



# Nevada RNFORMATION

THE OFFICIAL PUBLICATION OF THE NEVADA NURSES ASSOCIATION

The Nevada Nurses Association is a constituent member of the American Nurses Association

Quarterly publication direct mailed to approximately 35,000 Registered Nurses and Licensed Practical Nurses in Nevada

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- May 20, Future of Nursing in Nevada Awards Dinner, Las Vegas



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### NNA Mission Statement

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

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# The President's Corner

Dave Tyrell, BSN, RN  
President, Nevada Nurses Association

The first quarter of 2017 has proven to be a very busy and productive time for NNA. On January 20th the NNA Board held a reception in Las Vegas for members, nursing students and those interested in finding out more about NNA. It was a very successful event with a great turnout and a good time for all. Many thanks to everyone involved in putting the reception together.



On February 16th and 17th, NNA had the honor and privilege of hosting several of our fellow associations from the western states for a day of discussions and updates. The group consisted of presidents, executive directors and staff from Utah, California, Arizona, Washington State, and Idaho. What an exciting experience to have all of the knowledge, experience and expertise in one room. It was a very productive learning experience and I look forward to doing it again next year.

During the latter part of February NNA took part in three amazingly successful events that brought together parties from several areas of healthcare in support of each other and our common goals. On February 21st the first of the Safe Staffing events was held in Reno. The second Safe Staffing meeting was held in Las Vegas on February 23rd. These Safe Staffing meetings were put together in collaboration with NNA, NONL, NHA and ANA. The focus was to bring together the decision makers in healthcare facilities along with clinical nurses, clinical supervisors/managers, CNOs and financial staff to talk about barriers to safe staffing and share exemplars.

Both meetings had exceptional turnouts from all levels. Presentations with exemplars were given by Renown, St. Mary's, Centennial and University Medical Center. The presentations generated a lot of excitement and hospital staff wanting details to find out what was working for another facility to help overcome some of their staffing issues. The commitment was made by the groups that a subgroup would be formed to follow up periodically to make sure initiatives continued to move forward and safe staffing stay a top goal for each facility in the state.

Finally February 22nd was the biannual Nurses Day at the Legislature. Outstanding job by Bernie Longo and the NDAL committee in organizing and executing this event. It was a day full of events with nurses from across the state getting the opportunity to meet with legislators, sit on the floor with legislators and over all get a chance to be a part of the process and be at the table.

Remember, "If you're not at the table, then you're probably on the menu." Thank you all for continuing to come to the table.

During the month of January the NNA State Board along with Districts 1 and District 3 met in Las Vegas to give reports, review the budget, and other items involved in maintaining the integrity of NNA. Inclement weather in northern Nevada prevented most of the Board members from Reno and Elko from being able to attend the meeting in person, but they were able to teleconference in for a productive meeting.

Continuing in January, NNA was present at the White Coat/Healing Hands ceremony on January 27th, for Arizona College, in Las Vegas. I was honored to be the keynote speaker at the ceremony for such a wonderful and dedicated group of students and staff.

February started out with NNA attending the Philippine Nurses Association Dance in Las Vegas. The event was held on February 11th and brought together several of the nursing organizations from around the state. It was a wonderful sight to see so many different nursing organizations coming together in support of each other.



# Mammography Saves Lives

I hate breast cancer. As a radiologist who specializes in breast imaging, my career is devoted to the detection and diagnosis of breast cancer. I am passionate about women's health and my goal is to find breast cancer when it is most treatable.

There is a great deal of confusion surrounding screening mammography. Every week, I see women diagnosed with advanced breast cancer who have never had (or have not recently had) a screening mammogram. It saddens me to say that even with the most advanced cancer treatments, these women are more likely to die of their breast cancer. I would like to take this opportunity to clear up some of the misunderstanding surrounding mammography and to provide answers to a number of frequently asked questions about mammograms.

**Q: Why is breast cancer a big deal?**

A: Breast cancer is the 2nd leading cause of cancer death in US women. Over 230,000 women were diagnosed with breast cancer last year and over 40,000 women died of breast cancer last year.

**Q: Why are mammograms important?**

A: Mammograms are the only screening tool shown to decrease death from breast cancer. Mammograms result in a 30% reduction in breast cancer deaths.

Mammograms detect smaller cancers long before they become palpable lumps identified

by a woman or her clinician. Mammograms also detect pre-cancer before it becomes cancer. Mammograms save lives through earlier detection, when breast cancers are smaller and more treatable.

**Q: When should I get a mammogram?**

A: Once a year, every year, starting at age 40. Annual screening mammograms starting at age 40 save the most lives and years of life from breast cancer.

**Q: I thought that women in their 40s don't get breast cancer. Is this true?**

A: No. Breast cancer is a big deal for women in their 40s. 1/3 of all years of life lost due to breast cancer is from women diagnosed in their 40s. 1 in 6 breast cancers occur in women in their 40s.

**Q: Should I get a mammogram once a year or every other year?**

A: Every year. Annual screening mammography starting at age 40 saves the most lives and the most years of life from breast cancer.

**Q: What about guidelines that suggest I can start at age 50 and get mammograms every other year?**

A: Every society and task force agrees that annual screening mammography starting at age 40 saves the most lives and the most years of life from breast cancer. Differences

in recommendations have to do with minor risks of mammograms, including anxiety from getting called back for extra pictures and having a benign breast biopsy, versus the benefit of saving lives through earlier cancer detection. Nothing suddenly changes at age 50. There is no scientific or biologic reason to delay screening until age 50. Decades of scientific research has shown that the most lives and the most years of life are saved by yearly screening mammograms beginning at age 40.

**Q: Breast cancer is very treatable these days. Are mammograms still important?**

A: Yes, even with our advanced and modern treatments for breast cancer, the size of the cancer at the time of diagnosis is still very important. The larger the cancer at the time of diagnosis, the worse the survival. Mammograms find smaller breast cancers. If a woman waits until the cancer grows into a lump she can feel, the cancer is larger, detected later, and her likelihood of survival will be lower.

**Q: I don't have a family history of breast cancer. Are mammograms still important for me?**

A: Yes. ¾ of all women diagnosed with breast cancer have no family history and are not considered high risk. Unfortunately, breast cancer is very common. US women have a 1

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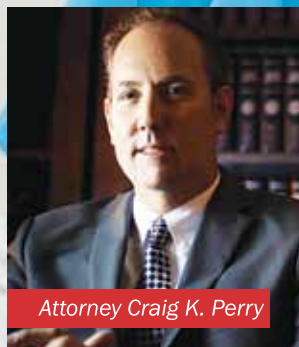
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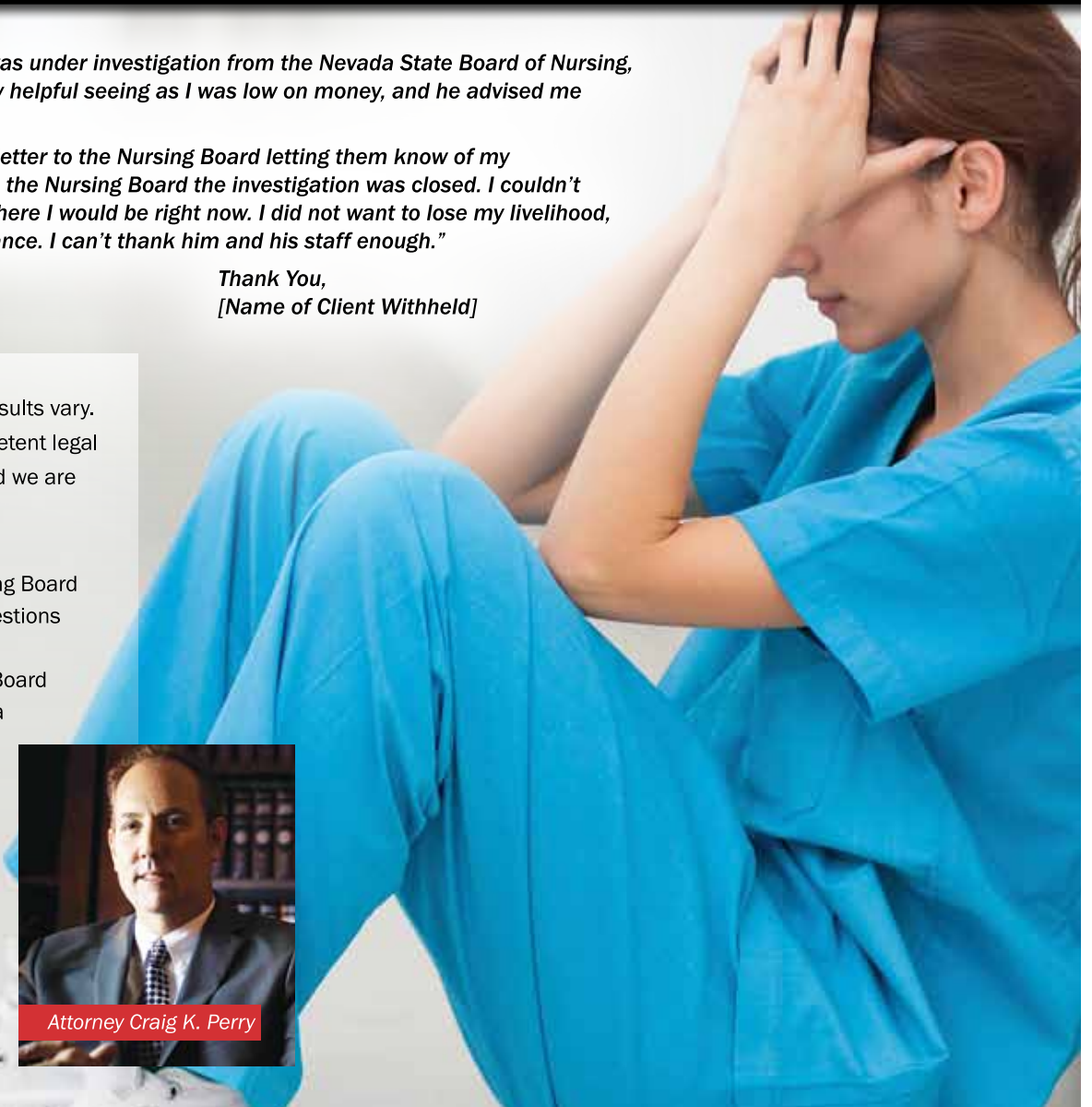
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in 8 lifetime risk of breast cancer. Mammography saves lives through early detection.

