















PAGE 3

These organizations are members of the Idaho Center for Nursing.

# ANA-IDAHO PRESIDENTIAL REPORT

# Will You Be There?

Anna Rostock, MBA, BSN, RN, NE-BC ANA-Idaho President

I am often asked why I advocate for organizational membership or why I am active the American Nurse Association (ANA). ANA's mission is to 'lead the profession to shape the future of nursing and health care,' and I support its broad mission. I appreciate the level of involvement ANA has at the federal and state levels. ANA crosses all boundaries and



Anna Rostock

has focused on broader public policies than specialty organizations. Historically, many of today's specialty nursing organizations evolved from ANA members who wanted targeted continuing education within their specialty, such as cancer care or critical care, or within a specific practice setting such as the operating room. But, I am also proud of any nurse who advocates for the profession within any of the nursing associations and I want to champion involvement in professional organizations in general.

The issues for a small rural state like Idaho are many when it comes to nursing organizational membership. Even statewide associations like ANA-Idaho, that has existed since 1909, have often faced financial sustainability issues. Luckily, because there has always been a cohort of nurses who believed that the benefits of an organization that looks to impact public health policy is important, the ANA-Idaho has survived. We have seen very worthwhile specialty groups attempt to sustain themselves in Idaho over the years, but most come and go and none have really been sustained because their memberships are too low and when an engaged leader leaves, then often the entire organization ceases

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to function. It is not that specialty nursing organizations do not meet the needs of members, nor that their importance and contributions are not recognized. It is simply an issue of having sufficient numbers of engaged members and being able to generate the funding that it takes to maintain the basics for any organization.

In Idaho, we have been fortunate to have had one umbrella organization, the Idaho Center for Nursing (ICN), that offers other organizations the ability to affiliate with it through a formal Memorandum of Understanding and that offers shared costs and association services, that each organization formerly paid on its own. Cost sharing alone has made ANA-Idaho financially solvent and today we have over \$200,000 in savings that could be used if we had an unexpected financial burden.

ANA-Idaho is not a nursing union, but we do advocate for issues that positively affect nurses and nurses' work environments. We have been in the front row of legislative hearings and addressed many positive issues. This year we support the Rural Nurse Loan Repayment Program, which will help repay school debt for nurses who choose to work in a rural setting. We have been strong advocates to maintain the workplace violence legislation, that is already law in Idaho, making the abuse of a nurse in the workplace a felony. In short, today Idaho nurses have a seat at the table, which has not always been the

Membership in a professional organization helps to amplify the voice of the nurse. Nationally, ANA tirelessly works to facilitate participation in conversations and decision making that impact our profession - being a respected voice for nursing at these decisionmaking tables is essential to making sure relevant and necessary change is being made and that unintended consequences are mitigated.

Identifying your area of interest and finding ways to engage can be a daunting task. There are so many avenues that a nurse can take that aligns with their personal interests, be it federal and state advocacy, professional practice, enhanced education opportunities, colleague, or self-care advocacy just to name a few. The American Nurses Association has established an effective avenue for engagement in many of these arenas. Idaho has participated in them. Here are a few of our programs:

- Healthy Nurse, Healthy Nation "It's ok to not be ok"
- Federal Advocacy
- Practice
- Professional Development

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# ANA Idaho Welcomes New & Returning Members

# Mar - May 2023

**Ammon**Tara Arocho

Cassie Dunn

Blackfoot
Sydne Perron

**Boise**Timothy Doughtery

Marci Grove
Theresa Knaup

Rebecca Lorentzen

Bonna Ormond

Marry Pannell

Frances Pederson

Anna Schroeder

Patti Waldrep

Caldwell

Kathryn Cock
Connie Lowder
Lauren Vikla

Coeur D'Alene

Valerie Kastens

Driggs

Susan Clarke

Eagle

Alexandria Green
Mark Smith

Imelda Weddington

**Emmett** 

Jeremy Withers

Idaho Falls

Malinda Matkin

Kuna

Sean Haggerty
Amy Mahler
Pamela Schlager
Eileen Youngblood

Lewiston

Debora Lemon

Melba

Jaclyn Hone

Meridian

Sydney Allen Andrea Fitzer

Alissa Godinez

Leann Johnson Ryan Manwaring

Sandra Messmer

Christa Whalen

Montpelier

Janet Merrell

Nampa

Linda Cox Ashley Goode

**Pocatello** 

Amanda Bornschlegel Patricia Brunges

Susan Ganske

Nomin Park

**Post Falls** 

Erica Anderson

Rigby

Samuel Johnson

Rupert

Krysta Maier

**Saint Maries** 

Kimberly

Scheffelmaier Ryan

Twin Falls

Nathan Sparks
Garth Turnipseed



## ANA-Idaho Presidential Report continued from page 1

Membership is important, but we all realize that it is an invitation that is often times hard to accept. We all have to ask ourselves the "what's in it for me" question and hopefully come to a resolution whereby we can say \$15.00 per month is OK. I can support this. But, understandably, for some it is not OK. We cannot kid ourselves that the recently enacted Internal Revenue Rule that set the standard tax deduction so high that 90% of Americans have no need to itemize deductions, has negatively impacted every professional organization that depends on membership dues. This is no different for ANA-Idaho. Today the membership number hovers at nearly 800 members, out of a potential 18,650 nurses who are Idaho residents. While this is a pitifully low number, it is a common and comparable percentage to other organizations that have individual members versus organizational members.

What is the biggest potential threat for nurses today? Shortage! There are not enough nurses to do the work, and yet, the work needs to be done. Today only 41% of nurses work in a hospital compared to 85% 40 years ago Hospitals need people to do the work, so they are looking to change the model of care delivery. What will that mean? Will non-nurses be hired and trained to do what nurses have done to provide complex care? Will patients suffer unintended consequences and harm? This all remains to be proven. However, one thing is certain, the nursing association will be there when discussions happen. The nursing association will be there advocating for better funding for nursing schools so we can increase capacity and graduate more nurses. The nursing association will be there to address care issues and advocate for nurses. The nursing association will be there to engage with regulators and address the nursing scope of practice issues. The nursing association will be there to bring nurses together at annual meetings. Through good management and engaged members, the nursing association will be there to promote and protect the profession. The only unanswered question is WILL YOU BE THERE?

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Direct Dial: 208-367-1171

Email: rnidaho@idahonurses.org

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**Editor:** 

Sara F. Hawkins, PhD, RN, CPPS

**Editor Emerita:** 

Barbara McNeil, PhD, RN-BC

**Executive Director:** 

Randall Hudspeth, PhD, MBA, MS, APRN-CNP, FAANP

**Editorial Board:** 

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# **STUDENT FEATURE**



# Comparing Systemic Thrombolysis and Catheter-Directed Thrombolysis: A Treatment for Adult Patients with Pulmonary Embolism

Rachel Giroux, Ibrahim Kumenda, Sydney Merrifield, Dan Schaaf, and Erin VanHoose BSN Students | Lewis-Clark State College

A sudden sense of impending doom. Chest pain. Shortness of breath. These can be frightening symptoms of a pulmonary embolism (PE), which is the third highest cause of cardiovascular-related mortality (Pietrasik, 2022). Current practice for treating PE is systemic thrombolysis (ST), a procedure that involves giving relatively large doses of thrombolytic medications to break down emboli. Additionally, an alternative therapy that is becoming more commonly utilized is catheter-directed thrombolysis (CDT), which is performed by directing a catheter to the specific site of the emboli where small doses of tissue plasminogen activator (tPA) are used to break down the clot, often with ultrasonic waves. This method of treatment requires smaller doses of thrombolytic medication and can be personalized for the patient. This having been said, how do these two treatment modalities compare in their outcomes?

