Meet WVNA’s New President
Evelyn Martin, DNP, APRN, FNP-BC
WVNA President

To understand how powerful nurses can be, one needs to understand something about how the legislature works. The WV State Legislature impacts many issues within the state. Basic nursing practice is regulated on a state-by-state basis, by the board of examiners for profession or licensed practical nursing. The authorizing legislation in WV is the state nurse practice act. This law defines the scope of practice for nursing. The state nurse practice act can be revised or amended by legislators. The amendment may be to the nurses’ benefit or may jeopardize your status as a student, licensed practice nurse, registered nurse, or advanced practice registered nurse. During the 60 days the legislators are in session, it would be to each nurse’s benefit to monitor any proposed House or Senate bill. The WV nurse must know the current law and its intimation, if he or she is to respond in the approved manner to any legislation influencing nursing in the state. State legislation may have an effect on whether nurses are governed by the Board of Nursing or the Board of Medicine. The opening or closing of nursing programs, and many other concerns for nursing. The WVNA is a way for you to become involved and be the voice of your future.

Three months ago, I became the WVNA President. From that moment on, a lot of ups and downs have happened in West Virginia. First, there was a change in our government in which the Republicans gained control of the WV Senate and House, for the first time in 80 years. West Virginia has seen a widespread influenza activity this year with a seemingly never-ending winter. During this time, WVNA has also been busy.

The WVNA worked diligently to prepare for the Legislative 60 days session. This is always both an exciting and a trying time for all concerned. Monitoring bills, discussions with the legislators, having a presence at committee meetings, and altering plans at a moment’s notice, as changes occur throughout the session, takes a lot of dynamism, fortitude, and astounding teamwork amongst our paid lobbyists and nurse advocate volunteers. In addition, Nurses Unity Day at the Capitol was held February 25, 2015.

As you read this issue of the WV Nurse, we tried to portray a typical Nurses Unity Day at the Capitol. It was a day full of energy and excitement as faculty, nurses, and students advocated for their white coats and just like soldiers have marched to the Capitol, and packed the galleries. Throughout Nurses Unity Day, I had the privilege of spending time with two notable women, Pam Cipriano and Lorraine Reiser. ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN, is the 35th president of the American Nurses Association (ANA), the largest nurses’ organization representing the interests of the nation’s 3.1 million registered nurses. Dr. Cipriano is known nationally as a strong advocate for health care quality, and serves on a number of boards and committees for high-profile organizations, including the National Quality Forum and the Joint Commission. Dr. Cipriano was the 2010-2011, Distinguished Nurse Scholar-in-residence at the Institute of Medicine. A distinguished nursing leader, Dr. Cipriano has held executive positions in health care systems, academia and national professional organizations in her career. American Association of Nurse Practitioners Region 3 Director Lorraine Reiser, PhD, CRNP, FAANP, is an Associate Professor of Nursing at Clarion University of Pennsylvania. She also maintains practice as an FNP at Hilltop Community Health Care Center, an FQHC in Pittsburgh. Spending the day with these two women and the leaders of our state was a valuable lesson in itself. As I listened to these leaders, faculty members, nurses, students, and legislators at the capitol, it reminded me of how far nursing has come, how much farther we can go, or how quickly we can lose what we have.

Today, I view nurses and the nursing industry as being a critical component of health care. For the most part, nurses are the first contact a patient has when they arrive at the hospital, clinic, or whatever the health care point of contact may be. Nurses are in effect kind of like ground troops in a war – the front line. Nurses participate in every aspect of patient care. A nurse knows the enemies (diseases, illnesses, and stressors), the allies (medication, treatments, and patient care), they deal with generals (doctors and administrators) and just like soldiers have their comrades back, the nurse has the patient’s back – as an advocate. Having a thorough and in-depth knowledge of all phases of the industry and patient care puts the nursing industry in a position
of being uniquely qualified to give guidance to everyone that is involved in the process. In WV, one in 43 citizens is a registered nurse – that equals over 30,000 RNs in the state – we are a loud voice, but only if we get involved. It is vital that we have a cohesive voice and WVNA embodies that voice. Again, one in 43 citizens is an RN, it is imperative for us to promote change for the good of all WV citizens. In order to succeed at this, we need as many nurses as possible amalgamated beneath the WVNA umbrella. Ultimately becoming a member of the WVNA allows WV nurses to have a strong voice in WV, which gives us the power to influence change.

I am looking forward to working with and for each and every one of you over the next couple of years. Please don’t hesitate to let me know what issues you face or what the WVNA can do for you. Thank you for the opportunity to serve you. My email address is wvnasm@gmail.com.

CHOOSING WISELY
SAVE THE DATE:
May 5-6, 2015

Renate Pore

In all the talk about health reform, we don’t hear enough about one of the most important goals of reform to improve the quality of the American health care system. The research shows that a lot of improvement is needed. A 2013 article in the Journal of the American Medical Association (JAMA) said that 30 percent of care is for unnecessary tests and procedures, and hospital admissions that could have been avoided with more timely care.

To address this problem, the National Physician Alliance (NPA), a coalition of specialty societies to identify drugs, tests and procedures that have questionable value. To date, more than 60 specialty societies have identified more than 270 drugs, tests and procedures that should be avoided or at least carefully considered before prescribing to patients. The American Academy of Nursing has also accepted the challenge and published “Five Free Things Nurses and Patients Should Question.”

All this has become part of a national campaign for health providers and the general public called Choosing Wisely. In West Virginia the State Medical Association, Nurses Association, Hospital Association, West Virginia Community Health Care, and others have been meeting to launch two projects to engage health providers in the Choosing Wisely campaign.

One project is a conference on May 5 and 6, 2015. On the evening of May 5, Charleston Area Medical Center (CAMEC) is inviting the public to learn about Choosing Wisely. On May 6, 2015, West Virginians for Affordable Health Care (WVACH) and its partner organizations is inviting clinicians to participate in a day-long event featuring national and state quality initiatives.

The event will include Dr. Patrick Conway, the top federal official for innovation and quality fellowships. The Center for Medicare and Medicaid (CMS). Other speakers will be coming from Maine, Minnesota and Los Angeles to share their experiences.

Registration information will be available by mid-March. Check the web site of www.wvachc for more information.

The second project is called Choosing Wisely in Kanawha County. It has been recruiting nurses, social workers, physician assistants and physicians in Kanawha County to become participating Providers to learn about, implement and advise the statewide Choosing Wisely effort about what works best.

