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December 2013

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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

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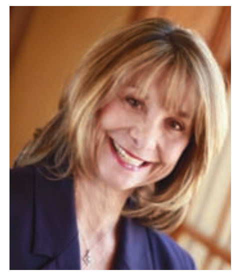


MESSAGE

FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

This issue of the NSBN News Magazine is dedicated to the Nevada State Board of Nursing's 90th Anniversary celebration during 2013. There have been articles throughout the year giving you a historical perspective of the how the Board was created by the Legislature in 1923. Many of you took the opportunity to "host" the Board's anniversary poster and symbolic lamp at your agency, hospital, school, or place of business. Each display included a journal for you to memorialize your thoughts, memories, or congratulations related to the Board. Let me share some of your notes:

"Congratulations, Nevada State BON. Nurses are nurses in their souls. I'm proud and privileged to be licensed here in Nevada. Keep up the mission!"

"Congratulations to the NSBN! Thank you for the ongoing guidance you have provided!"

"Happy 90th! Nursing is a great profession. So excited to start my career! Thank you State Board!"

"Thank you God for Nurses!"

"My patients have changed my life."

"I'm always in awe of nurses. I was medivaced during the war and I owe my life to God and some very outstanding nurses. My daughter is a nurse (RN) and my wife will soon be an RN (actually BSN) soon."

"When at any time I think of nurses, I'm reminded of an old saying: Good Better Best, Never Let It Rest, Until The Good Is Better, And The Better is Best!"

"Nursing Rocks! From Nevada, to Chicago, to Afghanistan! Keep it up!" Lt. XX

"Nevada Nurses are awesome and I can't wait to be one!" UNLV Nursing Student

"I went to school in Nevada. Tried to return to California to work and found hospitals not willing to hire and train new grads. I am back and at Valley. Love it here! Best place to start nursing."

"In 2 years (2015) I will have been in nursing for 50 years. What a wonderful profession!"

"Nursing is a "team" of professionals not limited to Nevada. All across this country we work together, helping each other to provide the best care to our patients possible. Supporting each other, promoting legislation to further our profession is paramount. I am proud to be a member of the "team" and congratulate us on 90 years of growth."

"Thanks to Jean Peavy, Bernice Matthews, Kathy Apple for getting me involved with NSBN. I have thoroughly enjoyed my journey and learned much, hoping I contributed to the future."

"Taking care of people's babies means the world to me."

"I started working at a hospital when I was 19 yo. The factory laid me off—it was the best thing that ever happened to me. A whole new world opened up. Ten years later, I graduated with my ADN, 4 years later my BSN. I have been a nurse for 27 years in NY, NC, and now NV. Every day I come to work, I learn something new and know I'll never know everything. I love coming to work!"

"My life changed for the better 25 years ago when I started nursing school. Life keeps changing and so does nursing, but the thing that doesn't change is taking care of people. It's always a pleasure to go to work and listen to patient stories and helping them through difficult times in their lives. I am so happy to be part of such a caring profession."

I've run out of room, but each of your notes will be archived in our memories from our 90th. Thank you to all who shared in our celebration by attending one of our receptions. Thanks to Kathy Apple for joining us from Chicago to share her thoughts with us. Thanks to our past Board presidents who spoke and attended—Cookie Bible, Janette Corp, Doreen Begley, Patty Shutt. Thanks to our past Board members who attended—Kathleen Reynolds, Mary Ann Lambert, Belen Gabato, Dorothy Perkins, Tana Wisniewski. And, thanks to our current Board members, Tish, Rick, Jay, Cathy, Jenn, Sandy, and Mary-Ann. The NSBN has you to thank for the respect and honor it deserves. A heartfelt thanks to the staff of the NSBN who work daily and diligently to fulfill our mission to protect Nevada's public.

Sincerely,

Debra Scott

WORDS

FROM THE PRESIDENT

Tish Smyer, DNSc, RN, NSBN President

How do the seven members of the Nevada State Board of Nursing reach decisions to meet Nevada law's charge to protect the public from unsafe practice by nurses? The board, appointed by the Governor, consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. One member must represent the interests of those who are indigent, uninsured, or unable to afford health care. Although there is no requirement, we are fortunate that one of our registered nurse members is an Advanced Practice Registered Nurse (APRN). Each of the members brings expertise related to his or her practice of nursing, which informs the direction of decision making.

The board's mission statement "is to protect the public's health, safety and welfare through effective regulation of nursing"; this drives rationale related to decisions the board makes. We often review board functions and attempt to optimize process and procedures of board meetings. All members have a commitment to the board functioning well and read a voluminous amount of materials before each meeting. Each member makes an independent decision on an issue, then we vote to come up with the best decision. This process requires a high level of trust among board members as we do not always agree on vote outcomes. This potential for conflict is really a healthy process because the best decisions come as a result of discussion, weighing evidence and coming to conclusions independently. We are careful to not create a board that "preserves artificial harmony" but engages in a dynamic dialogue to reach decisions (Lencione, 2002). Accountability to the citizens of Nevada to protect public safety as well as accountability to each other as board members plays a big part in our process. In decision making, personal status or goals do not enter into the process--it is "what is the best decision given the evidence and rule of law." These characteristics provide a sound basis for a high functioning board or team, an apt description of our board.

Lencione, P. (2002) The Five Dysfunctions of a Team. San Fransciso, CA: Jossey-Bass.

OUTCOMES

Evaluating Nurse Practitioner Outcomes: A REVIEW OF THE LITERATURE

By Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP

In the 2013 legislative session, advanced practice registered nurses (APRN) in Nevada saw a change in the practice laws governing their licensure. Nevada became the 26th state to allow full practice authority for their APRN licensees allowing safe, quality and increased access to care to the citizens of the state.