**Q: I'm 70 years old. When should I stop getting my mammogram?**

A: Women in the United States have a life expectancy of approximately 80 years. Many women live well beyond 80 years. If you think you will be in good health for the next 5-7 years, then keep getting your mammogram.

**Q: I'm worried about the radiation from a mammogram. How much radiation do I receive from a mammogram?**

A: Mammograms are safe and have a very low dose of radiation. Your mammogram has less radiation than 2 months of naturally occurring background radiation that we all get just by living on planet earth.

**Q: I heard that we are overdiagnosing breast cancers. Do mammograms lead to overdiagnosis?**

A: It is estimated that 10% or less of breast cancers are overdiagnosed, meaning that if left untreated, they would not kill a woman. The problem is that we cannot tell the difference between which breast cancers will kill a woman and which will not. Over 40,000 women died of breast cancer last year. Our best chance to help a woman survive breast cancer is to detect it earlier when it is smaller and when her chance of survival is greatest.

**Q: I have dense breasts. Are mammograms still a good screening tool for me?**

A: Yes. Cancers are still detected on conventional mammograms in women with dense breasts. The challenge with dense breasts is that they are mostly white on a mammogram and cancers are also white on a mammogram. It is easier for cancers to hide on a mammogram if a woman has dense breasts. A newer type of mammogram called tomosynthesis, a.k.a. the "3D mammogram," lets us see through that dense tissue. The mammogram tube moves in an arc like a rainbow and creates 1mm thick pictures through the breast. Radiologists can more easily see through the dense tissue and find more breast cancers hiding in areas of dense tissue.

**Q: Can anyone get the 3D mammogram or just women with dense breasts?**

A: Studies have shown that 3D mammograms find more cancers in every breast density, not just dense breasts. Also, you are less likely to get called back for extra mammogram pictures if you start with a 3D mammogram as part of your routine yearly screening.

**Q: Does my insurance cover 3D mammograms?**

A: Most insurance companies cover 3D mammograms. A few do not. If your insurance does not cover it, most facilities are charging a low flat fee for the service.

**Q: What about screening ultrasound?**

A: Screening ultrasound has been shown to detect a few more breast cancers in high risk women. The problem with screening ultrasound is that it has a high false positive rate. We find more questionable abnormalities, do more biopsies, and only a very small

number of these are breast cancers. The false positive rate for screening ultrasound is higher than that of mammography. Also, mammograms and 3D mammograms are able find signs of pre-cancer, such as suspicious types of calcium, which are not seen on ultrasound.

**Q: What about Breast MRI?**

A: Breast MRI is a powerful and sensitive tool and it has the highest rate of cancer detection amongst screening modalities. However, it also finds many things that are not breast cancer and it is expensive. Because of this, breast MRI is primarily recommended for high risk women who have a greater than 20% lifetime risk of breast cancer. Talk to your clinician to determine your risk. There are online risk assessment tools that calculate your lifetime risk of breast cancer based upon family history and prior breast biopsy results.

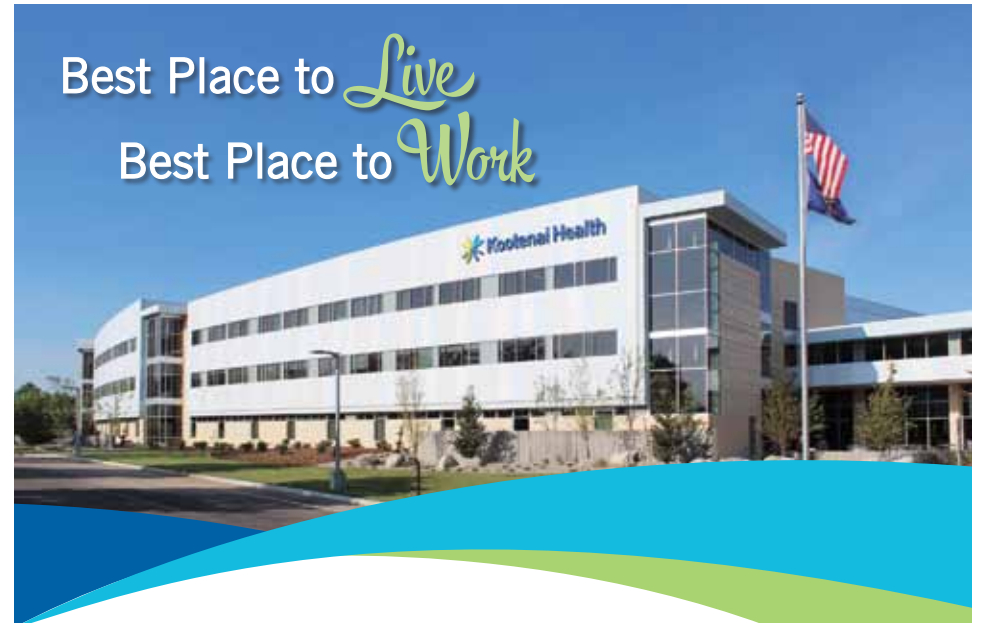
**Q: Are breast self exams still important?**

A: Yes! Keep doing your breast self exams. A convenient time is when you are in the shower. You are looking for something that feels firm and different than the rest of the breast tissue, like a knuckle on your hand. If you have a lump, go to your clinician and get it checked out. Similarly, if you have new focal breast pain, go to your clinician and have it evaluated.

**Q: Where can I get more information?**

A: Here are some online resources:  
 MammographySavesLives.org  
 EndTheConfusion.org  
 www.cancer.org

*Dr. Chivonne Harrigal is a board certified radiologist. She completed radiology residency and a fellowship in breast imaging at Stanford University. She works at Saint Mary's Regional Medical Center in Reno, Nevada.*



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# Hope

## A Personal Experience

Marla Johnson, BSHA, RN



Flipping through the pages of the magazine, I thought how ironic it was. There in that tiny room, waiting to have my mammogram read by the radiologist, were magazines featuring hairdos and swimsuits. Would I lose my hair and would I be able to wear a swimsuit? I was waiting for the mammogram to be read prior to an ultrasound to assess the health of my right breast. My first mammogram a week ago was suspicious.

Now I was finally going to find out what my future would be. Would the ultrasound require me to have surgery? Would I be needing chemotherapy? For a whole week I had waited for this second mammogram and the follow up ultrasound, having told no one. I didn't want any one to know, lest they worry unnecessarily, especially my kids.

I gave up on trying to read the magazine, and closed my eyes, folding my hands. I didn't pray to be okay. I prayed for courage. I knew I would have to tell my kids if the results required further treatment.

I remembered when my father had surgery for cancer many years before. My mother had let slip very casually in a phone call that he had come home from the hospital "after surgery."

"What surgery?" I asked. "His surgery for prostate cancer," my mother replied. Underneath the shock was the insult that I had not been trusted with this information at the outset. I had vowed I would never do that to my kids. I hoped I wouldn't be put to the test.

Just then, the technician came to take me out of the tiny waiting room and to the ultrasound. Happily, the gel used was warm, the best thing that had happened all day. I thanked the technician for that. As the technician applied pressure to the area with the ultra sound, she murmured numbers quietly to herself; in keeping with a desire not to worry, I closed my eyes and tried to think of something else. The only thing that came to mind was the Lord's Prayer. I had to start it over a couple of times. Finally, it was finished and the radiologist came into the room to check the results. The "shadows" were not worrisome. The mammogram and ultra sound were "okay."

In a bit of a daze, I got dressed and found my way to the waiting room. I realized with a great sense of relief how glad I was I had not told any one. Now I could go on with my routine, making plans for the future and would keep my hair after all. I could wear my swimsuit. And I would have more time with the love of my life, who looked up and smiled when I said; "I'm okay."

### RNs - RATE YOUR PRACTICE ENVIRONMENT!

**If you work in a Nevada acute care hospital with 75 beds or more, take our brief, anonymous survey about:**

- Quality of nursing care;
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Study approved by UNLV Institutional Review Board. Results listed by hospital will appear on the UNLV School of Nursing website during Fall 2017.



