













These organizations are members of the Idaho Center for Nursing.

Nursing Association Now Has an Office in Idaho-We are Back!

Brie Sandow, MSN, RN, NEA-BC, RNC-OB ANA Idaho President Email: president@idahonurses.org

I am beginning my term as ANA Idaho president at an exciting time for the association and for nursing in Idaho. ANA Idaho (ANAI) has a new board that is very enthusiastic, and we have established new relationships with other Idaho-based professional nursing organizations as a participating organization in the newly formed Idaho Center for



ANAI was formerly named the Idaho Nurses Association (INA), and this remains the legal name filed with the Idaho Secretary of State and the association articles of incorporation. The long history of having a physical office in Idaho, primarily Boise, began in 1922, when having a license to practice as a nurse in Idaho and maintaining an inventory of qualified nurses was delegated to the nurses' association by the state government.

They hired a part-time secretary and established an office to achieve this task. In 2006, when Executive Director Judy Murray, PhD. RN. retired, there was not sufficient funding to hire a new executive director and maintain an office. An external membership organization management company was hired to represent the INA business. The location of that organization was in Georgia, and although they managed the association within budget constraints, many long-time Idaho nurses who were INA members, were not happy and dropped their memberships. Other rural western states also experienced the same situation of low membership and low revenues. The ANA national office interceded to help mitigate the situation by forming the Western Multi-state Consortium. This came to be managed by the Arizona Nurses Association until July 2018. Because of increased memberships in the western states due to the ANA value pricing project for membership dues, the members of the multistate consortium attained a sufficient financial base to again have state based support offices, and they decided to disband the consortium. Thus, in 2017, ANAI began looking at possibilities to have an office in Boise again.

The goal was achieved when the ANAI board entered into discussions with the board of directors for the Idaho Alliance of Leaders in Nursing (IALN), which is a 501c3 nonprofit organization that does not have members, but has a mission to conduct nursing workforce research and to

The board of directors has been **Brie Sandow** working on relocating the office for ANA Idaho back within the state for almost one year.

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ANA IDAHO PRESIDENTIAL REPORT

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promote the activities identified in the Institute of Medicine report on the "Future of Nursing" that promote professional practice, academic progression and advocate for nursing and healthcare issues. IALN had in place an office operation, stable financial accounting relationships, and effective systems within Idaho that were being used to support the management of other nursing professional organizations, specifically the Nurse Leaders of Idaho (NLI) and the Nurse Practitioners of Idaho (NPI). After some strategy sessions and a discussion of how conflicts of interest between organizations could be managed, the decision was made to affiliate with IALN and bring a physical ANAI office back to Idaho.

At the same time, Idaho nursing organizations discussed the formation of a new collaborative organization, the Idaho Center for Nursing, that would be composed of independent nursing membership organizations working with IALN using a common business operations manager and common executive director (see "Executive Director's report). The ANAI affiliation became effective July 1, 2018, and the first few months have seen much work with the move to a new office, establishing a new website and establishing the business systems.

Our goal is to more actively represent and engage nurses in Idaho from a home-state perspective. ANAI continues to maintain its strong relationship as a state affiliate organization of the American Nurses Association.

The annual goals for the ANAI Board of Directors include: (1) improving effectiveness of membership engagement, (2) developing mechanisms that promote communication and meetings throughout Idaho, (3) offering an informative and interesting annual conference, (4) monitoring legislative issues and advocating for legislation that positively impacts the healthcare of Idahoans, (4) engaging with students as future nurses and future ANAI members, (5) collaborating with other nursing professions through participation in the Idaho Center for Nursing, (6) protecting the financial viability of the association, and (7) continuing to inform Idaho nurses of professional events, news and scholarly work through RN Idaho.

Editorial Board Member Spotlight

Gus Powell, MSN, CRNA

As the current President of the Idaho Association of Nurse Anesthetists, it is an honor to join the editorial board for RN Idaho. I am an Idaho native, and currently work as a CRNA for Overton/Stiff Professional Anesthesia Services in the Boise area, where I live with my wife of 20 years and our two children, ages 14 and 12.



I look forward to collaborating with other professionals to continue the exchange of information across all nursing disciplines. The Idaho Center for Nursing is a great way for multiple organizations to have a unified voice in our state. I'm excited to be a part of this group and help advocate for our role as nurses in the health care environment.

DiseasePrevention CareCoordination CrisisPreparation Cutara Congetancy Trauma-Internact Agencia Control Diabotas Leadership Prenty Community Health Equity Mental Health family Engagement Cata Visionus Actima Interviewal servino Social Engagement Health Prontoción Family Accessio Care Control Care Alamanos Anactiviarios Surveitance Adecocas Para Addoor ReturnOnInvestment Population-basedCare InterdisciplinaryTeams HeathEducation Research Policy EarlyIntervention PopulationHealth Students

Bevond the move of an office back to Idaho, there are many other activities that ANAI is engaging in to benefit members and support healthcare for citizens of Idaho from a nursing perspective. We are participating and supporting the work of ANA on developing policies for the nursing profession that can provide guidance to nurses. Two of these are how to manage the impact of secondary exposure to opioid misuse, and the ethical role of nursing in caring for and aiding the dying patient.

The financial stability of ANAI is important. Thanks to the increased membership that has resulted from Idaho's participation in the Value Pricing Project (VPP), which decreased annual dues and has stimulated increased membership, we were able to establish a physical presence in Idaho again. Without a doubt, membership dues are the backbone of ANAI funding. Membership is important for many reasons including professional development, collegiality, forward growth of the profession, and to provide professional guidance by developing policies and guidelines that become elements of our standard of practice.

All of this work is possible because of membership. I am hopeful that each Idaho nurse who is a current ANAI member will continue that membership, renew their annual membership, and encourage their nurse friends and colleagues to consider joining if they are not already a member. The annual conference is the second most important financial support for our association. This year it is being planned for February 2019, and the theme is in line with the ANA theme of

Legislative advocacy remains a priority. We continue to engage, in partnership with NLI, the services of a professional nurse lobbyist, Michael McGrane, MSN, RN. He participated in the ANA sponsored legislative session for all state-based lobbvists in Washington D.C. in September.

Student engagement is important to ANA Idaho. There has been a long and positive relationship with the Idaho Nursing Student Association (ISNA). We are discussing ways that we can improve this engagement both for basic and graduate students. Additionally, the Idaho Nurses Foundation (INF) continues to exist, although it has been inactive for several years. We can expect an update on the INF at the annual meeting in January.

In summary, there are many new opportunities for ANAI and for Idaho nurses to participate. We are hopeful that more nurses will select the option of membership and become active. It has been proven that there is influence in numbers and in having strong professional relationships within the nursing profession and with other stakeholders. We are thrilled that we managed to establish a physical office back in Idaho and that ANAI has entered into a collaborative relationship with other Idaho nursing organizations through the Idaho Center for Nursing.

RN Idaho is published by Idaho Alliance of Leaders in Nursing & Idaho Center for Nursing

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RN Idaho welcomes comments, suggestions, and contributions. Articles, editorials and other submissions may be sent directly to the ANA Idaho office via mail, fax, or e-mail. Please call the ANA Idaho office if you have any questions.

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> **RN** Idaho is published quarterly every February, May, August, and November for ANA Idaho, a constituent member of the American Nurses Association.



ANA Idaho Welcomes New & Returning Members

July 2018 - September 2018

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Susan Lundquist

Rigby

Michelle Merrill

Twin Falls

Lawrence Hayden

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Monty Henderson

Requirements for RNs Assisting with Critical Care Transports

Michael McGrane, RN, MSN ANA Idaho Lobbyist Email: mcgraneconsulting@gmail.com

Nurses are occasionally called upon to provide patient care during interhospital ambulance transports. These transports are most likely from a Critical Access Hospital located in a rural area of the state when a patient needs immediate transfer to a hospital with greater capabilities to care for their condition. Other options may not be available, further complicating the transfer, such as unavailability of a flight team or critical care ground ambulance service; or weather or other conditions that prevent moving patients as urgently as needed.

The Idaho Emergency Medical Services (EMS) Bureau and the EMS Physician Commission recently identified critical care transfers as a primary issue impacting the well-being of patients requiring care for their critical needs during ground transport. Partly at issue is whether nurses and EMS personnel caring for the patient have the resources to assure safe and timely transfers.

In response, the EMS Bureau convened a workgroup that included the Board of Nursing, the Idaho Hospital Association and others to address preplanning for emergency interfacility transports when other options are not available. A concern was staff nurses being pulled from the hospital to accompany EMTs or paramedics as the means of providing "qualified" critical care staff during interfacility transports that require care beyond the scope of available ambulance personnel. In the urgency to transport the patient to the nearest full-service hospital, nurses who may not be familiar with the patient or the capabilities of the ambulance environment are placed in compromising situations where they are inadequately prepared. The workgroup made several recommendations, including utilization of an assessment tool, hospital preplanning, designating RNs for transport and identifying special equipment needs for interfacility transports. The Bureau then issued a letter to EMS Agencies clarifying their staffing requirements for critical care transports.

The Idaho Emergency Medical Services (2018) EMS Physician Commission adopted rules requiring paramedics conducting interfacility critical care transports without a nurse to be certified as flight paramedics (FP-C) or critical care paramedics (CCP-C):

Staffing is determined by the expected needs of the patient. Transports can be staffed by any level of provider, provided that the needed patient care falls within their scope of practice.

- I. Critical care air or ground transports require two providers in the patient compartment, one of which must be critical care certified. This could be a nurse or paramedic. These are teams that provide critical care level transport on a regular basis.
- II. Non-critical care community ambulance agencies utilizing hospital-based RNs must assure they provide appropriate out-of-hospital transport education and equipment necessary to support patient needs. The education and clinical skill capability of these providers must match patient anticipated transport needs (i.e. advanced airway management, vent management, cardiac monitoring, and competence in the use of related equipment).
- III. Specialty personnel accompanying the patient are responsible for advising the EMS crew in their areas of expertise. Specialty personnel are also responsible for administration and/or use of medications and/or equipment.