### Mortality

Pulmonary embolisms are classified as either severity-low-risk, submassive, or massive. The research we evaluated compared various outcomes from ST and CDT in patients presenting with submassive and massive PE. In a retrospective observational study, 204 patients received ST (anticoagulation) while the other 99 received CDT. At 30 days, CDT patients had a mortality rate of 3.0% while ST patients had a mortality rate of 10.4% (p=0.005) (D'Auria et al., 2020). This study also presented follow-up mortality rates for these patients at one year, with CDT patients experiencing 8.1% mortality and ST patients showing a 22.9% mortality (p=0.005) (D'Auria et al., 2020). In another retrospective analysis, 1915 patients were assessed, with 632 having received CDT and 1283 having received ST. In-hospital mortality rates showed CDT patients at 6.6% and ST patients at 12.5% (p < 0.001), 30-day mortality rates showed CDT patients at 8.1% and ST patients at 14.7% (p < 0.001), and one-year mortality rates showed CDT patients at 11.7% and ST patients at 18.6% (p < 0.001) (Geller et al., 2020). In a German study, researchers found that among patients with shock, CDT was significantly associated with lower in-hospital mortality compared to systemic anticoagulation (p = 0.003) (Hobohm et. al., 2020). It was concluded that patients who were hemodynamically stable had lower in-hospital mortality rates when treated with CDT compared to systemic anticoagulation (p = 0.026) (Hobohm et. al., 2020).

A meta-analysis that examined CDT initiated within the first three days compared to anticoagulation therapy showed a significant difference in in-hospital mortality with rates of 2.4% vs 6.4%, respectively (p < 0.0001) (Ismayl et al., 2022). The researchers also concluded that CDT was associated with lower 30-day and 90-day mortality as well as a tendency toward lower 1-year mortality. Another meta-analysis including 11,932 patients concluded that treating patients with CDT was overall associated with lower in-hospital mortality (risk ratio 0.52; 95% confidence interval (CI) 0.40–0.68) (Pasha et al., 2022).

## **Bleeding**

Bleeding is a major risk for those receiving thrombolytic therapy. Due to its method of delivery, CDT may be a safer alternative for people with a higher bleeding risk. However, bleeding rates comparing CDT and ST patients are often difficult to assess due to the types of patients chosen to receive the different

treatments. One meta-analysis showed pooled results of no significant difference in major bleeding between thrombolysis delivery modalities (risk ratio 0.80; 95% Cl 0.37–1.76) (Pasha et al., 2022). Other articles evaluated in this literature review note similar findings, as well. However, pooled results from the same study revealed a lower risk of intracranial hemorrhage from CDT (risk ratio 0.66; 95% Cl 0.47–0.94) (Pasha et al., 2022). Another study found that CDT versus ST is associated with an odds ratio of 0.48 (0.20–1.03), meaning that the odds of having major bleeding when using CDT therapy is 52% less than ST (Starodubstev et al., 2020, para. 21).

### Conclusion

Based on the evidence discussed, catheter-directed thrombolysis is a statistically safer and more effective treatment option for many patients with massive and submassive PE. CDT offers as a valid therapeutic alternative to the current practice of systemic thrombolysis; however, it is important to remember that each patient is unique and that their physiological needs are different. Healthcare providers, specifically nurses, are increasingly encouraged to have awareness of treatment options. Such knowledge is important to quality improvement associated with improved patient outcomes; enabling greater public accountability and patient advocacy.

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# SAVE THE DATES

# LEAP 2023—ANNUAL CONFERENCE NOW IN 2 LOCATIONS

### **Idaho Falls LEAP East**

Thursday October 9
Hilton Garden Inn and Conference Center

### **Boise LEAP West**

Thursday November 9 | The Grove Hotel

## Idaho Association of Nurse Anesthetists

### **AANA Annual Congress**

August 18-22 | Seattle, WA

# Nurse Practitioners of Idaho

**NPI Fall Clinical Conference** 

Sept 22-23 | Boise Centre East Boise, ID

## **Idaho Board of Nursing**

# RN and APRN License Renewal Season

June 1- August 31

### 2023 Meeting Dates

DOPL 11341 W. Chinden Blvd Boise, ID 83714 October 12



# FROM THE BOARD OF NURSING





The Idaho Board of Nursing administrative rule changes went into effect sine die on March 28, 2023. The Board recommends all licensees read through the rules. They can be found at <a href="https://adminrules.idaho.gov/rules/current/24/243401.pdf">https://adminrules.idaho.gov/rules/current/24/243401.pdf</a>.

### **Guidance for Lifestyle Injectable Treatments**

The following guidance document is meant to assist professionally licensed healthcare providers in determining whether they may administer lifestyle injectable treatments such as Botox or intravenous hydration, or if they may serve as a medical director for a business administering such treatments. The guidance document is broken into three sections: Authority, Standard of Care, and Delegation. It is recommended that practitioners consider each question in sequence.



### Authority to Prescribe, Order, or Administer

Are you a healthcare provider licensed in the State of Idaho?

Does your applicable practice act and administrative rules adopted by your licensing board allow you to administer medications or blood products or agents?

Is the administration of the specific injectable treatment prohibited by your applicable practice act or administrative rules?

Does your applicable practice act and administrative rules require you to personally complete the initial assessment of the prospective client? If yes, have you completed that initial assessment?

Does the treatment you are providing require a valid prescription drug order? If yes, does the applicable practice act and administrative rules grant you prescriptive authority?

Does your applicable practice act and administrative rules permit ordering, obtaining, possessing, or storing prescription medications and agents?

### Idaho Community Standard of Care

Is performing the treatment consistent with the accepted and prevailing Idaho community standard of care required by your applicable practice act or rules adopted by your licensing board?

Do you have the necessary education, training, and experience to safely perform the treatment?

Is there evidence of your current competence—knowledge, skills, abilities, and judgments—to safely perform the treatment?

Would a reasonable and prudent professional holding the same license as the licensee perform or delegate this treatment in this setting?

### **Delegation and Supervision of Administration**

Will you personally perform the specific treatment, or will you delegate performance of the treatments to others?

Does your applicable practice act and administrative rules adopted by your licensing board allow you to delegate the administration of medications?

Does your applicable practice act and administrative rules adopted by your licensing board require your delegate to be licensed, certified, and/or registered in the State of Idaho?

If you intend to delegate performance of the treatments, are you able to provide the level of supervision required by your applicable practice act, administrative rules of your licensing board, and the prevailing community standards of care?

Have you considered putting in place a valid standing order or collaborative practice agreement for the administration of medications?

Are you prepared to accept legal and financial liability for the outcome of the treatment, including liability for the actions of a delegate?