# How Nurses Stay Healthy

Paula Schneider



*In the mid-1990's, I was a member of Nursenet, an Internet listserv consisting of nurses from all over the world who came together in a forum unheard of in years past to share information to better each other and their patients. Today such a group could possibly be found as a Facebook community. As an active member of Nursenet, I decided to query Nursenet members on how they stayed healthy so they could serve others. When I wrote my email to the group, I told them I would be sharing their responses in a published article but not revealing individual names. There were no objections. The topic was well received and many said they really enjoyed responding and reading others' answers. Here are some of their excellent responses which are still appropriate to life in the early years of the 21st century, 20 years later. I hope you will find this information as useful and inspiring as I did.*

"I try to eat a healthy diet. The only meat I eat is turkey or chicken. I eat a lot of dairy products for calcium. When I worked in the hospital, I observed patients' lifestyles and how they contributed to their health problems, so I have always tried to do what I could to live a long, healthy life. I don't eat salt, and I rarely eat out. I routinely use and teach a relaxation technique I learned at Oregon State University. Using this technique, I believe, has helped me work two jobs for 18 years while keeping my blood pressure normal. I walk for exercise. I love to laugh. Now that I'm "retired," I run blood pressure clinics at community centers, do health counseling, and teach my relaxation technique. Nursing has been very good to me." (Nurse from Canada)

"I take a daily vitamin with iron, fish oil capsules, flaxseed oil capsules, a comprehensive B vitamin supplement, calcium tablet, fiber capsules, Vitamin C, and glucosamine chondroitin. The reason I take the oils and fiber is because I have a genetic predisposition toward high cholesterol."

"Working out at the gym for 45-60 minutes at home twice a week, taking the stairs instead of the elevator, and walking

to and from the supermarket which is 10 blocks away are some ways I stay active. I take a multivitamin every day. I eat whole grain bread, pasta, bagels, rice, etc. instead of white and two to three servings of fruit daily along with two of veggies. Red meat is eaten only about once a month and I eat fish as often as I can find it. I drink about three cups of black or green tea daily. I never buy biscuits, cookies, cake, or soft drinks. I like to eat a small piece of dark Belgian chocolate every day. I read two to three books every week, love to travel, love to stay up on my language skills, and have a great relationship with my fiancée. I don't smoke or drink and try to get massages as often as I can." (Nurse from Australia living in Mexico City).

"I have high cholesterol but cannot use statin drugs to treat it because of liver damage from chemotherapy; so with my doctor's advice, I take supplements of niacin and milk thistle (and yes, my doctor really did tell me to use milk thistle for my liver.)"

"I have bad genes, so I have worked at my health since I was in my early twenties. I exercise at a fitness center four to five days a week for an average of two hours each day. I work with a trainer twice a week. I'm very careful with my diet. No trans fat, no pork. I use olive or canola oil and eat lots of fish, chicken, and vegetables. I eat some fruit and have red wine occasionally. I eat whole grain breads, cereals, and pasta, and brown rice. I eat yogurt, low fat with no sugar added and some low fat cheese. Also I eat an ounce of walnuts or almonds every day and I drink green tea. I eat very little sugar—only what occurs naturally in food. I rarely eat out and I take my lunch to work. I see my doctors regularly for all routine checkups, get a flu shot annually, and have my teeth cleaned three times a year. Also, I get a deep massage once a month. I make time to do things I enjoy and try to learn new things."

"Both my husband and I power walk 2.25 miles each day, six days a week, and weight train three days a week. I watch my diet; eat very little red meat and no pork. I love veggies and fruit. Three times a week I have four ounces of red wine with dinner. I eat little or no sugar and drink no sodas. I drink

over three liters of water every day. I take Lipitor every day and a baby aspirin. I have a lifelong passion for learning and do yoga and meditation at least once a day. I love to help others and am always looking for the positives."

"I eat fruits and vegetables every day, along with fiber cereal and a smoothie every morning for breakfast. I'm a member of a fitness center and work out with a personal trainer at least weekly. Supplements I take are calcium, turmeric (now shown to possibly prevent cancer and Alzheimer's disease), and a multivitamin every day. I treat myself to regular hot stone massages which I believe increase my flexibility and decrease joint pain. I am active in church life and surround myself with like-minded individuals who support me in more ways than I can list here. And, last but not least, I start every day with prayer and meditation and a time of peaceful contemplation of spiritual topics."

"I watch my diet and eat very little red meat and almost no pork. I eat fish three times a week and lots of fruits and veggies. I think the most important thing I do for my health is laugh. I laugh all the time—every day, at work, at home, everywhere. I enjoy my friends, family and pets. I keep learning."

"From a nurse in Texas who says he serves as a bad example of healthy habits most of the time: I squeak in a bit of exercise and try not only to have a positive attitude but to spread joy and humor wherever I am."

"I lift weights, eat around 1200 calories a day, and eat frequently to keep my metabolism working. I eat almost no sugar and try to avoid fat. I do embrace protein and still drink coffee. I drink mostly water and have a glass of wine with dinner on occasion. I am happy. I have no reason not to be and I repeat that to myself each and every day. I listen to music, work a lot, and love my job. I volunteer in my community and try to make this world a better place. I watch very little television."

That concludes the interesting responses. My wish for you is that you glean some tidbit of wisdom and inspiration from what these nurses are doing in their lives to try to stay healthy.

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# Nevada Nurses: Lighting the Way!

On a snowy morning in February nearly 100 nurses travelled to our state's capitol to participate in the 14th Nurse's Day at the Legislature. This traditional event disseminated awareness that nursing is a valuable constituency in Nevada. Nurses in white lab coats walked the halls of the legislative building and contributed to the activity of the day. The morning sessions of the Senate and Assembly hosted 26 Nevada nurses alongside legislators! These nurses, including Nora Goicoechea, APRN who sat with her cousin Senator Pete Goicoechea (R, District No. 19), had the opportunity to advocate and educate the legislators about our profession and the challenges nurses are facing in our state.

The day's venue began by providing sunshine and warmth as District #1 Director Darlene Bujold sang the National Anthem under a backdrop of the Sierra Nevada Mountains. After a warm welcome, NNA President Dave Tyrell gave the Keynote

Address titled Finding your Place at the Table. His inspiring speech was the foundation for a productive day at our capitol. He asked for all Nevada nurses to take the lead on important healthcare-related issues in our State, and suggested that nursing should have a "seat at the table" in policy-related discussions. Attendees heard about the current health-related legislation by NNA's Lobbyist Jessica Ferrato, which included bill drafts on APRN signing recognition, post-acute care, consolidation of regulatory boards, the interstate RN licensure compact, anesthesiologist assistants, and suicide prevention training. ANA's safe staffing expert Dr. Mary Jo Assi (Vice-President of Nursing Policy and Innovation) and ANA's lead state legislative strategist Janet Haebler provided a last-minute addition to the day with their presentation on outcome-based staffing. Dr. Carrie Hinz, President elect of District 1, led the lighting ceremony and the

picture taken on the steps of the Legislative Building. Breakfast was sponsored by Carson-Tahoe Regional Medical Center.

The Honorable Tom Grady (Former Assemblyman District #38) inspired the audience with the impact nurses can have on legislation and gave the example of the Nevada law that passed in 2013 (Assembly Bill 170), which gave patients full and direct access to nurse practitioner services. The future of Nevada's registered nurse licensure called the Compact State Initiative was presented by Cathy Dinauer, the Executive Director of Nevada State Board of Nursing. The morning cumulated with the panel hosted by the Chair of NNA's Legislative Committee Dr. Carol Swanson. Panel members included Debra Scott, Jeanine Swygman, Heidi Johnston and Joanne Heins. After the morning sessions and tours, attendees were hosted by Arthur L. Davis Publishing Agency, Inc. and Fingerprint Express Reno for a lovely lunch,







where many legislators joined the nurses. The afternoon offered the opportunity to observe the Assembly's and the Senate's Committee on Health and Human Services. The day concluded with a reception sponsored by Western Governor's University at the popular Firkin and Fox Restaurant.

Nurse's Day at the Legislature 2017 not only created awareness, but also provided an opportunity for nurses to participate in the legislative process and advocate for improved population health through health-related legislation. The event educated nurses on current health-related legislation in Nevada and provided skill development for communicating effectively with legislators.

Surprisingly, the work doesn't stop with this special day. Nevada nurses can influence legislators by communicating with them and sharing insight and perspective from the front lines of healthcare.

*How can you communicate effectively?* NNA can assist! Visit our website and look under the NNA Legislative Committee's webpage for many resources. As a nurse, you can light the way by participating in activities that impact professional nursing practice and health care, such as public policy formation and legislation. Become a part by joining NNA and be at the table and not on the menu!

NNA is grateful to the sponsors, exhibitors, and volunteers for Nurse's Day at the Legislature 2017!

**Sponsors:** Western Governor's University, Fingerprint Express Reno, Arthur L. Davis Publishing Agency, Inc., Carson-Tahoe Regional Medical Center

**Exhibitors:** Flying ICU, Nevada Action Coalition, and the Nevada Advanced Practice Nurses Association.

**NNA Volunteers:** Nicki Aaker, Doreen Begley, Carrie Hinz, Peggy Lee, Amie Ruckman, Linda Saunders, Heidi Johnston, Jennifer Stevens, Carol Swanson, Rochelle Walsh, and Co-Chairs Margaret Curley and Bernadette Longo.