Ambulance Based Clinician Course

To meet the training requirements, nurses who only occasionally or rarely accompany ambulance personnel on a critical care transfer to another hospital must complete the **Ambulance Based Clinician Course (ABC)** offered by the Idaho EMS Bureau. This easy to use on-line course can be coordinated with the local EMS agency. Not every RN needs to be ABC qualified, only those who would be selected as part of hospital preplanning to accompany critical patients when flight or ground critical care transport is not available.

Section 400 of the Rules of the Idaho Board of Nursing (IDAPA 23.01.01) addresses the "Decision-Making Model" to determine what is within a nurse's legal scope of practice

Requirements for RNs Assisting with Critical Care Transports continued on page 4

LETTER FROM THE EDITOR

Sydney Parker, MSN, RN Email: separker@lcsc.edu

Hello fellow Idaho nurses! As the season changes from summer to fall, I am reflective of how life is full of transition. As you are now well-informed from this current edition of *RN Idaho*, multiples seasons of transition are upon us, from the changing of board members and nurse leaders in organizations throughout the state to the development of the new Idaho Center for Nursing (ICN) as ANA Idaho moves back to Idaho leadership. As with all times of



Sydney Parker, MSN, RN

transition, there is often excitement and uncertainty. As editor, I am eager to see the growing opportunities these changes present to increase collaboration, communication, and collegiality statewide in our profession.

The ICN provides new opportunities for nursing organizations to increase their voice through authorship and editorial board membership of *RN Idaho*. We hope to see nurses engage in a state professional organization to stay connected with other nurses, as well as stay informed on professional practice issues and upcoming events.

Here at *RN Idaho*, we are excited about several new sections of the publication focused on increasing communication regarding events and opportunities for participation throughout the state: 1) "Save the Dates" will highlight conferences and events that nurses are welcome to attend, and 2) "Student Spotlights" will feature notable student nurse contributions and highlights from schools of nursing. We hope you will send the dates for your special events, as well as share student and faculty contributions, awards, and events with us. We look forward to continuing to foster growth, connection, and the ongoing celebration of your accomplishments and dedication to the profession.

Until next time, Sydney

EXECUTIVE DIRECTOR REPORT

Idaho Nursing Organizations form the Idaho Center for Nursing

Randall Hudspeth,
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Executive Director, Idaho Center for Nursing
Email: randhuds@msn.com

The Idaho Center for Nursing (ICN) launched in August 2018, with the tag-line "a healthier Idaho starts with nurses." Like many rural western states. Idaho has multiple professional nursing organizations exist to represent the various clinical and specialty practices of their members. None of these organizations have large numbers of members, even if they do have a significant of the percentage people



Randall Hudspeth

practicing in their specialty as members. Unlike the larger states, such as California or Texas that have in excess of 350,000 to 400,000 registered nurses, Idaho can claim about 27,000 RNs with 5,000 of those not living in Idaho or not practicing as nurses. Often, we see the same people at individual meetings of each organization. Two terms come to mind to describe them...SOPs for "same old people," or a term taken from law enforcement, "the usual suspects!" Thus, these nurses started talking about ways to better support each other, share resources and engage in common causes. No single organization wants to change its identity or its affiliation with its own national organization, but there is an obvious advantage for a small state to pull its multiple nursing organizations together in terms of economy of scale for operating costs and resource utilization.

Thus, after some months of discussion about positives and negatives of a collaboration, and because no one could recall having any major issue conflicts between the various nursing groups, the ICN emerged. The ICN is based on the idea of mutual collaboration between independent nursing membership organizations in Idaho that represent specific interest groups. These organizations choose to work together to identify, discuss, promote, and impact issues that are matters of public policy or legislative issues. The goal is to inform and support each other as unified, independent nursing organizations with an opportunity to have a common voice and representation to the public and other stakeholders.

Requirements for participation in the ICN were outlined in a Memorandum of Understanding [MOU], made by and between the participating professional nursing organizations. Each professional nursing organization in Idaho has an opportunity to affiliate, and those that choose to participate will maintain their own independent bylaws, boards of directors, finances, representations, membership rosters, membership benefits and affiliations with national nursing organizations specific to their purpose.

Discussions between the organizations will be facilitated by an ICN steering committee, composed of two representatives from each participating organization, one being the president and the second selected by their board of directors or organization members to represent their organizational perspectives. Each organization will remain independent and will not be required to publicly support decisions made by other ICN member organizations, however, each organization agrees to openly discuss issues from their organizational perspective.

Each organization also has the opportunity to participate in the mutual publication, *RN Idaho*, by contributing content specific to their organizational interests and having the organization logo as a part of the *RN Idaho* masthead. Organization representatives have additionally been invited to join the *RN Idaho* editorial board.

The value to the organizations, and to nursing in Idaho as a whole, is the concept of a collective voice and common representation. There is strength in numbers and although the ICN cannot say it represents every nurse in Idaho, it can say that it does have some influence on every nurse in Idaho through its publications, websites, practice policy influence, interface with nursing education, continuing education offerings and *RN Idaho*. We are looking forward to the time when testimony is being offered at the Idaho Legislature and we can open with the comment, "we represent the concerns and influence of 27,000 plus nurses in Idaho who are voters."

The initial members of the ICN include: Idaho Alliance of Leaders in Nursing (IALN), American Nurses Association Idaho (ANAI), Nurse Leaders of Idaho (NLI), Idaho Association of Nurse Anesthetists (IDANA), Nurse Practitioners of Idaho (NPI), and the Idaho Nursing Action Coalition (INAC). You will be hearing more from the ICN in the future.



IDAHO ASSOCIATION OF NURSE ANESTHETISTS (IDANA) UPDATE

Gus Powell, MSN, CRNA
President, IDANA
Email: guspowellcrna@gmail.com

The Idaho Association of Nurse Anesthetists (IDANA) is excited to join the Idaho Center for Nursing and be represented in *RN Idaho*. IDANA was founded in 1956 and currently represents approximately 300 Certified Registered Nurse Anesthetists (CRNAs) throughout Idaho. CRNAs have enjoyed independent practice to the full extent of our training for many years in Idaho in thanks to the advocacy of many colleagues over the years. IDANA continues to build on the efforts of past leaders and strives to look for new ways to engage and serve members. In addition, IDANA is excited to build new connections with all of its nursing colleagues via the Idaho Center for Nursing.

Over the past year, IDANA has had multiple discussions with other APRN groups. It is very apparent that we share many common interests and challenges, both within our membership and with external forces. IDANA realizes that

advocating for our profession is an ongoing effort requiring vigilance, energy and collaboration. The power of numbers should not be minimized. My hope is that future discussions will solidify common ground across all groups and ultimately lead to unity. Leadership and communication will be key elements as our goals are set and accomplished.

The healthcare landscape continues to change, and professional nursing organizations need to be represented in public forums where policies impacting both patients and professional practice exist. Nursing needs to be the "goto" resource for legislators, administrators, and businesses when matters that pertain to each nursing specialty are discussed. Regardless of education level or practice environment, CRNAs and other APRNs fill a vital role in healthcare. We should continue to embrace our autonomy and maximize our roles for the facilities where we provide care. Whether our setting is urban or rural, a large group or small group, our goal is to continue to deliver high quality care that highlights our background and training.

In conclusion, it is an honor to represent IDANA and CRNAs. I believe our future is bright in Idaho!

Requirements for RNs Assisting with Critical Care Transports continued from page 3

(2011). Included is a requirement that the nurse successfully complete additional education and demonstrated competency, and that the practice is authorized by their employer and within the accepted standard of care. Section 402 requires nurses practicing in a specialty area to conform to recognized standards for practice of the specialty.

To ensure that nurses providing critical care transports are adequately trained and qualified to work with EMS in the ambulance environment, the Board of Nursing has determined that nurses who perform critical care transports meet the requirements of the EMS Bureau for ambulance staffing and complete the ABC course, including minimal skills competency. Completion of this course is a standard for nurses functioning on ambulances in the State of Idaho.

This fall, meetings will be held with Critical Access Hospitals and community EMS agencies throughout the state to explain the need and work on developing agreements for critical care transfers. This effort is being supported through a grant by the Idaho Office of Rural Health.

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Issues Affecting Rural Mothers and Preterm Infants

Dr. Gina Clarkson, PhD, APRN, NNP-BC Idaho State University Email: clargina@isu.edu

Many issues affect the health of rural women and newborns in the United States. Rural women are more likely to have poorer health outcomes compared to urban women and have less access to care. Rural pregnant women have lower rates of 1st trimester initiation of prenatal care and are more likely to have an unintended pregnancy. For complicated deliveries, rural women have longer transports to hospitals and sudden delivery at rural hospitals can occur (American College of Obstetrics and Gynecologists, 2014; Marcin, Shaikh, & Steinhorn, 2016). Further, if an emergency arises during the delivery of the infant, newborn resuscitation readiness is lower in rural hospitals than urban hospitals (Jukkala & Henly, 2009). Registered nurses who provide newborn care in rural settings report lack of practice, application, and comfort with newborn resuscitations (Jukkala, Henly, & Lindeke, 2008). Preterm birth and infant mortality is higher in rural areas (Ely, Driscoll, & Mathews, 2017). Idaho reports a preterm birth percentage of 8.9% overall, lower than the goal of 8.1% (March of Dimes, 2017). Counties with percentages of prematurity greater than 9% are Bonneville and Bannock (March of Dimes, 2017). American Indian/Alaska Native and Hispanics have rates of preterm births higher than 9%, indicating a racial disparity in Idaho births (March of Dimes, 2017). There is a need for further research into how to combat preterm births, as well successful strategies to improve the overall health outcomes of rural women and newborns in Idaho.

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THE DATE

Nurse Leaders of Idaho (NLI)

Advanced Concepts in Leadership course November 6-7, 2018, Boise

Legislative Day at the Capitol February 21, 2019, Boise

American Nurses Association Idaho (ANAI)

ANA National Leadership Summit

November 27-29, 2018, Washington DC

ANA Idaho Annual Conference TENTATIVELY February 21-22, 2019, Boise

Legislative Day at the Capitol February 21, 2019, Boise

Board of Nursing

Quarterly Meeting

January 31 - February 1, 2019

Idaho Association of Nurse Anesthetists (IDANA)

CRNA Week

January 20-25, 2019

CRNA Legislative Reception

January 24, 2019, Boise

CRNA Day at the Capitol

January 25, 2019, Boise

Nurse Practitioners of Idaho (NPI)

NP Week

November 11-17, 2018

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Call for Action

If you are interested in participating in the ANA Idaho Legislative Committee, please contact Anna Rostock BSN, RN, legislative committee chair at rostocka@slhs.org. We meet monthly in October, November, and December and bi-monthly in January, February, and March to plan the ANA Idaho Lobby Day. We will meet in-person and via Skype.

