

Arizona Nurse

Quarterly Publication direct mailed to over 79,000 Registered Nurses in Arizona

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Shawn Harrell, MS, RN • Editor

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Outside Threats: Your RN License Page 7

Help for RNs with Drug Issues Page 7

The Nurse's Role in the Opioid Crisis

Janeen Dahn, PhD, FNP-C

In the early 1970's, in a small town in Xalisco, Mexico, the town's adult male population started traveling to the United States to sell heroin in a manner consistent with retail sales. These men would wait outside methadone clinics and roam the street passing out a phone number to those in search of a cheaper alternative to prescription opioids. The opioid buyer would call the phone number and order small doses of heroin and a driver would arrange a meeting place or even deliver the drug to the buyer's home. This practice started in San Fernando Valley, California and after great success, grew to Los Angeles, Reno, Seattle, Portland, and all along the west coast (Grondahl, 2015). Eventually they reached into the country's heartland and to the east coast.

Over the course of 20 years, pharmaceutical companies paved the way for opioids to be the drug of choice for pain management by using creative and deceptive marketing and advertising tactics. In the 1990s, Purdue Pharma's marketing campaign to prescribers touted OxyContin as a powerful opioid drug that was non-addictive and suitable for any type of pain symptom (Addictions.com, N.D.). According to the Centers for Disease Control in 2013 more than 15,000 people died from



Janeen Dahn,
PhD, FNP-C

overdoses involving prescription pain killers, more than the total of those who died from heroin and cocaine combined. Since 1999, opiate overdose deaths have increased 265% among men and 400% among women (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). "Drug overdose death rates in the United States have more than tripled since 1990 and have never been higher." (CDC, 2013). By 2014, death from opiates was the number one cause of injury death in the U.S., topping death from car accidents for the first time. With America's attention on the opioid epidemic it is imperative for the nursing profession to explore the developing role that nurses play in addressing this crisis.

What Can Nurses Do?

Nurses and other healthcare providers can help by screening and monitoring for substance abuse and mental health problems and by prescribing opioids only when other treatment modalities prove insufficient. Prescribing only the amount of pills needed based on the expected length of the pain and talking to patients about safety in using, storing and disposing of prescription painkillers is also critical. In chronic pain situations nurses can help by using patient – provider agreements combined with urine drug test and prescription monitoring drug programs. Prescription drug monitoring programs are a key tool in detecting doctor shopping, early refills, and excessive quantities. Prescribers should follow accepted medical practices in terms of medication, dosage, quantity and refills, and monitor for misuse and abuse.

Universal Precautions

Universal precautions are strategies intended to minimize the risk of opioid misuse. The term "universal precautions" evolved out of the realization that it was impossible for providers to know which patients might be infectious so all patients were considered potentially infected. Opioid precautions in pain management uses similar strategies. Implementing universal precautions may reduce the risk of accidental overdose, abuse, and misuse. Gourlay and Heit (2005) recommended steps in universal precautions for all pain patients:

Recommended Steps in Universal Precautions

- **Diagnose.** Pain is not a disease. Diligently look for the cause.
- **Conduct** psychological screening including risk of addictive disorders, depression, and anxiety.
- **Discuss** the risks and benefits of opiate therapy, including side effects and risk of addiction.
- **Write** a treatment agreement with the patient that details the conditions under which the opioid will be continued or discontinued prior to entering into a long-term opioid treatment plan.
- **Assessments** with pain scores and level of functionality should be done at each visit to support continuation of therapy.
- After **appropriate trial**, titrate down and discontinue opiates that are not improving pain levels.
- **Regularly assess the "A's** of pain medicine with Assessment of Analgesia, Activities of daily living,

Opioid Crisis continued on page 8

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INSIDE

Arizona Nurse Leader Academy Take Your Nursing Career to the Next Level . . .	2
Executive Director's Report	3
Money CRP	4
AzNA/AzNF Calendar of Events	4
Members on the Move	5
Arizona Action Coalition	6
Outside Threats: Your RN License	7
America's Opioid Crisis: Help for Nurses with Drug or Alcohol Issues	7

Arizona Public Health Nurses: A Vital Community Resource	8
ANA News	9
Continuing Education	10
Book Review	11
Instinctive Giving	11
Welcome New & Returning Members	12
Two Year Anniversary Members	13
Membership Application	14
In Memorium	15

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The academy has been designed to meet the needs of entry level and experienced nurse leaders. Competencies defined from the Arizona Nurse Leader Education Needs Assessment and AONE's nurse manager skills inventory were used to design this content. Since *Communication & Relationship Building* was identified as a most important leadership competency required for successfully leading individuals, teams, and organizations, Day 1 of each Summit will have a primary focus on these topics.

The inaugural Summit I and II were held in early September. The response was enthusiastically positive:

“Great information on how to have difficult conversations and how to help employees correct behavior.”

“Loved the energy and excitement, great humor.”

“I knew I was excited about this academy for a reason, thank you, wonderful, brilliant, super!”

“Great personal examples of building your leadership through recognition, celebration and appreciation.”

“As a clinical lead I do not currently do validation rounding, but this teaching made me feel more comfortable with the idea and I can go back to work and help my manager.”