Through the CAMC Education and Research Institute, participating providers are offered three units of continuing education credits. You can participate by signing up as a participating provider through https://surveysmonkey.com/s/ XBS5SH. Once signed up, you will receive an email with information about how to use Choosing Wisely with your patients. Towards the end of the project, we will survey you about your experience. For more information contact Nancy Toliver, RN at tolliverr@frontier.com. Nancy is eager to recruit more participating providers.

Renate Pore is the Director of Health Care Policy at West Virginians for Affordable Healthcare. Staff member of the West Virginia Center on Budget & Policy and former Director of the Governor’s Cabinet on Children and Families.

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The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

WV Nurse reserves the right to edit all materials to its style and space requirements and to clarify presentations.

WVNA Mission Statement

The mission of WVNA is to empower the diverse voice of nurses in all settings toward unified focus of nursing knowledge, skill and practice & well-being of all West Virginians, through education, legislation and health policy.

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West Virginia Nurse Copy Submission Guidelines

All WVNA members are invited to submit material for publication that is of interest to nurses (especially in the following sections: Nightingale Tribute and Members of the News). The material will be reviewed and may be edited for publication. There is no payment for articles published in West Virginia Nurse. Article submission is preferred in Word Perfect or MS Word format. When sending pictures, please remember to clearly identify the person in each photo, or clearly list who you would like to assign rights to the photo.

Approximately 1,600 words equal a full page in the paper. This does not account for headlines, photos, special graphics, pull quotes, etc.

Submit material to:
West Virginia Nurse
PO Box 1946, Charleston, WV 25327
or Email: centraloffice@wvnurses.org

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FONWV is proud to announce that we were awarded the Robert Wood Johnson Foundation (RWJF) State Implementation Project Grant for our online Transition to Practice and Leadership Project in the amount of $450,000 on February 15, 2015. We are grateful to the foundations and organizations that provided matching funding for this project: Benedum Foundation, Sisters of St Joseph, Logan Healthcare Foundation, West Virginia Center for Nursing, Valley Health Systems, CAMC and WVU Hospitals. A transition to practice drive is also in the planning stages for both organizational and individual membership in the Coalition.

As a result of our recent funding, the Executive Committee hired our first Executive Director to accelerate coalition development and project management. We are pleased to announce that Aila Accad, MSN, RN, the previous co-lead representative from WVNA will now serve as the FONWV Executive Director. We welcome Cassy Taylor, DNP, APRN, CRNA, who will now serve as the co-lead representative for WVNA on the Operations Team.

Aila presented FONWV to the Faculty at WVU in Morgantown and by webinar to Gina Maiocco's MSN and DNP students in February.

Lora Duncan & Aila Accad represent FONWV at the Campaign Volunteer Engagement Training in Washington DC

The Leadership Team met in Flatwoods to look at initiatives focusing on developing leadership skills for management, board directorship, policy making and team coordinator roles. The team is lead by Dottie Oakes, MSN, RN, NE-BC, Vice President and Chief Nursing Officer at WVU Healthcare System and Lora Duncan, MSN, RN, Nurse Manager at Charleston Area Medical Center. One of their top priorities is to increase the number of nurses serving on health related boards. Lora Duncan and Laure Marino are developing a master list of healthcare boards to target for nursing representation. Trisha Petitte, MSN, FNP-BC, along with her team will be developing the Mentorship component for the project.

The two Practice Teams are working on advancing nursing practice to advance healthcare in WV.

One team lead by Beth Baldwin APRN, PNP-BC, has the challenge of encouraging the legislature to remove the practice barriers for Advanced Practice Nurses (APRNs) to be able to serve the citizens of WV by using the full range of their skills. The team met weekly during the legislative session to develop strategy and actions directed at educating legislators on the crisis in primary care, especially in the rural areas of the state, and the capability of APRNs to meet those needs. This year they had a new group of legislators to educate and influence. You can read more about their progress in the Legislative articles in this issue of WVNurse.

The Transition to Practice Team (TTP) lead by Mary Fanning, DNP, RN, NEA-BC will have their next meeting in Flatwoods March 26 to review Dr. Fanning’s completed research and begin plans for developing the TTP project.

The Education Team lead by Ronald Moore, MSN, RN will be meeting with Aila Accad to discuss their role in the project and look at national nursing education initiatives that can be implemented in WV.

There will be a Project Team meeting in Flatwoods in April to set the Action Plan and timeline in place to launch the Transition to Practice and Leadership Project. New team members are always welcomed! Contact Aila if you are interested in participating in this exciting initiative.

Meetings & Presentations
Aila presented FONWV to the Faculty at WVU in Morgantown and by webinar to Gina Maiocco's MSN and DNP students in February.

A webinar presentation on FONWV and the RWJF Public Health Nursing Leadership (PHNL) Training Grant was held for the PHN Directors to encourage these Public Health Nursing leaders to apply for the grant in WV. Two nurses will be applying for this leadership grant!

Aila and Leadership Team Co-Leader Lora Duncan attended the National Campaign Volunteer Engagement Training sponsored by RWJF and AARP in Washington, DC January 12-13. They brought back powerful information and networking tips focused on recruiting, retaining and engaging active volunteers for the Action Coalition.

If you are interested in becoming a member, learning more, or joining a team or if your organization would like to become an organizational member, contact Aila Accad at aillaspeaks@gmail.com.

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FUTURE OF NURSING WV UPDATE

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UNITY DAY 2015

Brenda Keefer, MSN, APRN-FNP

I am delighted and honored to serve the West Virginia nurses and student nurses as the Unity Day Chairperson for WVNA. Unity Day was February 25, 2015. This was an extraordinary learning experience for all participants. I personally thank each volunteer, speaker, vendor, poster presenter, and our speakers for a superior day of learning. Our day began with Aila Accad, Past President, as Emcee; she got us up and moving. ANA President Pamela Cipriano gave the keynote address, “Year of Ethics.” Beth Baldwin followed giving us clear cut directions about legislation passed by WVNA in the past and the status of current bills. Angy Nixon increased our knowledge of nursing and legislation with an overview of the Health Policy and Legislative Statement (HPL). We then donned our white lab coats and marched to capital.

The legislators were very impressed with the number of attendees; they asked “Who is taking care of the patients?” Of course with 1 in 43 West Virginians being nurses, we are the largest healthcare profession in West Virginia. Opportunities to visit legislators proved to be beneficial in educating them about healthcare needs, especially in rural areas.