# Nurses Day at the Legislature 2017



- **B.S. in Nursing**
- **RN to BSN**
- **M.S. in Nursing**
  - **Clinical Nurse Leader**
  - **Nurse Educator**
  - **Adult Gerontology Acute Care Nurse Practitioner**
  - **Family Nurse Practitioner**
  - **Psychiatric Mental Health Nurse Practitioner**
- **DNP (Doctor of Nursing Practice)**
  - **BSN to DNP:**
    - **Nurse Practitioner Tracks**
  - **Post-MSN DNP:**
    - **Advanced Practice**
    - **Nurse Executive**

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# The Grey Muse: Dementia/ALZ and Caregiving - The Other Side

Val Wedler, MSN, RN

If you've followed my articles, you will know that my nursing background is founded in care of the elderly, most specifically, those suffering from dementia and ALZ.



As a dementia care nurse, I understood that because I had not known my patients in their lives before dementia, it was easy for me to accept them as they were; to care for them in a kind and considerate way despite the aggressiveness and chronic behaviors that they exhibited. These were the same behaviors that had exhausted their family members and caregivers to the point of having their loved one(s) institutionalized. On a deeper level I knew that it was only because I could leave the chaos and repetitive noise of life on the dementia unit when my shift ended that I could return the next day ready and willing to do it all over again.

Sadly, my own mother was diagnosed with dementia in 2010. By January of 2011, she had declined to the point that she needed someone to come in off and on to assist with more complex tasks, such as paying bills, shopping, and transportation. By the end of 2012, my brother was living with her full time and doing the cooking, laundry, and housekeeping chores, while she was still able to perform most adl's independently. In 2016, I brought Mom to NV to live with me, but since I was never able to fully assess her physical capabilities and cognitive function while she was living with my brother, I really had no idea what to expect until I got her settled in at my place. After several months of "settling in" it became apparent that Mom's dementia was much more progressed than I had been led to believe, particularly in the evenings and at night due to a dementia related condition known as sun-downing.

Consequently, I have become a 24-hour caregiver. I am now the daughter who is awakened multiple times throughout the night by a confused and often angry wanderer needing redirection and supervision in a place she does not recognize, and in a home where she does want to be. I am the exhausted family member whose days and nights are filled with incontinence care, meal prep, simple ALZ related activities, redirection, and constant interruptions.

I am beginning to wonder what happened to the competent and enduring nurse who knew how to handle every situation that came her way? Exactly who is this often impatient and tired looking woman staring back at me in the mirror? Now, I am the one who feels bitter and desperate in the wee hours of the morning after I've been pulled from sleep yet again.

Dementia is a horrible disease. According to the Alzheimer's Association (2016), of the 5.4 million Americans with Alzheimer's, an estimated 5.2 million people are age 65 and older, and approximately 200,000 individuals under age 65 (younger-onset Alzheimer's) are living with the disease. Currently, someone is diagnosed with Alzheimer's every 66 seconds in the United States. These figures are expected to increase so rapidly, that by the year 2050, the number of people living with Alzheimer's is projected to triple (Alzheimer's Association, 2016).

So far, my mom's dementia has progressed slower than expected and her physical health remains excellent aside from osteoarthritis. Longevity runs in her family which means she could potentially suffer for years as the disease slowly takes its toll. For myself, I recognize the early signs of caregiver burnout and know the time has come to explore other fulltime care options for my mother.

I am thankful every day for my dementia related training and

experience. It makes my decisions for my mother both easier and harder by knowing the final outcome. In the end, I am comforted knowing what my mother would say to me if she could understand the enormity of our situation. She would say that not all things in life are easy and even though God places us in difficult situations sometimes, He is always there; we are never alone. But for the grace of God, go I.



The Grey Muse

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# Antibiotic Stewardship: A Call to Action #4

## Think Globally – Act Locally

By Norman Wright, RN, BSN, MS

"The superbug that doctors have been dreading just reached the U.S." This headline refers to a CRE E-coli strain that is resistant to all antibiotics, even Colistin. CRE stands for carbapenem-resistant Enterobacteriaceae.



Enterobacteriaceae are a family of bacteria that include Salmonella, E.coli, Klebsiella, and Shigella. You may be thinking, "Well this pathogen is in Pennsylvania, not here" ...This is an exact quote from the first installment of: "**Antibiotic Stewardship – A Call to Action**" that appeared in the August 2016 edition of RNformation. Well, regrettably in January 2017 the CDC informed us that a second PDRO (Pan Drug Resistant Organism) has been discovered, this time in Reno.

The January 13, 2017 edition of the CDC weekly publication MMWR had this headline – "**Pan-Resistant New Delhi Metallo-Beta-Lactamase-Producing Klebsiella pneumoniae** – Washoe County, Nevada, 2016. The article went

on to report that, "On August 25, 2016, the Washoe County Health District in Reno, Nevada, was notified of a patient at an acute care hospital with carbapenem-resistant Enterobacteriaceae (CRE) that was resistant to all available antimicrobial drugs. The specific CRE, Klebsiella pneumoniae, was isolated from a wound specimen collected on August 19, 2016. After CRE was identified, the patient was placed in a single room under contact precautions. – [https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a7.htm?cid=mm6601a7\\_e](https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a7.htm?cid=mm6601a7_e)

One concern I have is: Why did it take the CDC so long, from August 2016 until January 2017, to make Nevada aware? One question I have is how many other PDRO organisms have been discovered that we are yet to learn about?

As detailed in the CDC report, the woman, who died last August, became infected with the CRE Klebsiella pneumonia when she was in India. Yes, antibiotic resistance is not just a matter that we must be concerned about here in Nevada, it is a growing global horror.

One reaction that many have when confronted with an evolving problem that is

massive in scope and threat is to become numb and either ignore it, or to shrug one's shoulders and have a mindset of I am only one person, what difference can I make?

The subtitle of this article is "**Think Globally and Act Locally.**" Yes, as the Headlines from Reno describe, antibiotic resistance is a complicated global worry/concern/problem/ that requires much more than what we, here in Nevada, can do. But to assume the position that there is nothing we can do is defeatist and will only guarantee that the pathogens will win.

You may only have the effect of being a drop in a vast ocean. But oceans, and movements that effect change, are made up of many small, seemingly inconsequential, elements that create a widespread impact.

Become involved, educate yourself about Antibiotic Resistance. If you do just one thing to promote the sane use of antibiotics you will have started on a path that works toward resolution. Join the Nevada Antimicrobial Stewardship Program, [www.nvasp.net](http://www.nvasp.net) and become a part of our team. Help us work on and to create solutions - so the bacteria and viruses do not ultimately win the war.

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# Advocate to VACCINATE

Sheryl Giordano, APRN-C

April is vaccine awareness month with world immunization week taking place from April 24th thru April 30th. Last month, the Shot @ Life grassroots organization in conjunction with the United Nations Foundation program hosted a champions summit in Washington, D.C. As a participant, this was a great opportunity to meet legislators from numerous states on Capitol Hill and discuss vaccines. Shot @ Life has a campaign called the "Advocate to Vaccinate" in the month of April to help bring children's global vaccine awareness to the forefront publicly. Championing global vaccines as a cost-effective and high-impact intervention is helping to save the lives of children in developing countries. However, there is still much work to be done through UNICEF (United Nations Children's Fund) and GAVI the vaccine alliance.

As healthcare providers, we should be doing all that we can to educate our patients and our peers about vaccines. Vaccines help to save lives by preventing illnesses. When vaccinated, the individual's immune system is tricked into thinking it's fighting off the disease by imitating the illness or disease itself. When vaccinated, the body produces t-lymphocytes and antibodies (U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, 2013) in response to the imitation infection. The individual may develop some minor symptoms as well as feeling under the weather but this can be a common sequela after receiving a vaccine. The vaccine triggers an immune response in the body for the next exposure and subsequent ones to potentially follow.

There are some simple yet staggering facts about vaccine preventable diseases that affect children in the United States as well as around the globe. Around the world, every twenty seconds, a child dies from a vaccine-preventable disease. This is claiming the lives of over 1.5 million children every year (Shot at Life, 2017). What a devastating statistic, especially when there is a cure and a reasonably, cost-effective one! Estimates indicate that it costs approximately \$2 a day to vaccinate a child against measles and rubella safely and these two vaccines alone can save the lives of many children. In fact, in the past 20 years, immunizations have prevented 20 million deaths globally (Shot at Life, 2017). It's amazing to think that in the 21st

century, one in five children around the world do not have access to vaccines, who if their parents were given the choice, would choose to vaccinate.

Polio is another devastating disease that is approximately 99.9% eradicated. There are only three countries left where polio is present and they are Pakistan, Afghanistan and Nigeria. Political instability, specifically terrorist groups both in Pakistan and Nigeria have had direct effects on the ability to eradicate polio in these areas specifically. Strengthened political government relations has helped the children in Pakistan to see a brighter future and improved vaccination efforts in this region (Shot at Life, 2017).

