent of the state’s civilian workforce. This is down significantly from the 12 percent national average.
- Nevada’s health workforce rankings have changed little over the past two decades, including the number of physicians per capita (Nevada is ranked 45th among US states), primary care physicians (46th), registered nurses (50th), psychiatrists (50th), psychologists (47th) and optometrists (49th).
- Several health care occupations – primary and specialty-care physicians, pharmacists, dentists, and medical and laboratory technologists and technicians are projected to have modest employment growth through the end of the decade. However, the same occupations are expected to have a high number of annual job openings resulting from the replacement of health professionals due to retirement and other overall aging of the health workforce in Nevada.
- Current data on health workforce supply indicate that Nevada’s health workforce falls well short of national averages for most of the key professions needed to ensure access to basic primary, preventative and specialty services over the coming decade.

What steps has ACTIONN taken?  
The Task Force has reached out to multiple agencies, employers, schools, county, state, and federal leaders to obtain important representation.

Many individuals from the following entities have attended the Task Force meetings: UNR School of Social Work, University of NV School of Medicine Dept. of Pharmacology, UNR School of Community Health Sciences, University of Nevada School of Medicine-Center for Education and Health Services Outreach, TMCC Nursing Program, TMCC Dental Hygiene Program, TMCC Emergency Medical Services/Paramedic Program, Northern Nevada HOPES, Nevada State Dept of Education, Lyon County School District, Bureau of Health Statistics, Carson City Health and Human Services, Northern Nevada Child and Adolescent Services, Great Basin College, Washoe County Health District, St. Mary’s Regional Center and Renown Health System to name a few.

Important tasks being worked:
- Facilitating the collaboration between multiple partners
- Creating maps/outlines of health careers to identify barriers in filling the shortages
- Identifying the importance of recruiting students earlier to consider careers in health care
- Reaching out to other states to identify successes in increasing their healthcare work force.

ACTIONN has found a way to bring together committed individuals to facilitate tough discussions. Having committed individuals at the table is the first step in addressing the healthcare shortage we are facing as a state.

More information may be found at: www.action.org and www.medicine.nevada.edu

Saint Alphonsus

Make the Critical Difference at Saint Alphonsus Health System

Saint Alphonsus Health System is a four-hospital regional, faith-based Catholic ministry serving southwest Idaho and eastern Oregon. Saint Alphonsus Health System is anchored by the only Level II Trauma Center in the region, Saint Alphonsus Regional Medical Center, providing the highest quality, most experienced care to critically ill and injured patients.

You can make the critical difference in these positions:

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- Coronary Care
- Emergency Department
- Clinic Support Team
- Med-Surg
- Rehab
- OB/NICU
- Main OR
- Nursing Professionals

We offer competitive compensation and a comprehensive benefit plan which includes: Medical, Dental, Vision Plans; Paid Time Off; Life Insurance; Relocation Assistance; Cash Balance Pension Plan; 403(b) Retirement Plan; Tuition Reimbursement.

To learn more and to apply, please visit www.saintalphonsus.org/jobs

Or call Roxanne Ohlund 208-367-3032 or Rick Diaz 208-367-3118
Astonishingly, adults expose themselves to electronic screens on average of 8.5 hours per day. As technology increases with prolonged near work on computers and hand-held digital devices, more nurses are experiencing eye and vision problems. The Information Age has provided computers not only in the healthcare workplace, but at home and on-person by means of laptops, smart-phones, electronic readers and tablets; smaller in size, but with lower-resolution screens. This human-technology interface can lead to adverse symptoms if >4 hours are spent working on a terminal.

Nearly 20 years ago, the American Optometric Association termed computer vision syndrome (CVS) as the complex of eye and vision problems related to near work experienced while using a computer. CVS symptoms reflect the current broad diagnosis of asthenopia (ICD-9, 368.13) also referred to as eyestrain. Symptoms include:

- Aches or pain felt inside the eye
- Headache
- Diplopia (double vision)
- Blurring
- Strain

External symptoms occur from environmental factors that produce corneal drying, such as low ambient humidity, high forced-air heating, or air conditioning. There is an association between dry eyes and decreased blink rate when performing computer work, reading low-contrast text or small-sized font, and the presence of glare. A reduced blink rate can lead to an increased evaporation of tears, which then exaggerates dry eye symptoms. Dry eye disease (DED) is a multi-factorial disorder of the tear film and ocular surface resulting in discomfort, visual disturbance and ocular surface damage. Any dysfunction of the lacrimal functional unit (LFLU) can lead to DED, which causes alterations in volume, composition, distribution, and/or clearance of the tear film. Low aqueous flow or excessive tear film evaporation can be a result of a dysfunction in any of the LFLU components, environmental factors, decreased blink rate, and non-modifiable risk factors such as female gender and older age.

It is important to reduce or eliminate risks for developing CVS, thereby maximizing comfort while using visual digital devices. Asthenopia is seldom serious and usually improves with rest, limiting

Environmental Health continued on page 19
The Nevada Office of Suicide Prevention Offers Resources and Training to Support Suicide-Safer Communities

Misty Vaughan Allen
Suicide Prevention Coordinator of Nevada
Office of Suicide Prevention

Staff of The Nevada Office of Suicide Prevention just had the pleasure of presenting two three-hour suicide alertness trainings to 80 nurses in Northern Nevada. Sponsored by the Nevada Nurses Association with the support of Margaret Curley, we had a wonderfully diverse audience of experienced nurses and nursing students.

According to the National Strategy for Suicide Prevention, 2012, "Clinical and community-based programs and services play a key role in promoting wellness, building resilience, and preventing suicidal behaviors among various groups. Clinical preventive services, including suicide assessment and preventive screening by primary care and other health care providers, are crucial to assessing suicide risk and connecting individuals at risk for suicide to available clinical services and other sources of care. All community-based and clinical prevention professionals whose work brings them into contact with persons with suicide risk should be trained on how to address suicidal thoughts and behaviors and on how to respond to those who have been affected by suicide."