Lunch was provided by RonnyVons catering service, which everyone enjoyed, followed by the presentation of well deserved awards. Award recipients include: Mentor of the Year – Lisa McBride, MD; Outstanding WV APRN – Margaret-Mary “Damian” Hayman; APRN Policy Advocate – The Honorable Denise Campbell, Friend of Nursing – The Honorable David Sypolt; Politically Active Nurse of the Year – Shawn K. Core-Tipton; and Lifetime Contribution to Nursing – Col. Pauline Shaver. Sam Cotton lead the Florence Nightingale Tribute, which is always a soul touching experience as we remember our colleagues who have passed on.

We had the opportunity to learn about nursing roles past, present and future from poster presentations by students and faculty from colleges and universities across the state. Nursing Schools participating in Unity Day include: Salem University, WVU-Parkersburg, WVU, WV Wesleyan, West Liberty, Fairmont State, WV Northern Community College, Garnet, Bridge Valley, University of Charleston, Wheeling Jesuit University, Marshall University, Davis & Elkins, St. Mary’s, and Alderson-Broaddus.

We are very grateful to our exhibitors and sponsors, who are vital to the success of Unity Day. Big Thanks to: ALD Publishing, WV Center for Nursing, MedExpress, WV Healthcare, CAMC, Highland Hospital, WV National Guard, WV Free, West Virginians for Affordable Healthcare, WV Coalition Against Domestic Violence, Wheeling Jesuit, WV Rx Card, United Hospital Center, Robert Morris School, Our Children Our Future, Memorial Health Systems, Hurst, The Farley Center, and American Association of Nurse Practitioners.

A continuing education session, which covered the mandatory CE requirement on caring for Veterans, was presented with first hand examples by retired veteran, Sam Cotton. The nurses received 7.5 CEUs for Unity Day. We received media coverage which promotes nursing in our communities.

In this time of healthcare reform, we must stay vigilant to legislative bills which have an impact on our professions and our patients.

Brenda Keefer, MSN, APRN-FNP is the WVNA 2nd Vice-President and Chairperson for Unity Day
Greetings from your West Virginia Nurses Association! While the 2015 Legislative Session officially ended, I would like thank each and every one of you for your involvement with the West Virginia Nurses Association’s legislative agenda to help promote, advance and protect your profession. Overall we are pleased to say that this legislative session was a successful one for the West Virginia Nurses Association.

While our proposed policy initiatives did not ultimately become law, we were very successful in ensuring that legislation which would be harmful to the nursing profession did not pass during this legislative session.

As a final legislative update, the following are the major nursing related bills introduced this legislative session as well as each bill’s outcome:

- **SB 6** Relating to medical professional liability SA HB 2006
  - APRNs added acceptable for passage. Tom Fast—adds safe staffing. Neutral WILL PASS
  - SB 88 Relating to delivery of workers’ compensation medical benefits to injured workers
  - APRN included acceptable -Neutral DIED not put on agenda
  - SB 132 Reducing school nurse staffing ratio
  - FOR—DIED not put on agenda

- **SB 21** Expanding prescriptive authority of advanced nurse practitioners and certified nurse-midwives SI HB 2450
  - APRN bill- HB better than SB replaced with legislative compromise SB516

  - FOR—DIED Not put on agenda
  - HB 2006 Relating to medical professional liability
  - SA SB 6

  - SB will pass

- **SB 239** Creating a logistical advisory committee.
  - Concerns following BON lead FOR advisory roles to board and shared staff. will Pass

- **SB 248** Relating to hydrocodone combination drug prescriptions
  - APRN included. FOR 72 hours in 30 days HB like to pass. SB DIED

- **SB 497** Permitting school nurses to possess and administer opioid antagonists
  - Died NOT put on agenda.

- **HB 2006** Relating to medical professional liability
  - SA SB 6

  - SB will pass

- **HB 2329** Creating a logistical advisory committee.
  - Concerns following BON lead FOR advisory roles to board and shared staff. will Pass

- **SB 2428** Expanding prescriptive authority of advanced practice registered nurses and certified nurse-midwives SI HB 2210
  - OPPOSE -NO—against PASSED governor to sign.

As you can see it has been a very busy and strenuous legislative session.

We were very fortunate in being able to stave off many attacks to the nursing profession. Only through your involvement will we be able to continue our success in promoting, advancing and protecting your chosen profession. I implore you to reach out to your fellow nurses and encourage them to become members of the WVNA so that our association may continue to grow and better serve the needs of West Virginia’s nurses. Special thanks to our Nurse Policy Advocates, our nurse lobbyists, Angy Nixon and Lori Chaffins, our lead lobbyist, Nancy Tyler and all our nurse lobbyists, Angy Nixon and Lori Chaffins, our lead lobbyist, Nancy Tyler and all the nurses and supporters who called and wrote letters to your legislators during this important legislative session.

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Beth Baldwin

During the 2015 legislative session a strong effort to remove the barriers to care for APRNs to be able to practice to the full extent of their education and training was again exhausted. For more than 8 years WVNA’s APRN congress has worked to meet nationally recommended standards for the Advanced Practice Nursing Profession (APRNs).

But, during the 2015 legislative session the barriers were not so much the laws and outdated WV codes but more the misrepresentation of facts that were used as a smoke screen to choke out the real facts. The truth is, regulations are needed to improving the WV health care delivery system and beginning to correct codes and retire old barriers to patient care.

The players of this game were new and old to WV nurses and specifically the APRNs of the state. But the most disturbing fact is that some of the current agreements between health care providers actively participate in the misrepresentations. They take an oath to work to improve health outcomes for all West Virginians.

So let me list the misinformation so that a new dawning of understanding may occur and corrections of these injustices maybe accomplished fairly and in a manner that is important that those who provided the misinformation need to be exposed to the nurses of the state.

Senator Dr. Takubo, Senator Dr. Stollings, Senator Prezioso

FACT #1 - A Profession is Self-Regulating. Nursing has been an Autonomous Profession since 1860. WV APRNs have had prescriptive and collaborative agreements with the Board of Examiners for Registered Processional Nurses (BON) since 1993. There has been no public safety issue related to nurses engaging in practice in this capacity since 1993, which could restrain trade. The Supreme Court ruled that this type of oversight is a conflict of interest in putting nursing under BOM. “The Legislative Auditor based the finding on a report on regulatory granting of organizations. In all the literature reviewed, the vast majority of organizations support an expanded scope of practice for APRNs, with the exception of the American Osteopathic Association and the American Osteopathic Association (AOA).”