In 2015, an estimated 134,000 children died from measles, roughly 400 per day around the world (Shot at Life, 2017). Take a moment to look at your child, grandchild or loved one and think about their vaccine status and the ease of vaccine procurement. As healthcare providers, we should consider our values and advocate for the public's best interest – to get our patients vaccinated!

*\*Disclaimer – the opinions expressed in this article are those of the author and not of the Board of Nursing.*

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# NNF 2016 Scholarship Recipients

Although the Nevada Nurses Foundation is only in its second year of awarding scholarships, there is much to celebrate! During 2015, The Foundation paid \$12,000.00 to 10 scholarship recipients. In 2017, 26 scholars, \$24,500.00; 2 scholarships pending results (\$2,000); 3 scholarships rolling over to 2017 (\$3,200). Total amount of awards are \$36,500.00 however by December 4th, 28 scholars and \$26,500.00; new total of \$38,500.00. The Foundation's 2017 goal is to award 50 named scholarships.

### NNF Scholarships

- Hannah Kapczynski -**  
Spring NNF Pre-Lic, \$1,000
- Melissa Washabaugh -**  
Spring NNF RN to BSN, \$1,000
- Patricia LoGuidiu -**  
Spring NNF MSN, \$1,000
- Katie Bruels -**  
Spring NNF Doctorate, \$1,000
- Jennifer McCarthy -**  
Fall NNF Doctorate, \$1,000
- Kristina Estratis -**  
Fall NNF MSN, \$1,000
- Rachel Sherman -**  
Fall NNF Pre-Lic, \$1,000
- Kerriann Lahey -**  
Fall NNF LPN to RN, \$1,000
- Rachel Moore -**  
Fall NNF C.NA to RN, \$1,000
- Melissa Washabaugh -**  
Fall NNF RN to BSN, \$1,000

**NNF 2015 & 2016  
Scholarships Awarded:  
\$10,000**

### Spring 2016



Hannah Kapczynski, SN is a Nevada Air National Guard commissioned officer in charge (NCOIC) of Aerospace Medicine and a flight medic. She attends Orvis School of Nursing at University of Nevada, Reno. She received \$1,000 as she pursues a Bachelor's of Science in Nursing.



Melissa Washabaugh, RN is the recipient of \$1,000 towards her BSN. She is a student at the Great Basin College in Elko, Nevada. She works as a nurse in the Emergency Department and is developing a grant program aimed at improving behavioral health services in rural Nevada.



Patricia LoGuidiu, BSN, RN received \$1,000 towards her Master's Degree in Nursing. She lives in Las Vegas and attends Western Governors University. She is a Nurse Clinical Educator at United Healthcare. As a leader in healthcare, she has directed the drive-through clinic in her community and utilized a team model approach in clinics to help with patient access and improve patient outcomes and satisfaction.



Katie Bruels, MSN, RN received \$1,000 as she pursues her DNP at Graceland University. She is Chief Nursing Officer at Mountain View Hospital. She is actively involved in professional nursing organizations, including NANE, NNA, ANA, and NONL. Her graduate studies involve evaluating preceptor frameworks to enhance graduate nurse's experiences in their first year of nursing.

### Fall 2016



Jennifer McCarthy, MSN, RN is enrolled in the Psychiatric Mental Health Nurse Practitioner (PMHNP) DNP program at the University of Nevada, Reno with an anticipated graduation date of May 2019. She received a \$1,000 NNF scholarship, \$500 Nevada Nurses Association, District 3 Rosemary Witt scholarship, and the \$1,000 Arthur L. Davis Scholarship sponsored by Mark Miller. She plans to provide mental health services to populations in disadvantaged and underserved/remote areas. She is presently employed as a psychiatric nurse at Monte Vista Behavioral Health Hospital in Las Vegas.



Kristina Spitale Estratis, BSN, RN received a NNF MSN \$1,000 scholarship as she pursues her education in the Family Nurse Practitioner program through Chamberlain College of Nursing. She is slated to graduate in February, 2018. Kristina holds many memberships in professional organizations, including NAPNA, NNA, and ANA. She works at Renown Regional Medical Center in the ICU department.



Rachel Sherman, recipient of the NNF Pre-licensure Nursing Scholarship in the amount of \$1,000, is a native Nevadan and graduated from Galena High School in 2010. She will be graduating from Orvis School of Nursing at the University of Nevada, Reno in December, 2016, with a BSN. She accepted a position at Carson Tahoe Hospital on the oncology unit and will one day pursue an advanced degree to teach at the university level.



Rachel Moore, CNA works for Perspective Home Health, Inc. while enrolled at Great Basin College in Pahrump, Nevada, and will be graduating in May, 2017. She is the recipient of a \$1,000 scholarship. Upon graduation, she is planning to work as a RN in home health and pursue her BSN. She enjoys working and living in a small community.



Kerriann Lahey resides in Las Vegas, Nevada, where she is a full-time LPN in the Urgent Care with Southwest Medical Associates. She received a \$1,000 scholarship toward the LPN to RN nursing program at the College of Southern Nevada, with an expected December, 2017, graduation. She plans to pursue her BSN while working in a Urgent Care/free-standing ER

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# NNF 2016 Scholarship Recipients

setting. She entered the medical field in 2003 as a phlebotomist, and as her passion for patient care grew. She asserts after achieving her LPN, "My desire to be a patient advocate increased and my calling for nursing became evident."

## 2016 Named Scholarship Sponsors

- **Betty Razor Wound Ostomy Care Scholarship**, \$1,200 and growing; donated by Betty Razor, BSN, RN, CWOCN, and others
- **2015 & 2016 Arthur L. Davis Publishing Scholarship**, \$1,000; donated by Mark Miller
- **Dr. Jami-Sue Coleman Scholarship**, \$1,000
- **Katherine "Kat" Cylke Scholarship**, \$1,000
- **Maude Arnold & Ethel Ann Lewis Scholarship**, \$1,000; donated by Martha Drohobyczer, MSN, APRN, CNM
- **Elizabeth Fildes Scholarship**, \$1,000; donated by Elizabeth Fildes, EdD, RN, CNE, CARN-AP, APHN-BC
- **Tiffany Urresti Memorial Flight Nurse Scholarship**, \$1,000; donated by Life Guard International Flying ICU
- **Nevada Alliance for Nursing Excellence (NANE)**, \$1,000
- **Nevada Advanced Practice Nurses Association (NAPNA)**, \$1,000
- **Mary Lucell Johnson Scholarship**, \$1,000; donated by Denise Ogletree McGuinn, APRN, RN, D. Minn.
- **Emma Marrujo Redmon Scholarship**, \$1,000; donated by Sandy Olguin, DNP, MSN, RN
- **2015 & 2016 Debra Scott Scholarship**, \$1,000; donated by Debra Scott, MSN, RN, FRE
- **Choe & Praus APN Scholarship**, \$1,000; donated by Dr. Ian Choe & Teresa Praus, APRN
- **Hurst Review Scholarship**, \$1,000; donated by Hurst Review Services, Inc.
- **Jessie J. Valentine Scholarship**, \$1,000; donated by Carson Tahoe Health
- **Two Southwest Medical On-Demand Scholarships**, \$500 each; donated by Eugene Somphone
- **Two Choe & Praus Scholarships**, \$500 each; donated by Dr. Ian Choe & Teresa Praus, APRN
- **Christine Watson Scholarship**, \$500; donated by Paul & Susan Michael
- **Nevada Rural and Frontier Nurse Scholarship**, \$1000 and growing; multiple donors
- **Two Rosemary Witt Scholarships**, \$500 each; donated by Nevada Nurses Association (NNA) District 3

## More Scholarship Recipients



Rhone D'Eerico is a family nurse practitioner and holds a position as Advanced Practice Clinician (APC) Associate manager at MountainView Hospital in Las Vegas, Nevada. He obtained his BSN and MSN from UNLV, currently completing a post-master's certificate as a psychiatric mental health nurse practitioner (PMHNP) through the University of Arizona, and he has just begun the Doctor of Nursing Practice program at UNR, which he expects to complete in Spring 2018. He is the recipient of the \$1,000 Debra Scott Scholarship and the \$500 Nevada Nurses Association, District 3 Rosemary Witt scholarship



Allyson Waldron, RN is enrolled in the BSN program at Great Basin College and looks forward to graduating in May 2017. She was awarded \$1,000 from the Rural & Frontier Nurse Scholarship, which was funded by a number of donors. She works in Elko for Northeastern Nevada Regional Hospital, Lincare, and the Elko County School District. Allyson is a member of the NNA and the ANA and enjoys serving various nonprofit organizations within her community.



Erika Ceballos is the recipient of the NNF Southwest Medical On-Demand Scholarship for \$500 sponsored by Dr. Eugene Somphone. When she is not working as a LPN at Southwest Medical, she attends classes at the College of Southern Nevada to graduate and

become a RN in 2019. One of her goals as a RN is to become a pillar in her community and help the underserved population



Michele Wood is the recipient of the \$500 Southwest On-Demand Scholarship sponsored by Dr. Somphone. She has been a LPN at Southwest Medical Associates for eleven years and is enrolled in the RN program at the College of Southern Nevada. She is a single mother of three boys, works and attends school full-time, and anticipates graduating in 2018. She believes as an RN she will be able to expand her skills and responsibility as a nurse and help those challenged with access to healthcare.