The Office of Suicide Prevention partners with numerous community coalitions, organizations and community-based services to offer a variety of training opportunities across the state regarding suicide prevention, intervention and postvention. The Reno and Las Vegas offices schedule safeTALK (suicide alertness for everyone) trainings once a month and ASIST (Applied Suicide Interventions Skills Training) at least four times a year. We are always open to scheduling a specific training with an agency or community as they request one. We are always open to scheduling a specific training with an agency or community as they request one. We offer 1 and 2 hour Gatekeeper trainings for those agencies that only have a short amount of time to offer for trainings.

Upcoming training opportunities:

**safeTALK**—Applied Suicide Intervention Skills Training
- Jan. 23-24, Las Vegas
- March 25-26, Reno

**safeTALK**—suicide alertness for everyone
- Jan. 30th, Las Vegas
- Feb 27th, Las Vegas

Below are descriptions of the Office of Suicide Prevention trainings:

**The primary goal of Nevada Gatekeeper Training** is to expand the network of informed support for anyone at risk for suicide. The training can be tailored for any audience, including: lifespan (all ages), youth, elderly and Native American. By the end of this training, you will be able to:

1. Understand the nature of suicide
2. Distinguish myths and facts
3. Recognize warning signs and clues
4. List risk and protective factors
5. Increase your ability & willingness to intervene

6. Identify referral resources
7. Interact sensitively with survivors
8. Discuss other postvention efforts.

**safeTALK, (Suicide Awareness for Everyone)** about three hours in duration, is a training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid resources. Most people with thoughts of suicide invite help to stay safe. Alert helpers know how to use these opportunities to support that desire for safety. As a safeTALK-trained suicide alert helper, you will be better able to:

- move beyond common tendencies to miss, dismiss or avoid suicide;
- identify people who have thoughts of suicide;
- apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with suicide thoughts to suicide first aid, intervention caregivers.

**ASIST (Applied Suicide Intervention Skills Training)** is designed to help all caregivers become more willing, ready and able to help persons at risk. Suicide can be prevented with the help of prepared caregivers.

Just as “CPR” skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. ASIST is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize risk and learn how to intervene to prevent the immediate risk of suicide. The workshop is for all caregivers (any person in a position of trust). This includes professionals, paraprofessionals and lay people. It is suitable for mental health professionals, nurses, physicians, pharmacists, teachers, counselors, youth workers, police and correctional staff, school support staff, clergy, and community volunteers.

**ASIST has five learning sections:**

- Preparing: sets the tone, norms, and expectations of the learning experience.
- Connecting: sensitizes participants to their own attitudes towards suicide. Creates an understanding of fact, which attitudes have on the intervention process.
- Understanding: overviews the intervention needs of a person at risk. It focuses on providing participants with the knowledge and skills to recognize risk and develop safe plans to reduce the risk of suicide.
- Assisting: presents a model for effective suicide intervention. Participants develop their skills through observation and supervised simulation experiences in large and small groups.
- Networking: generates information about resources in the local community. Promotes a commitment by participants to transform local resources into helping networks.

The Office of Suicide Prevention is also a clearinghouse for brochures, posters and guides on any topic related to suicide and its prevention. To get more information or to schedule a training please contact Janet Massolo (775)688-2964 x 261 or at jmassolo@health.nv.gov. The most effective and available resource for someone you are worried about or for yourself is the National Suicide Prevention Lifeline 1-800-273-TALK (8225). It is a free 24 hour suicide intervention hotline.

The Suicide Prevention Resource Center (SPRC) recently posted online a new publication titled, “Continuity of Care for Suicide Prevention: The Role of Emergency Departments.” This summary paper synthesizes key recommendations from a comprehensive report written by Dr. David Knesper and co-produced by the American Association of Suicidology and SPRC in 2011 titled Continuity of Care for Suicide Prevention and Research. The new summary publication is available at http://www.sprc.org/sites/sprc.org/files/library/ContinuityCare_Suicide_Prevention_ED.pdf.

We encourage you to share this with colleagues who may be interested in the content. If you or your organization is interested in hosting any of the above suicide prevention trainings, please contact Misty Allen at mvallen@health.nv.gov.
Debra A. Toney, PhD, RN, FAAN
Chair, Nevada Action Coalition

Three years have passed since The Institute of Medicine (IOM) first released The Future of Nursing: Leading Change, Advancing Health. The implementation of this landmark report is intended to transform the U.S. health care system by strengthening nursing care and better preparing nurses to meet the health demands of our country for years to come.

The goal of this column is to inform and raise awareness of activities of the Nevada Action Coalition (NAC) on both a local and national level. The Nevada Action Coalition serves as the driving force for the implementation of the IOM’s recommendations in the state. Since the launch of the Future of Nursing: Campaign for Action, the Nevada Action Coalition has been working to strengthen the nursing profession to improve health and health care in Nevada. It is our hope through this column to encourage thoughtful dialogue regarding issues that nurses face regarding the future of nursing and to initiate commentary from nurses across the state.

The Nevada Action Coalition was designated by the Robert Wood Johnson Foundation (RWJF) and AARP in February 2011. The NAC is composed of a voluntary coalition of key partners that includes nursing, business, government, labor and nursing education leaders. Action Coalitions are composed of two co-lead organizations; a nursing and a non-nursing organization in Nevada our co-leads are the Nevada Governor’s Workforce Investment Board Health Care and Medical Services Sector and the Nevada Regional Action Coalition: Education, Empower. Repeat.

As members of the largest group of healthcare professionals in the health care workforce, nurses are integral to overcoming our health care challenges. Our delivery system is fragmented and overcome with health care disparities. Nevada nurses are on the front lines of health care delivery and play a major role in overcoming our health care system. However, nurses continue to face barriers that prevent them from performing to the best of their abilities. In some states nurses are not able to work to the fullest extent of their education and training nor are they at the table when important decisions are made. These barriers must be overcome to ensure that nurses are well positioned to lead change and advance health.