The PERD review supports removing the constraints. From a cost-benefit perspective, the cost of the written collaborative agreement as it currently exists may exceed the benefit. Furthermore, not one state in the PERD report had any problem or even concern with APRN practicing autonomously within their states. (PERD review 2014)

FACT #2 - The WV BON or WVU graduate SON have no knowledge of a 6-month accredited educational program for APRNs, online or otherwise.

Drs. Takubo, Stollings and other medical testifiers have been asserting that it is “possible for an 18 year old to become an APRN in 6 months online.” There is NO evidence that this is true or exists in any form.

Although there were non-nurse/ Non-APRN midwives that were used as examples in testimony with an article handout to confuse legislators, hospitals have had no problems in any of the states as part of this legislation nor represented by the WVNA. All APRNs in WV MUST be a Nurse with graduate education, licensure, and certification.

FACT #4 - APRNs spend an additional 600 (MSN)-1000 (DNP) hours of clinical practice in evidence-based care and authorizing prescriptions as part of their training. Every APRN in WV who has prescriptive privileges is required to attend 15 hours of continuing pharmacology education every two years. Physicians do not have this requirement.

“Nurses training and physicians training is distinctive.” (Stollings) While this statement is technically true, the inference is that nurses are not as well trained in pharmacology knowledge. Nurses are required to know the actions, dosages, contraindications, side effects and routes of administration for every medication they administer to every patient. They must monitor the effects of medication on patients and responsible for checking medication orders to be sure they are appropriate. The nurse is responsible for the patient as the nurse who becomes a nurse is just as smart as a person who becomes a doctor, which has always been, but not always acknowledged.” (KevinMD.com meilpageday)

FACT #5 - In an analysis of pharmaceutical claims data of 1,200 subjects who participated in the Multidisciplinary Physician, and Nurse Practitioner study from 2000 to 2004, it was found that the teams led by Nurse Practitioners had significant reduction in drug cost and drug utilization. (Chen, McNeese-Smith, Cowan, Upeniekis, & Affili, A. 2009).

The opinion that if the formulary for APRNs is expanded “nurses prescribing will increase the drug problem in WV” has no basis in fact.

FACT #6 - States that provide for the full use of APRNs under the regulation of the board of nursing see an even higher percentage of rural located APRNs. (PERD review, 2014)

“There is no evidence that nurses go into rural areas to work once restrictions are lifted.” (Alired). This statement is false and in direct conflict with his PERD report.

The opinion that “nurses working in rural areas seeing Medicaid patients is not a sustainable or viable business model,” (Takubo) is blatantly false. APRNs working in rural WV with predominantly Medicaid patients are making a good living doing so. Just ask the WV APRN business owners, despite the cost inflation added by the barriers for doing business in WV.

The BOM, State Auditor and Senator Physicians are entitled to their opinions but WVNA encourages the legislative committees to consult the FACTS based in evidence. The PERD application put forth by WVNA has eight pages of bibliography which documents every statement nurses have made to these committees. Nursing is an evidence-based profession established as such by Florence Nightingale in 1860.
Key Points re: Removal of Barriers for APRNs in WV

Re: Nursing Regulation and prescribing:
• The current primary care provider shortage thus reduces healthy competition limiting patient risk.
• WV APRNs have had safe prescriptive functions for 40 years with no evidence of additional patient risk.
• Oversight by BOM deters APRNs from prescribing safely in the US.
• WV APRNs are consistently proven safe in practice in the US for 40 years with no evidence of additional patient risk.
• Oversight by BOM deters APRNs from providing their services in WV (see above) thus reduces healthy competition limiting consumer choice & free access to providers.

Re: Nursing Prescribing
• WV APRNs prescribed with a signed collaborative (not supervisor) agreement for 22 years.
• WV APRNs are consistently proven safe in prescribing.
• It has become more difficult to find physicians to sign the agreement and the entire process is holding up care for patients, especially in rural areas.
• Nursing is asking that the old requirement for the signed collaborative agreement be retired. This does not change collaboration between nurses and all other professions including medicine.
• The eighth tenant in the Professional Nursing Code of Ethics is that nurses must collaborate with all professions that have a bearing on the health of their patients/clients. Collaboration continues without being forced.

Re: Nursing Intention
• In the National Gallup Poll, Nurses have been voted the #1 most honest and ethical profession for the past 13 years (except 9/11 when First Responders got the #1 position). This is because nursing is completely evidence based and person centered.
• A key role of nursing is Advocacy for the health of people.
• At the heart of the nurses’ requested legislation is advocacy for the public health & safety in WV.
• Nursing and patient advocacy balance healthcare delivery for the patients best wellbeing.

Re: Legislation to Remove Barriers to APRN services to West Virginians
• Organized Medicine (AMA, AOM BOOM and BOOM) is opposed to nurses performing nursing functions under BON without the supervision of medicine. Therefore, Nursing has diligently negotiated compromises to this legislation for 8 years. This has been done so nursing can meet the needs facing our citizens and improve access to critically needed health care.
• Nursing and Medicine met for many years, including this year, to negotiate an acceptable compromise Bill. The WV legislature in a good faith gesture presented a compromise SB 516.
• SB 516 created a separate APRN board as further a good faith suggestion by the WV legislature.
• Dr. Takubo’s amendment changed the Bill to give control by another profession (medicine) over nursing prescriptive functions, which made this version unsupportable by nursing.
• Dr. Takubo’s amendment changed the Bill to give control by another profession (medicine) over nursing prescriptive functions, which made this version unsupportable by nursing.
• Unfortunately, he did not talk to nursing about it.
• Furthermore, Dr. Stolling’s amended out all formulary negotiations.
• Nursing cannot compromise with regard to professional practice autonomy.
• For these reasons, 90 APRNs based on their concern for professional integrity, and the concern for recommendation of national organizations voted to recommend killing this toxic version of the bill. WV citizens lose the chance to choose a full practice APRN as their health care providers.

The West Virginia Nurses Association hopes these facts are helpful in clearing up misinformation which is causing misunderstanding regarding nursing’s inability to support SB 516 in its current form.