# Best practices:

Licensees providing injectable treatments should consider implementing emergency protocols, and policies and procedures to support performing the treatment, including access to all appropriate resources to perform the treatment in the proposed practice setting.

## Relevant Law and Rule Resources:

https://legislature.idaho.gov/statutesrules/idstat/Title54/https://adminrules.idaho.gov/rules/current/24/243401.pdf

If there is any discrepancy between this publication and the law, the provisions of the law will prevail.

### **Health Professional Recovery Program**

Are you working long hours and feeling burnout? Do you feel yourself going down the wrong path? Are you ready to make changes?

You can choose the direction you are going and get help with substance use or mental health. The Division of Occupational and Professional Licenses offers a confidential, non-punitive program. This program was created to assist medical professionals (Doctors, Nurses, Dentists, Pharmacists, etc.) who have or are at risk of developing an addiction. The program's purpose is to assist professionals and their families to identify substance use disorders that pose a potential threat to their careers and get them the help they need.

If you answered yes to any of the questions above, let us help you preserve your license and get you on the road to recovery. For further information about this program contact Katie Stuart.

Program Manager: Katie Stuart, CIP Phone: (208)-577-2489
E-mail: Katie.Stuart@dopl.idaho.gov
Website: https://dopl.idaho.gov/

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# FROM THE EDITOR

# Hip, Hip!

Sara Hawkins, PhD, RN, CPPS

In this issue of RN Idaho, the interview with Randall Hudspeth is a worthwhile read! You see, Dr. Hudspeth announced his retirement as the Executive Director for the Idaho Center for Nursing. His contributions to professional nursing in the State of Idaho are not only worthy of three cheers, but are also a remarkable testament to the power that underlies active engagement and mentoring in the nursing field.

Dr. Hudspeth's career has been punctuated at a high level with dedicated service. In fact, he was actually the first editor of RN IDAHO! For some background, the first newsletter associated with the Idaho Nurses Association started in 1932 – Gem State Nurse. In 1952 it became



Sara Hawkins

known as the Gem State News for Nurses, and in 1977 the Board changed the name to RN IDAHO. Dr. Hudspeth has played an important role in the publication ever since.

On behalf of the RN Idaho Editorial Board, it has been an absolute honor to have learned from Dr. Hudspeth's exemplary leadership and faithful contributions to this publication. It's thanks in part to him that we've come such a long way since 1977. Our publication is now fully digital with a distribution reach of 34,500! Recent e-publication metrics from the May 2023 edition indicate an initial open rate of at 97% with a click rate of 27%. This represents remarkable engagement in Idaho, as industry averages for similar quarterly publications are around 89.5% open rate and 4.8% click through rate. That sure is a legacy to be proud of!

Congratulations on your retirement Dr. Hudspeth! Just as there is strength in finding solid ground and planting roots, there is power in a fresh start. My admiration for you is immense and I am confident you will remain a determined advocate for professional nursing. Cheers!

# Idaho Center for Nursing

# Joining Your Professional Organization

"The rising tide raises all ships..." Engaging with your professional organization has many benefits for both you and the profession as a whole. No one is expected to join every organization but choose the one that best meets your professional needs and join it. Membership is important and it sustains the organizations which in turn benefits every professional nurse and helps promote and benefit the profession as a whole.

**Joining is easy!** It can be accomplished on the organization website. Visit the website HOME PAGE of the association you want to support and follow the instructions how to join. All of the nursing organizations listed below participate in the Idaho Center for Nursing.



### RNe

idahonurses.nursingnetwork.com/



Nurse Practitioners: npidaho.enpnetwork.com/



**CRNAs:** <u>idahoana.org/</u>



**Nurse Leaders of Idaho:** nurseleadersidaho.nursingnetwork.com/

# **NLI PRESIDENTIAL REPORT**

# **Take Time to Say Thanks**

Kevin K. McEwan, DNP, RN, NEA-BC

For a nurse leader, a moment of great pride and satisfaction comes from witnessing the achievements and accomplishments of peers. These feelings are reminiscent of my time as a bedside nurse, seeing ICU patients get better and transfer from the unit to the medical floor or even home. Celebrating the progress and success of others is crucial to any profession. It is with great expectation, for example, that I anticipate each edition of RN Idaho! I love the opportunity this publication provides to celebrate our colleagues across the state who have received recognition: from the DAISY award, leadership and academic awards, national certifications and organizational accreditations



Dr. Kevin McEwan

to completed evidence-based projects and/or community and public recognitions. All such accolades are much deserved and representative of our place and position as the most trusted profession within healthcare.

I credit and applaud nurses engaged in professional activities. Your actions go above and beyond and make the difference for patients, families, and communities. Nurses know instinctively that the little things are the big things that matter; particularly when seen in the quiet thanks and looks of relief on the faces of patients and their loved ones. For many, moments of simple recognition are often more memorable and appreciated than the splashy public recognitions seen on social media.

In our efforts to improve workplace culture and wellbeing, let's make celebrating each other a priority. This can be done, big or small, through many types of private and public recognition. I find a simple hand-written note is highly effective. Begin by identifying colleagues who deserve recognition. Quint Studer, a professional engagement expert in healthcare, recommends asking both patients and staff, "does anyone in your mind deserve some recognition and why?". This fall, we will have the opportunity to recognize colleagues during two evening events associated with our Learning in Education, Administration, and Practice (LEAP) conferences scheduled for October 9th in Idaho Falls and November 9th in Boise. Information will be forthcoming about each of these conferences and associated recognition events, but begin now to consider who in your practice and organization is deserving of special recognition.

I sincerely appreciate all that each of you do to make nursing the highly respected profession that it is. Enjoy the remainder of a beautiful Idaho summer and hopefully a nice and long fall season.



# AN INTERVIEW WITH THE EXECUTIVE DIRECTOR



Editor Note: When this edition of RN IDAHO is published the announcement that Randy Hudspeth is retiring in September will be well known. He has served as the Executive Director for the Idaho Center for Nursing, NLI, and ANA-Idaho since 2016. We asked nurses who have worked with him to form some questions for our interview.

# RNID: For the past 2 years you have been thinking about retirement and have avoided the decision. Why now?

RH: It is all about timing for me. I have been thinking about how a transition could work and who could fill the executive director role. The stars aligned for me in that a qualified and experienced candidate became available, was interested in the role,



Randall Hudspeth

ticked all of the boxes I thought were important for the boards to consider and her timing and mine were similarly workable. I also felt like my shelf life was ending and that I do have some other things that I want to do besides nursing. This has been a terrific 48 year career, but it is time.

### RNID: So, what is next for you?

**RH:** I plan to become a better cyclist, take more road trips with Ingrid, complete two long term projects that I have had ongoing and that have lacked progress, do some historical reading, and spend some time just sitting in the sun sipping on a whiskey with old friends. I am not going to keep my finger or toes in the business of nursing. I am going to turn out the lights and end it. That said, I do have 2 commitments that I will fulfill after I retire and fully turn out the lights. I agreed to guest edit an edition of JNP and I have a textbook chapter on opioid pharmacology that is pending publication...then for sure I am done!

# **RNID:** What impact do you think you have made on the nursing profession?

**RH:** I am not certain that I made any impact on nursing that someone else could not have done. I do feel that I had some terrific roles, had some great mentors, received a lot of great advice and most importantly to me is that I am leaving with the feeling that I did my part over the years.