Several exciting things are going on in Nevada such as the development of residency programs that will help transition new nurses from school to practice. We want new nurses to feel confident and comfortable with their abilities so we do not lose them along the way. The passage of AB 170 gives advance practice nurses full practice authority which will help with access issues in care system where nurses contribute as essential partners in achieving success. The mission of the NAC is to:

- Set clearly defined goals (aligned with the IOM recommendations)
- Form and mobilize key stakeholders representing a variety of sectors to build a blueprint for action
- Educate policymakers and other decision makers
- Reach out to philanthropies/funders to seek financial support for the NAC’s efforts
- Gain visibility through the media and other outlets
- Work to advance key recommendations

The mission of the future of nursing campaign is to ensure that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. The mission of the NAC is to:

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- Form and mobilize key stakeholders representing a variety of sectors to build a blueprint for action
- Educate policymakers and other decision makers
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- Work to advance key recommendations

As members of the largest group of healthcare professionals in the health care workforce, nurses are integral to overcoming our health care challenges. Our delivery system is fragmented and overcome with health care disparities. Nevada nurses are on the front lines of health care delivery and play a major role in overcoming our health care system. However, nurses continue to face barriers that prevent them from performing to the best of their abilities. In some states nurses are not able to work to the fullest extent of their education and training nor are they at the table when important decisions are made. These barriers must be overcome to ensure that nurses are well positioned to lead change and advance health.

Several exciting things are going on in Nevada such as the development of residency programs that will help transition new nurses from school to practice. We want new nurses to feel confident and comfortable with their abilities so we do not lose them along the way. The passage of AB 170 gives advance practice nurses full practice authority which will help with access issues in the State. Individuals are being invited to serve as leads of the IOM’s eight recommendations to ensure success of their implementation. During the Nursing Excellence Conference in Reno, the NAC held its first event, an elegant reception to recognize Dr. Susan Reinhard, senior vice president at AARP which was sponsored by the University of Reno, Orvis School of Nursing.

In order for the Action Coalition to be successful, nurses and other stakeholders in all areas of the state are being recruited. Nurse leaders in regulation, education, and clinical practice have embraced the IOM recommendations and have committed to working together to achieve our shared goals.

State Implementation Program Grant

The work of the Nevada Action Coalition has been conducted by the countless volunteer hours of its members. Based on the need for full time support the Nevada Action Coalition submitted a proposal to the Robert Wood Johnson Foundation for a State Implementation Grant (SIP) that would allow for the hiring of a director and an assistant to work on the Institute of Medicine’s recommendations.

The Nevada Action Coalition chose two recommendations as our focus in the grant proposal. The initial focus will be to work on increasing nurse residency programs throughout the state for new nurse graduates and for registered nurses returning to the workforce after a significant absence from practice. There are currently programs at four hospitals that help new nurses transition into practice. NAC leaders want to expand programs for working nurses who are transitioning into new practice settings. Currently gaps exist in the availability of residencies for new graduate RN in Nevada.

Another recommendation will be to increase the number of bachelor prepared nurses to 80% by 2020, this will be done by encouraging matriculation agreements between public and private colleges/universities with the community colleges thereby allowing the Associate Degree prepared nurse to advance seamlessly in his/her education.

Good news about the grant…Nevada is a finalist. We hope to hear good news by the first of the year!

The Nevada Action Coalition welcomes the participation and support of all health care and business individuals and organizations as we begin the work of improving Nevada’s healthcare status. For more information please contact Debra A. Toney at dtoney883@aol.com or Debra Collins at dcollins@nvworkconnections.org

SAVE THE DATE

28th Advances in Respiratory Care Conference

CEUs for respiratory care therapists & nurses

Program and registration information will be posted at www.lungnevada.org

May 15-16, 2014 • Las Vegas, NV

Contracted Clinical Educator – Diabetes Trainer

- Experienced teaching patients and healthcare professionals to use injectable medication in individual or group settings
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- Licensed RN, NP, APN, PA, or PharmD
- Communication and interpersonal skills to foster partnership with multiple audiences

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Inquiries please call 1-877-867-6677

The Case Management Association of Las Vegas has scheduled the Certified Case Manager Study Group plus 6 CEU/CCM eligible programs for 2014. Visit our web site for detailed information

www.cmalv.com or Email cmalv@cmalv.com

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www.cmalv.com or Email cmalv@cmalv.com

CLARK COUNTY, NEVADA

Department of Juvenile Justice Services

Registered Nurse

Requires: Graduation from an approved nursing college or program and three (3) years of full-time professional experience as a registered nurse in a clinic, hospital or public health setting. NV RN license required.


For complete job description and to apply online go to www.clarkcountynv.gov

Clark County Human Resources

500 S. Grand Central Pkwy., 3rd Floor, Las Vegas, NV 89155

(702) 456-4065

SAVE THE DATE

28th Advances in Respiratory Care Conference

CEUs for respiratory care therapists & nurses

Program and registration information will be posted at www.lungnevada.org

May 15-16, 2014 • Las Vegas, NV

Doctor of Nursing Practice

BSN-DNP Post-Master’s

www.rmuop.edu/lp-old
Many Nevada Schools of Nursing offer programs for nurses seeking to advance their knowledge and preparedness for the increasing demands of the profession. We are pleased to present a sample of the available programs. We encourage you to contact the school of your choice to explore opportunities for advanced degrees and certification in nursing.

LPN to RN Program

Deborah Ain, MS, RN
Interim Director of Nursing
College of Southern Nevada

The College of Southern Nevada (CSN) offers a 3-semester LPN to RN program. LPNs licensed in Nevada will receive 8 credits towards the required 72 credits of the Associate Degree Nursing (ADN) program. There are 35 credits of general education courses required, in addition to 29 credits of nursing courses. Courses from other schools may transfer in as an equivalent of the required courses. To get started at CSN you should have all official transcripts sent to CSN (http://www.csn.edu/pages/4299.asp), request a transcript evaluation, and submit a copy of your nursing license to the Registrar’s Office. Once the courses have been transferred and evaluated, you should call (702) 651-5649 and request an appointment with Pat Riede, ADN Program Director.

Refresher Courses

CSN also offers courses for nurses who have placed their license on inactive status and would like to return to nursing. Both the RN Refresher Course and the LPN Refresher Course are 5 credits—2 credits of theory, 0.5 credits (24 hours) of skills lab, and 2.5 credits (L20 hours) of clinical with an RN preceptor. For information about these courses and to register, please call the Nursing Office at (702) 651-5649.