David Alvarez, SN, recipient of the \$1,000 Catherine "Kat Cylke" scholarship, served families through The Department of Family Services for over 8 years and will be graduating from the College of Southern Nevada with an ADN in May of 2017. His dream is to become a Nurse Practitioner and continue to make a positive impact on his community. He states, "But until then, I will continue to keep my head in the books and my heart set on the future."

Scholarship Recipients continued on page 16

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# NNF 2016 Scholarship Recipients

Scholarship Recipients continued from page 15



Tania Anderson, LPN lives in Las Vegas, Nevada, and works at Southwest Medical Urgent Care, United Health Care/Optum. Tania received one of two \$500 Choe & Praus Scholarships. She attends the College of Southern Nevada to complete her prerequisites, and then she will begin the BSN program at the Nevada State College in spring of 2017. She believes the BSN will provide her the opportunity to pursue specialization, management, and potentially, increased compensation.



Brandee Shipman, RN works at Saint Mary's Regional Medical Center. She received the \$500 Catherine Watson scholarship sponsored by Dr. Susan and Paul Michael. Brandee will graduate with her BSN from Orvis School of Nursing, University of Nevada, Reno, in December, 2017. She plans to continue to advance her nursing degree by becoming a Nurse Practitioner (NP) in Psychiatric/Mental Health, Family

NP, and/or Acute NP. Brandee enjoys and hopes to contribute to the scholarship of neuroscience. Her goal is to become an expert clinician and advocate for persons affected by mental health concerns, emphasizing the importance of mental health in caring for the whole person.



Cindy Bonca, BS, AS, AA and student nurse, received a \$1,000 HURST REVIEW scholarship to offset the cost of her BSN degree at the University of Nevada, Reno. She works at the Department of Veterans Affairs as a Health System Specialist/Lead Medical Staff Coordinator. She is interested in critical care and emergency nursing, and she plans to continue her employment and passion for providing world class care to our veterans. Cindy's long-term plans include returning to school to pursue an APN or doctorate degree.



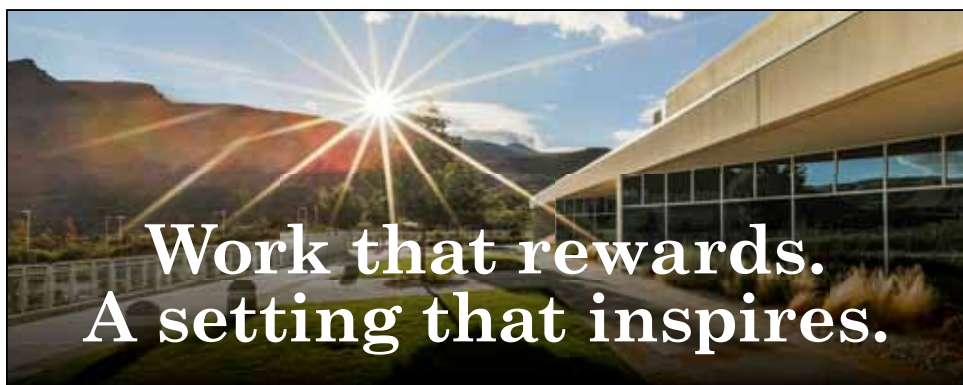
Sheryl Giordano, APRN-BC, RN works at Johns Hopkins Medicine as a Program Coordinator/Nurse Practitioner. She is enrolled in the Doctor of Nursing Practice program at the

University of Nevada, Las Vegas, School of Nursing and received the \$1,000 Dr. Choe & Praus, APRN Advanced Practice Nurse scholarship. Upon completion of her degree, she hopes her education and knowledge will help others in their successes and to further her role in the community by serving her patient population and advocating for her colleagues in the political arena. Sheryl believes "nurse practitioners are a vital resource to the health of our nation" and a resource that is "under-utilized".



Erik Nunez, a Las Vegas resident, attends the Nevada State College as a student nurse with an expected graduation in spring of 2017 with his BSN. Erik is the recipient of the Elizabeth Fildes Scholarship in the amount of \$1,000. He works at Sunrise Children's Hospital as a Nurse Apprentice in Pediatrics, Pediatric Oncology, and PICU. He hopes to become a nurse leader, continue actively participating in professional nursing organizations, and invest back in the community.

Tanya Liscio lives in Minden, Nevada, and works as a RN at the Washoe Tribal Health



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# NNF 2016 Scholarship Recipients



Center in Garderville, Nevada. She is the recipient of the \$1,000 Maude Arnold and Ethel Ann Lewis scholarship donated by Martha Drohobyczer. She attends the University of Nevada, Reno in the Family Nurse Practitioner program and is seeking a dual degree of Doctorate of Nursing Practice. Upon completion of her FNP in May, 2017, she plans to stay in rural Nevada and work toward providing access to care for rural communities and promoting the nursing profession through leadership, advocacy and education.

writes, "I have experienced confusion and uncertainty as to the place and abilities of a DNP nurse, and I hope to bring recognition to the abilities of DNP nurses in all scopes of practice."



Areli Galvan, a resident of Winnemucca, Nevada, is the recipient of the \$1,000 Emma Marrujo Redmon scholarship sponsored by Dr. Sandy Olguin. Areli is a single parent, works at Humboldt General as a Nurse Apprentice and attends the Great Basin College with a May, 2017, graduation date. She plans to continue her education and eventually become a Nurse Practitioner. She hopes to inspire others to pursue a rewarding career in nursing.

of Nursing, University of Nevada, Reno with an anticipated graduation in the spring of 2018. Sarah's areas of interest are preventive care, increased access to care, and patient education. She hopes to accomplish increased access to healthcare and improved health outcomes for Nevada communities.



Jennifer Stevens, BSN, RN works at Renown Regional Medical Center as the Clinical Nurse Educator for the Institute for Cancer. She received the \$1,000 Jami-Sue Coleman scholarship. While enrolled in the MSN

in the Nursing Education track at the Orvis School of Nursing, University of Nevada, Reno. She believes research and education are the most effective means for her to give back to the nursing profession. Jen enjoys investing in others and helping them grow to achieve their goals and aspirations. After graduating, she intends to obtain a Ph.D. in Nursing and continue to teach.



Tamara Mette is the recipient of the \$1,000 Nevada Alliance for Nursing Excellence (NANE) Scholarship. She resides in Elko, Nevada, where she is a Great Basin College Nursing Professor. Tamara is scheduled to graduate from Touro University Nevada as a Doctor of Nursing Practice scholar in the spring of 2017. She is motivated to educate others, nurses as well as other health care professionals, as to the value and role of the Doctorate of Nursing Practice graduate. She



Sarah Shaw, MSN, APRN, FNP-BS, BSN, RN is the recipient of the \$1,000 Nevada Advanced Practice Nurses Association (NAPNA) scholarship. She is a Las Vegas, Nevada, resident, works for the Nevada Critical Care Consultants and pursuing a Post-Master's DNP at the Orvis School

No photo: Julia Sommerville-Reeser was awarded a \$500 Dr. Choe and Praus, APRN Southwest Medical scholarship.

*Scholarship Recipients continued on page 18*

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# NNF 2016 Scholarship Recipients

Scholarship Recipients continued from page 17



Cassidy Jost is a native Nevadan who lives in Carson City and has an Associate's Degree in Nursing from Western Nevada College. Cassidy is currently pursuing a Bachelor's Degree in Nursing from Nevada State College, and is expected to graduate in the Spring of 2018. She will ultimately pursue her Masters Degree in Nursing, with the hopes of becoming a Nursing Administrator, as well as a Nursing Professor. She enjoys mentoring and teaching new graduate nurses on her units. Cassidy currently works as a Nursing Supervisor at Carson Tahoe Regional Medical Center for the Surgical/Orthopedic unit. Cassidy is the recipient of the \$1,000 Jessie J. Valentine sponsored by Carson Tahoe Health.

The following scholarship will open March 1 – 30th for spring 2017 consideration.

- \$1,000 Nevada Nurses Foundation Scholarships for Pre-licensure to Nursing, RN to BSN, LPN to RN, C.N.A to RN, Masters in Nursing, Doctorate degree in Nursing
- \$1,000 Flight Nurse Scholarship by Donna Miller
- \$1,000 Mary Lucell Johnson Scholarship by Dr. Denise Ogletree McGuinn
- \$1,200 Wound Ostomy Care Nurse scholarship by Betty Razor
- \$1,000 2016 Debra Scott Scholarship

Thank you to the 2016 scholarship review committee for volunteering your time and expertise to evaluate the many scholarship applications; Doreen Begley, MS, RN, FRE, Mary Bemker, PhD, MSN, RN, CADC, LPCC, Judith Carrion, EdD, MSNEd, MSHS, RN-BC, CRRN, CROR, Wally Henkelman, EdD, MSSN, RN, Heidi Johnson, MSN, RN, Denise Ogletree-McGuinn, APRN, RN, D. Minn., Sandy Olguin, DNP, MSN, RN, Amy Pang, BSN, RN, Maria Poggio, BSN, RN, Betty Razor, BSN, RN, WOCN, Debra Toney, PhD, MS, RN, and Dave Tyrell, RN.