# RNID: What 5 things to you think could be your legacy?

RH: When it comes to lasting contributions to nursing that I was involved with these come to mind. (1) Writing Charting Idaho Nursing History with Verlene Kaiser. She is a treasure of historical knowledge about our nursing history and was a terrific partner. (2) In 1977 I was an INA board member and I was asked to change and update the old Gem State Newsletter. I was the first editor and designer of RN IDAHO. That publication has sustained itself for 45 years and is now stronger than ever. Certainly, we can credit both Barbara McNeil and Sara Hawkins as editors for that achievement, but I am happy to recall that I got it started. (3) Organizing the Idaho Center for Nursing as an umbrella organization that is based on shared values with other professional nursing organizations, shared costs, sustainable efforts and financial security. (4) Coordinating with Margaret Henbest and Sandy Evans to achieve APRN full practice authority in Idaho. (5) Supporting students is important. Being true to my alma mater we established a fully funded endowed nursing scholarship at the ISU School of Nursing.

# RNID: You mentioned having some great mentors. Who were they and how did they impact you?

RH: I have, and there were many. Each came and went in my life at different times when I had different needs. They all took me under their wings, provided guidance and advice, and for the most part I always took it. When I was a nursing student at Idaho State University, Grace Jacobson was a new instructor and was assigned to be the student nurse association counselor. I ran for state president

and I was elected. I was a long-haired hippie kid and she probably wondered about me in the role as president. But she offered advice, guided my decisions and encouraged me to run for a national NSNA office, which I did. I was elected Imprint editor (the official NSNA publication) and Grace supported me and went to the national conference with me as my advisor. Pam Cipriano (former ANA president and current International Council of Nursing President) was elected NSNA president and we have remained friends for the last 50 years. Thelma Schorr, who was the long term editor of the American Journal of Nursing, was a resource and she greatly impacted my interest in writing and publication. A few years later, Barbara Brown, who was my CNO, encouraged me to get a masters in nursing so I could become a division director and deputy CNO. I did, and in my MS program my advisor pushed me towards a PhD program. It took some time, but I took her advice. In Idaho, Sandy Evans was the Executive Director at the Board of Nursing when I was appointed by Governor Kempthorne and elected chairman. I remember that after the first meeting I went home and told Ingrid that I had entered a parallel nursing universe with regulation. It had basically nothing to do with any of my experiences. Sandy was terrific. She encouraged me to take the NCSBN 101 course, and to enter the 4 year training program in the Regulatory Excellence Institute. I did and I was among the first 8 fellows (FRE) inducted in 2008. Her encouragement propelled me to run for national office and be elected Treasurer of NCSBN.

# RNID: What have been your major accomplishments as Executive Director for ICN and the nursing associations?

RH: I joined ANA soon after I graduated. I am a founding member of NPI, and I belonged to AONE (now AONL) for most of the years I was a hospital nursing director or CNO. The organizations in Idaho always struggled and most meetings had the same people attending, who were committed, hardworking, and donated countless hours to sustaining the organizations even during times of low memberships. That concerned me and promoted me to start the ICN. I believed that the organizations had more in common than they had differences, and in a small and rural state it would be best to work together. My major accomplishments have been to secure financial sustainability, reclaim the dissolved Idaho Nurses Foundation money and establish the Idaho Nurses Education Fund, implement a business model whereby all organizations benefit and are sustainable, integrate the websites, implement revenue sources beyond dues such as CE sales, job boards, expanded Nurse Refresher Program, benefit revenues and enhance communications by an expanded RN IDAHO and the weekly Nursing Flash, both of which go to about 34,000 recipients.

## RNID: What are you most proud of?

RH: I am most proud of RN IDAHO. The long term editor, Barbara McNeil, left us in such great shape with the publication. Sara Hawkins, as editor, has really taken it to the next level. It is one of a few nursing association publications that is peer reviewed and presented on the EBSCO search engine. We have a high number of re-print requests from other states and we consistently produce more pages than we are contracted to have. We have implemented a bigger nurse recognition section and the memoriams for nurses who have died now includes photos and tries to capture statewide remembrances. I think we have a pretty front page header that is colorful and has historical Idaho nursing photos, including Lillian Long, the founder of the Idaho Nurses Association. We get many positive comments about RN IDAHO.

# RNID: Is there anything that you will not miss or that you have concerns about?

RH: I don't think that nursing is in a very good place right now. I have seen a lot of shortages in my 48 year career, but nothing like this one. I just do not see an easy resolution, especially for hospitals. When I graduated, 85% of nurses worked in a hospital. It was the go-to job. Today, only 41% of nurses work in hospitals, and the percentage of experienced nurses continues to decline. Less experience has a direct correlation to increased problems, failure to rescue, and errors. Civility and workplace violence are big problems with limited resources to mitigate them. I think our Legislature has failed us. There is too much focus on an agenda that really does not impact most of us. Too many Legislators are trying to impose their views and beliefs on others. People have the right to access care and choose for themselves. If someone does not want to get a mRNA vaccine, don't get it. But don't sponsor a stupid and senseless law making it a crime to give a mRNA injection, when nurses give most of those injections but they are not the providers ordering them. If you don't believe in abortion and you are pregnant, don't get one. But don't impose your belief on others. Jews believe that life begins at first breathe, not at conception, so how do these restrictive laws represent them? The biggest thing that I will not miss is dealing with uninformed legislators who seem more intent on criminalizing medical and nursing care than finding ways to improve access to it. We need them to fund faculty and healthcare education programs so that we can increase enrollment capacity and have staff to meet the needs of citizens. We are not going to get out of this mess without spending some money, and the value proposition needs to change. I will not miss hearing from disheartened nurses that they are tired to being sent home on low census days without pay, or being forced to work in clinical settings where they are unfamiliar, and knowing that daycare is lacking, benefits are cut in the name of cost savings, and yet senior administrators are paid in the high 6-figures or sometimes more.

# RNID: What trait do you think has helped sustain you?

**RH:** You mean besides drinking? Seriously, my grandfather's advice to me when I was young. He said, "work hard, don't take yourself too seriously, keep a sense of humor, and never pass up the opportunity to shut-up and listen." That advice has served me well for more than half a century.

### RNID: Would you choose nursing again for a career?

**RH:** That's an interesting and insightful final question. I am not sure. I cannot say that I have any regrets. In 48 years, I worked 17 years internationally, attended some top schools and met, worked with, and cared for some interesting people, and was a chief nursing officer with one of the top hospital systems in America, the Cleveland Clinic. We often make that statement with the thought "if I knew then what I know now," but truthfully much of what I know now is not worth knowing. In a way, nursing chose me versus me choosing it. I am happy that I was open to the possibilities that were offered and that I mostly said yes when opportunities came to me. But I think that I could have done well if I had taken a different path too.