Masters Education in Nursing Programs

Stephanie DeBoor, PhD, RN, CCRN

For those interested in advancing their nursing education at the Master’s level, the Orvis School of Nursing at the University of Nevada, Reno offers four different opportunities. Launching the first cohort fall of 2014 will be the new Adult Gerontology Acute Care Nurse Practitioner track. The Adult Gerontology Acute Care Nurse Practitioner (AGACNP) program prepares nurses to provide direct care in acute care settings through a program of study focused on the care of acutely ill patients and their families. An AGACNP can diagnose and treat medical conditions. In collaboration with the physician and other members of the health care team, AGACNPs provide direct care to patients from hospital admission through discharge.

The Family Nurse Practitioner (FNP) track prepares those graduates to function in the role of a primary care provider. Focusing on health promotion and maintenance of patients, families and the community at large the FNP manages acute and chronic medical conditions in outpatient settings.

The Clinical Nurse Leader track prepares effective nurse leaders to work within all settings of health care systems. As a nurse generalist many opportunities exist; outcomes manager, systems analyst, risk management, infection control, nursing leader, to name a few.

Finally, the Nurse Educator track prepares individuals to teach within academic settings as well as provide staff development to nurses in healthcare organizations. This track teaches participants about nursing and learning theories along with curriculum development and evaluation.

DNP Program

Christine Aramburu Alegia, PhD, RN, FNP-BC
Assistant Professor
DNP Program Coordinator
Orvis School of Nursing, UNR

Increasingly, governing bodies such as The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) are endorsing the Doctor of Nursing Practice (DNP) degree as the entry level for advanced practice nursing roles. The complexities and challenges of today’s changing healthcare environment demand that our nursing leaders have the necessary knowledge in areas such as leadership, healthcare systems, quality improvement, and health policy. Moreover, as a practice degree, DNP-prepared nurses work with nurse researchers in implementing science into practice.

Aware of this move towards the DNP degree, more and more nurses are enrolling in DNP programs nationwide, building upon their competitive edge, professional knowledge, and personal growth. The Orvis School of Nursing at the University of Nevada Reno, in collaboration with the University of Nevada Las Vegas, offers a POST-MASTERS ONLINE Doctor of Nursing Practice degree. The program is accredited by the Commission on Collegiate Nursing Education (CCNE) and offers two tracks: Nurse Executive and Advanced Practice. In addition to its online format, part-time and full-time study options make the program highly accessible for working professionals. Graduation follows five semesters of successful full-time study and eight semesters of part-time study.

PhD Program

Tish Smyer, DNSc, RN, CNE
Associate Dean for Academic Affair
UNLV, SON

Why choose a PhD in Nursing Program? Where can you get a PhD in Nursing in Nevada?

A PhD in Nursing is congruent with national initiatives and the Institute of Medicine’s The Future of Nursing: Leading Change, Advancing Health. As you consider advancing your graduate education consider some characteristics of a good researcher. A hallmark of a researcher and scholar is curiosity—how do things work and how can things be made better. Being creative and highly motivated to solve problems are necessary for this role. With a PhD in Nursing you are prepared to be a leader, scholar and researcher. The University of Nevada, Las Vegas (UNLV) School of Nursing has the only PhD in Nursing Program in the state of Nevada. There are two focus areas related to nursing education and sustainable health. The PhD prepared nurse interested in nursing education can address the critical need to “advance the science of nursing education, design educational systems that implement efficient and cost-effective program of learning, and lead in the improvement and redesign of the health care system” (NLN Vision for Doctoral Preparation for Nurse Educators, 2013). In the sustainable health option at UNLV, students use their clinical expertise to help shape the nation’s health. By 2050, most of the world’s population will live in urban environments. This program helps students addressing the health care needs of future cities. Students in this program analyze how urban neighborhoods, environmental structures, schools, workplace safety and the quality of our food, water, land and air influence health over the life span. We expect to see our PhD graduates in academia, the health care industry, or government and private organizations focused on health care. Our program is offered online using highly engaging and effective teaching strategies. This allows students to conduct coursework whenever and wherever they can access the Internet. To further connect you to our campus, professors and your peers, on-campus sessions occur for a three-day intensive session every fall. For more information please visit the UNLV School of Nursing website http://www.unlv.edu/nursing. We would be very happy to have a conversation with you as you begin to think about advancing your education.

For more information, please call: 702-799-7443
Clinical Faculty Academy

Wallace J. Henkelman, EdD, MSN, RN
Nevada Career Institute

On October 4, 2013 The Clinical Faculty Academy in Southern Nevada held its third workshop for nursing clinical instructors and nurses who might be interested in becoming clinical instructors. Forty-two nurses attended the eight-hour workshop which included information on legal and ethical aspects of teaching, shifting the focus of nursing education based on recommendations of the Carnegie Foundation for the Advancement of Teaching, concept mapping, and civility/incivility in educational settings.

Presentations were provided by nursing faculty from Nevada State College, Susan Grove and Ruby Wertz, and the Nevada Career Institute, Connie Carpenter and Wallace Henkelman as well as a nurse/attorney, Tracy Singh. Evaluations of the program were very positive and the evaluations also elicited suggestions of topics for future presentations.

The Academy, which was initiated two years ago, is the result of collaboration between the Nevada State Board of Nursing and educators from a number of nursing schools in Southern Nevada. A review of nursing literature demonstrates that this type of collaborative effort between a board of nursing and nursing educators in planning educational programs has never been done before.

The plan is to provide such programs twice each year as long as there is sufficient community interest.

Statutory Rape Training

Katie Deines
Health Information Specialist
Nevada Public Health Foundation

www.nphf.org

The Nevada Public Health Foundation (NPHF) is pleased to offer statutory rape education presentations throughout the state of Nevada, at no cost to the requesting entity. NPHF provides statutory rape education to mandatory reporters, law enforcement agencies, high schools, parents, child advocates, and a number of other entities in Nevada.

Nevada law states that it is illegal for any adult (18 years of age or older) to engage in sexual intercourse or other sexual penetration with a minor under the age of 16, even if the minor consents to the sexual activity. Consent does not make it legal. The adult is legally responsible for committing the crime, not the minor. If found guilty of statutory rape, or "Statutory Sexual Seduction" per Nevada Revised Statutes, prison time, fines, and being identified as a sex offender for life are all possible.