January 25, 2015
Shelley Moore Capito
P.O. Box 11519
Charleston, WV 25339
Dear Senator Capito,

On behalf of the West Virginia State Nurses Association, representing over 30,000 registered nurses in West Virginia, we are writing to thank you for your past support of The National Nurse Act of 2013 and also to express our full support for this legislation. Now that H.R. 378, The National Nurse Act of 2013 has been reintroduced in the House, we would like to request your continued co-sponsorship of the companion bill that Senator Jeff Merkley is planning to reintroduce in the Senate. As you know, this is non-partisan legislation and its best chance for success is when the bill is introduced with members of both sides of the aisle.

Designating the Chief Nurse Officer position as the National Nurse for Public Health will help strengthen efforts in every community to assist in bolstering a nationwide shift to prevention to yield improved health outcomes. The National Nurse for Public Health’s focus on prevention, developing nurses as community health advocates, and promoting professional nursing is key to the role nursing plays in our nation’s healthcare infrastructure.

The U.S. currently ranks 19th worldwide in preventable death and current estimates predict a 42% increase in chronic diseases. By promoting health awareness, increasing health literacy, and reducing health disparities, the National Nurse for Public Health would play an important role in improving our nation’s health.

Now more than ever, nurses must continue to be practice in the fight against illness and disease. We recognize the potential of having the National Nurse for Public Health as a representative who would meet with health care leaders to determine ways to address continued health disparities and access issues for the most vulnerable who live in West Virginia and our country.

West Virginia’s nurses are on the front lines of our healthcare system and they are ready to work with you and other healthcare advocates to help move this legislation forward.

We hope that you will contact Senator Merkley’s office (susan.lexer@merkley.senate.gov) in full support very soon and we look forward to hearing from you.

Thank you,

Evelyn Martin
Evelyn Martin, WVNA President
A substantial body of evidence shows that broad improvements to end-of-life care are within reach. Improving the quality and availability of medical and social services for patients and their families could not only improve quality of life but also help patients spend their time with family and friends. A nurse advocate for this is needed in all institutions. The Institute of Medicine's (IOM) Dying in America Report is the 7th major report that has emphasized the importance of palliative care and highlighted gaps and problems with the nation's end-of-life care. Nurses are viewed as key to the implementation of the IOM recommendations and there is much to be done here in West Virginia. The report addresses the need for improved nursing curricula in end-of-life care; more interprofessional collaboration; and removal of practice barriers for advanced certified hospice and palliative nurses. Removal of practice barriers for all APRNs in West Virginia is already an important goal for WVNA that all nurses should support. Within the lengthy report, there are many topics that are relevant to our work and we look forward to continuing the discussions at various times because priorities can change. Not all providers are trained or comfortable with these conversations. Some providers find it difficult to give bad news and continue to offer false hope by providing more aggressive treatment that has little or no benefit. They may fail to find out what is most important to the patient and where he wants to spend his time. Nurses have always been advocates for honest communication. Nurses also need to be recognized and valued for their leadership in end of life care. IOM also calls on social workers to be advocates for improving care of the dying and both professions are vital members of hospice and palliative care teams. Two books have recently been published whose physician authors speak eloquently about some of the problems and solutions outlined in the IOM report. The first is Atul Gawande's 'Being Mortal: medicine and what matters in the end,' which is now a best seller and also the subject of a recent PBS Frontline episode. Dr. Gawande writes about how we need to transform aging and end-of-life care. The other book is 'The Conversation: a revolutionary plan for end-of-life care' by Aubinol Voldans. Dr. Voldans has made a video to help people understand their options at end of life in an unbiased way. Both books tell personal stories about patients and family members and could be very helpful to educate the public and students of all health professions. These books give insight into the failings of our system and how it could be improved.

The IOM has short documents that summarize the recommendations and 'proposed core components of quality end-of-life care' that might be helpful to nurses as they work to implement changes in our state. WVCEOLC offers many resources for advance care planning on the website and more information about POST and the eDirectory Registry. Nurse policy makers, administrators, educators and clinicians all have a role to play and need to work together to transform dying in West Virginia.


Chris Zinn is the Executive Director of the Hospice Council of West Virginia. She is a certified hospice & palliative care nurse (CHPN) with a Masters in Palliative care. She is a WVNA and HPNA member who worked with Kanawha Hospice Care, Inc as a hospice nurse for 30 years and was the first administrator of the Hubbard Hospice House. As director of the state hospice organization she represents WV hospices on the Advisory Board of WVCEOLC and the National Hospice & Palliative Care Organization's Council of States.
Have you ever thought about writing a book? If so, you have some colleagues, who are happy to support you in exploring this specialty nursing role.

Two WVNA members and nurse writers, Aila Accad and Patsy Harman, created WV Nurse Writers when they met to display their books at the West Virginia Book Festival held at the Civic Center in Charleston October of 2011.

In her first, highly praised memoir, The Blue Cotton Gown, Patricia Harman, a Certified Nurse Midwife from Morgantown, WV, recounted the stories that patients brought into her exam room, and her own story of struggling to help women as a nurse-midwife. In Arrows Wide Open, a prequel to that acclaimed book, Patsy tells the story of growing up during one of the most turbulent times in America and becoming an idealistic home-born midwife.


Set in the Great Depression in WV, it features Becky Myers RN and Dr. Isaac Blum who return to the Hope River Valley, impoverished and homeless. Something is really wrong with the once brilliant surgeon and Becky is stuck with him. His older brother, also a physician, has kicked him out. Dr. Blum won’t speak or even eat without help. With nowhere to go, they are forced to call on their midwife friend, Patience. If you read The Midwife of Hope River, you will like this. It’s a book about healing, the power of community and hope.


Her second book, “The Call of the Soul: A path to knowing your true self and your life’s purpose” published by Career Press: New Page Books, in 2013 also became an Amazon bestseller. In this book you learn how to renegotiate the relationship between the ego and the soul so you can step fully into your purpose. Step by step, you will discover inner passion, purpose, peace, prosperity, and love—all by learning how to hear the call of your soul. With a down-to-earth writing style combined with true-life examples, this book offers accessible wisdom to achieve the self-knowledge you are seeking.

If you are a nurse writer or aspiring writer, we invite you to join WVNA’s WV Nurse Writers. You will find support, mentoring and colleagues who share your passion for shaping your ideas into books.

For more information on joining WV Nurse Writers contact, Aila Accad at ailaspeaks@gmail.com.

You can learn more about Patricia Harman CNM, MSN and her books at www.patriciaharman.com.