Of course, these scholarships would not be possible without the generosity of others. There were two Nevada Nurses Foundation events and one Nevada Nurses Association, District 1 Holiday party fundraising events in 2016. The Future of Nursing in Nevada (FONN) Awards dinner combined the efforts of eleven professional nursing organizations throughout Nevada to recognize 41 Nevada nurse leaders under the age of 40, 185 nurses who advanced their nursing degree or obtained certification in their practice during 2015, and one exceptional nurse leader with a Lifetime Achievement award. Beginning with

the FONN, many named scholarships were donated with and without criteria for consideration. Thank you to the following scholarship sponsors:

1. Carson Tahoe Health
2. Dr. Ian Choe and Teresa Praus, APRN (3 scholarships)
3. Dr. Jami-Sue Coleman
4. Katherine "Kat" Cylke,
5. Martha Drohobyzer
6. Dr. Elizabeth Fildes
7. Hurst Review
8. Dr. Susan and Paul Michael
9. Donna Miller
10. Mark Miller
11. Nevada Advanced Practice Nurses Association
12. Nevada Alliance for Nursing Excellence
13. Nevada Nurses Association, District 3 (2 scholarships)
14. Dr. Denise Ogletree McGuinn
15. Dr. Sandy Olguin
16. Betty Razor
17. Rural & Frontier Nurses Committee & Friends
18. Debra Scott
19. Dr. Eugene Somphone (2 scholarships)

The Wound Ostomy Care Nurse scholarship is \$1,200 and the Rural Health Nursing Scholarship is currently \$100 and growing. If you would like to contribute, in any amount, to these or another scholarship, you may do so by visiting the website at [www.nvnursesfoundation.org](http://www.nvnursesfoundation.org). Located on the top of the page is "What you can do" and then select "Sponsor a scholarship". Named Scholarship criteria is determined by you. You may pay through PayPal or mail a check to: Nevada Nurses Foundation, P.O. Box 34047, Reno, Nevada 89533. If you prefer, please call 775-560-1118 and complete the "Sponsor a scholarship" over the phone.

The NNF is the charitable and philanthropic arm of the Nevada Nurses Association. The mission is to increase access to quality health care for Nevada citizens by promoting the professional development of nursing through recognition, scholarships, and grants. A NNF grant application process is being developed to support projects and research that support the NNF mission.

The Nevada Nurses Foundation supports the call for Nurses on Boards initiated by the Robert Wood Johnson Foundation as a result of the IOM Future of Nursing recommendation. The collaborative belief is to improve the health of communities and the nation by having at least 10,000 nurses on boards by 2020. At the 2017 Future of Nursing in Nevada Awards dinner, the Nevada Nurses Foundation, in collaboration with multiple professional nursing organizations and institutions, including the NAC, NSBN, NONL, Southern Black Nurses Association, Philippine Nurses Association, Touro University, University Medical Center, UNLV, UNR, and other organizations will be recognizing Nevada Nurses on Boards.

Save the date: Saturday, October 7, 2017 at the Nevada Governor's Mansion, Mad Hatter Big Hat High Tea!! Dress up or down! Wear a BIG hat, little hat, or not at all! Tickets sales begin in July and will go fast! If you are interested in volunteering, donating, or just want more information, please contact [solguin@nvnursesfoundation.org](mailto:solguin@nvnursesfoundation.org) or call 775-560-1118.

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AARP thanks the members of the Nevada Nurses Association for supporting the CARE Act—in the community and at the legislature. With your help, the bill passed by unanimous vote and was signed into law by Governor Brian Sandoval. When nurses and caregivers work together, everyone wins.

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# State of Nevada Commission on Behavioral Health Report to the Governor, January, 2017

The following are the recommendations included in this report. To read the full text, visit our website at [www.nvnurses.org](http://www.nvnurses.org).

**Recommendation: Review Medicaid rates for children’s behavioral health services to determine if inadequate provider reimbursement contributes to lack of capacity and access for children and families.**

**Recommendation: Expand and streamline the Mobile Crisis Intervention Program (MCRT): Although this program has been very successful, many children assessed by the DCFS teams and referred for hospitalization of other types of care, face delays in receiving services due to additional assessments required by the hospitals or managed care providers.**

**Recommendations: Support the streamlining and expansions of the forensic and jail diversion programs.**

**Recommendations: Support for reduced civil hospital beds in support of increased Forensic beds, as indicated:**

- Continue to reduce services so that there is the capacity to expand forensic services to meet the growing population that relies solely on DPBH for inpatient competency and restoration services in lieu of incarceration.
- Work with community-based providers to expand their services for this now reimbursable care for the civil patients.

**Recommendations: Support for Outpatient and Early Intervention behavioral health Programs.**

**Recommendation: Support and expand programs that create incentives and opportunity for provider education and collaboration.**

- Continue and expand the medical programs and residency opportunities for physicians.
- Expand programs that grant tuition assistance for nurses as well as other disciplines.
- Continue and expand internships and fellowships for psychologists as well as establish more available positions for Psychological Assistants.

**Recommendation: Examine and support the long-term funding of the NV-PIC, as well as the creation of dedicated Psychological Assistant positions.**

**Recommendation: Examine and support the parity between state agencies for wages to be competitive and to be able to support services.**

**Recommendation: Examine and support the adjustment of Medicaid reimbursement rates for Nevada’s healthcare providers.**

**Recommendation: Create opportunities that will increase the number of qualified and Certified Mental Health professionals that specialize in treatment for children and youth.**

- Further, there is a need for attention on recruitment and retention. The forensic facilities have a difficult time recruiting and maintaining most staff, especially forensic specialists and nursing staff. Salaries are not competitive with other law enforcement agencies for either of those disciplines. At least making the hiring and salary rates consistent in state agencies would be one step toward being able to retain staff at the forensic facilities.

**Recommendations: Increase availability of funding to support habilitative services for individuals to live and work in the least restrictive setting within their community**

**Recommendations: It is recommended that additional resources be allocated for workforce development.**

**Recommendations: Funding of programs to improve their ability to hire clinicians who can identify and treat co-occurring disorders.**

**Recommendations: Statewide policies need to be examined to ensure that providers who are ‘Co-occurring Enhanced’ are able to be reimbursed adequately for services rendered to clients with co-occurring disorders.**

**Recommendations: It is recommended that concerted effort be made to increase access to MAT statewide in general and for high priority populations.**

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# CreativeNurse: Heart Surgery – Thank Goodness for Great Nurses!

Jason Frederico



I am in complete awe. On January 20, 2017, I had my aortic valve replaced by a local surgeon here in Las Vegas, of which I will not name because I didn't get prior approval to do so. What I will tell you is that he was one heck of a professional and I

thank my lucky stars that I came across this man. Between his expertise and the selflessness of the cow who lent me the valve, (I know, now I'm really full of bull!), I am fortunate enough just 14 days later to be able to type this right now instead of in the ground somewhere, six feet under. I'm sorry for being dramatic, but it was a possibility. My surgeon performed what he called a minimally-invasive valve replacement by utilizing an incision that he made horizontally on my right chest muscle prior to removing and replacing my defective aortic valve with said cow valve. I've got a very small incision below the right pectoral muscle where my chest tube was and an additional incision near the groin (ouch!) However, all things considered, I'm feeling quite fortunate and if that cow were alive today, I'd track it

down and give it the biggest, wettest kiss ever!

Okay, enough of that. What I'm wanting to share today is about my affinity for the nursing profession and my experience with those that assisted my father a handful of years back and then myself more recently, but both in the ICU, at two separate hospitals. I'm going to provide a little backstory about why I absolutely adore nurses and all that they do so darn much. I've always admired selfless individuals that work hard, follow a task, and are relentless in their pursuit of achieving what they set out to. Align those parameters with a person that's kind, caring, sensitive, empathetic, understanding, considerate, has a great deal of patience, and significant medical knowledge, and you have yourself a nurse. To me, that's not even a subjective thought. It just is.

Back in 2011, my dad went into ICU for a condition known as hypoxia. He wasn't receiving enough oxygen to his brain after nearly four decades of smoking. He lived with me at the time and man, was he a stubborn ass. I begged him for years to quit smoking, but to no avail. On the morning he was admitted, he was hallucinating because of lack of oxygen to his brain and he was saying many things that didn't make sense. I went back and forth from work three times that morning

trying to figure out what was going on. I had literally no clue until I Googled something along the lines of "hallucinating before death." I was obviously very concerned, particularly after self-diagnosing on the internet on his behalf, but he kept claiming he was alright. I knew he had taken several medications for many years, so I just figured he took too much of one and he'd sleep it off. Boy, was I wrong. As I came home the third time from my office - which was down the street from my house - my father collapsed on the couch in my loft. His eyes rolled back in his head and everything. Not a pleasant sight to see, especially when it happens to someone you care so much about. I called an ambulance and they took him off to the hospital. I was told he flat-lined and was terminally dead upon arrival but that the Emergency Room doctors and nurses were able to revive him. Talk about going from a real low to a real high! To say my dad was ornery at the hospital would've been an understatement. He was not easy to deal with even for me as his son, let alone for many doctors and nurses that he was unfamiliar with, especially considering the situation and discomfort he was in. Regardless of that fact, these selfless individuals that we call nurses performed tasks for him as if it

*CreativeNurse continued on page 22*



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# NNA Rural and Frontier Nursing Committee Report

Heidi Johnston, MSN, RN, CNE



Access to healthcare in rural areas is not a new problem and dates back to over 100 years ago. In fact, Teddy Roosevelt focused on attracting and retaining physicians for rural areas during his time (Alessi & Pam, 2015).