Nevada law is gender neutral and applies to both heterosexual and homosexual relationships.

Victims of statutory rape often suffer such consequences as dropping out of school, poverty, drug and alcohol abuse, low contraceptive use, sexually transmitted diseases, and teen pregnancy. Many adults who are engaged in sexual relationships with minors use manipulation, grooming, power/control tactics, gifts, and transportation to seduce the minor.

Nursing is one of many professions included in Nevada law that requires the mandatory reporting of child abuse and neglect. Therefore, it is vital that nurses are informed about statutory rape law, since statutory sexual seduction is considered sexual abuse (NRS 432B.100).

Funding from the State of Nevada Division of Welfare and Supportive Services supports NPHF's Statutory Rape Education Project, offering free educational presentations throughout Nevada.

For more information about statutory rape or to schedule a presentation, contact Katie Deines via e-mail: katie@npfh.org or call (775) 884-0392.

Ambassadors of Life

Susanne Byrne, MSN, RN

“My finger nails are pink instead of blue!” That is what I remember most clearly about my first encounter with the woman who received my kidney. It isn’t just that she doesn’t have to go to dialysis three times a week, spend three to four hours on the machine and the rest of the day recovering her energy, or that she doesn’t have to limit fluid intake or avoid certain foods.

Yes, she is a living organ donor. But my goal with this information is to inform you of a program I just completed: a volunteer training with the transplant donor network.

This educational program provided me the tools to be an “ambassador” that works with surviving loved ones when the decision to donate tissue or organs is left up to them.

It has been more than a couple of decades since I’ve worked with the critically ill, but I remember the angst of having to ask family about organ donations either shortly before or right after losing their loved one.

There was a lot for me to learn about end-of-life donations. Did you know that people who are ineligible to donate blood because of a history of hepatitis can safely donate organs, lenses, and skin? Did you know that being “too old,” rather than being a deterrent, is an advantage for tissue donation — “old” skin is more reliable for covering burns because of its elasticity. There is no such thing as being “in too poor of health” to donate some parts of one’s body.

Classmates for the Ambassador training included a couple of kidney recipients and a couple of people who shared the communications they’d received from recipients of their loved ones gifts of life. One family member shared the thank you letter she’d received from an organ recipient of her loved one. Over the years, that letter continues to give her comfort.

Consider how you, as a nurse, can be an “ambassador” by having information/education available when a donation can be addressed.

I learned a lot about organ and tissue donation during that training and I am happy to share the information and encourage others to get their questions answered, to write to be a donor at DonateLifeNevada.org and of course, share the wish with their family members so their final wish can be fulfilled.

You’ve always dreamed of being a nurse. Now find your dream job at nursingALD.com

Nevada Substance Abuse Prevention and Treatment Agency (SAPTA)

The mission of SAPTA is to reduce the impact of substance abuse in Nevada.

SAPTA funds services with private non-profit treatment organizations, community level prevention organizations in all 17 Nevada counties, and governmental agencies statewide.

Treatment Services Offered

- Detoxification
- Residential treatment services
- Outpatient counseling
- Comprehensive treatment priority admission or interim services to pregnant women:
  - Pregnant injection drug users
  - Pregnant substance abusers
- Non-pregnant injection drug users
- All Other Substance Abusers

Prevention Services Provided

- Provide Federal and State funding to local and regional coalitions who fund community level direct service providers to provide evidence-based programs, practices, and policies, on identified substance abuse and related factors in communities
- Provide Federal and State funding to local and regional coalitions to provide environmental strategies to change community norms
- Provide training and technical assistance

For questions or resources contact SAPTA at:
Carson City: 775-684-4190  Las Vegas: 702-486-8250
Website: http://nhsrsa.gov

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For more information about statutory rape or to schedule a presentation, contact Katie Deines via e-mail: katie@npfh.org or call (775) 884-0392.
Avoid Malpractice & Protect Your License: Top 5 Musts!

Tracy L. Singh, RN, JD

**MUST #1: Malpractice Insurance**

Recently, while presenting at a conference for travel nurses, the number one question asked was whether or not malpractice insurance was necessary. The answer is unequivocally, “YES.” Malpractice insurance with coverage specific to nursing is a must for nurses working or volunteering in any field or position. When choosing a provider for nursing malpractice insurance, coverage for board complaints and licensing issues should also be included as nurses are far more likely to be subject to a complaint than named in a lawsuit.

**MUST #2: Keep Address Current with ALL Boards (Current or Lapsed)**

Anyone can submit a complaint for any reason at any time against a nurse. If a nurse fails to respond, disciplinary action may be taken by default, including revocation. Some states continue to take action against nurses even after their licenses have lapsed or expired. Additionally, most if not all states have regulations allowing for action to be taken against nurses based solely on action taken in another state. Now that states are posting disciplinary actions on NURSYS.com, other states where a nurse is licensed or expired. Additionally, most if not all states have regulations allowing for action to be taken against nurses based solely on action taken in another state.

**MUST #3: Know your history...Verify your status on NURSYS.com**

NURSYS.com is hosted by the National Counsel of State Boards of Nursing. However, they do not guarantee the accuracy of the information posted, nor do they verify that only “disciplinary” actions will be listed. It is extremely important to know your status on NURSYS, especially if you have ever been denied a license, fined or disciplined in any way. Employers, nursing schools, boards of nursing or anyone else attempting to verify your license(s) will assume the information presented on NURSYS is accurate and you will have the burden of proof when an error has been made. Only the state posting erroneous information can correct a mistake. This can have severe consequences, especially if gone unnoticed for a significant period of time.

**MUST #4: Renew On Time**

The electronic age and increased efforts to protect our environment have had an impact on the way we all do business, including boards of nursing. Things are more automated with less paper reminders. Those who rely on reminder notices alone may fail to realize their licenses have expired. Requirements and the questions asked on initial or renewal applications can also change without notice and nurses are frequently denied or disciplined for fraudulent application when failing to read the questions thoroughly and accurately. Renewing early will ensure you have enough time to fulfill any new requirements and avoid rushing through the application and accidentally answering questions incorrectly. Some states do not allow nurses to resubmit applications previously submitted with errors.