# *RNID:* You have had many great roles in nursing and the associations, do you have any final comments.

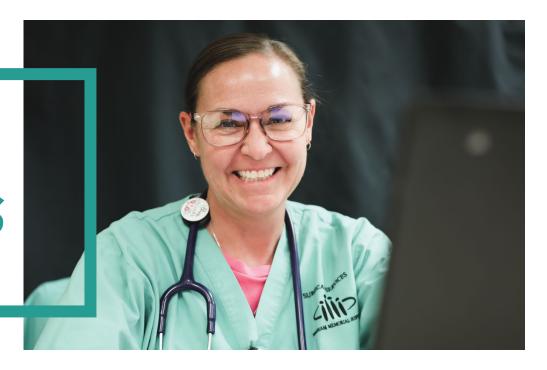
**RH:** History is a great teacher. I know the associations will continue and do well like they have for most of the last 100 years. Mostly I just want to say thank you all for the support, friendship, for allowing me to have this opportunity. Being the Executive Director for the Idaho Center for Nursing has been a phenomenal way to end my career.



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# DAHO NURSING AWARDS AND RECOGNITIONS

RN Idaho recognizes nurses who make significant contributions to the advancement of nursing from the bedside to the boardroom. We are extremely proud of Idaho Nurses and congratulate you for the positive effect you have on patient and professional outcomes!

## DAISY AWARD RECIPIENTS

### **Michael Griffith RN**

West Valley Medical Center Caldwell



Michael Griffith, a nurse in our MedSurg unit had a family return to celebrate his Daisy Award during Nurses Week in May – they were so moved by how he cared for them while their father/husband was passing away. Take a look at the video. They were so grateful for his compassion, care and concern - they said they would never forget him.

### **Christian Alden RN**

West Valley Medical Center Caldwell



Christian Alden, a nurse in our ER, received the award in April. A colleague nominated him after witnessing him drive a patient to the Boise Airport to rent a car after his car was totaled in an accident (he was from out of town, passing through the area).

His video is here.

### **Josh Gallegly RN** Kootenai Health Coeur d'Alene



I was a nursing student beginning to make my final transition into being a new graduate nurse and working with Josh FOR the past 120 hours has been an absolute delight throughout the duration of practicum. He was an incredible preceptor that offered numerous constructive feedback

on my performance and guidance in performing the care necessary for being a nurse. I also got to watch how compassionate he was with his patients

observing incredibly WELL-THOUGHT-OUT patient education and therapeutic communication that emphasizes the compassion necessary to be a nurse. All our patients were thrilled with his dialect and the way he performed his care. As a preceptor and even as a charge he diligently thought out and addressed any morale issues within the unit and facilitated an excellent practicum experience for me. Every single patient and family member I got to work with along with Josh had a significantly positive interaction and a better experience because of him. He was empathetic, provided an excellent education, and was an active listener for some of our most anxious family members. I remember one patient quoting his education "That's the most informative thing I've heard since being here from anyone, thank you for your education" it goes to show Josh has the ability to teach or educate anyone no matter the circumstances. There are many nurses that may qualify for a DAISY, but I can't think of one more deserving than him. He has helped me develop a strong foundation of what it truly means to be a nurse and once I begin to enter my profession as a RN I want to be a nurse just like JOSH! His compassion with patients and how well of a preceptorship I had was significant in my journey to where I am today. I initially was upset about my practicum placement but the experiences I had with JOSH made the one-hour drive to Kootenai well worth it. Thank for everything!

### **Darrell Day RN** Kootenai Health Coeur d'Alene



Darrell has taken care of my son for the last 3 years that we have been in and out of the hospital, most recently after a surgery he had. My son has grown to be so comfortable with him and it's always a much better stay when he is one of our nurses. He always comes in with a fun and upbeat attitude. He always helps

us (the parents) feel much better and is always so helpful and takes time to explain the process of what's going and what the plan is. We are very thankful for the care he has given our son. You are truly an amazing nurse.

**Halley Hostetter RN** Kootenai Health Coeur d'Alene



I do not normally ever participate in surveys, but I felt compelled to speak out about extraordinary level of attentiveness and care provided to me by one of your RNs named Hailey who said that she has worked for Kootenai Health for about 1.5 years now. My son and

daughter-in-law, all agree that she is, by far, the best, most caring, and most cheerful nurse that we have ever experienced at your, or any facility, ever in our lives. My wife was here for about a month before she passed away in 2013 and considering all attendees then and now, Hailey wins the 'nicest and best nurse ever' award in my and my family's opinion. We just wanted to let you know just how special this woman is and that we feel that any institution/hospital/facility would and should be proud to have her working for them, and more importantly, for the public. Hailey is a true 'jewel' From the gem state of Idaho, and we just hope that you appreciate her and her efforts, her personality, and her overall charming and caring nature as much as we do!

### Mike Freeman RN Kootenai Health Coeur d'Alene



Mike, I've said it before, but I'll say it again-THANK YOU for being so wonderful with my care at KH. From coming to meet me beforehand and being by my side during, and checking on me after- I'm so grateful you were there during a very scary surgery/recovery. accident and the events that followed were by far

the hardest things we have faced. Your calming presence and reassurance made it all so much more tolerable. Again, I'm certain my dad also a Mike-sent you, my way. "Thank you" does not even feel like enough but I appreciate the ability to stay connected! I think about you all at KH every day and am so grateful to have been in your care.

# **DAISY NURSE LEADER** AWARD RECIPIENTS

**Erica Yager RN** Kootenai Health Coeur d'Alene



Erica is one of the most professional and supportive supervisors I have ever had. She is passionate about her job and never breaks a promise that she makes to her staff. She will move mountains for her staff ensuring a calming presence to a chaotic environment. She is always ready to listen and ALWAYS is available to support you. She always has a solution to every problem, and it usually turns out to be the best solution. I could write volumes about why she is deserving of this auspicious award. She is who I strive to become, an exceptional leader, who thrives under pressure and never disappoints.

# DAHO NURSING AWARDS AND RECOGNITIONS

# **ACADEMIC AWARD RECIPIENTS**

Melody Weaver, PhD, APRN-CNP, FNP, FAANP is Inducted into the Fellows of the American Association of Nurse Practitioners



Melody Weaver, PhD, APRN-CNP, FNP was inducted into the Fellows of the American Association of Nursing Practitioners at the June induction ceremony held in New Orleans during the annual clinical conference. She is currently an Assistant Professor at the Idaho State University School of Nursing's graduate program. She was sponsored by Cathy Arvidson and Randy Hudspeth.

Established by the American Academy of Nurse Practitioners (AANP) in 2000, the Fellows of the AANP (FAANP) is dedicated to the global advancement of NPs and the high-quality health care they deliver. By engaging recognized NP leaders who have made outstanding contributions to NP education, policy,

clinical practice or research, and developing NP leaders of the future, we are furthering the NP profession while enhancing AANP's mission.

Currently there are 908 Fellows out of the estimated 240,000+ nurse practitioners in the United States. To be eligible for induction a nurse practitioner must have 2 years of continuous AANP membership, have made significant contributions to NP practice, publications, legislation or public policy, and be sponsored by 2 current fellows who are in good standing with the association. A rigorous application process is completed in the year before selection and a confidential review and selection process is then undertaken. Historically, only about 60% of applicants are accepted for induction, and was true for 2023.