Historically, APRNs have been in practice in the United States for over 45 years with the first program opening in Colorado in 1965 (AANP, 2013). Nurse practitioners (NPs) or APRNs have been in practice in Nevada for over 30 years providing care in the urban centers of Las Vegas and Reno/Carson and throughout the state in the rural communities in primary care and specialty practice settings. The majority of APRNs in Nevada practice in primary care settings.

Outcomes in healthcare are important to assess for any profession. The body of evidence validating quality of care and positive outcomes by APRNs demonstrates this role in promoting wellness, prevention, and appropriate acute and chronic care. In an early landmark study known as the Burlington randomized trial of the nurse practitioner by Sacket, Spitzer, Gent, and Roberts (1974), 2796 patients were randomly assigned to a physician or NP during a 1 year period to assess outcomes to include: mortality; physical, emotional, and social function; satisfaction; and quality of care. Results of this study demonstrated comparable outcomes for patients and concluded that NPs could provide first-contact primary clinical care as safely and effectively as a family physician.

A randomized trial to assess primary care outcomes of 1316 patients treated by NPs or physicians between 1995 and 1997 demonstrated comparable results when NPs had equivalent authority, responsibility, productivity, and patient population as their physician colleagues (Mudinger et al, 2000). After six months of care, there were no statistically significant health status changes for both patient groups. In the area of physiologic measures, there were no statistically significant differences between physicians and nurse practitioners in asthma or glycosylated hemoglobin. For patients with hypertension, there were statistically significantly lower mean diastolic readings for NPs compared to physicians. The intent of this study was to compare effectiveness of NPs with physicians in the same primary care setting with the same authority for practice. The results of this study supported the hypothesis that using our traditional model of primary care, patient outcomes did not differ for NPs and physicians.

A 2-year follow study was conducted with patients in a randomized study comparing outcomes of patients assigned to an NP or physician in a primary care practice (Lenz, et al, 2004). The sample included 406 adults to look at the areas of health status, disease-specific physiologic measures and satisfaction. The results of this study were consistent with the previous findings that outcomes of patients assigned for their primary care to a NP did not differ from those patients assigned to a physician primary care provider.

A systematic review of 37 published studies by Newhouse et al (2011) compared NP outcomes to physicians in a variety of patient populations, settings and diseases/conditions. Of the 37 studies included, 14 were randomized control studies and 23 were observations studies to example patient outcomes of care provided by NPs compared with physicians. Outcomes included patient satisfaction, self-reported perceived health status, functional status, glucose control, lipid control, blood pressure, emergency or urgent care visits, hospitalizations, length of stay, and mortality. This systematic review supports a high level of evidence that APRNs provide safe, effective, quality of care to patients in a variety of settings. The authors also note that APRNs work well with their physician and other provider colleagues in a role to promote health in the American population.

The quality and effectiveness of care provided by NPs has been demonstrated in a recent systematic review (Stanik-Hutt et al, 2013). The purpose was to answer two questions: 1) how do NPs affect patient outcomes on measures of care quality, safety, and effectiveness; 2) how do advanced practice nurses (APNs) affect the safety, quality and effectiveness of care. Advanced practice nurses broadly defines 4 groups: nurse practitioners (NP), clinical nurse specialists, certified nurse-midwives, and certified registered nurse anesthetists. Therefore, this study looked at a narrow group of NPs and the larger group of APNs.

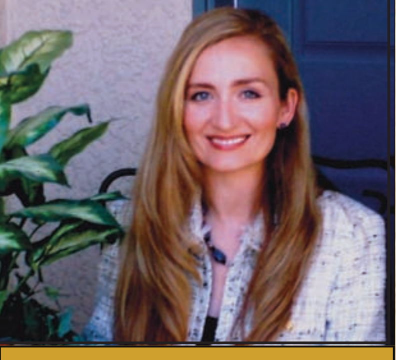
The areas of quality, safety and effectiveness of care were the major categories evaluated for this systematic review

(Stanik-Hutt et al, 2013). Quality of care in this review echoed previous studies on patient satisfaction, outcomes of health status and physical function, minimizing emergency department visits, and hospitalization length of stay. Length of stay (LOS) has been shown to be comparable for physicians and NPs but for one study. This study found that NPs caring for patients in the trauma service had a mean of 6.5 days compared to 7.0 days for residents (Morris et al, 2012). Though not statistically significant, this 0.5 day multiplied by the number of patients in this service in one year (2,759 patients) results in more than 1,300 patient days saved. It was hypothesized the NPs spent more time teaching family members home care, dressing changes, and this may have provided more confidence for care for injured patients without additional assistance and earlier discharge. Another factor may have been that NPs had daily interprofessional rounds to coordinate care in a group setting rather than with each discipline separately.

Patient safety is influenced by many variables: patient, care setting and provider. This review notes it is the first to report comparability among provider teams for the safety outcome of mortality. Results for effectiveness of NP care found greater lipid control. In the areas of blood pressure and blood glucose control, NP care was similar. The authors note this systematic review was not undertaken to make comparison of NPs to MDs, but in reviewing studies most were conducted to evaluate NPs to physician practice (Stanik-Hutt et al, 2013).

A number of research studies have been conducted looking at NP provided care compared to physician care. The questions of quality, safety, and effectiveness have been well demonstrated. In Nevada, NPs provide care to patients on a daily basis in a variety of settings in hospitals, private clinics, schools, and other facilities. In our state and the USA, NPs play an important role in providing high quality care and leadership in the health care community. Nevada NPs will continue the role they have been demonstrating for over 30 years providing quality, safe, and effective care and leadership for all citizens in our state.