For more information and dates for the next classes, go to www.aznurse.org/events.



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No material in the newsletter may be reproduced without written permission from the Executive Director. Subscription price: included in AzNA membership or \$30 per year. The purpose of the *Arizona Nurse* is to communicate with AzNA members and non-members in order to 1) advance and promote professional nursing in Arizona, 2) disseminate information and encourage input and feedback on relevant nursing issues, 3) stimulate interest and participation in AzNA and 4) share information about AzNA activities.

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EXECUTIVE DIRECTOR'S REPORT

NURSES + POLICY = A WIN FOR ARIZONANS

Robin Schaeffer, MSN, RN, CAE

What would it take to convince all Arizona nurses that they are qualified to advocate for health policy? Advocacy is in the DNA of each nurse. We would all agree that we are great advocates for our patients but, how many think that advocating for our profession, for the health of our state is out of their skill set?

The authors of Nurses Making Policy: From Bedside to Boardroom (2015) state: "Nurses are uniquely qualified to assume important roles in policy." Because we spend the most time delivering direct care to patients, we possess a "critical understanding and potential solutions to many high-profile complex health care issues." The important message of this book is: *nurses are key to influencing and driving health policy and regulation.* This doesn't mean that we can convince all policy makers of our unique talents, however, allow me to highlight public policy decisions where nurses have provided major influence in Arizona over the past 20 years.

The following initiatives were led by the Arizona Nurses Association with help from our hired lobbyist and staff, but mostly through the heart and hard work of Arizona nurses volunteering their time and expertise to learn about the issues, visits with their legislators, engage nurse colleagues and more. Can you identify at least one of these initiatives that you could have added your expertise and opinion to?

Increased penalty for assaulting a nurse

Workplace violence against nurses continues to be a problem in our state as well as other states. Arizona nurses used their voice (through testimonials with their legislators) and were successful in increasing the penalty to a felony for assaulting a nurse.

Nurses on state-level committees and task forces

AzNA has insured the inclusion of nurses on



Robin Schaeffer,
MSN, RN, CAE

legislative advisory committees, study committees and state taskforce committees. For example, nurses sit on the State Taskforce for Electronic Medical Records, Infection Prevention and Control Advisory Committee, and the Immunization Study Committee.

Maricopa County Health District

When there was a vote in Maricopa County to determine whether to create a hospital district, pre-election polling showed that voters were more likely to vote for the district if it was supported by nurses.

Change in Practice for APRNs:

Since 1974 AzNA has been engaged in the expansion of practice for Advanced Practice Registered Nurses (APRNs.) These legislative successes include:

- The removal of MD and DO approval for advanced practice rules adopted by the Board of Nursing
- The establishment of NPs as primary care providers in the AHCCCS system
- The statutory authorization for certification of Certified Nurse Specialists
- Authorization for NPs to sign death certificates
- Expansion of the role of psychiatric NPs in the commitment process

Improving Quality of and Access to Healthcare in Arizona

Throughout the years, nurses have joined with other healthcare colleagues to speak up about and promote access to care issues including:

- The establishment of KidsCare: health insurance for thousands of low-income Arizona children.
- Passage of Proposition 204 which allocated tobacco tax money to the Medicaid (AHCCCS) system and the expansion of healthcare coverage to Arizonans living at or below the federal poverty level.
- Medicaid (AHCCCS) Expansion: Arizona nurses played a major role in Governor Brewer's healthcare team. Denise Link, NP was asked to speak at the governor's rally on the lawn of the Capitol. Her message was quoted by local news outlets. Governor

Brewer sent a letter of thanks to AzNA for helping her pass this initiative.

Whistleblower Protection for nurses

Arizona nurses spoke out and were successful in passing the Patient Safety Reporting and Non-Retalietary Policies Act. Some refer to it as the *whistleblower protection bill.* This law requires that each health care institution adopt a policy that prohibits retaliation against a health professional who in good faith makes a report to a health care institution or who, having made the report and given the institution an opportunity to address it, provides further information to a private health care accreditation organization or governmental entity concerning the activity, policy, or practice that was the subject of the report.

A wise nurse once said: Unless we are making progress in our nursing every year, every month, every week, take my word for it we are going back. Yes, Florence Nightingale was one of our first health policy advocates.

Last legislative session we worked hard to pass a bill that would authorize Full Practice Authority for our APRNs. Although the bill failed, we do not intend to give up and will re-introduce additional legislation in 2017 to work towards our goal. We need the help of every nurse in Arizona.

Please help us move our legislative initiatives forward in 2017 and increase your public policy IQ by joining your nurse colleagues on February 9th for our 2017 Nurse Lobby Day. All new attendees are mentored and I guarantee that if this is the first time you will be attending, you will become a believer in the influence of the voice of nursing.

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Affording the Holiday Season

Shawn Harrell, MSN, RN

The Holiday season is upon us. We all wish we had prepared better for the extra expense the season brings. Here are some ways to save money. Some might help for this season and others might start lifelong habits that will make every holiday less stressful.

Pay yourself. The best way to save money is to never see it. Make payroll deductions for your 401K, especially any match that your company might offer. Don't leave money on the table. A payroll deduction to your savings account will help you be ready for that new water heater, unexpected break down of the AC and other "life happens" events. You will save the expense of putting it on the credit card. Yes, unless you pay off credit cards in full every month, it's costing you money.