We welcome any ANA Idaho member! No legislative or political background required – this is a great way for members to engage in and learn about the legislative process!

Perinatal Safety Innovation: E-learning Links to Outcomes

Julya Miner, BSN, RN, RNC-OB, C-EFM, CPHQ Perinatal Safety Program Manager St. Luke's Health System minerj@slhs.org

Maternal mortality rate/ratio (MMR) is a significant indicator of the overall quality of health care (MacDorman, Declercq, Cabral, & Morton, 2016). While MMR is declining globally, the United States is one of only eight countries where MMR continues to rise (Centers for Disease Control and Prevention, 2017; HealthStream, 2018; WHO, 2015). Sadly, many of the issues contributing to MMR, such as delay in diagnosis or treatment, and failure to recognize patients at risk, are preventable (Geller, Koch, Martin, Rosenberg, & Bigger, 2014; Grobman et al., 2014; Kilpatrick, Prentice, Jones, & Geller, 2012). Deficits in staff knowledge or training are common causative factors in preventable maternal deaths (Bingham, 2012; Bingham & Jones, 2012). Simulation, e-learning, and instructor-led courses have been implemented globally in an effort to address preventable factors (Bergh, Baloyi, & Pattinson, 2015; Draycott et al., 2015; Egenberg, et al., 2017; Einerson, Miller, & Grobman, 2015; Kominiarek et al., 2017; Van de Ven et al., 2017; Monod, Voekt, Gisin, Gisin, & Hoesli, 2014; Nelissen et al., 2017; Shields, Weisner, Fulton, & Pelletreau, B., 2015; Shoushtarian, Barnett, McMahon, & Ferris, J., 2014; Skupski et al., 2017; Spitzer et al., 2014; Wagner et al., 2012).

Rising numbers of local perinatal emergencies prompted action within a multi-site health system. Through interprofessional partnerships and safety leadership, an online assessment-driven learning platform was implemented (Clarke, 2013). Individualized learning paths were created within the platform based on proficiency scores (Advanced Practice Systems, 2017). Scores were further evaluated to guide a tiered educational follow up plan. Simulation objectives and educational toolkits were focused on practice area gaps. The purpose of this educational innovation was to determine if blending existing educational strategies with the use of an online, assessment-driven learning platform would improve perinatal outcomes.

The Kirkpatrick Model for training evaluation provided a structure for this performance improvement project (Kirkpatrick Partners, 2009-2017). Outcome evaluation was further supported by the Institute for Healthcare Improvement's (IHI) Model for Improvement (2017). To determine if the change had resulted in improvement, rates per 1,000 deliveries were calculated for obstetrical hemorrhage, massive transfusion (>4 units pRBCs), and maternal intensive care unit admission. Baseline data was collected from October 1, 2016 through March 31, 2017. The performance period was identified from April 1, 2017 through March 31, 2018.

Improvements in perinatal outcomes with reduction in maternal morbidity were noted following implementation of the e-learning platform for obstetric emergencies. A 3% decrease in the average rate of obstetrical hemorrhage was realized. Tighter control limits were noted during the performance period indicating less variation and a more reliable process. A downward shift was identified in massive transfusion rates (> 4 units red blood cells) with zero events recorded for 5 consecutive months. Average massive transfusion rates decreased by 8% while the median rate decreased by 35%. Similarly, the average rate of maternal intensive care unit admission decreased by 48% while the median rate decreased by 77%. A downward shift was supported with zero intensive care unit admissions for six of the last seven months. An estimated savings of \$162,262 was realized for nursing education hours within the first two years.

Tracking clinical outcomes validated the effectiveness of the e-learning program within a blended learning environment. Data-driven education reduced waste by right-sizing the training for providers and nurses. The intentional focus on closing gaps in knowledge and training in obstetric emergencies for nurses and providers may help reduce maternal morbidity and mortality moving forward.

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What is your Role in Empowering Nurses to Implement Best Practice?

Carlana Coogle, MSN, RN, CEN Kootenai Health Email: ccoogle@kh.org

Today's nurses must all play a part in implementing best practices no matter what patient population they are serving. No matter what your role in nursing currently is, it is imperative to know and understand what best practice means, and if a change in practice is needed, you are equipped with the knowledge and skills to implement and sustain that change.

Melnyk & Fineout-Overholt (2015) lay the framework for the steps to evidence based-practice. The first step in the journey is to start with a question. All good things start with a question, whether you are the chief nursing officer, a mental health nurse, a home health care nurse, or anywhere in between, practice change never happens unless someone is bold enough to ask. Therefore, nurses' need to challenge each other, help each other think outside the box, read journals, watch webinars, and be active in the nursing profession.

The second step is to prioritize the topic. This means no more silo thinking; invite key stakeholders who may have an interest in your topic or whose job may be impacted by the suggested change to collaborate with you. Consider organizational strategic goals, budget issues, and available resources. Remember, getting others inspired and passionate about a change or exploring opportunities is important in today's world where there are many competing priorities. Without buy-in, you may come to a halting stop.

Step three: analyze the evidence. This takes time and resources, it is important to have access to databases, and articles. If your institution has a librarian, ask for their assistance. If

What is your Role in Empowering Nurses to Implement Best Practice? continued on page 13





Evidence Based Testing Policies to Maximize Student Potential

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A multidatabase literature review was conducted for the purpose of addressing department concerns regarding HESI testing policies. Key search terms were: Nursing, HESI, progression policies, ATI, NCLEX, baccalaureate nursing programs, early indicators, success, high stakes testing, and remediation. Review dates were within 10 years. Articles were excluded if they were commentary, conference proceedings, a product of HESI or Elsevier, or dissertations.

Three themes emerged from the literature review. The first theme was the importance of emphasizing early remediation within a nursing program. Many universities did this by implementing a remediation course taught by faculty and emphasizing important academic and non-academic skills (Reinhardt et al., 2012; Pennington & Spurlock, 2010). Academic skills include test taking strategies, practice questions, reading skills, and content review. Non-academic skills include addressing self-esteem, stress management, and time management. A key factor in remediation was that students were responsible for identifying their own weak areas and making detailed remediation plans. Faculty were encouraged to identify students at risk for not graduating or failing the NCLEX-RN exam early within the program (Pabst, Strom, & Reiss, 2010; Homard, 2013). Faculty that are involved with student remediation are seen as caring, helpful, and approachable as opposed to only caring about exam scores.

The second theme within the literature review was the importance of the HESI Exit Exam in predicting student NCLEX success (Morris & Hancock, 2008; Michel, 2006; Harding, 2010; Homard, 2013). However, there was a strong emphasis for the need to use a broader view of assessment when evaluating a student's progress (Nibert et al., 2006; Pennington & Spurlock, 2006; Harding, 2010). Using a student portfolio to view the student's entire performance will give educators an accurate depiction of how the student will perform on the NCLEX-RN.

The final theme that was evident in the literature review was that certain HESI exams are important indicators to passing the NCLEX-RN. These exams are Fundamentals, Pediatrics, Medical/Surgical, and Maternity Nursing (Schooley & Kuhn, 2013; Uyehara et al., 2007; Sanderson et al., 2017; Ukpabi, 2008). These exams should be used along with a cyclical evaluation within the curriculum, including information based on factual and measurable student data (Davis et al., 2013; Homard, 2013).

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"Distinguished Lifetime Career in Nursing" Award



Nurse Leaders of Idaho (NLI) honored Idaho State University (ISU) College of Nursing Interim Dean Nancy Renn with their most prestigious award in a ceremony on September 13 in Boise. Her career at ISU spans several decades, and her colleagues are quick to share how the impact of her leadership can be seen not just in Pocatello and Meridian, but across the state as well.

Each year, NLI hosts an annual fall conference and a "Celebrate Nursing Dinner" where recognition awards are given to Idaho nurses who are nominated by their respective institutions. As a highlight of the recognition ceremony, a nurse who has impacted nursing and the healthcare of Idaho citizens over the course of a career is also recognized. The honor is not limited to one nurse in any single year, but this year only Nancy Renn was recognized.

Karen Neill, PhD, RN, NLI president and an ISU nursing professor says, "Dr. Renn has served as an advocate and leader for nursing and nursing education throughout her career... Dr. Renn has been instrumental in advancing nursing education in Idaho, and in the teaching of competent and caring nurses for practice, scholarship, and service."

"In addition to her long career at ISU and the impact that she has had on a generation of nurses who have graduated from the ISU School of Nursing [now College of Nursing], her impact as a nurse leader and her last few years as the interim dean have reached beyond ISU. Her efforts have impacted relationships between all of the schools in Idaho, and she has facilitated academic progression in nursing by focused work on articulation agreements, creative tuition payment methods, online education, nursing research and cooperative programs between universities. More than once she has met the need for school leadership at ISU and served as a dean demonstrating stable, thoughtful and common-sense leadership. We are pleased to recognize her this year for her distinguished career," says Randall Hudspeth, PhD, RN, NLI's executive director.

Renn grew up in Pocatello, Idaho and graduated from the ISU Department of Nursing in 1980. Renn says it has been her great pleasure to spend her career working in local health facilities and at ISU. She worked as a staff nurse at the Bannock Memorial Hospital and later served on the Board of Directors for Bannock and Portneuf Medical Center. She worked at the South Idaho Public Health department as a home health nurse and as a public health administrator. Renn says, "My last and some of my best work was done at ISU where I have worked diligently to assure quality nursing education is provided to all nursing students. I truly believe all of the work I have done over my career has not been work completed by one person, but work completed by many great colleagues who have worked side-by-side with me along the way. I would like to say thank you to the many good people who helped me accomplish the work that needed to be done."