**MUST #5: Properly Administer, Document & Waste ALL Controlled Substances**

Just one failure to properly waste a narcotic can result in a board complaint and/or termination of employment. When this becomes a pattern, diversion will be presumed and it will be up to the nurse to prove the absence of abuse or addiction. The majority of nurses on monitoring or probation are randomly tested for the presence of drugs or alcohol. While some have admitted to addictions requiring rehabilitation, others simply failed to properly document the administration of narcotics on a consistent or significant basis.

Obviously, there are many other issues nurses must be concerned with in order to protect their licenses. However, these five MUSTS, as basic and simple as they may seem, are frequently overlooked by even the most diligent nurses causing significant and often irreparable damage to their careers. In Nevada, nearly every nursing board meeting agenda contains at least one nurse who failed to renew on time and continued working on a lapsed license, a nurse who failed to properly document or waste narcotics, and one who failed to respond to a notice of complaint. Revocations are increasingly common and a formal complaint can result in disciplinary action, regardless of how far-fetched or absurd the allegations may seem. Every notice from a board of nursing should be taken seriously and whether you receive it or not, once notice is issued, the investigation will proceed with or without your input. The majority of complaints are submitted by employers for violations occurring at work. However, spouses, friends and family members have also been known to turn nurses into the board for non-work-related incidents calling nurses’ moral turpitude into question.

If you receive a notice of complaint or investigation, you have the right to remain silent and anything you say can and will be used against you. You have the right to legal representation during the investigation, you have the right to remain silent and, if you decide to answer questions, anything you say and do can be used against you. You have the right to legal representation during the investigation, you have the right to remain silent and, if you decide to answer questions, anything you say and do can be used against you. You have the right to legal representation during the investigation, you have the right to remain silent and, if you decide to answer questions, anything you say and do can be used against you.

If you have any questions or comments related to this article, contact the author directly at tsingh@tnghlaw.com or (702) 444-5520.
Meet the Newly Elected

NNA State Board

Nominating Committee Chair
Susan Nied, MSN, MHA, RN

Continuing members of the NNA State Board are:
• President Scott Lamprecht, DNP, APRN
• Vice-President Elizabeth Fildes, EdD, RN, CNE, CARN-AP, APHN-BC
• Secretary Nicki Aaker, MSN, MPH, RN, CNOR, PHCNS-BC
• Treasurer Pat Alfonso, MSN, RN
• Director Mary Brann, PhD, RN
• Director Heidi Johnson, MSN, RN
• Director Susan Growe, MSN, RN
• District 3 President Dave Tyrell, BSN, RN

NNA District 1 Board

Jean C. Lyon, Ph.D., APRN, FNP-BC, NEA-BC
President Jean Lyon is a Board Certified Family Nurse Practitioner. She graduated from Sonoma State University’s post-graduate Family Nurse Practitioner Certificate Program. She has 19 years of experience as a nurse practitioner. She is an experienced nursing and hospital administrator, and is a hospital surveyor for The Joint Commission. Jean holds a PhD in Nursing from University of California, San Francisco. In addition, Jean is a graduate of the University of Washington with a bachelor’s degree in Community Health Education. She has a masters’ degree in Health Sciences from San Francisco State University. Her nursing accomplishments include a bachelor’s degree in Nursing from California State University and a Masters’ degree in Community Health Nursing from San Jose State University. She is Board Certified by the American Nurses’ Credentialing Center (ANCC) as a Family Nurse Practitioner, and as a Nurse Executive, Advanced. She has conducted original research and has published several articles and textbook chapters. She is the recipient of several awards in nursing.

Jean completed an extensive training program in Botox, Juvederm Ultra fillers, and laser therapy from the National Laser Institute, Scottsdale, Arizona. She will be offering services in Botox and fillers, laser hair reduction and sclerotherapy to minimize spider and superficial leg veins. She is committed to providing the highest quality care possible to her clients. In her spare time, Jean spends time with husband, Bob. She enjoys her four Yorkshire Terriers and one Maltese. She is a machine and long-arm quilter, banjo player and avid reader.

Continuing District 1 Board Members:
• Vice-President Julie Wagner, PhD, RN
• Secretary Christy Apple-Johnson, RN
• Director Linda Saunders, MSN, RN
• Director Sandy Olguin, MSN, RN
• Director Betty Razor, BSN, RN

NOMINATING COMMITTEE CHAIR
Susan Nied, MSN, MHA, RN

TREASURER
Glenn Hagerstrom, PhD, RN

Director Devon Croxton, RN

Director Linda Bowman, RN

ALZHEIMER’S EDUCATION CONFERENCE

Join us for the 11th Annual Alzheimer’s Education Conference.

Featuring leading experts in the field, the conference provides the latest information, skill-building and research related to dementia.

Nursing CEUs available.

April 17, 2014
8:30 am - 3:30 pm
Henderson Convention Center
200 S. Water Street - Henderson, NV 89015

800.272.3900
alz.org/dsw

ALZHEIMER’S ASSOCIATION
Desert Southwest Chapter

Life Guard Int’l performs unparalleled 24/7, emergency and non-emergency air medical transportation bed-to-bed, worldwide. Services also include medical escort, commercial stretcher, repatriation, medical tourism, event medical support and organ transplant recipient transportation.
NNA Leaders for 2014

NNA District 3 Board

President-Elect D’Ann Reynolds, MS, RN, CMSRN
Vice-President Donna Miller, RN, EMSRN, CMTE
Director Katherine (Kat) Cylke, DNP, RN

Nominating Committee
Chair Catherine Prato, PhD, RN
Member Peg Calavan, RN, BHCA

Continuing District 3 Board Members:
- President Dave Tyrell, BSN, RN
- Secretary
- Treasurer Karen Eisenberg, MSN, RN
- Director Wallace Henkelman, EdD, MSN, RN

UNIVERSITY OF
NEVADA, RENO

Orvis School of Nursing
www.unr.edu/nursing

- B.S. in Nursing
- RN to BSN
- M.S. in Nursing
  - Family Nurse Practitioner
  - Nurse Educator
  - Clinical Nurse Leader
  - Adult Gerontology Acute Care Nurse Practitioner
    (Opening Fall 2014)
- DNP (Doctor of Nursing Practice)*

University of Nevada, Reno
Statewide • Worldwide

*The DNP program is a collaborative program with UNLV. Students admitted through UNR for this program have their DNP degree conferred by UNR.
Tobacco use remains the single most preventable cause of death and disability in our country and the world today. It is responsible for approximately 433,000 deaths each year. Tobacco use is known to adversely affect nearly every system and function of the human body. It causes malignancies and adversely affects organs that have no direct contact with the smoke itself. It increases the risk of cancers of the pancreas, the bladder, the colon and the cervix. It is also a causative factor in male impotence, infertility, blindness, hearing loss and bone loss.