Write down a budget. Start by finding out the answer to that recurring question, "where did it go?" Write down everything you spend for 30 days. Record big items, little items, everything. Know how much you get each month, how much you spend, how much you owe. At first that might not be a pretty picture but it can get better if you manage it. Check on line for budget tips and help.

Save money on food. The amount the average family spends on groceries has been decreasing as



Shawn Harrell,
MS, RN

a percent of total spending for a number of years. The amount of money a family spends on eating out has not. Eat at home. Take your lunch to work. Search the internet for ways to save money on food. You will find many creative ideas.

Right size your housing. Are you using your square footage wisely? Sometimes we may want a lot of space from family members. But seriously, are you heating, cooling, cleaning and maintaining more space than you need? Do 4 people NEED 2,000 square feet? You don't have to move to Tiny House Nation, but think about the right amount of space you need. Even if you don't plan to move, there are many ways to save on housing costs. Use a power strip for appliances like TVs, computers, and stereos that pull power all the time even when not in use. Turn off the lights when you leave the room. Decrease the expense of heating and cooling by closing the blinds or curtains, replacing single pane windows, and adjusting the thermostat by as little as one or two degrees.

Review bank and credit card savings. Check out money back credit cards to find the one with the best features for you. Some give you back as much as 5% on things you will buy anyway. On line savings accounts offer as much as 10 times the interest rate available on a traditional savings account. Consider switching to a new credit card with 0% interest for balance transfers. The 0% can last up to 18 months and save a ton of money in interest. Take advantage of this excellent opportunity to pay down or pay off the principle.

But whatever you do, start today. If you have strategies or tips that have worked for you, we want to hear about it. Send them to info@aznurse.org.

AzNA/AzNF Calendar of Events



www.aznurse.org/events

Friday, November 18, 2016
Nursing Education Collaborative – Call to Action: Bridging the Education-Practice Gap
Location: Conference Center, Phoenix

Tuesday, December 6 – Friday, December 9, 2016
AzNF Leadership Development – East Valley
Location: Desert Willow Conference Center, Phoenix

Thursday, February 9, 2017
Nurse Lobby Day at the Arizona Capitol
Location: Phoenix, Arizona

Tuesday, April 15 – Friday April 28, 2017
Arizona Nurse Leader Academy – Tucson
Location: Tucson Medical Center, Tucson

Tuesday, June 6 – Friday June 9, 2017
Arizona Nurse Leader Academy – Flagstaff
Location: High Country Conference Center, Flagstaff

Tuesday, October 10 – Friday October 13, 2017
Arizona Nurse Leader Academy – East Valley
Location: Location TBD, Phoenix East Valley

Tuesday, November 14 – Friday November 17, 2017
Arizona Nurse Leader Academy – West Valley
Location: Location TBD, Phoenix West Valley

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MEMBERS ON THE MOVE

On August 19, 2016, **Carol Stevens, PhD, RN, AzNA President**, was awarded the **Excellence in Education and Mentorship** at the 2015 West Region GEM Awards held in Del Rey, California. Stevens said one of the most rewarding parts of being a nurse educator is "seeing students embrace their role as a nurse with all of the potential in the world to make a difference." Stevens advises students and colleagues to do many of the things she has done to have a rewarding career in nursing. "Join professional associations, get involved, go to school and get more education, be open to opportunities, make connections everywhere you go, and have a vision for what you want to accomplish."



and the Arizona Nurses Association." The March of Dimes, which works to prevent premature births, created the Living Legend award to recognize a nurse who has dedicated his or her life to making outstanding contributions to building the nursing profession in Arizona.



Evidence Based Practice & Research
Cindy Beckett, PhD, RNC-OB

Rising Star
Amanda Foster, BSN, RN

Congratulation to the following AzNA members who are **March of Dimes Nurse of the Year Award Finalists 2016**:

Congratulations to the following AzNA members who are **March of Dimes Nurse of the Year Award Winners 2016**:

Advanced Practice
Cheryl Roth, PhD, RNC-OB, WHNP-BC

Education
Heidi Sanborn, MSN, RN, CCRN
Therese Speer, MSN, RN, CNE

Evidence Based Practice & Research
Lesly Kelly, PhD, RN

For the first time in five years, the March of Dimes Arizona chapter bestowed its **Legend in Nursing Award**. The honoree: **Robin Schaeffer, MSN, RN, CAE**, Executive Director of the Arizona Nurses Association and co-leader of the Arizona Action Coalition. Says Schaeffer, "None of what I do could be done without the help of so many nurses who volunteer their time to work on the initiatives of the Arizona Action Coalition

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ARIZONA ACTION COALITION

"Do You Serve on a Board? ... Would you like to?"