Nurse-Attorney



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EOE

Increasing nursing students community-health learning through a collaborative partnership with a REFUGEE PLACEMENT CENTER

By Cheryl Darby-Carlberg, MSN, RN

Service Learning is a pedagogy that involves students meeting needs of the community while also connecting this service to academic requirements. According to the American Association of Colleges of Nursing (AACN) (2008) service learning fulfills the five components of scholarship including liberal education, professional values of the nursing, core competencies, core knowledge and role development. Research states (Ross, 2012; Laplante, 2007) service learning can occur in a variety of settings but includes four central themes. Service learning addresses educational goals and while meeting community needs; the process is mutual and encourages understanding of all involved; students must critically think about their experience, and the process must have active participation of community partners and addressing community needs and concerns. All parts of service learning work together to provide a mutual exchange of information, ideas, and skills. Involvement in service learning creates changes in both the student and those involved at the community site. Service learning involves the students in active learning and is one of the best ways to increase affective learning. This increase in affective learning includes increase awareness, improved attitudes, active response to those involved and valuing the experience (Stallwood & Groh, 2012).

appropriate nursing diagnosis, plan how to meet the needs of their families and appropriate follow-up. In collaboration with the clinical instructor the students determine the priority needs of their families The students are responsible to find community resources for their clients and support their clients to access these resources. This may include helping the client find the right bus route to an English as Second Language class or making appointments for medical specialties that are needed by their families.

Students develop independence through the students' innovative use of smart phones to manage language and cultural barriers. Working in pairs, students developed multiple users of smart phones to improve their communication with refugees. Students used translation apps to translate English into Arabic, Swahili, Myanmar, and Burmese. Additionally, students changed the language on their smart phone keyboards and attached it to a picture app. The client typed in their own language and an image is displayed on the phone screen, improving understanding of client needs.

Additionally the students experience the positive role of operating as effective patient advocates for their families. The students influenced healthcare outcomes for many families including an infant with special needs. Students became aware that a family had no knowledge of the birth trauma their infant had experienced. Students set up appointments with the pediatrician and provided translation assistance so the mother would be informed about the specific trauma to her infant. Students initiated the evaluation of the infant for early intervention and introduced the family to added resources. Nursing students realized that without their interventions, the family would not have learned of the infant's urgent need for developmental and health interventions. The students stated that this experience provided a word picture of the power of the nursing role of patient advocate.

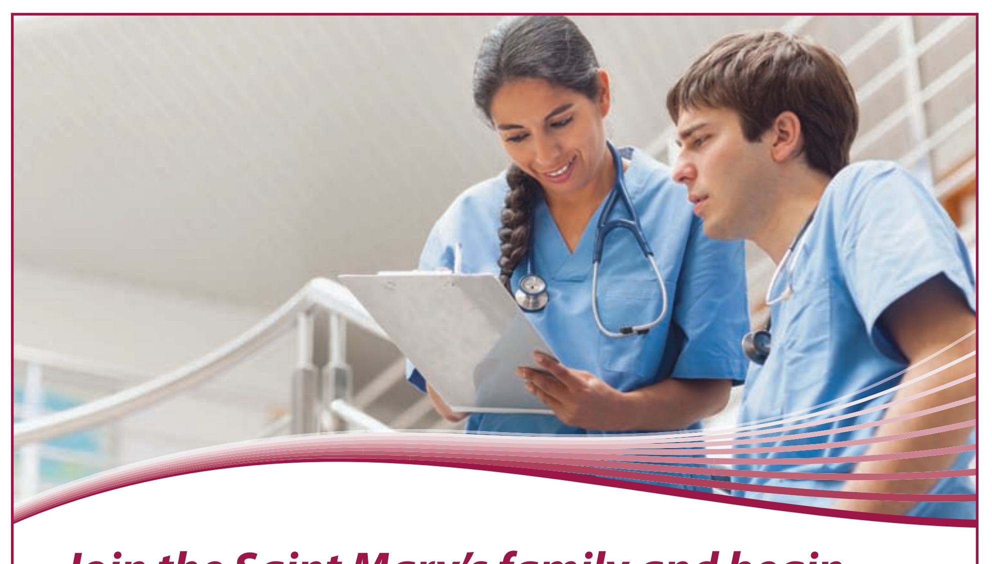
Each week the students write a guided reflective journal about their experiences, feelings, values that they have experienced each week Students discuss their perception

continued on page 10 >>

Refugees come as an exile from their own country having lived in a temporary refugee camp for greater than five years. They come to the United States with nothing and must learn to become independent in 8 months or less.

Students are given the opportunity to learn patient advocacy, autonomy, and cultural humility in a community-based clinical working in collaboration with a Refugee Placement Center. Refugees come as an exile from their own country having lived in a temporary refugee camp for greater than five years. They come to the United States with nothing and must learn to become independent in 8 months or less.

The students are exposed to a variety of cultures and people with substantial needs without leaving the community. While at the refugee resettlement center the students works with social case managers and serve as medical case managers for one to two families. The students meet the families in their homes and perform a complete health, social and environmental assessment of these families. The students gather information from their assessment and determine



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<< continued from page 8

of success in cultural sensitivity, health literacy, and autonomy and their desire to improve public health in their community.

As a group, the students produce a complete community assessment and discover a community need for their population. The project is developed and implemented and evaluated by the students for its effectiveness. This process is documented in a community paper written by the clinical group. The paper is used to determine the students' ability to synthesize the application of the nursing process to the community and the course objectives.