Idaho only had 4 fellows until Dr. Weaver was inducted. They are Lorna Schumann, PhD, APRN-CNP, FNP, ACNP, FAAN, FAANP, inducted in 2001 (Post Falls) who is a retired Washington State University faculty; Randall Hudspeth, PhD, MBA, MS, APRN-CNP, FRE, FAANP, inducted in 2008 (Boise); Cathy Arvidson, PhD. APRN-CNP, FAANP, inducted in 2010 (Idaho Falls) who is an ISU faculty

member; and Michelle Anderson, DNP, APRN-CNP, FAANP, inducted in 2017 (Meridian) who is an ISU faculty member. Congratulations to Melody Weaver on this professional achievement. All of the current fellows have been active in Nurse Practitioners of Idaho for many years.

Idaho now has 5 Fellows of the American Association to Nurse Practitioners. Melody Weaver, PhD, APRN-CNP, FAANP was inducted at the June annual AANP meeting, sponsored by Cathy Arvidson, PhD, APRN-CNP, FAANP and Randall Hudspeth, PhD, APRN-CNP, FAANP. Also in the photo is Michelle Anderson, DNP, APRN-CNP, FAANP, who is the Idaho State Representative to AANP.



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# Idaho Nurses Education Fund Update

Idaho nurses have generously contributed to the Nurses Education Fund for the past several years. The goal was set in 2019 to achieve a base fund balance of \$250,000 in investments and then use the earnings from interest and investments to support nursing education activities in Idaho. Additionally, some limited funds were dedicated to support current nursing education activities in Idaho while we worked to achieve the goal. Since 2019, \$15,000 has been spent on in-state nursing education programs. Each year a designated amount of money was allocated in the budget based on funds acquired the previous year through donations, investment income, grants and funds generated at the annual Nurse Recognition Event held each fall in conjunction with the LEAP conference. 2021 through 2025 funding priorities are:

- 1. Support nurses employed in rural Idaho to have access to CNE that would not otherwise be available in their community.
- 2. Support nurses enrolled in Idaho based doctorate in nursing degree programs (DNP and PhD) that do not lead to an advanced practice role (this is available through the Nurse Practitioner of Idaho scholarship program) to complete nursing focused research work or projects in fulfillment of their degree requirements. This is a goal of the Idaho Nursing Action Coalition in fulfilling the IOM objective to increase the number of doctorate prepared nurses and results in a supply of nurses prepared to be faculty in Idaho nursing schools.
- 3. Support Idaho nurses to seek graduate education to increase the supply of qualified faculty in Idaho.
- 4. Support selected nursing research that is focused on improving healthcare to Idahoans through nursing.

During the past 2 years three significant donations to the fund brought the goal of \$250,000 much closer. GRAIL Research donated \$10,000 through their cancer research work in rural settings and federal funding thanks to the support of Senator Mike Crapo. Randy and Ingrid Hudspeth donated \$15,000 to a Fund Endowment, and recently the estate to Ms. Billie Jo Ashby, BSN, RN, donated her PERSI balance of \$33,693. Ms. Ashby died in 2022. She was an ISU graduate and a 10year U.S. Air Force veteran (memoriam in the August 2022 RN Idaho).

Today the fund balance of \$242,253 is very close to achieving its goal, and only needs \$7,747 more. To donate to the fund and help achieve the goal go to: Idaho Nurses Education Fund | Idaho Center for Nursing | Nursing Network

Current donors are:

### **Endowment from the** Florence Whipple Investment Fund \$88,560

Billie Jo Ashby RN Endowment Fund \$33,693

> Randall & Ingrid Hudspeth **Endowment Fund** \$15,000

## **DONATIONS AT MULTIPLE LEVELS**

\$10,000

**GRAIL Research** 

### \$5,000 to \$9,999

American Nurses Association of Idaho (Idaho Nurses Association) Idaho State Board of Nursing St. Luke's Health System Valeda "Val" C. Greenspan, R.N. Arthur L. Davis Publishing (Stephen & Elizabeth Miller)

## \$2,500 to \$4,999

Saint Alphonsus Health System Kootenai Health Cy Gearhard, RN Boise State University School of Nursing Sara Hawkins, RN

### \$1,000 to \$2,499

Idaho State University School of Nursing Valor Health Idaho Hospital Association Michael McGrane, RN Joan Simon, RN

### \$500 to \$999

Margaret Henbest, RN Claudia Miewald, RN Deena Rauch, RN Christine Ludlum, RN Norco, Inc.

Northwest Nazarene University Weiser Memorial Hospital Bingham Memorial Hospital Nurse Practitioners of Idaho Association

Family Medicine Residency of Idaho Primary Health

> Eagle Gate College Lewis Clark State College School of Nursing

HCA Healthcare Foundation, The Blackbaud Giving Fund Jennifer Mensik Kennedy, RN (ANA President)

## \$250 to \$499

Karen Neill, RN Kim Popa, RN Tari Yourzek, RN Joan Agee, RN Stephanie Orr, RN Susan Tavernier, RN Meghan Romero, RN Kevin McEwan, RN Barbara McNeil, RN Carolyn Corbett, APRN-CNP

## \$100 to \$249

Verlene Kaiser, FNP Robyn Beall, RN Josh Leppert, CRNA Lois Stebbins, RN Nancy Nadolski, FNP Krista Harwick, RN Elizabeth Steger, RN Eleanor Ward, RN

**Up to \$99** Anna Quon, RN Jennifer Stock, RN Suzanne Evans, RN Pamela Gehrke, RN Brie Sandow, RN Anna Rostock, RN Sondra Kahler, RN Jason Williams, RN Marian Montoya-Chick, RN Nichole Balderson, RN Randi Chancey, RN Cheryl Williams, LPN Terri Neves, RN

Susan Engle, RN Beverly Blake-O'Doherty

Andrea Bingham, RN

Melanie Bowen, RN Karen Godard, RN

Deena Shopbell, RN Sondra Kahler, RN

Anne Burkey, RN

Delores Smith, RN

Theresa Luce, RN

Pamela Peterson, RN

Linda Vitale, RN

Mary Nelsen, RN

Jo Ann Bugbee, RN

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Sandra Woolstenhulme, RN

Joan Ortmann, RN

Cara Briwn, RN

Ingrid Brudenell, RN

Kathryn Earhart, RN

Molly Walker, RN

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Sophia Bautista, RN

Karen Newman, RN

Kathy Gates, RN

Sondra Kahler, RN

Kathryn Cock, RN Amy DeMordaunt, RN

Deborah Yaddow, RN

Veronica Wallace, RN

Roxanne Gadbery, RN Jacqueline Sugai, RN

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# **FEATURE**

# LPN Membership in ANA-Idaho

Carrie Nutsch, MEd, LPN
LPN Board Member Representative on the
ANA-Idaho Board of Directors

### Preface

There are approximately 3,500 Licensed Practical Nurses (LPN) in Idaho and almost 3,100 of them are currently employed. LPNs are employed in a variety of settings, including acute care hospitals, long-term care, assisted living, public health, home health and many private offices. The



Carrie Nutsch

number of LPNs has dropped over the past 20 years for various reasons. An employment shift resulted in the perception that acute care hospitals are not hiring LPNs. So as the number of retiring nurses grow, younger LPNs are taking advantage of LPN to RN bridge programs to fill the gap. The shortage of LPNs is significant and severe. The number of new graduates does not meet the workforce manpower need for LPNs, leaving agencies across Idaho to utilize travel LPNs, just like they utilize travel RNs.