The Nurses on Boards Coalition (NOBC) was created in response to the landmark 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. Since nurses represent the largest segment of the health care workforce, are considered the most trustworthy of all professions and play a huge role on the frontlines of care, their perspective and influence must be felt more at decision-making tables. The coalition is working to increase nurses' presence on corporate and nonprofit health-related boards of directors throughout the country with the goal of having **10,000 nurses on boards by the year 2020**. Additionally, the coalition hopes to raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

The AZ Action Coalition, NOB Task Force was formed to advance the NOBC's goal of 10,000 nurses on boards by 2020. Here in AZ, Sandy Severson and Carol Stevens are Co-leads of the



Task Force which meets every other month. The Task Force goals are to: increase the number of nurses on boards in AZ through education, mentorship and support. By identifying nurses wishing to serve on boards and those wishing to mentor, we will be able to move the needle so that the national goal can be achieved.

In Sept 2014, the Task Force conducted a survey of AZ nurses (perhaps you participated) and found that 5.8% (n = 4,344) nurses stated they served on a health related board. Over 900 expressed interest in participating in activities that would prepare them for a board position and 122 stated they would mentor other nurses interested in serving on a health related board.

Since the survey was conducted, the NOBC has created a thermometer measuring the progress towards 10,000 nurses on Boards. The NOBC defines a board as a decision-making body with strategic influence to improve the health of

communities nationwide. This includes corporate, governmental, non-profit, advisory, or governance boards or commissions, panels, or task forces that have fiduciary or strategic responsibility.

Examples of boards to be counted include corporate or industry boards; insurance company boards; hospital or health system boards; philanthropic boards; advisory boards; commissions, task forces or positions appointed by the president, a governor, a mayor or a state legislature; citizen-elected boards (e.g., school boards); and nonprofit, non-nursing boards. Of note, examples of boards to be collected but not counted include nursing association boards and governor-appointed state boards of nursing.

If you are currently serving on a board or desire to serve, please go to www.nursesonboardscoalition.org and add your name to the count. The AZ NOB Task Force is working on developing educational programs that can support nurses wanting to serve on boards. A second survey that will capture additional information about the current status and needs of AZ nurses is forthcoming.

For more information on the NOBC and to have your efforts in board leadership be recognized and counted, visit our website: www.nursesonboardscoalition.org.

Leadership Taskforce Update

Hannah Farfour, DNP, RN
Leadership in Action Awards:

Four nurses, Bridget Dickenson, RN, BSN, Robin Kirschner, EdD, DNP, RN, NEA-BC, CNE, Michael Morriss, RN, BSN, and Jennifer Mensik, PhD, RN, NEA-BC, FAAN, were awarded this year's Leadership in Action Award at the Annual Adda Alexander Conference of Patient Safety in Carefree, AZ in August. The recipients represented a variety of formal and informal leadership roles in healthcare and education. In addition to the recognition of these award winners, initial steps have been taken to ensure sustainability of the awards through incorporating the program into a well-established nursing organization committed to the values and aim of the RWJF in recognizing and supporting nursing leadership. The aim is to increase the number of emerging leaders nominated and recognized in 2017 and thereafter.

Arizona Action Coalitions Education-Practice Collaborative

Dawna L. Cato PhD, RN
President-Elect Arizona Action Coalition Education-Practice Collaborative Co-Lead

The Arizona Action Coalitions Education-Practice Collaborative (EPC) is hard at work designing, implementing and evaluating a Statewide Transition to Professional Practice (TTPP) Nurse Residency Model. Adapted from the Transition to Practice (TTP) model developed by the NCSBN (2011), the Arizona Model is a practice and academic partnership investing in the professional nursing workforce across the transition continuum. EPC is the place where Education, Practice, and Regulatory bodies are working together to develop a transition program that will provide a nursing workforce pipeline for practice settings in Arizona. Practice partners identify workforce needs and work collaboratively with educators to optimize clinical placement for students to produce intentional outcomes for them as they transition into practice as new nurses. The model's theoretical framework is based on the Nurse of the Future Core Competencies which are listed on the Coalition's website, futureofnursingaz.com. The goal is to provide a seamless transition to the professional role with flexibility and adaptability across all health care settings and all academic degree programs in Arizona.

For more information contact Dawna L. Cato PhD, RN at dcato3@cox.net or futureofnursingaz.com.



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Outside Threats: Your RN License

Shawn Harrell, MSN, RN

Nurse Nice, RN is leaving her cousin's birthday party. She only had 2 glasses of wine and figures she's good to drive. But oh no, soon she sees those flashing red lights in the rear view mirror. She is arrested. What now? Or Dora Unlucky, RN is having trouble with that pesky ex-husband. Unfortunately she gets into a squabble with him that escalates into violent behavior on her part. She tells the officer (the neighbors called the police) that she was only defending herself. But the police decide to arrest all parties involved and let the court figure it out. She is arrested. What now? Did you know that your nursing license can be threatened by your actions and decisions outside the work place? Yes, even when you are not practicing your profession, you can do things that put your license in jeopardy. Unprofessional conduct, as defined by the Arizona Nurse Practice Act (ANPA), covers a wide variety of offenses both in and outside of the work place. If you haven't read it lately, you can review the ANPA on the AZ State Board of Nursing website. www.azbn.gov

Many nurses don't understand that the legislative charge to the AZ State Board of Nursing (Board) is not to advocate for nurses, but rather to protect the public from the actions of nurses that violate the ANPA. A review of the Arizona Nurse Practice Act Statutes and Rules reveals that the Board has the responsibility and power to investigate and discipline a nurse for unprofessional conduct, even if it occurs far outside the work place. Unprofessional conduct is a very broad term that includes actions and decisions while working in the profession but, also extends into the nurse's private life.