> "Service learning involves the students in active learning and is one of the best ways to increase affective learning. This increase in affective learning includes increase awareness, improved attitudes, active response to those involved and valuing the experience."
> (Stallwood & Groh, 2012)

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BOARD MEMBER

Mary-Ann Brown was appointed to the Board of Nursing in January 2013. She has already demonstrated herself to be an articulate, knowledgeable and thoughtful board member. She comes to the NSBN with great nursing experience. Ms. Brown is a Bachelor of Science in Nursing graduate from the University of Nevada, Reno. Her first nursing job was at University of California, Davis Medical Center. Ms. Brown has her Master's degree in nursing also from UNR where her focus was Critical Care Clinical Nurse Specialist. During her tenure as Manager of Intensive Care, Cardiac Intensive Care and the cardiac surgical unit, she was responsible for a budget of 3.5 million and served on the Renown Hospital Committees for Research, Infection Control and Ethics. Mary-Ann also has long term care experience with a Life Care facility and as a corporate clinical director with Life Care Management Services. From 2006 through 2012 she worked for the Washoe County Health District as Assistant Division Director, Division Director and Interim Health Officer. In this experience she directed, trained and supervised the public health staff including nurses, nurse practitioners and program managers engaged in community, home visiting and clinical nursing services. She analyzed data concerning community health needs and direct plans to meet those needs. For four years she was Executive Director of The Children's Cabinet a nonprofit agency serving children and families. As agency spokesperson, Ms. Brown was responsible to increase visibility and viability of the agency and voice the mission so it would be clearly understood.

Mary-Ann Brown's commitment to give back to the community is not only evidenced by her willingness to serve on the Board of Nursing but to have also served on many boards and commissions including the Governor's Workforce Investment Board for the State of Nevada., Nevada Safe Injections Practices Committee (Washoe county representative). She has served on the Saint Mary's Regional Medical Center Ethics Committee since 1989 and was chair from 2003 to 2006.

Ms. Brown has been active in Nevada Nurses Association and the American Nurses Association. The nurses of Nevada have gained an excellent and experienced nurse to help maintain nursing standards and safe practice for Nevada. We thank Mary-Ann for her willingness to serve.

Brian Sandoval STATE OF NEVADA Michael J Willden
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Department Of Health and Human Services
Division of Public and Behavioral Health

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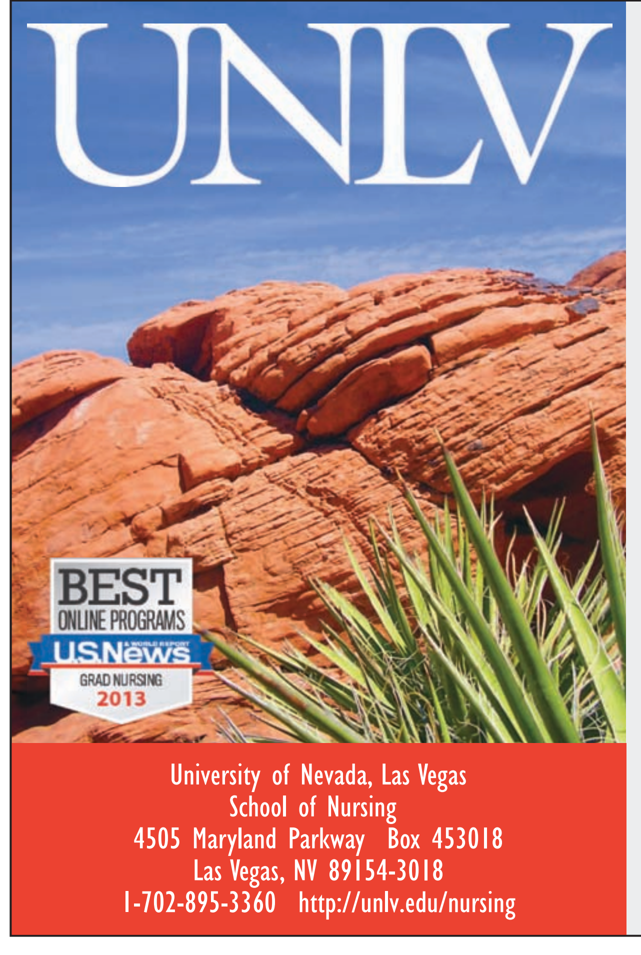

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DR. PATSY RUCHALA

Nevada is very fortunate to have nursing educators who are recognized leaders helping make important decisions for the future of nursing. Patsy Ruchala, DNSc, RN, professor and director of the University of Nevada, Reno's Orvis School of Nursing, has been selected for the American Association of Colleges of Nursing's Board Member-at-Large position. The AACN is a national voice for baccalaureate and graduate programs in nursing and represents more than 700 member schools of nursing at public and private institutions nationwide.

"It is such an opportunity to work with this prestigious group to promote and influence the highest standards for nursing education, research and practice. I am honored and humbled to be elected by my fellow nursing deans and directors across the country to serve as a member of AACN's Board of Directors," Ruchala said upon learning of her selection to the board.

The AACN sets quality standards for bachelor's and graduate degree nursing education, assists deans and directors to implement those standards, influences the nursing profession to improve health care and promotes public support of baccalaureate and graduate nursing education, research and practice.

At nearly the same time, Ruchala accepted an appointment as a member of the Washoe County Committee for Juvenile Services, which has a mission to help create a safer community by providing a continuum of services and sanctions to youth and their families.

"Since much of my nursing career has dealt with teaching and research on topics related to children and families, I am excited to be able to bring that perspective to work with members of the Washoe County Committee for Juvenile Services," she said.

Dr. Ruchala serves on the editorial board of three professional journals: the Journal of Obstetric, Gynecologic and Neonatal Nursing, Neonatal Network: The Journal of Neonatal Nursing and the Journal of Nursing Scholarship. She is a member of the Education Advisory Committee for the Nevada State Board of Nursing, serves as the secretary for the Nevada Alliance for Nursing Excellence and is a member of the Executive Council for the Nevada Future of Nursing Action Coalition.

The Nevada State Board of Nursing has been fortunate to have Dr. Ruchala serve on the Education Advisory Committee where she helps shape the future of nursing education for Nevada.

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HEALTHCARE QUALITY AND SAFETY – The Critical Role of the Nurse

By Ellen DePrat, MSN, RN, NE, CPHQ

We are in an era of decreasing resources yet increasing demands for improved quality and safety. This means the contributions of all health care professionals is critical, probably none more critical than the contributions of nurses. Innovations led by clinicians and supported by management are showing great progress in efforts to reduce patient harm. You do not always need to know all the next steps. "All it takes is a willingness to try." – Atul Gwande.