So how can we improve access to health care in rural Nevada? There are ways we can work together to achieve this goal. For example, community health team models, supported by the Affordable Care Act, can be developed. This will increase access to care for preventative services, disease prevention, and follow up with acute or chronically ill people in the community. This can lead to decreased hospitalizations and prevention of readmissions. Telemedicine is another avenue, and can increase access to specialized care to the rural areas. Access to mental health is also a significant concern. Unmet and delayed healthcare needs and no preventative services can increase costs and lead to higher intensive mental health needs, poorer mental health outcomes, and higher rates of suicide (Goodwin & Tobler, 2013).

Recently, NNAs Rural and Frontier Nursing Committee, in collaboration with the Office of Suicide Prevention, was able to obtain a \$46,000 grant to train rural nurses to become safeTALK trainers. safeTALK is a community-oriented suicide alertness workshop that prepares participants to recognize a person at risk for suicide and know how to connect them with a person trained in suicide first aid intervention or similar resources to keep the individual safe. Our goal is that nurses who become trainers will teach three classes a year throughout rural Nevada. These trainings will be offered to community members and to healthcare providers at acute and long-term care facilities, schools, and clinics.

If you have a passion for rural and frontier nursing and would like to be a part of this committee please contact me at [heidi.johnston@gbcnv.edu](mailto:heidi.johnston@gbcnv.edu)

### References

- Alessi, M. & Pam, R. (2015) Healthcare in the rural west: Persistent problems, glimmers of hope. Retrieved from <http://web.stanford.edu/group/ruralwest/cgi-bin/drupal/content/rural-health-care>
- Goodwin, K., & Tobler, L. (2013). *Improving mental health: State policy options*. Retrieved from [http://www.ncsl.org/documents/health/RuralHealth\\_PolicyOptions\\_1113.pdf](http://www.ncsl.org/documents/health/RuralHealth_PolicyOptions_1113.pdf)

*CreativeNurse continued from page 21*

were not only their job, but their passion! I wasn't ready for him to depart from Earth yet, needless to say, and my dad's health is significantly better than before his hospital stay. I literally owe still having my father here to the professionalism of those that helped for that week and a half or so.

Let's fast forward about five years, and lo and behold! I, myself, at 34 years of age am in ICU for a congenital heart defect and I am in the most vulnerable state of my life. From the moment I awoke after surgery and the anesthetic had subsided some, I felt like I had just checked into the Ritz-Carlton! Okay, maybe I'm exaggerating slightly, but not by much. I had my own room and my own nurse that was literally willing to assist with just about anything to make me more comfortable. I am not the type to take advantage, so I tried my hardest to keep the requests to a minimum, but I can't tell you how comforting it was to know that someone I'd never met prior to, genuinely cared about me and wanted to be sure they made any necessary accommodation to get me back to health as quickly as possible. Every fine detail was touched on by every nurse that assisted with my care and more often than not, each suggestion they made came with an explanation as to why, so that there was clarity around what I was being asked to do. Talk about thoroughness!

I am on the mend now and will be returning to work tomorrow in a part-time capacity to start, which is just slightly more than two weeks after going in for my operation. I had a follow-up appointment today with my surgeon and he said everything seems to be moving right along the way that he anticipated. I feel like I have a new lease on life and can finally put all of this behind me! I am so relieved, and I owe it all to every medical professional that selflessly gave their time to look after me when I couldn't look after myself. That, in and of itself, makes me feel special. Not once did I feel like the "patient of the day." I was the main focus when I was under their care and I'd believe every patient is left feeling that same, unique way. Remarkable is really the only word I can think of to describe that experience.

Of all of the professions I hold dear to my heart, nursing really takes the cake. The mold is certainly broken when a future nurse is born. They are the rarest form of special I've ever seen and it's nice to know that the type of humanity they lend to complete strangers exists. I applaud your profession and thank you with every ounce of gratitude I have.

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Registered Nurse-Licensed Attorney

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**TIP # 5: YES, you need your own malpractice insurance...**  
**Don't let employers talk you out of it!**  
 Most board complaints are submitted by administrators AFTER they fire you & they do not cover licensing issues.



**JOIN OUR TEAM!**

William Bee Ririe Hospital  
 located in Ely, NV  
*A friendly rural community in mountainous Eastern Nevada*

**RN Positions Available**  
**Sign On/Relocation Bonus Offered**

We offer generous benefits; State retirement (PERS); salaries range from \$63,000 to \$105,000. Eligible site for HRSA Nursing Education Loan Repayment Program.

Contact: Maggie Whitehead, [mwhitehead@wbrhely.org](mailto:mwhitehead@wbrhely.org)  
 775-289-3467 Ext. 299 or apply online at [www.wbrhely.org](http://www.wbrhely.org)

# Membership



## NEVADA NURSES ASSOCIATION MEMBERSHIP APPLICATION

P.O. BOX 34660, RENO, NEVADA 89533 • 775 747-2333 • FAX 775 201-9002  
 NNA@NVNURSES.ORG

Please mail your completed application with payment to: NNA, Constituent and Member Billing Services, ANA, P.O. Box 504345, St. Louis, MO 63150-4345.

Please Print Clearly:

Date \_\_\_\_\_

\_\_\_\_\_  
 Last Name/First Name/Middle Initial

\_\_\_\_\_  
 Home Phone Number

\_\_\_\_\_  
 cell phone number

\_\_\_\_\_  
 Credentials

\_\_\_\_\_  
 Home Fax Number

\_\_\_\_\_  
 Basic School of Nursing

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 Work Phone Number

\_\_\_\_\_  
 Graduation (Month/Year)

\_\_\_\_\_  
 City/State/Zip Code + 4

\_\_\_\_\_  
 Work Fax Number

\_\_\_\_\_  
 RN License Number/State

\_\_\_\_\_  
 County

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Employer

Would you like to receive NNA email updates with information relative to nursing & healthcare? **YES NO**

### Membership Options (Check One)

### Payment Plan (Check One)

#### Full ANA/NNA Membership

Includes full membership to both NNA and the American Nurses Association (ANA) for 12 months.

#### Full Annual Payment

\_\_\_\_\_ Check (payable to NNA/ANA)  
 \_\_\_\_\_ Visa  
 \_\_\_\_\_ MasterCard

#### F-Full Membership

\_\_\_\_\_ Employed

#### Annual Credit Card Payment

This is to authorize annual credit card payments to NNA/ANA. By signing on the line, I authorize NNA/ANA to charge the credit card listed for the annual dues on the 1st day of the month when the annual renewal is due.

#### R-Reduced Membership

\_\_\_\_\_ Not employed  
 \_\_\_\_\_ Full-time student (must be a RN)  
 \_\_\_\_\_ New graduate from basic nursing education program, within two years of graduation  
 \_\_\_\_\_ 62 years of age or older and not earning more than Social Security allows

\_\_\_\_\_  
 Annual Credit Card Authorization Signature\*

#### EDPP (Monthly Electronic Payment)

This is to authorize monthly electronic payments to ANA. By signing on the line, I authorize NNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account. **Checking:** Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month. **Credit card:** Please complete the credit card information and this credit card will be debited on or after the 1st day of each month.

#### S-Special Membership

\_\_\_\_\_ 62 years of age or over and unemployed  
 \_\_\_\_\_ Totally disabled

**\*State nurses' association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.**

#### State Only NNA Membership

Includes state only membership to NNA only for 12 months. Does not establish membership in the American Nurses Association

\_\_\_\_\_ Any RN with an active or inactive Nevada license.

**\*State Only dues must be paid in full at the time of application.**

\_\_\_\_\_  
 EDPP Authorization Signature\*

**\*By signing the EDPP or Annual Credit Card authorizations, you are authorizing NNA/ANA to charge the amount by giving the above-signed thirty (30) days advance written notice. Above signer may cancel this authorization upon receipt by NNA/ANA of written notification of termination twenty (20) days prior to the deduction date designated above. Membership will continue unless this notification is received. NNA/ANA will charge a \$5 fee for any returned drafts of charges backs.**

### Credit Card Information

\_\_\_\_\_  
 Bank Card Number and Expiration Date

\_\_\_\_\_  
 Authorization Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Amount \$

#### Membership Dues

##### Full NNA/ANA

Annual \$262.00 / Monthly \$22.33

##### Reduced NNA/ANA

Annual \$131.00 / Monthly \$11.42

##### Special NNA/ANA

Annual \$65.50 / Monthly \$5.96

##### NNA State Only

Annual \$105.00 / Monthly — not applicable

### To be completed by NNA/ANA

State \_\_\_\_\_ District \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Expires \_\_\_\_\_ Amt. Paid \_\_\_\_\_

Check # \_\_\_\_\_

**\*\*\*Referred to NNA/ANA by:**

\_\_\_\_\_

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