Criminal Behavior

ANPA Rule 4-19-403 gives a licensee 10 days to self-report any **arrest** for a felony or misdemeanor that poses a threat to the public. That 10 days starts at the time of the arrest, not the time of conviction. The most common event in this category is an arrest for a DUI. Driving under the influence puts others at risk and in danger of being harmed. It is also a demonstration of bad decision making and a severe lapse of judgement. Any criminal offense can trigger an investigation. Some examples are DUI, public intoxication, shoplifting, domestic violence, harassment, stalking, and child/elder abuse.

When Nurse Nice self-reports her arrest to the Board, an investigation is opened. Sources estimate that the average driver arrested for a DUI has driven impaired at least 200 times before he or she is arrested. The Board will seek to determine if this arrest is a single out of character event or part of a pattern of habitual drinking. The same is true for incidences of domestic violence. Was Dora Unlucky's altercation with her ex-husband a one-time incident or was it part of a picture of unchecked anger management behavior. Unfortunately, it is all too easy for substance abuse and uncontrolled anger to slip into the work place and put patients and co-workers at risk. Board investigations can be lengthy. In some cases it may take 1 or 2 years for courts to resolve the current arrest and for the Board to get reports from the courts, police, prior employers, and other sources to determine if the behavior is part of a pattern or not.

Social Media

Social media is another venue outside of work that can put your license in jeopardy. In this age of the Internet, if someone has your date of birth and

zip code, they can find you. So, even comments on social media like "the patient with the c-diff" could be traced back to your unit and possibly to the patient. The obvious way to avoid a problem is to not post anything about your work on social media. And, it goes without saying; never take a picture of a patient or patient parts with your own device. Anything electronic can, and often does, get a life of its own.

Reporting Behavior of Other Providers

Finally, no one wants to be a tattletale. However, R4-19-404 of the ANPA identifies the following as a violation of the Nurse Practice Act:

Failing to take action in a health care setting to protect a patient whose safety or welfare is at risk from incompetent health care practice, or **to report the incompetent health care practice to employment or licensing authorities**; (emphasis added).

Of course, that doesn't mean that you need to report every mistake you see in your work setting. It does mean that you are obligated to report criminal behavior, a cover up, or a pattern of misconduct to your employer or the Board.

Your nursing license is your personal property granted by the Board. For many nurses their license is critical to taking care of family, putting food on the table and a roof overhead. In order to protect your license, be familiar with the Nurse Practice Act. Reading the Board's Advisory Opinions is also a good idea for practice issues that may apply to you. As my mother used to say, "when you know the right thing, do it." If you are not sure, talk with your supervisor, contact the Board, or consult your professional association, AzNA.

America's Opioid Crisis: Help for Nurses with Drug or Alcohol Issues

According to the Centers for Disease Control and Prevention and the National Institutes of Health since 1999 the amount of prescription opioids sold in the U.S. has nearly quadrupled. Deaths from opioids, like painkillers and heroin, have reached epidemic proportions in recent years, killing 47,000 Americans in 2014, surpassing car accidents as the No. 1 cause of injury death. It is such a crisis that in July of 2016 Congress passed the Comprehensive Addiction and Recovery Act of 2016 that directs \$181 million in new spending to combat this epidemic. It would stand to reason that some of the tens of thousands of Americans who experience addiction are also nurses.

The Chemically Addicted Nurses Diversion Option (CANDO) is the Arizona State Board of Nursing's non-disciplinary, confidential monitoring program for substance dependent nurses who meet the admission criteria. It is an alternative to the public disciplinary process. The mission of the Board is to protect the public but the Board also understands that chemical addiction is a disease. It can happen to otherwise competent nurses who have much to contribute to the public and who can be successful when actively participating in a structured program of recovery.

CANDO exists to protect the health, safety and welfare of the public through the early detection, treatment, and monitoring of substance dependent nurses. In order to be eligible to participate in

CANDO, nurses must have an Arizona nursing license and acknowledge they have a substance abuse problem. They cannot have caused harm to a patient or another person or trafficked in or diverted drugs for distribution to others. Previous discipline by any state Board of Nursing would also disqualify a nurse from participation. Nurses who participate in CANDO must completely abstain from alcohol and controlled or potentially addictive substances

CANDO is a voluntarily option. Nurses who choose to participate must enter into a written agreement with the Board before the Board deliberates on possible discipline. The Board of Nursing has incorporated measures into the CANDO agreement that protect the public and are evidence-based to support recovery. The CANDO agreement is very similar to disciplinary agreements for nurses with substance use disorder but the major difference with CANDO participation is that it is not publically reported. CANDO requires 12 Step and peer support group attendance along with random drug screening and other measures to

support recovery and protect the public. CANDO participation is, at a minimum, 36 months long because research supports that the risk of relapse decreases with increased time in recovery. In an effort to develop a strong recovery foundation and ensure public safety, nurses in CANDO must demonstrate a minimum of three years of sobriety for successful completion.