IALN & NLI UPDATES

Karen Neill, PhD, RN, SANE-A, DF-IAFN President, NLI and IALN Email: neilkare@isu.edu

I am ending my first year as president of these associations and much has happened to support nursing in Idaho. IALN, which is a nursing philanthropic organization, has operational areas including: (1) the Idaho Nursing Workforce (2)impacting implementation of the Institute of Medicine Future of Nursing recommendations, promoting nursing scholarship and supporting nursing organizations.



Karen Neill

A major IALN focus has been the completion of the 2018 Idaho Nursing Workforce report, and engaging with schools of nursing, hospitals and long term care to identify future nursing needs. This has resulted in the publication of the report, supporting the expansion of the Idaho State University second-degree program into Idaho Falls, which will be in addition to the program currently at the Meridian campus, and promoting additional LPN education in southwest Idaho. IALN supported the expansion of the concurrent enrollment program for associate degree program students to be also completing credits towards a BSN at Lewis Clark State College.

Nurse Leaders of Idaho (NLI) is a membership organization and manages programs that support and educate nurses who are members or who register for NLI programs. NLI manages Board of Nursing approved Nurse Refresher Programs for both RNs and LPNs. This program continues to grow as increasing numbers of nurses seek to return to nursing and need to complete an approved refresher course. The New Nurse Residency program is in place, although it is newer to Idaho and is still growing. The Nurse Leadership program was a five-day educational opportunity that had been in place for three years and had over 140 participants. Based on the evaluations of nurses who completed the program, and the request of rural hospital CNOs to have a program that would not take a nurse away from work for a week at a time, the program was altered to a threeday "Fundamentals of Nursing Leadership" and a two-day "Advanced Concepts in Leadership" course this year. The initial course was presented in Idaho Falls with good reviews. A second three-day program was offered in Boise in October, and November has the first offered two-day program.

Legislatively, NLI joins with the American Nurses Association of Idaho (ANAI) and jointly hired Michael McGrane,



MSN, RN, to continue as our lobbyist. Based on nursing workforce data that shows the majority of Idaho nurses have a BSN degree, NLI and IALN wrote to the Board of Nursing to seek a change to the Idaho Nurse Practice Act (NPA) to alter the educational requirements of board members. Since 1998, the Board of Nursing had specific degree requirements for composition. NLI and IALN proposed removing the degree requirements and allowing any RN to be considered for board membership. The Board of Nursing utilized this opportunity to evaluate and consider other alternatives, and this year the Idaho Legislature amended the NPA so that any RN can apply to be a board member. Both NLI and IALN were supportive of this and we offered testimony to the Health and Welfare Committees of the Legislature in support.

NLI is supportive of Proposition 2 which calls for closing the Medicaid gap in Idaho (see "Proposition 2" article). We are engaged with "Idahoans for Healthcare" and looking forward to the legislative session and monitoring how this need will be managed. Representatives for NLI are engaged with the Idaho Medical Association and the Idaho Hospital Association, as well as serving on the workgroup "Doctors and Nurses Support Healthcare" to promote legislative support of Medicaid gap closure.

A big initiative for IALN and NLI has been facilitating the establishment of the new Idaho Center for Nursing (ICN). With the return of the American Nurses Association of Idaho (ANAI) to having a physical office back in Idaho, and being able to now jointly share an office, many of our common goals for the forward growth of nursing in general can be managed more efficiently. This has evolved into being able to establish relationships with the Nurse Practitioners of Idaho and also the Idaho Association of Nurse Anesthetists as members of the Idaho Center for Nursing.

In July, using the 501c3 designated tax status of IALN, we were able to support sustaining a cost-effective production and mailing of *RN Idaho*. IALN has more options available in terms of governmental regulations than the membership organizations, and thus working with ANAI to transfer sponsorship of the publication to IALN resulted in a win-win situation for everyone and all licensed nurses in Idaho can continue to receive *RN Idaho* for free.

Both IALN and NLI will continue to promote nursing in Idaho. The engagement of the board members, and nurses across the state in programs that are offered has resulted in a robust and growing NLI. We continue to see more interest in our collective work with other associations and participation from nurses because, as one nurse leader summed it up, "Everyone wants to be on a winning team!"



It is often said by nurses that we are better caring for others than ourselves. In an effort to promote the health of Idaho caregivers and model the goals of the American Nurses Association (ANA), "Healthy Nurse, Healthy NationTM", the RN Idaho Editorial Board would like to encourage all nurses to consider submissions to the "Self-Care Corner." Our readers are continually interested in how other nurses practice health and wellness as advocates of our profession. These submissions may include mental and/ or physical health, self-care strategies, healthy work environments, or any other topic you think may be of interest to other nurses. We look forward to hearing your stories!

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EBRATE NURSING

Nurses from across Idaho were recognized at the September 13, 2018, Nurse Leaders of Idaho (NLI) seventh annual "Celebrate Nursing Dinner" held in Boise. This event serves to celebrate the accomplishments and efforts of all nurses in Idaho and this year individual organizations were invited to select their own nurse recipients for recognition. In addition to the two traditional categories of "Aspiring Nurse Leaders" that focuses on nurses who have been identified as early leaders in their careers, and "Outstanding Nurse Leaders" that focuses on more established career nurses, there were other recognitions for notable awards such as the Daisy Award, which focuses on extraordinary nursing care and ongoing recognition. A highlight of the evening was Dr. Nancy Renn, PhD, RN, being honored with the prestigious "Distinguished Lifetime Career in Nursing" award (see full article).

The change in how nurses are now recognized by individual organizations and featured at this dinner provides an opportunity for organizations to showcase the attributes of nurses throughout the year and to come together annually for recognition. Highlighted below are the award recipients recognized in 2018.

CATEGORY:

"ASPIRING NURSE LEADER"



Debbie Larson, MSN, RN, NE-BC





Elizabeth Pena, **BSN, RN** West Valley Medical Center Aspiring Nurse Leader in Clinical Practice



Kayla Ingram, **BSN, RN, NE-BC** St. Luke's Health System Aspiring Nurse Leader Clinician



Jared Burch, **BSN, RN** Valor Health Aspiring Nurse Leader Clinician

SEPTEMBER 13, 2018



Melody Weaver, PhD, MSN Idaho State University College of Nursing Aspiring Nurse Leader Educator



Sydney Parker, MSN. RN Lewis Clark State College Aspiring Nurse Leader in

Education



Ashlee Dean, **BSN, RN, CCRN** St. Luke's Health System Aspiring Nurse Leader



St. Luke's Health System Aspiring Nurse Leader

D'Layne Benson,



Gina McCloskey, **BSN, RN** Kootenai Health Aspiring Nurse Leader



Wendy Deblaquire, **BSN, RN** Kootenai Health Aspiring Nurse Leader

DINNER



Jennifer Collins, **BSN, RN** Kootenai Health Aspiring Nurse Leader

CATEGORY: "OUTSTANDING NURSE LEADER"



Greta Van Dyke, **BSN, RN, CDE** West Valley Medical Center Outstanding Nurse Leader Educator



Karen Belleman, **RNC** St. Luke's Health System Outstanding Nurse Leader Clinician



Anna Quon, MBA, RN St. Luke's Health System Outstanding Nurse Leader in Transitions in Care



Katherine Kerner, RN St. Luke's Health System Outstanding Nurse Leader Educator



MSN, RN St. Luke's Health System Outstanding Leader in Innovation

Danika Severe.



Elizabeth Scarano, MSN, RN

Lewis Clark State College Outstanding Nurse Leader Educator



Sarah Phipps, MSN, BSN

Valor Health Outstanding Nurse Leader Clinician



Cathy Arvidson, PhD, FNP-BC, APRN, FAANP

Idaho State University College of Nursing Outstanding Educator



Pam Strohfus, DNP, MSN, BSN

Boise State University School of Nursing Outstanding Nurse Educator



Chanette Fretwell, MSN, RN

St. Luke's Health System Outstanding Nurse Leader Clinician



Debra Ketchum

St. Luke's Health System Outstanding in Innovation



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OTHER RECOGNITIONS AND ACCOMPLISHMENTS



Becky Bunderson, MSN, BSN

Boise State University School of Nursing Nursing Pathfinder Award



Jane Grassley, PhD

Boise State University School of Nursing Transformational Mentor Award

Nurse Practitioners of Idaho state recognitions



Bill Sable, FNP,

Idaho Award for Excellence in Practice



Idaho NP Advocate of the Year Award



Carlana Coogle, MSN, RN, CEN

Kootenai Health



Wendy Ferguson, BSN, RN, CEN

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Kim Hanna, MSN, RN, CEN, TCRN

Kootenai Health Daisy Award



Meghan Smith, CNML, RNC-0B, C-EFM (pictured with Joan Simon, CNO Kootenai Health on left)

Kootenai Health
Daisy Leader Award



Jane Spohn, BSN, RN

Kootenai Health



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UPDATE FROM THE BOARD OF NURSING

Sandra Evans, Executive Director Idaho Board of Nursing Email: sandra.evans@ibn.idaho.gov

Idaho state government 'kicked off' fiscal year 2019 on July 1, 2018. Guided by the Board's Mission of public protection and Vision to "regulate nursing with collaboration, innovation and strategic leadership to ensure the nursing workforce meets the changing needs of Idahoans," the Board's FY2019 strategic plan addresses our commitment to remain relevant and responsive to evolving health care delivery modalities and the changing needs of the recipients of nursing services now and into the future. As in previous years, the plan addresses strategic goals related to licensure, practice, education, discipline and alternatives to discipline, governance, communication and operations. To view the FY2019-22 plan, go to https://dfm.idaho.gov/publications/bb/strategicplans/economic/stratplan_nursing.pdf.