Nursing has evolved over time, but the focus has never changed – providing care to patients. We now find a multitude of organizations and programs all aimed at improving the quality level of patient care. No matter what care setting you find yourself in, your expertise, knowledge, and caring is vital to continually moving health care in the right direction.

The picture being painted today in the healthcare arena is one of transitions. The total patient experience begins where and when each person utilizes health care services and continues through all of the settings they will experience over their lifetime. This experience starts as early as an encounter with a school nurse, pediatrician, primary care physician, ancillary testing center (laboratory work, x-rays), outpatient center, pharmacy, hospital, rehabilitation facility, nursing home, in the home, and with inpatient or outpatient hospice.

Payment for healthcare services is moving increasingly from traditional "fee-for-service" (pay for volume of patients seen or procedures performed), to paying for efficiency and patient outcomes (also described as "value"). How you interact with your patients, residents, families, and colleagues as well as how this contributes to positive patient outcomes is now a part of the new payment structures being established to pay for "value-based" care.

Instead of asking, "How many patients did you see?" or "How many beds did we fill?" we now ask, "How well did we provide care based on evidence-based practice guidelines?"; "How well did we coordinate the care between healthcare settings in order to prevent readmissions, morbidity, and mortality?"; "How well did we provide a positive experience of care in the eyes of patients?"; and "Did we keep patients safe?"

Nursing has never been driven by money, but nurses must now begin to realize how their contributions affect the financial bottom line of the organization in which they work. As a fundamental member of EVERY healthcare team, no matter the setting, every nurse has the opportunity to make a real difference. This difference not only applies in the lives of their patients, but also in the success of the care delivery system in which they practice. The assessment, coordination, and problem-solving skills that make up nursing practice are the very skills that this new "value-based" system requires.

We measure quality, a key component of value-based care, by sets of quality indicators. The National Quality Forum establishes measures in the areas of clinical care, person and caregiver centered experience and outcomes, safety, efficiency and cost reduction, care coordination, and community and population health. These quality measures are developed and refined by a technical panel of national experts. Examples of current reporting programs and the related measures:

ACUTE CARE HOSPITAL – inpatient and outpatient clinical care provided for chest pain and myocardial Infarction, heart failure, pneumonia, surgical care, central line-associated blood stream infections, catheter-associated urinary tract infections, surgical site infections, hospital-acquired conditions, healthcare personnel influenza vaccination, patient experience

of care, mortality, readmissions, and cost efficiency.

LONG-TERM ACUTE CARE HOSPITAL – central line-associated blood stream infections, catheter- associated urinary tract infections, pressure ulcers, healthcare personnel influenza vaccination, and seasonal influenza vaccination of patients.

INPATIENT REHABILITATION HOSPITAL – catheter-associated urinary tract Infections, pressure ulcers, healthcare personnel influenza vaccination, and seasonal influenza vaccination of patients.

INPATIENT PSYCHIATRIC FACILITY – restraint and seclusion, antipsychotic medication appropriateness, and post-discharge care coordination.

AMBULATORY SURGERY CENTER – patient burns, patient falls, wrong site, wrong side, wrong patient, wrong procedure, wrong implant, hospital transfer/admission, prophylactic IV antibiotic timing, and safe surgical checklist use.

HOME HEALTH AGENCY - timeliness of home care admission, immunizations, use of risk assessment tools for falls, pain, depression, and pressure ulcer development, measures for specific diagnoses (heart failure, diabetes, pressure ulcers) and measures of care planning and clinical interventions delivered for patients experiencing certain symptoms (pain, depression.)

HOSPICE - patients treated with an opioid who are given a bowel regimen, pain screening, pain assessment, dyspnea treatment, dyspnea screening, treatment preferences, and beliefs and values addressed.

END-STAGE RENAL DISEASE DIALYSIS CENTERS – anemia management, dialysis adequacy, vascular access, bone mineral metabolism, patient safety, and patient experience of care.

PHYSICIAN OFFICE - a set of measures related to high-risk medical conditions and preventive screening.

In addition to quality measurement, a variety of payers and providers are working on other payment and delivery systems that will further the goal of value-based care. These efforts are directed to achieve a system that rewards high quality and high efficiency organizations. Examples include: accountable care organizations (groups of doctors, hospitals and other healthcare providers who come together voluntarily to give coordinated high quality care to patients and are paid as a group) patient-centered medical homes (patient's primary care provider customizes and coordinates all of the patients care) bundled payments (payments based on episodes of care for a particular diagnosis incorporating multiple care settings.)

Clearly, the healthcare delivery system, its funding, and patient expectations are changing dramatically. The traditional forms of providing care, with each care setting doing its own thing, are increasingly becoming outdated. The desired future is a system of coordinated care; it is a system that will reach new levels of performance through collaboration, reliable measurement and health information connectivity.

The goals for an effective care delivery system – a product that is interconnected, patient-centered, high quality, high-efficiency will require the knowledge, skills, and abilities of all nurses in all settings. The opportunity is ours!

REFERENCES AND RESOURCES:

Journal for Healthcare Quality, Vol. 35, No. 5, September/October 2013

Association for Healthcare Research and Quality (AHRQ), www.ahrq.gov

National Quality Forum (NQF), www.qualityforum.org

Centers for Medicare and Medicaid (CMS), www.cms.gov

HealthInsight, www.healthinsight.org

Ellen DePrat is a Project Coordinator at HealthInsight, Nevada. In this role, she assists Acute Care Hospitals to meet Federal Regulations under the Centers for Medicare and Medicaid Services (CMS) Quality Reporting Program regulations and to develop effective quality improvement programs.