If you have questions for yourself or a peer, call Arizona State Board of Nursing's CANDO Program at (602) 771-7865.

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Michelle Hoyer, RN,
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Arizona Public Health Nurses: A Vital Community Resource

Ramona Rusinak, RN, PhD

Every day public health nurses are at work in your community to promote and protect your health and that of your family and neighbors. They make home visits to support and educate families with premature newborns, provide immunization clinics for adults and children, complete screening and treatment management for tuberculosis, sit on a community board or committee to ensure water safety, and advocate for legislation and policies on car seat and seat belt use. These are just a few of the many activities and programs/services where public health nurses provide leadership to promote and protect the health of Arizonans.

Public health nursing is defined as the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences (American Public Health Association, Public Health Nursing Section, 2013). Public health nursing practice focuses on population health, with the goal of promoting health and preventing disease and disability. They work in a variety of settings such as health departments, schools, homes, community health centers, clinics, correctional facilities,



Ramona Rusinak,
RN, PhD

worksites, out of mobile vans and even dog sleds (APHN Position Paper, 2016). Did you know public health nurses (PHNs) work at local libraries in Pima County? Or that in Mohave County, PHNs partnered with the school districts and school nurses to increase the student immunization rates? In Maricopa County PHNs make home visits using the nationally recognized, evidence based, Nurse-Family Partnership® program to assure that first time parents are successful.

The clinical knowledge, community partnerships, and ongoing relationship with the people PHNs serve help assist in the design and implementation of innovative programs and policies to particularly meet the needs of vulnerable populations.

One example is the partnership between the library and Public Health Departments in Pima County. Staff from the Pima Library system approached the Pima Health Department to help address the issue of homeless individuals who had mental illness or substance abuse issues using the library for a respite and relief from the heat or cold. Also, unattended older adults and children were being dropped off at the library for extended periods of time. The partnership that was developed has allowed a team of public health nurses to make rounds to multiple libraries providing basic health services. The nurse's presence in the library provided a welcoming and safe place for anyone visiting the library and helped to improve physical and mental health through health education, assessment and referral to community services.

The Tucson library nurse program was nationally recognized as a 2013 Top Innovator by the Urban

Libraries Council, and received the 2014 American Public Health Association's Lillian Wald Service Award. In 2015, two of the County's Public Health Nurses, Daniel Lopez and Gloria Barrett were recognized as one of Tucson's Fabulous 50 Nurses (Pima County Library website, <http://www.library.pima.gov/public-health-nurse/>.)

Public health nurses in Arizona are actively engaged in delivering preventive health services and supporting population health. I hope you know and are connected to a public health nurse—a vital resource in your community.

Ramona Rusinak, RN, PhD is a Public Health Consultant contracted with the Arizona Department of Health Services to serve as Liaison to Local Health Department Nurses.

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Opioid Crisis continued from page 1

Adverse side effects, and Aberrant drug-taking behaviors. "Adherence" (urine toxicology) and "Affect" (observed mood) might also be added.

- **Review pain diagnosis** and other conditions periodically, including addictive disorders and refer to a specialist if underlying addiction disorder or aberrant behaviors are present.
- **Complete accurate documentation** of the initial and each follow up visit. Documentation of a physical assessment should be completed with each dosage adjustment.

Signs of Misuse and Abuse

Opioid painkillers like OxyContin, Percocet, and Vicodin have become the most widely prescribed drugs in the country, with sales of nearly \$2 billion a year (Upp Technology, 2015). Opioids are abused or misused for a variety of reasons but healthcare providers can reduce the incidence by recognizing the red flags that are signs of aberrant behavior. While not all users of opioids are seeking a prescription with an intention to misuse or abuse the drug, several behaviors are common in those who do. **Doctor shopping** is characterized by multiple providers prescribing controlled substances, often in large quantities and refilled if permitted. **Multiple pharmacies**, in multiple locations, using

variations in the spelling of names and addresses in hopes to avoid detection in the prescription monitoring program is a red flag. **Frequent office visits, escalating dosages, high quantities of pills, early refills, reports of lost or stolen prescriptions** are all common behaviors in individuals misusing or abusing controlled substances.

Another common sign of misuse and abuse is individuals who do not have a job or legitimate source of income but frequently pay cash for office visits or prescription drugs. According to the National Association of Drug Diversion Investigators (2007) and StreetRx (2015), oxycodone in any formulation black markets for about \$1.00 a milligram almost anywhere in the United States. A 30mg instant release oxycodone tablet has a street value as much as \$60.00.

A popular drug regimen that is frequently abused and known on the street as the "Trio" or "Trinity" contains hydrocodone (such as Lortab), a benzodiazepine (such as Xanax), and carisoprodol (Soma). When hydrocodone is replaced by oxycodone, the popular name is the "Holy Trinity." Drugs or combinations of drugs that hold a high street value should be noted and reviewed for appropriateness.

With an increasing number of opioid overdose deaths, all nurses should be mindful of signs that may indicate abuse or misuse and adopt universal

precautions by treating every patient who receives opioids with the same precautions. Advance practice nurses can participate in combating the opioid epidemic by changing current practices of prescribing opioids for acute and chronic pain. Clinicians should follow state and national guidelines for the treatment of acute and chronic pain. Every patient should be screened for appropriateness of the drug and all members of the healthcare team should be mindful of aberrant behaviors. Opioid medication has a clear role in the treatment of acute and chronic pain, but if nurses incorporate these strategies into nursing practice the risk of opioid use, abuse, and death is significantly lessened.