At the close of each year, the Board reviews our progress over the previous twelve-month period and sets the direction for the coming year. Highlights of FY 2018 included:

- Renewal of 17,026 RN and 2,128 APRN licenses, supported by a three-month extension of the deadline to renew to accommodate software issues with the Idaho Nurse Portal;
- Implementation of the "enhanced" Nurse Licensure Compact (NLC), replacing the previous NLC adopted in 2001, and successfully grandfathering all Idaho nurses with multistate licenses under terms and conditions of the new NLC;
- Implementation of requirements for demonstrated continued professional development and lifelong learning for LPNs and RNs renewing in 2018 and beyond;
- Partnering with the Idaho Office of Drug Policy and Idaho Department of Health and Welfare, Division of Behavioral Health to develop strategies to address the opioid abuse crisis in Idaho;
- Monitoring approximately 70 nurses participating in the Board's two alternative to discipline programs, the Program for Recovering Nurses (PRN) and the Practice Remediation Program;
- Revising administrative Rules of the Board allowing inter-professional non-nurse faculty to teach nonclinical nursing education courses; and clarifying requirements for APRN faculty and administrators;
- Partnering with the Idaho Alliance of Leaders in Nursing (IALN) in their continued progress toward implementation of the Institute of Medicine (IOM) 2010 recommendations for the future of nursing in America; and
- Surveying licensees and the public regarding the Board's effectiveness in protecting the public as part of the Lieutenant Governor's 2017 Executive Order, the "Freedom of Licensing Act" (thank you to the over 2,000 nurses who responded to the Board's web-based survey!).

Most recently, the Board of Nursing met July 26-27, 2018 in Boise for the conduct of regular business. At that meeting, Board members Vicki Allen, RN, Pocatello, Chair; Carrie Nutsch, LPN, Jerome, Vice Chair; Jennifer Hines-Josephson, RN, Rathdrum; Whitney Hunter, Consumer, Boise; Jan Moseley, RN, Coeur d'Alene; Rebecca Reese, LPN, Post Falls; Clay Sanders, APRN, CRNA, Boise; Merrilee Stevenson, RN, Wendell; and Reneé Watson, RN, Boise:

- Reviewed correspondence and reports of external meetings relative to various initiatives of the Board, including the national APRN Roundtable held in Chicago; two NLC Interstate Commission meetings by teleconference; and the National Council of State Boards of Nursing (NCSBN)-hosted Discipline Case Management Conference in Denver and APRN World Café in Kohler, WI;
- Approved draft proposed administrative rules and set them for rule-making for consideration by the 2019 Idaho Legislature.
 Proposed rules, both recommended by constituents, address:
 - Changes in required criteria for APRN prescriptions; and
- Clarification of the approval term for nurse apprentices following graduation from their nursing education programs;
- Appointed Jessica Garner, APRN, CNS, Meridian; Marylynn Hippe, APRN, CNS, Middleton; and Helen Reu, APRN-CNM, Meridian, to three-year terms on the Board's APRN Advisory Committee;
- Accepted reports and recommendations from the Board's APRN and PRN Advisory Committees;
- Elected officers for FY2019: Vicki Allen, RN, Pocatello, Chair; Carrie Nutsch, LPN, Jerome, Vice Chair; and Jennifer Hines-Josephson, RN, Rathdrum, Member-at-Large to the Governance Committee; and appointed Jan Mosely, RN, Coeur d'Alene as Chair of the Program for Recovering Nurses (PRN) Advisory Committee;
- Took formal action to revoke the license of an LPN based on failure to comply with terms and conditions of monitoring through the PRN;
- Adopted the Board's Education Philosophy Statement as revised;
- Granted full approval to the Adult-Gerontology Nurse Practitioner Program administered by Boise State University for the period ending 2026; and
- Granted initial approval to Stevens-Henager College, Idaho Falls, to offer a nursing assistant training program

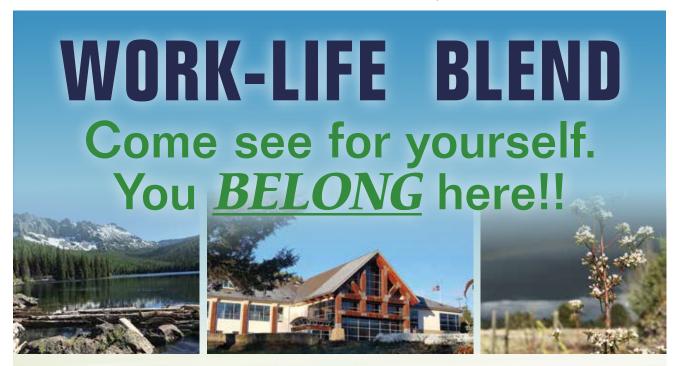
In addition, the Board set tentative meeting dates for the coming year:

- January 31-February 1, 2019
- April 25-26, 2019
- July 11-12, 2019
- October 10-11, 2019

Meetings are generally held in Boise at a location to be announced prior to the meeting and include an open forum on the second morning of each meeting. During the open forum, the public is provided the opportunity to dialogue with the Board on issues of interest that are not necessarily included on the published agenda. The Board will not take action on issues introduced during the forum, but may choose to address them at a later scheduled Board meeting.

The Board encourages nurses to enroll in Nursys eNotify®, an innovative nurse notification system available at no charge. Nursys eNotify® allows nurses and employers to receive automated license expiration reminders and status updates for all licenses issued by states (including Idaho) that report to Nursys®, the centralized automated licensure verification system administered by the National Council of State Boards of Nursing. Go to the Idaho Nurse Portal www.ibn.idaho.gov or nursys.com to apply.

As always, the Board welcomes your comments and suggestions and invites you to attend all or portions of scheduled meetings of the Board. The Board's next meeting is scheduled for November 1-2, 2018 in Boise at a location to be determined. For further information, visit the Board's website or contact the Board office at 208.577.2476.



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ADVOCACY IN ACTION

Proposition 2 – Next Steps

Expansion of Medicaid in Idaho

Michael McGrane, MSN, RN ANA Idaho Lobbyist Email: mcgraneconsulting@gmail.com

On Tuesday, November 6th, voters had an opportunity to approve Proposition 2, the initiative to expand Medicaid for Idaho's 62,000 working adults who find themselves caught in Idaho's healthcare coverage gap. They earn too much to qualify for Medicaid and too little to be eligible for financial assistance to help them afford coverage through Idaho's health insurance exchange. These are Idahoans who are making up to \$17,000 a year individually or are making up to \$29,000 a year to support a family of three.

Many of these Idahoans work part time or work for small employers who do not provide health coverage. Health insurance on the individual market can be as much as \$500 per month, or \$6,000 per year for an individual. For a family, this translates to \$13,000 per year or more than \$1,000 per month. Their choice is to balance the cost of health insurance against the cost of housing, groceries, transportation to work, or even day-care, which makes health coverage simply unaffordable for many.

Idahoans in this position opt to forego health coverage, hoping to not get caught in an emergency which pushes them to medical bankruptcy. They also go without their prescriptions or routine care when needed, including chronic conditions such as diabetes or asthma.

ANA Idaho and **Nurse Leaders of Idaho** have been advocates for access to affordable healthcare for many years. By extending Medicaid coverage to these 62,000 Idahoans, Proposition 2 will make it possible for those who cannot afford insurance to obtain coverage and seek the help they need without fear of losing everything they have.

Next Steps

Presuming voters favor Proposition 2 on Election Day, it will become law once the Board of Canvassers (Secretary of State, State Treasurer, and State Controller) certify the results. That will happen on November 23rd, 2018, and the new law becomes immediately effective upon certification.

Even so, the Legislature must act during the 2019 legislative session. Historically, the Legislature has done one the following with voter-approved initiatives:

- 1. Implement and fund the state's portion;
 - (The state's Medicaid Plan would be amended and filed with the Center for Medicare and Medicaid Services under the U.S. Department of Health and Human Services.)
- 2. Consider the vote a mistake by an uninformed electorate and repeal the new law;
- 3. Adopt it, but not fund it, or only partially fund it, effectively killing it
- 4. Modify it to meet political desires and fit within available funds.
- If implemented, new Medicaid enrollments would likely begin January 1, 2020.

How did we get here?

Medicaid is a joint Federal/State program to provide coverage for the poor. Under the Affordable Care Act that was passed by Congress and signed into law in 2010 and became effective in January 2014, initially 100% of the cost to expand Medicaid would come from the federal government, an amount that would gradually decline to the standard 90/10 match the state currently receives. As the ACA was originally designed, those caught in the gap between traditional Medicaid and qualifying for subsidies to purchase coverage on the insurance exchange would have received Medicaid benefits. Those who qualify for premium subsidies can purchase coverage on the exchange on a sliding scale. However, Idaho, along with 27 other states, sued the federal government to challenge the ACA's expansion of Medicaid. In 2012, the Supreme Court heard three consolidated cases, deciding 5-4 that Congress exceeded its authority by coercing states into "transformative changes" to their Medicaid programs by threatening to revoke Medicaid funding if they did not expand Medicaid. For the Idaho Legislature, this ruling was seen as a major states' rights victory over the federal government.

Several efforts to provide some coverage for the "gap" population over the past six legislative sessions have failed. Legislators have considered "waivers" that would shift those with the highest costs out of the private insurance market and onto Medicaid and then allow some in the gap to access tax credits to purchase insurance on the exchange. They have also considered programs that provide limited levels of primary care combined with health and lifestyle coaching. They have hoped for block grants from the federal government that would allow states to determine how federal money is used. To pay for some of these proposals, they have considered using money from the Millennium fund, money the state receives from the historic tobacco settlement. Fundamentally, the majority of Idaho Legislators values state rights, individual independence, and self-reliance. Therefore, most of them view Medicaid as an entitlement program for those unwilling to work which forces dependence upon the state and encourages overutilization of healthcare.

A recent study by Milliman, an independent firm commissioned by the Idaho Department of Health and Welfare, concluded that expanding Medicaid would save the state and counties \$15 million and additionally bring \$700 million back into the state in federal funding and economic benefit including 5,000 new jobs. Currently, Idaho counties cover the initial \$11,000 of health costs for the indigent, those who have no other resources. The state's catastrophic fund covers the remainder. However, these funds only cover "catastrophic" care, not routine or primary care that, if sought early, could actually prevent more expensive hospitalization.

Although opponents will argue that Medicaid expansion will encourage enrollees to take greater health risks and to overutilize services, what they fail to consider is the complex economics of healthcare between providers, hospitals, pharmaceutical companies, and insurers. The staggering cost of care is a disincentive to access for those who do not have insurance. Medicaid expansion will encourage new enrollees to access preventative care, allowing them to proactively manage their conditions rather than delaying care and accessing services through the emergency room in a crisis.