You can learn more about Aila Accad, MSN, RN and her books at www.ailaspeaks.com.
What SCOTUS Ruling on Dentistry Means for APRNs

Alexandra Wilson Pecci, for HealthLeaders Media
March 10, 2015

A “landmark” Supreme Court decision about teeth whitening service providers and scope of practice laws has national implications for nurses, too, says the American Nurses Association.

What do inexpensive teeth whitening, the Supreme Court, and antitrust laws have to do with advanced practice nurses? A lot, says Maureen Cones, associate general counsel for the American Nurses Association.

It all starts with the North Carolina Board of Dental Examiners, which didn’t like that non-dentists were offering cheaper teeth-whitening services than they were. To put a stop to it, the board issued “official cease-and-desist letters to non-dentist teeth whitening service providers and product manufacturers, often warning that the unlicensed practice of dentistry is a crime,” according to a Supreme Court opinion about the case.

Citing Antitrust Law, SCOTUS Backs FTC in NC Dental Board Suit

The threats worked. But after the non-dentists stopped offering teeth whitening, the Federal Trade Commission stepped in, filing an administrative complaint that the dental board’s actions were anticompetitive and unfair. On February 25, the Supreme Court agreed.

So again, the question: What does this have to do with APRNs? According to Cones, this ruling essentially means that state licensing boards can’t engage in conduct that limits the scope of practice for other professions “unless their actions embody the clearly articulated policy of the state and is done with state supervision.”

Scope of practice: State policy. Sound familiar? An ANA statement about the ruling drew parallels to the nursing profession, saying that this “anti-competition case has far reaching implications beyond dentistry and will have a significant, positive impact for nursing practice: It ensures nurses can work to the full extent of their education and training, unrestricted by unlawful anticompetitive interference.”

“I would call this a landmark ruling,” Cones says.

There are unmistakable echoes here of physician claims that limiting APRN’s scope of practice is a patient safety issue. The North Carolina Board of Dental Examiners claimed that its teeth-whitening battle was about patient safety, but the FTC rejected that notion, pointing to “a wealth of evidence...suggesting that non-dentist provided teeth whitening is a safe cosmetic procedure,” according to the Supreme Court opinion. “It’s not a patient safety issue, people do teeth whitening at home,” Cones says. It’s really about financial stakes and competition.

Cones says boards are intended to regulate their own professions. Although the ANA believes this to be an incredibly important function, scope-of-practice overlap can cause substantial friction when one profession thinks another is cutting into what it considers its exclusive practice. But “the intent is for regulatory boards to regulate themselves, not other professions,” Cones says.

The million dollar question then, is who gets to decide on the exclusive practice for one profession or another. “The state gets to decide, the elected officials,” Cones says. She says states will need to establish a supervisory structure so action taken by boards can be reviewed.

This is good news for consumers because those responsible for articulating the policy of the state have electoral checks and balances in mind, rather than the best interests of a certain profession. If action someone is taken against, it will truly be in the best interest of patient safety, rather than the financial interests of a certain profession, Cones says.

And that’s where this decision will have national implications: There are medical boards and nursing boards in all 50 states, and scope-of-practice overlap battles are occurring with increasing frequency.

“The Supreme Court decision protects patients’ right to have access to healthcare providers of their choice,” Cones says. “That’s really important at a time when we have countless folks entering the world of the insured.”

Alexandra Wilson Pecci is a managing editor for HealthLeaders Media.

Celebrating Lucy Petrice, LPN

The staff and management of Neilah’s Incorporated in Elkins, West Virginia would like to take this opportunity to celebrate the professional life of Lucy Petrice LPN, who is truly a blessing to our team.

She has worked for our facility since January 18, 1979. She began her career with this facility in the laundry and worked her way up to becoming an LPN. She recently celebrated her 85th birthday on January 9th, 2015. Lucy is truly an asset to our facility. She currently works 4 days a week and is the mother of 4 grown children and several grandchildren. She is actively works in various community, civic and charity groups in the community. Lucy has proved to be a valuable mentor to young nurses and certified nursing assistants.

Our residents enjoy spending time with her and prefer her to go with them when they must go to outpatient appointments. Lucy is a wonderful example of a good nurse, a wonderful mother and a compassionate individual.

Lucy Petrice is a wonderful example of a good nurse, a wonderful mother and a compassionate individual.
Telemedicine: An Ally in the Fight to Get Your Life Back

Richard A. Kimball Jr.

“When it comes to healthcare, preventive measures are just as important, if not more so, than curative ones,” said HEXL CEO Richard A. Kimball, Jr. “Telemedicine and remote monitoring are ways in which technology has enabled us to help keep people’s chronic health conditions stable and to provide patients with better quality of life.”

In an article by Kim A. Schwartz and Bonnie Britton in the North Carolina Medical Journal, they describe remote patient monitoring as a way to track the vital signs of patients with chronic diseases. It offers more frequent contact between the patient and the primary care provider, which in turn allows for earlier detection of any potential problems. With remote patient monitoring, primary care providers have access to “real-time alerts, resulting in a proactive, affordable option for best-practice health care.”

Ryan McAskill, for RevCycleIntelligence.com reported that Denise Buxbaum, manager of the telehealth program at Essentia Health in Duluth, Minnesota, spoke about how remote monitoring and telehealth have improved overall patient health and met current accountable care demands.

“The benefits of remote monitoring come in two different ways. The first is for the patient health. According to Buxbaum, over the last 12 months, of the 2,200 patients, only 206 have been admitted for heart failure. Of those 206, there were only 32 readmissions (it could be the same patient more than once) and only 10 had 30-day readmission for heart failure,” wrote McAskill. In his report, he noted that Bauxbam had this to say about the matter: "Patients do better because we are keeping a closer eye on them and preventing them from being readmitted because we are able to get real time results…If they are in trouble, we are calling them right then and there for an assessment, checking on their symptoms, their weight, their diet and right away we can go over it with their provider and get back to the patient, usually within an hour.

What of the other benefits? According to Askill, it stems from the financial side that the clinic and hospital are experiencing. “Buxbaum said that without limiting readmissions of heart failure patients, the clinic would be under financial restraints. By keeping high risk patients out of the hospital, the clinic is saving money.”

As for the future, according to a report by Katie Wike of Health It Outcomes, patient monitoring and telemedicine is expected to grow to over $5 billion in five years (by 2020). “Health Data Management writes disease conditions to data transmitted not only to her primary care physician, but also, as needed, to her renal care physician, but also, as needed, to her renal and cardiology specialists, in Greenville, North Carolina,” wrote Schwartz and Britton.