Janeen Dahn PhD, FNP-C is the Associate Director for Complaints and Investigations at the Arizona State Board of Nursing. Dr. Dahn focuses on nursing regulation and specializes in advanced practice standard of practice issues.

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ANA NEWS

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From certification preparation to clinical knowledge, the American Nurses Association Nursing Knowledge Center learning management system is here to help you build your career. The NKC provides educational products and support services to individual nurses and health care organizations.

Developed for nurses by nurses, NKC workshops, online webinars, consultation services and publications support ANA's mission to advance the nursing profession and improve health for all. ANA's NKC supports individual nurses throughout all phases of their careers, with educational material presented in a variety of learning formats. Beyond the individual nurse, NKC helps organizations meet and address challenges to the nursing workforce and health care overall.

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4. Before you check out, the system will ask you either to log in (with your current membership credentials) or to create a new account for the new ANA learning management system. NOTE: Creating this account does not make you a member of ANA, and no fees or dues are associated with this account. Remember your login credentials, as you'll need them in the future to access your courses.
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training now." A page that lists everything you have purchased in the new system will appear under the heading "My Courses." This is your new personal home page. You will receive an email with instructions on how to access your course, in case you are not ready to start right away.

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If you need assistance at any point in this process, do not hesitate to contact the support team at (866) 826-8746 or ana-helpdesk@d2l.com.

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American Nurses Foundation Awards more than \$249,000 in Research Grants

Twenty-eight nurse researchers dedicated to transforming the nation's health through the power of nursing received more than \$249,000 in research grants from the American Nurses Foundation's 2015 Nursing Research Grants program. The Foundation is the charitable and philanthropic arm of the American Nurses Association.

"In the last 60 years, the Nursing Research Grants program has awarded more than \$4 million to beginning and experienced nurse researchers and credentialing programs for patients, nurses and health care organizations," said NRG Chairperson Ann Marie McCarthy,

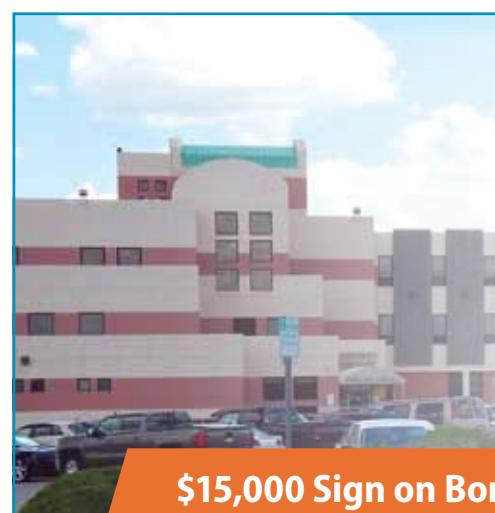
PhD, RN, PNP, FNASN, FAAN, professor and associate dean for Research, University of Iowa College of Nursing. "The knowledge obtained from research supported by Foundation grants has contributed significantly to the science of nursing and, ultimately, to the health care of patients."

The NRG program is recognized for its high caliber and rigorous scientific review. Each year, Foundation scholars, reviewers and funders contribute to groundbreaking studies that shape and influence nursing practice and play a vital role in advancing scientific health research.

The 2015 grant recipients are scholars from 22 different institutions in 17 states. The 2015 grant reviewers were from 62 institutions representing 32 states, in addition to one reviewer from Colombia and one from Belgium. A full list of 2015 grant recipients and reviewers is available online.

Application period for 2016 is open

Access the online application and information on the Foundation's website at www.givetonursing.org. Reviewer applications are due Feb. 28. The grant application is open through May 1.