The Legislature convenes in January. Proposition 2 gives the Idaho Legislature another opportunity, with the mandate from the voters, to close the gap. With the November election, nearly two-thirds of the Idaho House and Senate will be new faces. Many influential Senators and Representatives have already pledged to support Medicaid expansion along with Idaho's next Governor, who vowed to uphold the will of the people.



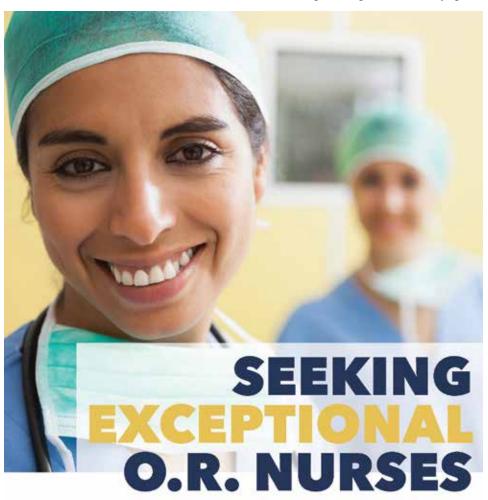
Issues Facing Nursing – From the ANA/SNA Lobbyist Meeting

Michael McGrane, RN, MSN ANA Idaho Lobbyist Email: mcgraneconsulting@gmail.com

Each year, ANA sponsors a meeting of state association executive directors and members engaged in lobbying and advocacy activities. It is an opportunity to hear issues that face nursing in other states, to hear their concerns and strategies, and to share experiences. I thought it would be helpful for you to hear what is happening in other states and how we compare in Idaho.

- Enhanced Licensure Compact
 - Unknown how many nurses practicing in another compact state because state boards of nursing do not monitor individual compact activity. Louisiana requires registration of compact nurses who come from another state to practice temporarily in Louisiana.
 - Consider 90-day reciprocity for travelers and nurses rarely providing telehealth services.
 - APRN compact still not active three states have adopted, including Idaho. Adoption by ten states is required to activate the compact.
- Education RN to BS in 10, happening naturally without requirement because there are increasing numbers of BSN program graduates, increasing concurrent enrollment programs and the age of nurses who are retiring is consistent with the majority of older nurses having associate degrees.
- Community colleges to university ADN-BS programs 85% completion rate nationally
- Staffing California & Florida have ratio staffing requirements
 - Ratios are intended to set minimal levels, but employers use it as a maximum limit without consideration for patient turnover, experience of the nurse, etc.
- Say ratios don't work, wish to go back to acuity model staffing
- Scope of Practice (Idaho is a leader in full practice authority for APRNs)
 - APRN AMA resolution 214, strategy to oppose non-physician supervised practice by NPs,
 - AMA "truth in advertising" marketing campaign preference for physicians over NPs
 - Assistant Physicians Effort to allow physicians who have not completed residency to practice

Issues Facing Nursing continued on page 15



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REMEMBERING NURSING LEGENDS

Celebrating the Life of Dorothy Witmer, EdD, RN (1929-2018)





Barbara McNeil, PhD, RN-BC Gonzaga University Email: mcneilb@gonzaga.edu

Dr. Witmer was a strong advocate for nursing and health education in Idaho. I knew her as a colleague through her loyal membership and contributions to the work of our professional nursing organization, ANA Idaho. Dorothy served as an editorial board member for *RN Idaho*. Her insights and perspectives were sought out, respected, and valued. We could always count on her to share her wisdom and experience as we edited and worked on content for *RN Idaho*.

This article will present portions of Dorothy's obituary written by her daughter and combine those with anecdotes from Dorothy's own story written by her in *Charting Idaho Nursing History* (Hudspeth, & Kaiser, 2009, pp. 446-456). It is those anecdotes that add richness and depth to our understanding of her journey in life and her career in nursing. Crossing of our paths has been a privilege. Thank you, Dorothy, for making us all so proud to have known you as a special person and extraordinary nurse.

Dorothy Marie Abbott Witmer, EdD, RN, passed away on August 20, 2018, after a life described by her daughter as "enormous." Dorothy was born in Philadelphia, Pennsylvania, on May 18, 1929, to Frank Asbury and Mary Josephine Abbott. Dorothy was the fifth daughter and the ninth child in the family.

Dorothy's nursing career began in 1947 following her graduation as the class Salutatorian from Clifton Heights High School. She enrolled in the Philadelphia General Hospital (PGH) School of Nursing. Dorothy's three-year nursing education and experiences at PGH prepared her for entry into the United States Air Force in 1951. In 1953, she was assigned to the 801st Medical Air Evacuation Squadron





(MAES). She was stationed in Tachikawa, Japan, as a Flight Nurse participating in the evacuation of South Korean soldiers during the Korean War. Dorothy wrote (p. 448), "I cannot adequately express how meaningful this experience was. There is no other like it."

Following the war, Dorothy returned to the U.S. and enrolled in nursing school at Villanova University where she graduated in 1957. She immediately applied to graduate school at the Community Health Nursing at Catholic University in Washington D.C. and went back to active duty where she was promoted to the rank of Captain. She took an assignment at Minot Air Force Base in North Dakota, where she was "hand-picked" (p. 450) to be in charge of the outpatient department and setting up the emergency room and clinics that did not exist previously in the hospital. Dorothy met her husband there and this Air Force family moved about every two years until the death of Dorothy's husband in Turkey in 1976.

Dorothy returned stateside to Idaho as a single mother with four teenagers. She landed a teaching job with the Boise School District teaching high schoolers in the Health Occupations Program until 1985. She then completed her doctorate degree in education from the University of Idaho in 1986 and worked for the University of Nebraska in Lincoln. She strengthened that program and completed publication of a book based on her dissertation entitled, *The Geriatric Nursing Assistant*.

In March of 1991, Dorothy moved back to Idaho and was offered a position in the Idaho Division of Vocational Education as Health Occupations Supervisor (p. 454) for vocational programs throughout the State of Idaho. Under her tenure, the Health Occupations programs increased by nearly 700% and she was involved in developing more than 30 health occupations curricula. Dorothy also planned the State's summer conference, worked on various committees, and worked closely with the State Board of Nursing. She spent seven years, beginning in 1992, facilitating the Boise State University (BSU) Outreach Division Instructor Development Course that taught students how to teach.

In 1996, Dorothy retired from the Division to start her own consulting business, Healthcare Education and Training. She developed leadership and management courses and training programs for nursing directors, activity directors, social worker assistants, nursing home administrators, and licensed nurses from assisted living facilities. She engaged in this work and research projects for St. Luke's Hospital in Boise because she had a "great passion for the elderly..." and "in hopes that the quality of care will continue to improve" (p. 455).

The remainder of Dorothy's career included a position on the Board of Directors for the Professional-Technical Education Foundation, raising money to offer scholarships to students and teachers to work on their skills, and guiding the state legislature in their appropriations by educating them on the needs around the state.

Dorothy's contributions also included writing grants for charitable organizations such as the St. Vincent de Paul Society and FreeMed Program. Her final contribution was the establishment and coordination of the St. John's Parish Nursing Program at St. John's Cathedral in Boise, which she ran until she reached 85. She organized health fairs, foot care clinics, and regular blood pressure checks for the parishioners of St. John's. She continued to make home visits and deliver communion as a Eucharistic Minister for St. John's almost until the day she died.

Her four children and 11 grandchildren survive Dorothy. One daughter followed in Dorothy's footsteps to become a nurse practitioner. She is greatly missed by her family, friends, and the healthcare community. She touched the lives of so many through her dedication, hard work, courage, and wisdom. She wrote of her life (p. 456), "...my love of nursing has helped a great deal. My 'afterthought' to choose nursing as a [sic] career was one of the best decisions of my life."

The Idaho Health Care Association has established a scholarship fund in Dorothy's name: IHCA Foundation - Dorothy Witmer Scholarship, 1524 W. Cayuse Creek Drive, Meridian, ID 83646.

Reference

Witmer, D.M. (2009). Dorothy M Witmer, EdD., R.N. In R. Hudspeth & V. Kaiser (Eds.). *Charting Idaho nursing history* (pp. 446-456). Boise, Idaho: VKRHPubs, LLC.

In Memoriam for Sister Patricia Mulvaney, CSC:

Idaho's Visionary Nurse Leader and Legend



Randall Hudspeth, PhD, APRN-CNP/CNS, FAANP Executive Director, Idaho Center for Nursing Email: <u>randshuds@msn.com</u>

Idaho nurses honor the memory of an Idaho nursing legend. Sister Patricia Mulvaney, MSN, RN, C.S.C. (Sister M. Peter James), passed away on August 13, 2018, at age 89, after a lifelong ministry of healing in her work with the Sisters of the Holy Cross.

After completing her nursing degree at Holy Cross Hospital School of Nursing in Salt Lake City, Utah, in 1954, and her Baccalaureate Degree at Saint Mary's College in Notre Dame, Indiana, in 1955, Sister Patricia taught nursing at Saint Alphonsus Hospital in Boise until 1960. After finishing her Master's of Science degree in nursing administration from The Catholic University of America, she served as the director of the School of Nursing at Holy Cross Hospital from 1960 to 1963. In 1963 she returned to Boise as Superior and Administrator of Saint Alphonsus Hospital and the Saint Alphonsus School of Nursing, a position she held until 1972. During this time, she was responsible for selecting the current hospital's location on Curtis Road in Boise, ensuring the resulting construction, and moving the entire hospital from its original 1894 downtown location.

After the successful opening of the new Saint Alphonsus Hospital, Sister Patricia became the Regional Superior and later the President and Chief Executive Officer of Holy Cross Health System. She returned to Saint Alphonsus Regional Medical Center in 2000 and served another 12 years in its healing mission. During this tenure, Sister Patricia established the palliative care program and was engaged in the hospital renovation.

Sister Patricia was always interested in nursing activities and was a mentor, reader, editor, and content advisor during the writing of the book *Charting Idaho Nursing History.*She earned many awards including the Idaho Hospital Association's Star Garnet Award for promoting healthcare in Idaho, the Saint Alphonsus Distinguished Citizen Award, and the Woman of Today and Tomorrow Award from the local Girl Scouts of America Council for her visionary leadership and attributes as a role model for young women.