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(Principals Only)

CNA CORNER

• SURGICAL DRAINS

By Jenn Snidow, CNA

As CNAs, one of the tasks frequently requested of us is to monitor and empty various surgical drains. The use of surgical drains has become common in the care of postoperative surgical patients. They are used to drain fluid that either does not belong or to prevent unwanted fluid from accumulating in a surgical site (Cardosi, n.d.). It is important for CNAs to understand the various types of drains that may be encountered and how to best assist our patients in the care and maintenance of surgical drains.

Surgical drains function in an active fashion and are used in a variety of surgical procedures, including abdominal, breast and orthopedic procedures (Scardillo, n.d.). Active drains are low pressure suction devices that continuously remove fluids against gravity via a closed drainage system (Scardillo, n.d.). The drain is attached to a collapsible container to pull accumulated fluids from the wound bed or surgical site (Scardillo, n.d.). As the container expands, fluids are pulled from the wound site and collected in the drain. Jackson-Pratt (JP) and Hemovac drains are common active drains. Jackson-Pratt drains generally hold 100 cc of fluid whereas Hemovac drains hold 500 cc (Scardillo, n.d.).

The CNA's role in the care of patients with active drains is to ensure that the drainage reservoir is kept in an empty, collapsed position and the tubing is kept free of kinks to maintain negative pressure and suction (Scardillo, n.d.). Drains should be checked frequently throughout your shift and the amount of fluid drained, as well as the color and consistency of the fluid, should be reported to the patient's R.N. Fluid is typically clear, straw colored, yellow or cranberry colored, depending on what the drain is draining. Some specks of blood and fluctuations in color are normal, however, any noted differences should be reported immediately to the patient's RN (Cardosi, n.d.).

Active drains are sutured into place by the surgeon during the patient's procedure to prevent the drain from falling out or being accidentally pulled out with movement. If you notice that the drain has been pulled out you must report this to the patient's RN immediately. You should also notify the patient's RN immediately if the patient reports increased pain or a spreading redness at the drain site, drainage in the collection reservoir looks like pus, there is active bleeding at the drain site, the drain stops draining or the patient develops a fever. These are indicators of complications, including infection, which can ultimately lead to poor patient outcomes.

Finally, it is important to be familiar with the policies and procedures at your facility in relation to drains. You are responsible for knowing what kinds of drains you may come in contact with and how you are expected to care for them. If you ever have any questions about what care you can provide to patients with active drains you should check with your unit supervisor.

REFERENCES

Cardosi, MD, FACOG, FACS, Richard J. (n.d.) Surgical drain care. Watson Clinic, LLP. Retrieved from http://www.watsonclinic.com/uploads/Surgical_Drain_Care.pdf

BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public, agendas are posted on the Board's website and at community sites.

• COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

• WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

BOARD MEETING DATES

January 15-17, 2014 Las Vegas

March 26-28, 2014 Reno

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (one)
February 4, 2014

Certified Nursing Assistant/MA-C Advisory Committee (four) *
January 7, 2014

Disability Advisory Committee (none)
April 18, 2014

Education Advisory Committee (one)
January 23, 2014

Nursing Practice Advisory Committee (two))
February 4, 2014

*One MA-C, one AARP member, two RN members: one must be in Long Term Care

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As it states on your renewal application, you must keep copies of your continuing training/education certificates for four years, in case you are selected for random audit. If you cannot prove you met the renewal requirements for nurses (30 continuing education credits) or CNAs (24 hours of continuing training/education), *your application will be considered fraudulent and you may be subject to disciplinary action.*

Nurses: the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. You must keep a copy of your bioterrorism certificate of completion indefinitely.

MOVING?

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You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to nursingboard@nsbn.state.nv.us, call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, date of birth, and email address.

Carson Tahoe Becomes 1st Baby Friendly Hospital in Nevada

By Shelly Koontz, RN, IBCLC

Pictured from left to right: Mary Scott, Linda Holdridge, Suzie Lusich, Chris Hanson and Shelly Koontz

Carson Tahoe Regional Medical Center is the first and only Baby-Friendly Hospital in Nevada. This prestigious designation is given by the Baby-Friendly USA organization in conjunction with WHO/UNICEF to hospitals that meet all requirements of Baby-Friendly and pass their on-site survey. Baby-Friendly hospitals, by meeting the requirements, protect, promote, and support breastfeeding to ensure the best outcomes for newborns and their mothers.

Currently 170 U.S. hospitals and birthing centers in 41 states and the District of Columbia hold the Baby-Friendly designation. Every hospital that attains the Baby-Friendly designation moves us closer to reaching the Healthy People 2020 goal of increasing the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies. In 2007, only 2.9% of United States births occurred in Baby-Friendly designated facilities. Currently, 6.9% of births occur in Baby-Friendly designated facilities. The Healthy People 2020 goal is 8.1% (babyfriendlyusa.org, 2012)

Carson Tahoe Hospital's journey to its Baby Friendly Designation started in 1997. We began implementing the 10 Steps as outlined by the WHO and UNICEF and were able to meet all of the steps except for the educational requirement of 25 hours for staff and 5 hours for physicians. The cost involved specific to the educational requirements was Carson Tahoe's only barrier to meeting this final step. There was no access to online education at that time and to bring in outside educators was cost prohibitive. Over the next 13 years Carson Tahoe continued to practice the other steps as outlined by Baby Friendly, USA.

Once online education became available, the educational requirement became feasible and affordable. The physicians, staff and hospital leadership of Carson Tahoe Hospital made the recommitment in 2009/2010 to pursue the Baby Friendly designation. Our hospital foundation donated the funds for the staff and physician education as well as the fee's required to pursue this prestigious award. Carson Tahoe Hospital started the journey following the 4-D pathway as outlined by Baby Friendly, USA.