The United States Surgeon General has determined that cigarette smoking is addictive and the pharmacological and behavioral processes that determine tobacco addiction are similar to those that determine addiction to other drugs, such as heroin and cocaine. Nicotine is the psychoactive drug in tobacco that reinforces its continued use.

With increasing cost of health insurance related to one tobacco use status, this is a good time to quit! Quitting tobacco use takes time, preparation and support. With assistance, develop an individualized and holistic plan, based on your level of addiction and other factors. Your plan needs to address your physical, mental, emotional and spiritual well-being. Life balance is key! It is extremely important to understand your very own use and relationship with tobacco.

Many tobacco users including health care professionals want to quit, especially during a new year! This is the busiest time at the Nevada Tobacco Users’ Helpline (Helpline). The good news is that the Helpline counselors are ready! In addition, the Helpline has received funding from the Fund for Healthy Nevada to provide FREE four-week supply of nicotine replacement therapy for Nevadans with chronic diseases.

Why Do You Use Tobacco?

The Answer is Nicotine

Nicotine is found in all types of tobacco, both smoked and smokeless. Although other chemicals in tobacco cause health problems like heart disease, lung disease and cancer, it is nicotine that ‘hooks’ the tobacco user.

Nicotine is an addictive as other ‘hard’ drugs like cocaine and heroin and like other drugs, the user may become addicted physically and psychologically.

Most people don’t know that smoking a cigarette is a form of ‘free-basing’ nicotine. Free-basing causes nicotine to be absorbed in the brain quickly. The faster an addictive substance reaches the brain, the greater the potential for addiction. It only takes 6-10 seconds for nicotine to reach the brain after the first puff of a cigarette. This is faster than injecting nicotine directly.

Nicotine can act as both a stimulant and a sedative.

Although nicotine from smokeless tobacco is absorbed more slowly, there is more nicotine in smokeless tobacco, and it stays in the body longer.

Over time, nicotine causes chemical changes in the brain, increasing the receptors that crave nicotine. Because of these changes, most individuals experience the uncomfortable feelings of withdrawal when they stop using tobacco. Once the level of nicotine drops, the tobacco user must ‘dose’ again (smoke or chew) to avoid the withdrawal.

A pack a day smoker usually ‘doses’ with nicotine, and all the other harmful chemicals found in the cigarettes, over 200 times per day.

First.... The Good News About Quitting

There are challenges to quitting tobacco, but the good news is there are immediate benefits to quitting smoking or using smokeless tobacco.

1. Within 20 minutes: Blood pressure and heart rate decrease

2. 8-12 hours: Carbon monoxide drops, blood oxygen returns to normal

3. 2 weeks to 3 months: Improved circulation and lung function

4. 1-9 months: Lungs begin to regain normal function, including ability to clean and fight infection

5. 1 year: Risk of coronary disease is cut in half

6. 5-15 years: Risk of stroke reduced to that of non-smoker

7. 10 years: Risk of cancer reduced; Risk of lung cancer cut in half

8. 15 years: Risk of coronary heart disease is similar to non-smoker

To help you decide to quit, this information may be helpful...

What’s In a Cigarette?

There are over 7,000 chemicals found in tobacco smoke. Over 69 are known to cause cancer.

• Carbon Monoxide/Car Exhaust

• Polonium 210/Radioactive Material

• Ammonia/Household Cleaner

• Urea/Urine

• Hydrogen Cyanide/Poisonous Gas

• Arsenic/Poison

• Geraniol/Pesticide

• Acetone/Nail Polish Remover

• Formaldehyde/Embalming Fluid

• Methanol/Antifreeze

• Toluene/Gasoline

• Hydrazine/Rocket Fuel

• Cadmium/Battery

• Sodium Hydroxide/Hair Remover

• Tar/Tar

By the way, smokeless does not mean harmless

Some Facts about Smokeless Tobacco

• The amount of nicotine absorbed through spit tobacco is three to four times more than with a cigarette. One tin can provide as much nicotine as 60-80 cigarettes.

• Spit tobacco causes white mouth sores in 40% to 50% of users. These sores can become cancerous.

• There are over 3,000 chemicals in spit tobacco, 28 known to cause cancer. Some of the chemicals include:
  • Polonium 210, Uranium 235 and Uranium 238. All are radioactive.
  • Arsenic and Cyanide. These are deadly poisons.

• Benzene. Causes cancer and is used as an industrial solvent.

• Sand, grit and salt. Causes abrasions in the mouth to increase the absorption of nicotine. Salt can contribute to high blood pressure.

• Sugar added to spit tobacco during processing can cavities in teeth.

Quitting Smoking

Elizabeth Fildes, EdD, RN, CNE, CARN-AP, APHN-BC, DACACD

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to help you quit tobacco for good. When you are ready to quit, Centers for Disease Control (CDC) has the following Quit Tips:

CDC’s QUIT TIPS

Are you one of the more than 70% of smokers who want to quit? Then try following this advice.

1. **Don’t smoke any cigarettes.** Each cigarette you smoke damages your lungs, your blood vessels, and cells throughout your body. Even occasional smoking is harmful.

2. **Write down why you want to quit.** Do you want to –
   - Be around for your loved ones?
   - Have better health?
   - Set a good example for your children?
   - Protect your family from breathing other people’s smoke?

Really wanting to quit smoking is very important to how much success you will have in quitting.