Generations of Idaho nurses were impacted by Sister Patricia Mulvaney. She was always a champion of nursing, helping the underserved, and ensuring the best quality outcomes of every effort. At age 80, she reflected, "I never wanted to be in any other life except the one I chose." We will miss Sister Patricia and all of her compassion, forward thinking, and major contributions to healthcare in Idaho.

IN MEMORIAM

RN Idaho is pleased to honor deceased registered nurses and licensed practical nurses who graduated from Idaho nursing programs and/or served in Idaho during their nursing careers. Included, when known from a published obituary or when space allows, will be the date when deceased and the Idaho nursing program.

The names will be submitted to the American Nurses Association for inclusion in a memoriam held in conjunction with the ANA House of Delegates. Please enable the list's inclusiveness by submitting information to rnidaho@idahonurses.org.

Adams, Mari N., 9/10/2018. Marie was born into a Basque family and graduated from nursing schools in Boise, Idaho, in 1954. She worked at the VA in Salt Lake City and then settled with her husband in Great Falls, MT. She enjoyed volunteering, cooking, and playing golf. Marie touched the hearts and lives of her family and many friends in her Basque community.

Alsager, Mary Margaret "Maggi", 8/9/2018. Mary was born in Moscow, Idaho on 5/11/1946. In 1970, Maggi began her nursing career working for Dr. Al Frostad. She also worked in St. Louis, Missouri and California. She returned to Lewiston in 1997. From that time until her death she was active in the community: Willow Center for Grieving Children, suicide prevention, education and support groups. She worked full time at Valley Medical Center, Idaho State Hospital North, North Central District Health Department, and the Idaho Transportation Department until her retirement in 2017. She enjoyed ski vacations, golf, camping on the North Fork of the Clearwater River; she always included family and friends in their adventures.

Dasenbrock, Josephine "Betty Jo", 7/29/2018. Betty Jo was born 1/20/1923 in Cottonwood, Idaho. She attended nursing school at Sacred Heart School of Nursing in 1945. She had a 40-year career at St. Mary's Hospital; she retired in 1986. In her spare time, she enjoyed hunting and fishing with her husband.

Delaney, Patricia, 8/4/2018. Patricia was born in Spokane, Washington. She completed her education as a registered nurse at Lewis-Clark State College in Lewiston, Idaho. She worked as a registered nurse in number of locations across the country and for a pediatrician for 10 years. Patti enjoyed the outdoors, decorating, fitness classes, and sewing with her friends. Her family and friends meant everything to her. She will be greatly missed for her generosity.

Gneiting, Barbara Lee, 6/12/2018. Barbara grew up east of Shelley, Idaho in Taylor. She married and lived on a cattle ranch in Medicine Ranch. Once her children had grown, she pursued her lifelong dream of becoming a nurse. She attended Rick's College and completed her registered nurse degree in 1973. Barbara worked for many years as a nurse at Bingham Memorial Hospital and as a school nurse for the Blackfoot School district. She enjoyed her yardwork, four-wheeling with her husband, and other activities. She was active in her church and greatly loved her family. Her generous spirit will be remembered.

Jones, Karen Thorp Sbona, 9/08/2018. Karen was born in Grays Harbor, WA before moving to California and then Boise, Idaho, in 1971. She graduated Cum Laude in nursing from Boise State University. She worked for 10 years as a registered nurse at St. Luke's Hospital in Boise and then an additional 10 years in St. Luke's Women's Clinic. Karen was a Master Gardener and enjoyed arts and crafts. Remembered for her sense of humor, quick wit, and love of family and friends. She lived her life by "moving forward." Her family and friends will miss her.

Kaufman, Margaret 'Peggy', 8/15/2018. She was born 3/19/1925 in Spokane, Washington. At age 14 she moved to Lewiston, Idaho. During WWII she attended nurses training at Lewis-Clark Normal School. She enjoyed family, crocheting, socializing with her friends and playing cards.

Kramer, Marjorie Ann Ida Deckert, 7/29/2018. Marjorie Ann ("Marj") was born in Lincoln, Nebraska. While studying nursing, she met and later married her husband who pursued a career as a physician. She completed registered nurse education in 1954. The family settled in Twin Falls, Idaho, where Marj and her husband worked as a team in their successful medical practice. Marj taught nursing assistant students at the College of Idaho. After the children were grown and beyond retirement, Marj and her husband managed a farm. She enjoyed volunteering for Cub Scouts and 4-H and had a love for nature and animals. Remembered for her kindness, patience, radiant smile, and love of family and friends.

Little-Hughes, Charlotte, 8/28/2018. Charlotte was born in Garfield, Washington. She devoted her time to her family and supporting her husband's ministry. Charlotte earned her nursing degree from Boise State University in 1980 and worked as an LPN for many years. Charlotte was loved and cherished by her family and all the lives she touched.

Marsh, Gaynell, 8/29/2018. Gaynell was born 3/5/1938 in Kentucky. She graduated from Lewis Clark State College with her LPN degree. She worked at St. Joseph Regional

What is your Role in Empowering Nurses to Implement Best Practice? continued from page 6

you don't have access to librarians or library resources, Idaho residents can take advantage of <u>LiLi.org</u> a free database for all Idahoans provided by the Idaho Commission for Libraries (2017). Another opportunity is to utilize PubMed or explore the databases for your professional organization memberships.

Once you have gathered the evidence, step four is to evaluate and appraise it. One helpful resource is the Johns Hopkins Nursing Evidence-Based Practice Model. Their website includes templates and resources to assist with projects (see resources at https://www.hopkinsmedicine.org/evidence-based-practice/ijhn 2017 ebp.html) (Dang & Dearholt, 2017).

Evaluating and appraising the literature requires time. This step cannot be overlooked. Learning about what is known or not known about your question or problem will drive your entire project. Through this step, you will learn about interventions, success, failures and many other facts about your topic. This step builds your evidence and through this you will become the expert on the topic. Your new-found understanding is what will help guide the project.

Step five: follow the established pathway. Three common pathways to evidence-based practice change are: a) research, b) Quality Improvement Activity, or c) Evidence-based practice guidelines (Melnyk & Fineout-Overholt, 2015).

Finally, step six: implement, evaluate, and disseminate. The implementation of a project is where nurses shine because we love to do things! After implementation, we must evaluate and ensure our outcomes have been reached and that our plan is sustainable. Finally, it is time to disseminate, or share, the information to your organization and possibly at the national level. Submitting your work for a poster or podium presentation at a conference, or a manuscript for publication is like the icing on the cake. Now more than ever nursing needs leaders that inspire and empower nurses to implement best practice, and if you are a nurse you are a leader!

References

Dang, D., & Dearholt, S. L. (Ed.). (2018). *Johns Hopkins nursing evidence-based practice: model and guidelines*. (3rd ed.) Indianapolis, IN: Sigma Theta Tau International.

Melnyk, B., & Fineout-Overholt, E. (2015). *Evidence-Based Practice in Nursing & Healthcare, 3rd edition*. Philadelphia, PA. Wolters Kluwer Health.

Medical Center and for Dr. Spencer. After finishing her nursing career, she became a real estate agent in the Lewis Clark Valley. She was active in the Eagles Auxiliary.

Mulvaney, Sister Patricia, 8/13/2018. See page 12.

Pace, Hazel Marie, 8/15/2018. Hazel passed away peacefully in her home in Boise, Idaho, at the age of 94 years. She was born in Helena, Montana, and completed her nursing education in Great Falls, Montana. As a commissioned Lieutenant in the U.S. Army Corps stationed at Dibble Hospital in Menlo Park, California, she met and married her husband, a recently liberated and injured prisoner of war. Later as a registered nurse, Hazel was the director of nursing at Bonners Ferry Hospital and Nursing Center. She was passionate about her family and helping those who were less fortunate. This year she received her PEO International 70-year pin at the state convention of this philanthropic organization. Her legacy is her courage and love of family and community.

Rainville, Mae Betty, 9/12/2018. Mae Betty was born 5/5/1926 in Waspton N.D. She attended nursing school at St. Joseph Hospital and Lewis-Clark Normal School. She was in the first diploma graduates from that program. She worked at St. Joe's, and then for Dr. Eastman for 14 years. She also worked for the state Health and Welfare Department. She reviewed Region 2 shelters and nursing homes for compliance. Her final job took her back to St. Joseph Regional Medical Center, where she set up and maintained utilization review. She was an expert in shooting and gained small-bore marksmanship status. She received many awards for her marksmanship. She loved to fish, hunt and travel.

Ray, Laura, 8/22/ 2018. Laura passed away at her home. Born in Los Angeles, California, she attended nursing school at Riverview Hospital in Idaho Fall, Idaho. She worked at Parkview and Riverview Hospitals, where she initiated an Intensive Care Unit and Nursery Intensive Care Unit. She worked for 15 years at the Idaho National Laboratory in Idaho Falls. Her crowning achievements included her family, service to her church, and compassionate nursing care.

Shappee, Brenda S., 8/27/2018. Brenda was born in Watertown, Tennessee, and attended nursing school in Memphis and later moved to Carey, Idaho with her husband. She worked at hospitals in Hailey and Sun Valley, Idaho. Moving to Bellevue, Idaho, Brenda became Executive Director of the Blain County Senior Center until her retirement in 2007. Her legacy is her love of her friends, grandkids, and entire family. She is remembered for love of cooking, preparing special meals for family celebrations. She had an enthusiasm for life.

Smith, Ada Kathryn Jones, 8/24/2018. Ada passed away peacefully surrounded by her family in Pocatello, Idaho. Born in Chesterfield, Idaho where she completed her associate degree in nursing from Rick's College (now Brigham Young University-Idaho) in Rexburg, Idaho. Ada worked for many years at Caribou Memorial Hospital in Soda Springs, Idaho. In 1970, she earned her BSN from Idaho State University and worked in Boise and Pocatello until her retirement when she began to travel the world with her husband. She will be greatly missed by family and those whose lives she touched.