With the aim to: 1) focus on LPN needs, 2) to draw attention to the many employment possibilities for LPNs across Idaho, and 3) offer a mechanism for nursing engagement through a professional nursing association, ANA-Idaho approved a 2-year pilot project to determine if LPNs would have an interest in membership. During the past two years, nearly 100 LPNs have participated in the pilot project. Member benefits included continuing education and membership participation in the LEAP and legislative conferences.

To ensure that LPNs had representation on the decision making board of the nursing association, the board appointed Carrie Nutsch to the role of LPN Representative. She had just completed her third term on the Idaho Board of Nursing, where she had been vice-chairman of the board. In May, the

board moved to extend the pilot project another 2 years. At the same time, ANA-national evaluated a similar project. Read Carrie's story.

### My Personal Experience as a LPN

I have had a fantastic career as an LPN in Idaho for over forty years. Working in long-term care, acute care, float pool, ICU, and as a surgical scrub nurse, I have had the opportunity to develop my leadership skills, and the key to success is involvement. Early on, I volunteered for focus groups, patient and family satisfaction teams, and nursing education. I became IV certified in the 80s when the scope of practice for LPN expanded to allow for changing IV bags, calculate and adjust drip rates before IV pumps became the standard of care. I then earned my ACLS certification. Although I could not "push" IV drugs, the greater knowledge of cardiac rhythms, lab results, and medications increased a faster response time by anticipating the needs of other emergency team members. Understanding the rationale behind patient care treatments is critical to achieving the best outcome. Life-long learning and involvement in the process are essential at every level of nursing care.

I spent more than twelve years serving on the Idaho State Board of Nursing, filling the vacancy of an uncompleted term plus three gubernatorial appointments. During that time, I gained extensive knowledge of the Nurse Practice Act, statues and rules that support LPN practice and discipline, and the legislative workings of various boards in Idaho. We do not stand alone, and all involved are working to protect the citizens we serve. The first lesson I learned was that I was not there to protect the nurse; I was there to protect the public by assuring that all licensed nurses adhere to the rules of the Nurse Practice Act, a responsibility that became most apparent in discipline cases. I have always been amazed at how little the average nurse knows about the rules governing their practice and the available resources that are available to assist with drug and alcohol addictions, return to practice education, and apprentice programs for new nurses.

I was privileged to be engaged with the National Council of State Boards of Nursing (NCSBN) and address issues nationwide. Many may not have realized how well-respected and influential the Idaho Board of Nursing has been nationally. Idaho was among the first states to pass Nurse Licensure Compact (NLC) legislation that allows LPNs and RNs to work in other compact states based on their Idaho license and for nurses in those states to work in Idaho. When that compact sun-setted the BON embraced the enhanced NLC and continues to support licensure across state borders. As members of NCSBN, we have addressed the nursing shortage, the migrations of nurses out of rural settings, and the ongoing development of the NCLEX. Through NCSBN, I have been introduced to international issues and met with nurses around the globe, which I did not anticipate early in my career as an LPN from a rural area.

The LPN has not consistently been recognized in the state or national nursing organizations. It has been many years since the last chapter of the National Association of Licensed Practical Nurses (NALPN) was active in Idaho. As nursing students, we were encouraged to join. I maintained my status for several years; however, the Idaho chapter dissolved as older members retired and younger members did not see the benefit of joining. We have been without representation for many years; fortunately, the ANA Idaho launched a pilot program for LPNs in the state to become an ANA Idaho member for a \$35.00 annual membership fee. Information can be found HERE.

As a board member for ANA-Idaho, I want to emphasize the importance of community, education, and the opportunity to develop your leadership skills. All levels of education in nursing have an essential role in the well-being of our citizens, and membership in a strong nursing organization gives voice to the direction of nursing in Idaho. Join today!

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# **NOTES & NEWS**



**LEAP 2023 Event Now in 2 Locations:** To meet member requests the annual clinical conference that has traditionally been 2 days held in Boise, will change in 2023 and be one full day for presentations in each city, Idaho Falls and in Boise. Each site will also host a nurse recognition dinner that will focus on nurse accomplishments. The Idaho Falls date is Thursday, October 19 at the Hilton Garden Inn. The Boise date is Thursday, November 9, at the Grove Hotel ballroom.

Idaho Nursing Flash Communication: Idaho Nursing Flash is sent by email every Tuesday to all Idaho nurses who receive the RN IDAHO by email. It contains links to the most read nursing articles nationally as well as Idaho and includes regional and state information that is pertinent to Idaho nurses. The email comes from the ANA-Idaho in the same manner that RN IDAHO is emailed. Nurses are asked to review their junk or spam mail folders if they are not receiving this weekly update. Set the link to your recognized and safe emails to receive the regular weekly mailing without it going to trash or junk folders. If you wish to subscribe to the Nursing Flash or review previous issues for weekly updates, you can go to <a href="https://multibriefs.com/optin.php?ina">https://multibriefs.com/optin.php?ina</a>

RN IDAHO Mailing Frequency Changes: All nurses licensed in Idaho receive the quarterly mailings in February, May, August and November, even if they live in other states. This is an all-electronic format whereby nurses and other interested people receive the publication by email versus a traditional paper mailed copy. Approximately 34,500 electronic copies are sent by email. For the past year we have used an e-format feature that allows us to track the most opened articles and send additional emails of them to members as prompts to open and read about the current issues impacting Idaho nursing. We will decrease those mailings from 4 to 2 so that nurses do not receive too many mailings from the publication. Current and historical copies of RN IDAHO are available at Nursing Publications | Health eCareers.

**Serving on an Idaho State Board:** People interested in being appointed to serve on a regulatory or advisory board by Governor Little should visit the Governor's Appointment and vacancy listing. Instructions are available for how to apply. The website is: <u>Appointment Vacancies | Office of the Governor (idaho.gov)</u> This is the site to use if you are interested in being appointed to fill vacant positions on the Idaho Board of Nursing.

**Organizational Membership and School Membership in Nurse Leaders of Idaho:** The board of directors approved moving all membership to a calendar year basis beginning in 2023. For organizations that have mid-year membership there will be a pro-rated dues. Organizations will be receiving invoices through May. Membership dues can be paid at 2023 Membership for Organizations | Nurse Leaders of Idaho | Nursing Network

**Mandatory Prescription Drug Monitoring Program (PDMP) Rule:** APRNs who prescribe controlled substances were notified by the Idaho Board of Nursing about the requirement to check, evaluate and document the PDMP review before issuing a controlled drug prescription. The initial enforcement discretion ended March 31, 2023.