3. **Know that it will take commitment and effort to quit smoking.** Nearly all smokers have some feelings of nicotine withdrawal when they try to quit. Nicotine is addictive. Knowing this will help you deal with withdrawal symptoms that can occur, such as bad moods and really wanting to smoke.

There are many ways smokers quit, including using nicotine replacement products (gum and patches) or FDA-approved, non-nicotine cessation medications. Some people do not experience any withdrawal symptoms. For most people, symptoms only last a few days to a couple of weeks. Take quitting one day at a time, even one minute at a time – whatever you need to succeed.

4. **Get help if you want it.** Smokers can receive free resources and assistance to help them quit by calling the NEVADA TOBACCO USERS’ HELPLINE at 1-800-QUIT-NOW or by visiting CDC’s Tips from Former Smokers (http://wwwQUIT.TIPS). Your health care providers are also a good source for help and support.

5. **Remember this good news!** More than half of all adult smokers have quit, and you can, too. Millions of people have learned to face life without a cigarette. Quitting smoking is the single most important step you can take to protect your health and the health of your family.

**Sources:**

- Nevada Tobacco Users’ Helpline, Quitting, it’s not a matter of having the will, but having a way. (http://www.LivingTobaccoFree.com). July 2011 (accessed 2013 Nov 7)

The Healthy Nevada Nurses initiative continues to gain momentum, as we put in place elements that we hope will help you to set and maintain achievable health goals. There are several exciting new developments:

- We are excited to announce that we now have four business partners in the Reno-Sparks / Carson City area who are providing significant discounts to Healthy Nevada Nurses.

Saint Mary’s Center for Health & Fitness

645 N. Arlington Ave. 100
Reno, NV 89503
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Yoga Loka

6135 Lakeside Dr. #121
Reno, NV 89511
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[**b**] Medical Spa

730 Sandhill RD Ste 200
Reno, NV 89521
15% discount on any medical service

We appreciate the support of these businesses for nurses. When you go in, state that you are a Healthy Nevada Nurse to get the discount. We will be expanding our partnerships to other areas of Nevada, so watch our website and RN for partners in your area.

- Our Healthy Nevada Nurses website is now online. Visit us at www.healthynevadannurses.com.
- Our Facebook page is coming soon!

We hope that you will join us in a journey to better health and wellness. Remember the words of Lao Tzu: “The journey of a thousand miles must begin with a single step.”
Neurofeedback
A Biological Perspective

Marieke van Heerde, Ph.D., R.N., BCN

During the last 10-15 years, research findings have increasingly supported the view of neurodevelopmental origin to a variety of disorders, such as the Autistic Spectrum. The right hemisphere's involvement in the expression of emotion (frontal area) and understanding of emotional communication (parietal-temporal areas) has been known for many years. The underlying major symptoms of anxiety, coupled often with inexplicable impulsive outbursts and/ or actions, are well known in individuals who have autistic spectrum disorders. The most consistent observation in Electro Encephalography, a graph of a person's brainwaves, in individuals with autism is a pattern of slow waves, called theta waves in the central, frontal and prefrontal areas. Slow waves may also be seen on the right temporal and the right parietal lobes. This right hemisphere ‘idling’ combined with prefrontal slow wave activity, may be a reflection of the difficulty these individuals have with expressing themselves appropriately socially, emotionally and interpreting social communication; in particular the inability to interpret abstract references, inferences and innuendo and to understand non-verbal communication. These results along with recent research and innuendo and to understand non-verbal communication. These results along with recent research find that abnormal EEG rhythms. Hertz expressed in Hertz, is the initial characteristic used to define normal or abnormal EEG rhythms. Higher average frequency correlates with higher arousal and higher amplitude (width and height) with lower arousal. Information about waveform, frequency and shape is combined with the age range and stabilized. Thus the brain becomes conditioned. The goal of Neurofeedback training is to teach the individual what specific states of arousal feel like and how to activate such states. In EEG terms, it is called synchrony. By training the brain to sustain such local synchrony and global coherence, neuron network interactions are reinforced and brain regulatory function is thereby strengthened and stabilized. Thus the brain can be regarded as a feedback control system, the internal stability of which is maintained by network linkages. The operation of such linkages is partly observable in the frequency characteristics of the EEG. Operant conditioning of brain rhythms rewards brain activity and selected frequencies whenever such activity spontaneously makes its appearance. The enforcement encourages the brain to sustain such activity. If the brain makes the more desirable frequencies it is rewarded with points and a tone each time. During neurofeedback training the EEG is recorded and the relevant frequency components are extracted and feedback to the individual using an online feedback loop in the form of audio-visual information.

Although medication may influence the EEG for a short time period, it has been suggested that the use of Neurofeedback may lead to a long-term normalization of the individual's EEG and result in long-term alleviation of symptoms.

The exact physiological processes involved in changing the pattern of cortical activity are not completely understood; learning to alter one's EEG activity is thought to be very possible. If neurofeedback training can improve cognitive and behavioral performance, it represents a highly desirable intervention for children as well as adults with variable types of mental dysfunctions as well as for those who are interested in optimum performance of brain function.

HOW IT WORKS?
A special EEG monitor(amplifier) and software is set up with a computer: Electrodes are placed on the scalp that record brainwave activity. The client is then given visual and auditory feedback such as a special designed computer game. As certain frequencies increase or decrease, the trainee gets increased or decreased feedback-including auditory and visual feedback. The most common problems addressed are:

- Autistic Spectrum
- Attention Deficit with or without Hyperactivity
- Depression
- Bi-polar
- Seizures
- Anxiety/Excessive worry
- Anger/Rage
- Panic Attacks
- Post Traumatic Stress
- Migraines and Headaches
- Insomnia/Sleep dysregulation
- Substance abuse
- Menopausal symptoms
- Peak performance

ABOUT THE PRACTITIONER
Marieke van Heerde holds a M.A. Degree in Nursing and Education, a Graduate Certificate in Child and Adolescent Mental Health Interventions and a Ph.D. in Clinical Psychology. She is a Board Certified Neurofeedback Practitioner and is in Private Practice in Minden, Nevada.
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Mayo Clinic http://www.mayoclinic.com/health/eyestrain/DS01084/DSECTION=prevention


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