Once we began the process, all staff made the commitment to support the initiative. They attended hands-on training sessions and completed the 20 hour online course. New policies were developed and existing policies were revised to reflect the requirements of the Baby Friendly Hospital Initiative. Documentation practices were revised to capture the required elements necessary for data collection, which is part of the 4-D pathway. Following the birth, existing and long standing hospital routines were revised to meet the needs of the mother, father and newborn. Carson Tahoe Hospital implemented the practice that all newborns go directly skin to skin following birth, including cesarean deliveries. We no longer separated the mother/baby dyad throughout the hospital stay unless medically indicated. All routine procedures, including hearing screening and laboratory draws are now completed in the birthing suite, where previously staff would take the newborn to the nursery. The patients have access to Internationally Board Certified Lactation Consultants during the hospital stay or as an outpatient. As a requirement, Carson Tahoe Hospital implemented community breastfeeding support groups which are currently very active twice per week.

The development of a Breastfeeding Committee was imperative to all phases of the process. The organizer of our Breastfeeding Committee, Mary Scott, RN, IBCLC was instrumental to our success because she was able to keep the department focused and dissect the details of the 4-D pathway. Carson Tahoe Hospital was successful in receiving the Baby Friendly Hospital Designation because of the dedication and support of the entire nursing, medical and leadership staff.

REFERENCES

Baby Friendly USA (2012). Baby friendly USA: find facilities. Retrieved from: http://www.babyfriendlyusa.org/find-facilities.

Baby Friendly USA (2012). Baby friendly USA: the ten steps to successful breastfeeding. Retrieved from: http://www.babyfriendlyusa.org/about-us/baby-friendly-hospital-initiative/the-ten-steps.

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Nevada State Board of
NURSING NEWS

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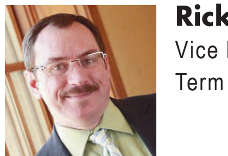

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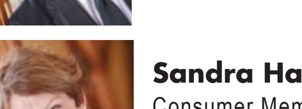

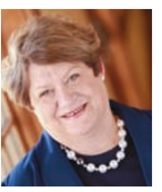

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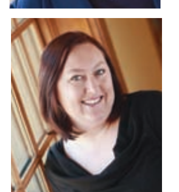

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CNA member
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HEALTHCARE HERO

Dr. Rhigel Jay Alforque Tan Receives Healthcare Hero Award

The eighth annual Healthcare Hero Awards, sponsored by Anthem Blue Cross Blue Shield and Nevada Business Magazine, honors outstanding healthcare professionals in Nevada. The Nursing Board is very proud to have one of its own selected as a Southern Nevada Healthcare Hero. Rhigel Jay Alforque Tan was selected as the Healthcare Hero Educator for Southern Nevada. Dr. Tan grew up on the Filipino island of Cebu, where his family struggled against poverty. He graduated cum laude from The Cebu City Medical Center College of Nursing. His family supported his efforts to take the Commission on Graduates of Foreign Nursing Service Examination in order to work in the United States. His understanding of nursing stems from his inquisitive mind and the experience he has gained from beginning as a certified nursing assistant. Once licensed in Nevada he was welcomed onto the El Jen administrative team. His ability to teach was recognized by the College of Southern Nevada and he was invited to teach. The student nurses at College of Southern Nevada always gave Dr. Tan excellent evaluations particularly commenting on his ability to make complex pathophysiology understandable. Most faculty members who teach in associate degree programs are not able to make the changes required for a baccalaureate program where the requirements for research and scholarship are higher. Dr. Tan was so exceptional as a faculty member and known in the community for his clinical competence and good work that he was also invited to join the faculty at UNLV. Dr. Tan furthered his education being an adult nurse practitioner, geriatric nurse practitioner and a psychiatric and mental health nurse practitioner. His doctorate in nursing is from Rocky Mountain University of Health Professions. At UNLV, Dr. Tan continued to distinguish himself for his excellent teaching abilities helping undergraduate students to learn competent, safe nursing care for complex patients. He has been a huge part of the success of the collaboration with Summerlin Hospital with the dedicated education unit.

Dr. Tan is actively involved in the Asian Community and has been an active board member of the Philippine Nurses Association. He is a member of Sigma Theta Tau International Honor Society for Nurses. His generosity is demonstrated in his two foundations The Yolanda Alforque-Tan Scholarship Foundation and the Maria Libron Flores Nursing Scholarship Foundation.

Considering his passion for educating future nurses to provide quality and safe nursing care for Nevada citizens, he is an excellent board member for the NSBN.

NURSE AUTHORS NEEDED

What exciting evidenced based changes are you making to nursing practice in Nevada. Please Contact Roseann Colosimo 702 668 4528 so we can share your best practices with all Nevada nurses.