“I have my life back,” said Tamara J.

Richard A. Kimball Jr. is a financial executive with deep proficiency in the healthcare industry and has experience in various capacities e.g. investment banking, venture capital and public policy. Richard is currently a Fellow in Stanford’s Distinguished Careers Institute and building a healthcare technology start up HEXL.COM. Richard graduated from Yale University with a B.A. in Economics.
These symptoms are not commonly associated with colds and flus, so it is thus spread very fast through a population. Respiratory droplets. This means that it is an airborne contagion, and can a community with little difficulty. Flu is spread through large particle cold, and they tend to hang on for weeks instead of clearing up in days. It one symptom that is different about flu is the presence of a fever, usually around 39°C. Cold, flu, or gastroenteritis, is not the same as respiratory flu, and patients can often become confused by this. You may tell them they have gastroenteritis, and this can scare them into thinking they have something potentially serious. If you explain that it is the stomach flu, though, then they are more likely to understand that it is a passing phenomenon. This condition is usually caused by the novovirus or the rotovirus. Norovirus tends to arise from eating contaminated food and is considered very contagious. Rotovirus tends to spread in fecal material and can arise particularly as a result of not washing hands after having a bowel movement.

The symptoms of gastroenteritis are nausea, vomiting, stomach cramps, diarrhea, and muscle cramps. These symptoms usually last only 24 hours, but residual fatigue can last for a few more days. Some gastroenteritis is severe, resulting in frequent vomiting and explosive diarrhea. For patients who are chronically ill, gastroenteritis puts them squarely at risk for becoming dehydrated, having electrolyte imbalances, and all the resulting symptoms from those. For this reason, it is important to keep an eye on patients with the stomach flu, encourage rest and clear fluids, and follow up with them as necessary. Even gastroenteritis could be deadly in the right population.

Cold

A cold usually starts with the symptoms you might imagine: a sore throat, stuffy nose, and cough. Nasal secretions tend to be clear, but they could get darker as time goes on. This is not typically a sign that an infection has occurred. Fevers are uncommon with the cold, but some children may have a slight fever when they have a simple cold. Body aches are another common symptom, but they are not as severe as in other conditions. Many different viruses can cause the common cold, and most doctors take a wait and see approach to treating it. However, some doctors prescribe antibiotics for simple colds whether an infection is present or not. This has led to resistant strains of bacteria due to the overuse of antibiotics in inappropriate situations. Over 200 different viruses can cause the common cold, but the most common are rhinovirus.

In addition, the cold does not last as long as the flu. It tends to cause symptoms for about a week and then improve. Patients are contagious in the first three days of the cold, so it is important to isolate them from other patients to prevent the spread of the viral infection. Although it is not common, colds can lead to chest and sinus infections. If the symptoms do not improve after a week, this is likely the case. However, medical practitioners must be very careful to assess the presence of an infection before writing out the script for an antibiotic.

Flu

To complicate matters, flu often presents as a more severe cold. Cough, congestion, sore throat, muscle aches, and soreness are common. One symptom that is different about flu is the presence of a fever, usually around 101 degrees F. These symptoms are far more severe than with the common cold, and they tend to hang on for weeks instead of clearing up in days. It is highly contagious, depending on strain, and can easily infect those in a community with little difficulty. Flu is spread through large particle respiratory droplets. This means that it is an airborne contagion, and can thus spread very fast through a population.

Some flu strains, such as bird flu, also include nausea and vomiting. These symptoms are not commonly associated with colds and flu, so it is important to distinguish between a GI flu and gastroenteritis. Unfortunately, the flu can often lead to pneumonia, especially in the very young and the very old. Common colds do not tend to get this dangerous or involved. This is one reason why the CDC recommends the flu shot for everyone, but most importantly for those young, old, or chronically ill. However, the flu shot does have limitations and downfalls which means that flu is still a problem in the general public, and nurses have to be ready to screen for it when they encounter it.

Gastroenteritis

Gastroenteritis goes by a great deal of names by the layperson. The 24 hour bug and the flu are the most common, but these can be misleading. Stomach flu, or gastroenteritis, is not the same as respiratory flu, and patients can often become confused by this. You may tell them they have gastroenteritis, and this can scare them into thinking they have something potentially serious. If you explain that it is the stomach flu, though, then they are more likely to understand that it is a passing phenomenon. This condition is usually caused by the novovirus or the rotovirus. Norovirus tends to arise from eating contaminated food and is considered very contagious. Rotovirus tends to spread in fecal material and can arise particularly as a result of not washing hands after having a bowel movement.

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THE WEST VIRGINIA FOUNDATION FOR RAPE INFORMATION AND SERVICES ANNOUNCES

The Sexual Assault Nurse Examiner (SANE) Training for Adults and Adolescents

The mission of the West Virginia Sexual Assault Nurse Examiner (SANE) training program is to ensure that all victims of sexual assault receive quality patient care and comprehensive medical forensic examinations by trained medical personnel.

The West Virginia Foundation for Rape Information and Services (WV FRIS) is working to provide Sexual Assault Nurse Examiner (SANE) training to medical personnel in West Virginia. This training will help support the requirements of House Bill 108 passed on March 14, 2014 which creates a Sexual Assault Forensic Examination (SAFE) Commission.

The 40 hour SANE coursework will create a sustainable training program for Sexual Assault Nurse Examiners (SANEs) and other medical personnel in West Virginia. Demonstration of clinical competence is an essential part of the SANE training. SANEs must have a period of clinical practice with qualified preceptors to adequately develop and demonstrate the competencies and skills required to practice. The requirement involves 25 hours of clinical base work following the initial 40 hours of the SANE coursework.

To find out more information about the Sexual Assault Nurse Examiner (SANE), go to the West Virginia Sexual Assault Services Training Academy (SASTA) at www.wvasta.org/moodle.

Additional information about the SANE/SART initiative in West Virginia and detailed information about practicing as a SANE in West Virginia can be found at www.fris.org.