Wells, Doreen Allerman Hibbert, 6/18/2018. Doreen was born in Bern, Idaho. She completed her registered nurse education through the Cadet Nursing Program at LSD Hospital in Idaho Falls, Idaho. She continued in pediatric nursing in Springfield, Illinois, and worked 23 years as a pediatric night nurse at Bannock Memorial Hospital in Pocatello, Idaho. Remembered for her devotion to the family and her church. She enjoyed reading, gardening, and creating "amazing and beautiful" needlework. She was a generous and kind person.

Wangsgard, Mary Margaret (Park), 8/2/18. Mary was born in Nampa, Idaho, and raised in Notus. She completed schooling for an LPN and worked at the Caldwell Hospital. She later worked at the University of Utah Hospital in Salt Lake City and several retirement centers before returning to Idaho. Remembered for her love and caring spirit by her family, friends, and fur babies.

Winger, Beverly Ransom, 7/19/18. Beverly was born in Preston, Idaho. She spent most of her time living in Idaho. She worked for a physician and then for 20 years, worked at the Franklin County Nursing Home. Beverly and her husband served the community as EMTs for a short time. Remembered for her love of reading, travel, time in the mountains, and seamstress work. Her legacy is her dedication to her family and service to her church. She will be missed by all whose lives she touched.

Witmer, Dorothy Marie, 8/20/2018. See page 12.

Woolf, Chantelle "Chani", 7/1/2018. Chani was born 3/8/1964 in Lewiston, Idaho. She graduated from Walla Walla Community College nursing program in 1996. She worked at various health care facilities during her career. Her pastimes included painting, crafting, and shopping for vintage purses, and she loved her Siamese kittens.





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How Easily Death Comes: Certified Registered Nurse Anesthetists (CRNAs) Deploy Wellness to Combat Addictions

(Bruce) Evan Koch, CRNA, MSN Idaho Association of Nurse Anesthetists Email: evan koch2000@yahoo.com

All nurses who handle controlled drugs are at risk of drug abuse and addiction, but none more so than Certified Registered Nurse Anesthetists (CRNAs). CRNAs select and administer drugs in relative privacy. This privacy may tempt some CRNAs to divert drugs for personal use. According to Wright et al. (2012), CRNAs have been shown to exhibit feelings of insusceptibility to the ill effects of medication tendencies. This factor and others can place CRNAs at risk of drug diversion. In a 1999 seminal study by Bell, Donough, Ellison, & Fitzhughs (as cited in Wright et al., (2012), the researchers found a substance abuse rate of 10% among nurse anesthetists. A replicated study in 2006 found little difference in this rate.



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Impetus for Change

In 2002, Jan Stewart, a 50-year-old who was a past president of the American Association of Nurse Anesthetists (AANA), died following an accidental self-administered overdose of sufentanil, an opioid analgesic. Jan's death was a high-profile event (AANAa, n.d.). When the truth was finally publicized, CRNAs across the nation resolved to take action. But what?

Jan's daughter provided an answer when she appeared in an AANA produced documentary video (AANAb, 2010). She believed CRNAs should communicate candidly about abuse/addiction, and called upon CRNAs to talk about addiction's powerful impact in order to make something positive out of her mom's tragedy. She said:

If we talk about it while someone is using drugs, perhaps we can get them help so they do not die. And if we talk about it after they die, unfortunately like I'm doing, we can learn the realities of what drug abuse does to families, individuals, and how easily death comes. (AANAb, 2010)

The shock of Jan's death, and the power of her daughter's admonition prompted further action.

AANA's Wellness Program

In 2005, after much discussion, AANA established a multifaceted Wellness Program predicated on open communication and the belief that stress makes some people resort to drugs. The hope was that by providing people a platform for discussion and the means to reduce stress, there would be a reduction in addiction and its effects.

The AANA Wellness Program began by initiating an annual invited lecture series, the Jan Stewart Wellness Lecture, which has been held during the AANA Annual Meetings. Lecturers have spoken on such topics as aging, stress management, substance abuse, and workplace issues. The Wellness Program also commissioned monthly articles entitled, "Wellness Milestones," that appeared in the AANA News Bulletin. The articles addressed a broad range of topics not usually found in professional journals. Some were intangible, like harmony,

compassion, fatigue, and the spiritual dimensions of wellness. In 2012, 20 evidence-based learning modules on the effects of stress entered the nurse anesthesia curriculum (Koch, B. 2014). Today the Wellness Program offers CRNAs many other ways to deal with stress-related illness (AANA c, 2018; Tunajek, 2007).

We still don't fully understand the physiology of drug misuse and addiction. We also do not know what impact the AANA Wellness Program has had, other than that it continues to be very popular among CRNAs. But by keeping wellness in the minds of more CRNAs, we hope to prevent stress from bringing an early death to any more of our colleagues.

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Issues Facing Nursing continued from page 11

- "Registered Veterinary Nurse"
 - Effort by group of veterinary technicians to retitle to "Registered Veterinary Nurse"
 - Strongly opposed by ANA
- Most states do not protect the title "nurse," however Idaho law does
- Occupational Licensing Deregulation
 - Effort across states, including Idaho, to reduce the need for occupational licenses
 - Initiated in Obama administration
 - Ohio & Louisiana "certified professions" vs licensure many issues with certification
- Louisiana move to put all licensure under state department of labor vs. nursing board
- Opioid Epidemic
 - HR 6 CARA-Opioid Bill Allow APRNs with appropriate education to prescribe Medication Assisted Treatments
 - Drug take-back programs
 - Time limited prescribing of Opioids (duration based on projected need, example 5 days vs. 30 days).
 - Provider education for safe opioid prescribing standards and regulations
- Rx partial fill laws that allow pharmacies to separate the number of pills dispensed and still be under one co-pay.
- Allow continued treatment in jail
- Treatment allowed in ERs
- Alternative therapies for pain evaluate new payment strategies
- Prescription Drug Monitoring Programs [PDMP], now active in all states
- No prior authorization required for treatment
- STEP therapy no fail 1st criteria
- Narcan available to the public (Idaho)
- Medical Marijuana

NCSBN, Journal of Regulation, "Guidelines for Medical Marijuana" https://www.ncsbn.org/The NCSBN National Nursing Guidelines for Medical Marijuana JNR July 2018.pdf

- Connected Health Telemedicine
 - Licensure where states, including Idaho, require licensure at the location of the patient rather the location of the nurse
 - Nurses who provide telehealth faced with having multiple licenses
 - Not all states have adopted the compact
- Violence against Nurses
 - Need for cultural change, nurses and employers, to encourage reporting of violent events.
 Nurses continue to be afraid to report
 - One method to collect data is through Department of Labor Workman's Comp claims
 - Home Health, Emergency and Mental Health Nurses at greatest risk for violence
 - Public awareness Nurses need to tell their story
 - Many states are considering laws making violence against nurses or health care providers
 a felony, some with enhanced penalties. Idaho already has a law that makes assault on a
 health care provider a felony

Mediterranean-Style Eating with Lean Beef Supports a Healthy Heart

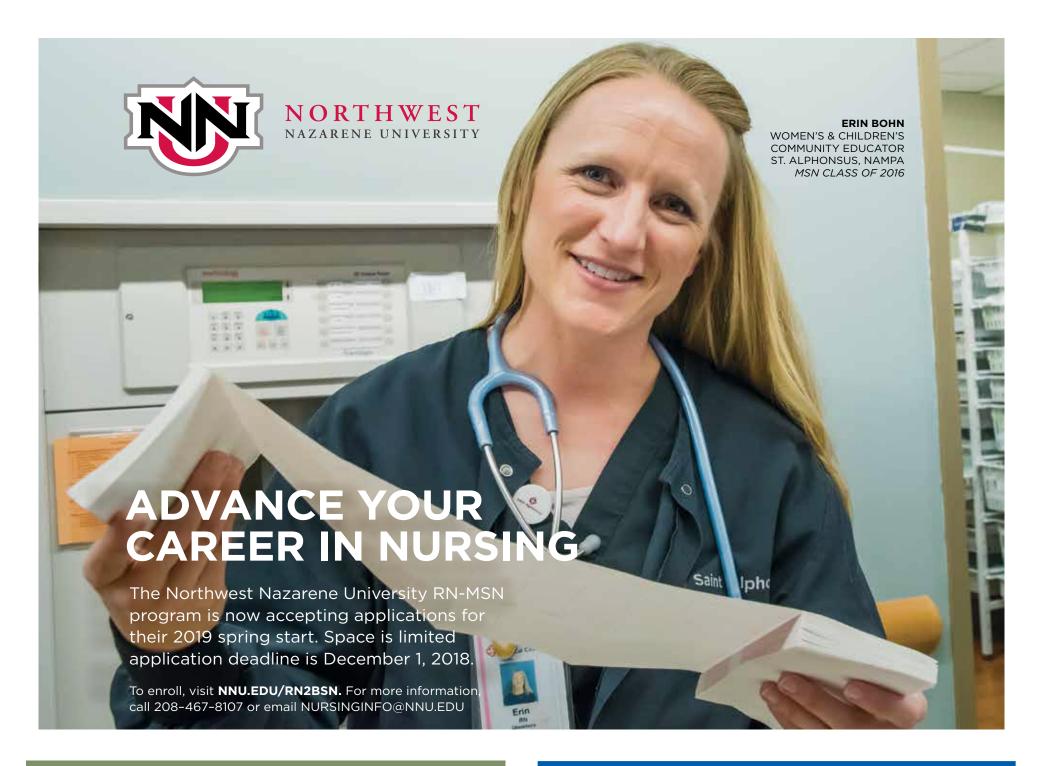
Recent research demonstrates that following a Mediterranean-style eating pattern that includes up to **18 ounces of cooked, fresh lean beef** and pork per week — along with poultry and fish — is just as effective at improving certain heart disease risk factors (such as blood pressure and total and LDL cholesterol) as a Mediterranean-style eating pattern that limits red meat.¹





Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2015, Available at https://lieathropavidelingsuidelines/2015-cientific-report/PDFs/Scientifi-Report-E/fine-2015-Dietary-Guidelines-Advisory-Committee Fresh meats were defined in the study as requiring no further preservation or processing beyond refrigeration or freezings.







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