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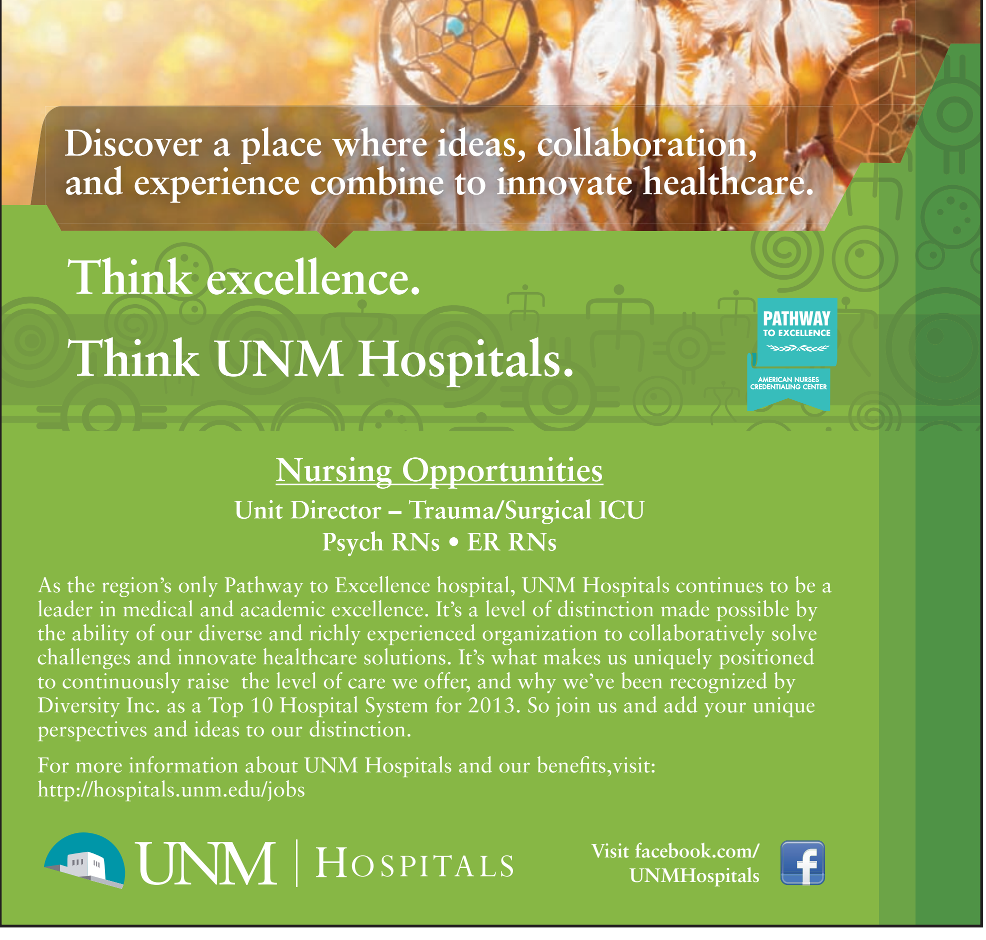

What is the future for LPNs?

By Patty Shutt, LPN

Licensed practical nursing schools have opened and closed over the years in Nevada, currently there are three programs in Southern Nevada. Licensed Practical Nurses (LPNs) are entering the profession in exciting times, technology is moving so fast, you have electronic charting, bar codes for patients' supplies and some medications and soon physical exams will be done using smart phones. Employment of LPNs is expected to grow 22% between 2012-2020; this is very positive growth for the profession which is driven by long term care needs of an aging population, and the general increase in demand for healthcare but hospitals find themselves phasing out the use of LPNs. Long term care, home health and clinics are using more LPNs. But education of LPNs is lagging in home healthcare experiences.

I was given a copy of a nursing journal from February 1942. The letters were so interesting, as they wrote about the same problems we face today. Numerous states had licensing laws for RNs by 1945 (we are celebrating our nursing board's 90th anniversary this year) but LPN laws moved more slowly beginning in 1955. They talked about nursing shifts due to the war and bombing in Pearl Harbor. They talked about nursing education, whether there was a need for a BSN degree. So this issue of whether LPNs are needed has been debated as long as the issue of whether nurses need a BSN.

All nurses work in an increasingly more complex healthcare team. LPNs are an integral part of the team. Learning to work within a team takes understanding of others. Here are some hints:

Currently there are four generations working in nursing and you will need to learn to understand and respect each other. Be patient with the **Traditionalist** (1925-1942) who have strong work ethics, but are least comfortable with changes and technology. **Boomers** (1943- 1960) who currently are the largest cohort, are workaholics, critical thinkers, and are the most productive of the generations. **Generation Xers** (1961 – 1981) who are currently the smallest cohort in the workforce. They are the latch key generation, independent, assertive and innovative. They believe in the saying, "Work to live rather than live to work." They are flexible adapt to change and embrace technology. **Millennials** (1982- 2000) are a large group and the fastest growing cohort, grew up in age of domestic and international terrorism and the explosion in social networking and information technology. They are protective and careful yet confident, best educated, and a recent survey shows "self-indulgent." They are strong networkers, sophisticated and street smart. They crave instant gratification, recognition; are impatient, if unhappy they give up and move to another job. Communication among each cohort is very different. The older group prefers face to face, while the younger group is texting and e-mailing. All groups need to respect each other, appreciate the differences and acquire generation savvy. There is common ground among all generations of nursing. The most sought after incentives across all generations is reasonable workload and manageable nurse-to-patient ratios. All groups can help each other, be mentors with each other.

MEET THE STAFF

Juan Barajas, Receptionist

Juan has been a receptionist with the Board since July 2013. Prior to working for the Nevada State Board of Nursing, Juan worked as a guest service representative at an athletic club. When asked what he enjoys most about working for the Board, he says "knowing you're protecting the public with the work other staff and I do."

As a receptionist, Juan is responsible for program support including, general information, inquiries and referrals; processing of initial applications, renewals and fingerprinting capture. Juan would like to share "please carefully read the applications and fill out completely before submitting, it helps the staff process the application without any delays."

On his free time, Juan runs and trains to achieve his goal of winning the Reno-Lake Tahoe Odessey Relay Run. His favorite part about living in Nevada is all the outdoor activities like biking in the mountains and catching a swim in Lake Tahoe after his marathon training.

Use the *past*, in the *present*, to change the FUTURE by TEACHING!

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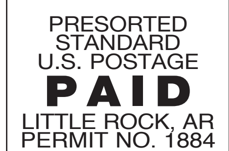

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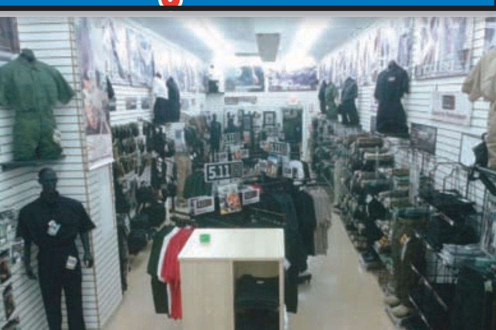

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