For additional information about the SANE training, contact:

Debra Lopez-Bonasso
Education Coordinator
WV FRIS
304 366-9508
dlbonasso@aol.com

Calling All Nurses: Experience the Bechtel Boy Scout Summit

Lou Ann Hartley, RN, PhD, NEA-BC, PAHM

If you are a nursing student, nurse, or nurse practitioner, do we have a great opportunity for you? The Boy Scout Summit is seeking volunteers to work this year from June 1st to August 14th. We are in need of nurses to volunteer for a week (or more) to take care of the Scouts. This is a wonderful opportunity to work with boys and girls from ages 13 to 18. The scouts will be there during these weeks and we need nurses to staff the clinic. Most of the injuries will be a result of skateboarding, hiking, biking, water sports, and other outdoors sports activities. You will have a work schedule and also have time to experience the Summit yourself!!

If you have never been to the Boy Scout Summit in Fayetteville, WV you are really missing a world class experience.

The Summit Bechtel Boy Scout Reserve is the permanent home of the National Boy Scout Jamboree. It opened in 2013 and is just fabulous. The security for the Jamboree was higher than the White House! You can find out more about it at http://www.summitbhs.org/about-us/summit-story/.

During your volunteer week, you will have free meals, live in an air conditioned dormitory with 200 other medical students who will be rotating through this summer schedule. If you are interested in volunteering to work a week or more from June 1st to August 14th, please contact Dr. Lou Ann Hartley by email: hartleyla@suddenlink.net or by cell phone 304-382-6980.

From conception to reality...

The Summit story began in 2007 when BSA leadership began looking for a permanent location for the National Scout Jamboree that had been held at Fort A.P. Hill, Virginia since 1981. A committee in charge of site selection and project planning was created. The committee named the new venture Project Arrow, chaired by Jack D. Furst. Plans for Project Arrow grew to include not only a venue for the Jamboree, but also a new summer camp, a high adventure base, and a leadership center, all housed on the same contiguous property.

More than 80 sites in 28 states were visited over an 18-month span and inspected as possible locations for the new venue. The top fifteen sites were visited and in October 2008 the list was cut to three sites: Saline County, Arkansas; Goshen, Rockbridge County, Virginia; and the New River region of West Virginia. In February 2009 Arkansas was cut from the list, leaving Virginia and West Virginia. On August 4, 2009, the BSA announced it was no longer considering the Virginia site as the permanent host of the National Jamboree and was looking into the feasibility of the West Virginia site hosting the National Jamboree as well as the leadership and high adventure programs.

On Wednesday November 18, 2009, the BSA announced that it had chosen the West Virginia site, known locally as the Garden Ground Mountain property, as the future home of The Summit.

One of the deciding factors for Project Arrow in choosing the West Virginia site was its adjacency to New River Gorge National River. More than half of the property borders the park, giving Scouts and Scouters access to more than 70,000 acres of managed wilderness beyond the Summit property.

Stephen D. Bechtel, Jr. ran the largest engineering company in the United States for 30 years and credits the BSA, more than anything else, with building the strength of character that would allow him to lead others throughout his life. The Bechtel Foundation donated $50 million to the BSA to help purchase and develop the land that is now The Summit Bechtel Family National Scout Reserve. It was the largest charitable donation ever made to the Boy Scouts of America.

WORK AT THE SUMMIT: If you love outdoor adventure and sharing that love with others, check out this professional opportunity to take care of the Scouts.

Dr. Lou Ann Hartley is President and CEO of Hartley HealthCare Connections, a consulting company that focuses on leadership, team building, communication, and strategic assessment. She served as Immediate Past President of West Virginia Organization of Nurse Executives (WVONE), Co-Sponsor of Future of Nursing WV, and Chairperson of Leadership Education at Dunbar First Baptist Church. Dr. Hartley volunteered at the 2013 Boy Scout Summit as a nurse for the Skate Board arena; this is the largest Skate Board arena in North America and the second largest in the world. Her husband, Steve, volunteered as a medic on the Mountain Bike Adventure Trails. Lou Ann and Steve love mountain biking and the Summit was a life changing experience.
Fact #7 Roman Prezioso’s statement, “Why is this issue being shoved through with no prior review or negotiations” is blatantly untrue.

Senator Prezioso, was senate health chair 8 years ago when the first piece of legislation was proposed to remove barriers to APRNs practices and expand access to care. For 8 years WVNA has educated you and your fellow legislators on the evidence based facts. We have filed a sunrise application with 120 pages written documentation of the concerns and 140 pages of answers to questions and responses. WV citizens need health care now with the level of need rising to a crisis in our state. Patients are sometimes waiting 8 months for care increasing the risk of chronic care needs being unmet and increasing ER visits and hospitalizations. The cost of Medicaid cannot be considered in a vacuum.

SB 516 was an attempt by a few enlightened legislative leaders to solve the problem instead of continuing to ignore it. Again WVNA APRNs and WV citizens request we find a workable solution together. Set the professional nurses free to provide care to the full extent of our education and training, balancing health care delivery and allowing WV citizen’s access to providers of their choice.

Finally, WVNA would like to recognize the intelligence and dedication to the facts, evidence and WV citizens demonstrated by supporting legislators. Although WV has many APRN Legislative Supporters that were amazing we would like to recognize a few that were outstanding in the 2015 legislative session for nurses:

- Senator Ferns
- Delegate Campbell
- Senator Leonhardt
- Delegate Levesque
- Senator Beach
- Delegate Summers
- Senator Unger
- Delegate Statler
- Senator Blair
- Delegate Blair
- Senator Laird
- Senator Sypholt
- Senator Karnes
- Senator Carmichael

Please take a moment out of your already busy schedule and call, email or send a thank you to the Delegates and Senators listed above who were very supportive of our issues.

The West Virginia Nurses Association hopes these facts are helpful in clearing up misinformation which is causing misunderstanding regarding nursing’s inability to support SB 516 in its amended form and as it passed only out of the Senate Health Committee. SB 516 did NOT advance into code. This Bill was held at nursing request and not moved to a vote by the Senate Finance Committee. WVNA appreciates the respect of this committee.

PLEASE Join us we need every Nurse’s Voice to continue to support the facts and move Health care forward for all WV citizens.

Elizabeth Baldwin, APRN, PNP, BC is the WVNA APRN Chair and association Past President.
If You’re Passionate About Patient Care, We Have a Job for You.

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Caring for Life.

Your patients are counting on you. Be an advocate for organ, tissue and cornea donation.

More than 800 people are waiting for life-saving organ transplants in West Virginia. Thousands more could benefit from tissue and corneal transplants.

For each person who donates, as many as 50 people’s lives can be improved.

Talk to your family and friends about the benefits of organ donation. By spreading the word, you can help increase the donor base.

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