**LPN Membership in ANA-Idaho:** Over the past two years the ANAI has conducted a pilot project whereby Idaho resident LPNs can join at a reduced membership and get the state member benefits. Approximately 100 LPNs have joined. Because Idaho, and some other states, have successfully started representing LPNs, the national ANA is now exploring a similar possibility. The pilot was extended another 2 years (2023-2025) before ANA-Idaho can alter the bylaws to have LPNs as a specific member category, because state nursing association bylaws require national ANA approval before state members can vote on the revisions, and ANA is not finished exploring a national LPN membership. There is no current LPN organization or representation for these nurses in Idaho. To join go to: One-year renewable Membership for LPNs 2022-2023 | ANA-Idaho | Nursing Network

# **Nurses on Boards Coalition Update**

The Idaho Center for Nursing and the ANA-Idaho support the Nurses on Boards Coalition (NOBC) as state affiliates for the national organization. Information about the organization is available at the website: <a href="https://www.nursesonboardscoalition.org/">https://www.nursesonboardscoalition.org/</a>

Nurses on Boards Coalition (NOBC) represents national and state efforts by nurses and others working to build healthier communities. The mission is to improve the health of communities through the service of nurses on boards and other bodies. NOBC is committed to increasing nurses' presence and influence on corporate, health-related, and other boards, panels, and commissions. Now that the Coalition's initial key strategy to ensure that at least 10,000 board seats are filled by nurses has been achieved, NOBC can now leverage this collective accomplishment to measure the impact of nurses on boards and raise broader awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health and efficient and effective health care systems at the local, state, and national levels.

Nurses represent the largest segment of the healthcare workforce, are considered the most trustworthy of all professions1 and play a huge role on the frontlines of care in our schools, hospitals, community health centers, long-term care facilities, and other places. Their perspective and influence must be felt more at decision-making tables. The Coalition's guiding principle is that building healthier communities in America requires the involvement of more nurses on corporate, health-related, and other boards, panels, and commissions.

Idaho has consistently exceeded its goal of getting nurses to be represented on boards. Much of this success was simply a matter of nurses reporting their board memberships. Engagement by nursing within a state is reported quarterly and the 2023 Quarter 1 statistics were reported in May for Idaho and nationally for comparison. Idaho's goal for board service by nurses is 55 for 2023. Actual service is 222%, exceeding the goal. Congratulations to Idaho nurses for your involvement and for reporting your board memberships. To report your board membership, go to: Be Counted – Nurses on Boards Coalition.

### **NOBC Database National Registrations:**

24,588 Individuals Registered

10,595 Counting Boards

12,535 Nurses Want to Serve

3,584 Nurses Interested in Serving on an Additional Board

### **Idaho NOBC Database Registrations:**

156 Total Board Service60 Nurses Interested in Serving on an Additional Board66 Nurses Want to Serve122 Counting Board Service





# New episodes are now available for free CE/CME/CEUs!

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### **Episodes Released Weekly**

• 8/07/23: Alcohol

• 8/28/23: Fentanyl

- 9/04/23: Kratom
- 8/14/23: Marijuana/CBD 9/11/23: Psilocybin • 8/21/23: Opioids • 9/18/23: Methamp
  - 9/18/23: Methamphetamines9/25/23: Benzodiazepines



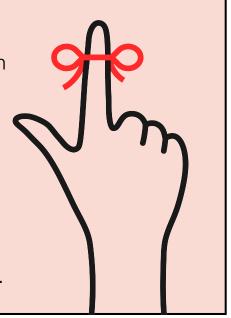


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# RN and APRN License

Renewal: June 1 through August 31, 2023, is the RN and APRN license renewal cycle. APRNs must maintain their national certifications that require CE hours, but no state specific CE will be required to be attested to.



# IN MEMORIAM

RN Idaho is pleased to honor Registered Nurses and Licensed Practical Nurses who served the profession and are now deceased. The names are also submitted annually for inclusion in the Idaho section of the nursing memorial of the American Nurses Association. A nursing school graduation photograph is included when available. Inclusion dates are 6 March 2023 through 31 May 2023.



# Anderson, Kathryn Louise, 1954-2023, Rigby.

Kathryn graduated from Rigby High School and continued her education in nursing, earning her LPN. She worked as a home health nurse and was a volunteer for the Central Fire

District in Jefferson County.



# Arrieta, Anjela "Anjie," 1957-2023, Boise.

Anjie attended Boise State University, where she graduated from nursing school in 1981. In Emmett, Anjie began her career as a nurse at Walter Knox Memorial Hospital. She

was deeply respected by her colleagues, who consistently spoke to her ability to keep her patients calm under the most intense of circumstances.



# Cofield, Donna Jean, 1938-2022, Coeur d'Alene.

Donna graduated as a Practical Nurse from Mount Royal College in Calgary, Alberta. She moved to the Coeur d'Alene area shortly after where she worked at Sacred Heart and Lake City Hospital.



# Cooper, Bernita Grace, 1392-2023, Nampa.

Bernita obtained her RN degree through Seattle Pacific College and the University of Washington. She volunteered for Bible camps in Idaho, Montana, and Colorado, and

she served as a full-time missionary nurse in Brazil for four years. As a nurse in the U.S., Bernita worked for hospitals in Dallas, TX and Boise, ID where she finished her career as a surgical nurse at the Veterans Hospital in Boise for 19 years before retiring.



# Cuthbert, Garda Marie, 1942-2023, Kellogg.

While Garda held many jobs during her career, she was first and foremost a nurse. She graduated from San Francisco's St. Luke's Hospital School of Nursing in 1963. Throughout her nursing career, she

worked in many different areas, but her true calling was in the field of geriatrics - she had a true affinity for the elderly. She was committed to ensuring the elderly were treated with kindness and compassion. Garda also served as the school nurse for the Wallace School District. She was trusted, respected, and unrelenting in her insistence on providing her elderly residents with the highest possible standard of care.



# Harmon, Coy Michie, 1933-2023, Rigby.

Coy chose her career as a nurse, graduating from Ricks College. She worked at Madison Memorial Hospital in Rexburg, Idaho as a labor and delivery nurse and was a clinical instructor at Ricks College.



# Harvill, Virginia Ruth, 1942-2023, Emmett.

Virginia attended nursing school where she became a Licensed Practical Nurse. She blessed so many lives during her career including her patients, their families, and her co-workers. She continued

in this field until retiring and was able to spend more time with her grandchildren.



### Hill, Nancy Jean, 1953-2023, Hayden Lake.

Nancy continued her college education later in life, completing the nursing program at NIC in 1994.



# Olsen, Nancy Nadine, 1951-2023, Ririe.

Throughout her life, Nancy had a deep passion for nursing, which led her to pursue her ultimate goal of a Master's in Nursing, FNP from Idaho State University in 2001. Nancy

dedicated many years of her career to Freeman Plastic Surgery until February 2023.



# Rich, LaRue, 1927-2023, Pocatello.

LaRue continued her education by attending nursing school in Idaho Falls, where she earned her LPN certification. She worked as a nurse in a doctor's office for many years.



# Thielman, Dorothy E., 1937-2023, Rupert.

Dorothy earned her diploma in nursing at Deaconess Medical Center, Spokane, WA in 1958. While continuing to work in various nursing positions, she earned a Bachelor of

Science in Education and then a Bachelor of Science in Nursing, both from the University of Idaho. She had the opportunity to care for many children as the Wallace District school nurse and to guide young minds in their nursing endeavors by implementing the district's health occupation program at the high-school level. Her experience in the nursing field for nearly 50 years, assisted by her strong faith and caring personality, provided her with the amazing skill to tenderly assist in mending both physical and emotional wounds of many. Admired for management and leadership skills, she was eventually convinced to enter medical administrator roles which included Director of Quality Assurance at Kootenai Medical Center, as well as Risk Management.

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