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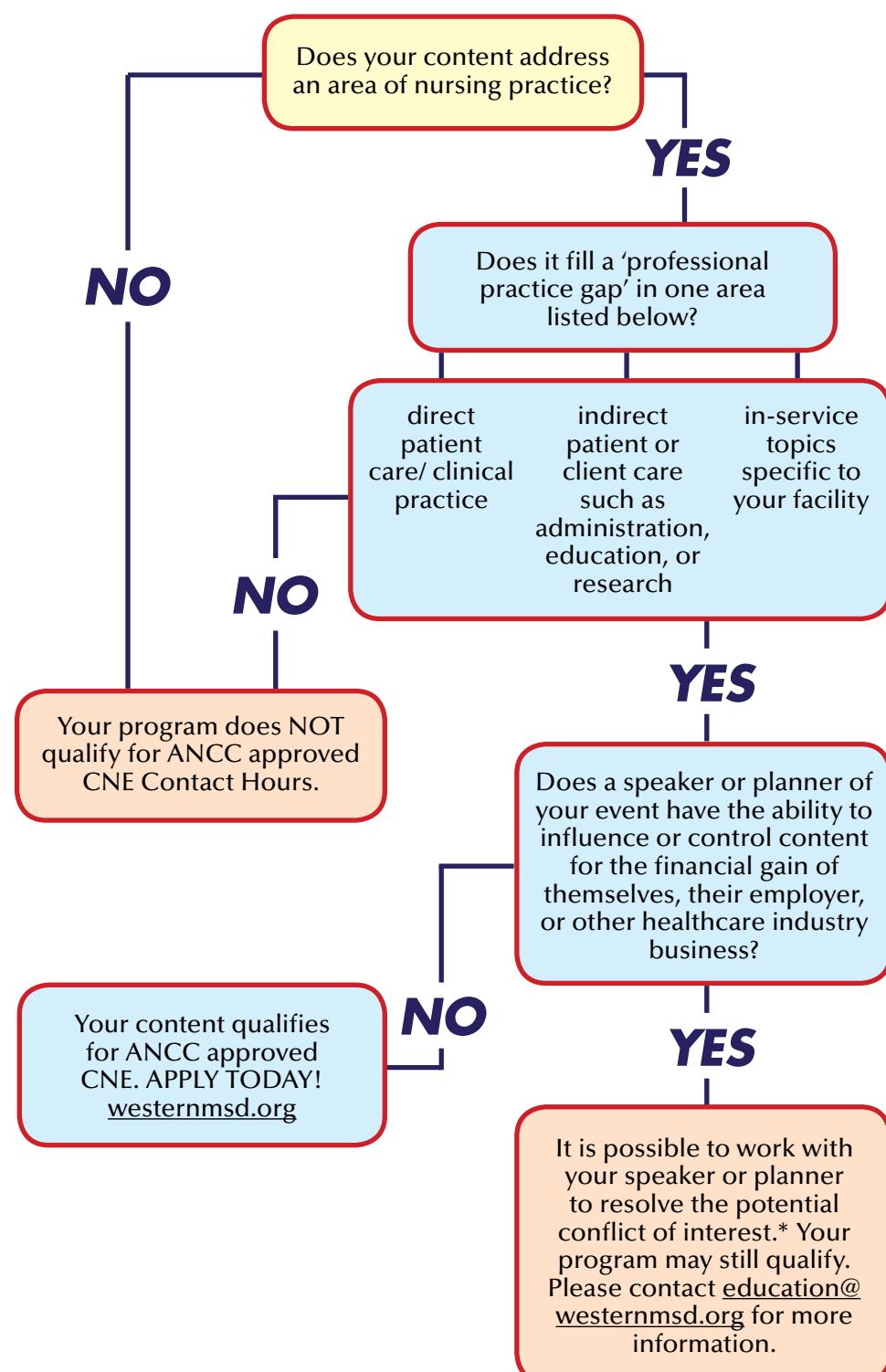
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Acceptable Continuing Nursing Education (CNE) Course Content

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The following are just some of the many areas that can qualify:

Content related to **Direct Patient/Client Care** can include but not be limited to:

- "In-services" on specific processes in your facility or pertinent to the brand of equipment, medications, and/or products used in your facility (i.e. monitors, IV pumps, EMR applications, traction, bed alarms, etc.)
- **Will not qualify if taught by a vendor.**
- Courses where the primary focus is recent scientific knowledge applied to direct or indirect patient/client care.
- Patient education strategies.
- Certification/recertification skills for BCLS, ACLS, PALS where updates to current practice standards and re-validation of practice skills are required to maintain competency.
- Specialty certification/recertification preparation courses
- Skills courses (stoma care, etc.).
- Cultural and ethnic diversity
- Foreign languages (conversational) and sign language for patient management of a practice population
- Therapeutic interpersonal relationship skills with patients/clients
- Courses in any specialty area of nursing practice, including occupational health nursing, school nursing, office nursing, etc.

Content related to **Indirect Patient/Client Care** can include but not be limited to:

- Nursing administration or management, nursing education, or nursing research.
- Quality assurance topics
- Medicare and State Regulation Standards
- Legal aspects of nursing
- Teaching multi-ethnic students and staff – academic practice
- Retention of nurses in the health care delivery system, including cross training
- Current trends in nursing and health care
- Establishing a professional nursing business or independent practice
- Publishing for professional journals or books

Other courses:

- Courses that deal with grief, human sexuality, kinesiology, nutrition, crisis intervention, counseling, stress reduction, burnout syndrome, advanced nursing courses, advanced pharmacology, advanced CPR/dysrhythmia and advanced IV therapy.

*CNE is defined by ANCC as "any learning activity intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or their development, to the end of improving the health of the public and RNs pursuit of their professional career goals."

CNE content must address a professional practice gap. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.

A practice gap can be specific to the setting so ANCC now allows "in-service" topics that were previously excluded. This opens up a wide variety of topics that can meet criteria to be awarded contact hours.

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BOOK REVIEW

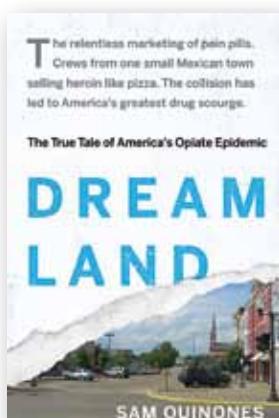
Shawn Harrell, Editor

Dreamland: The True Tale of America's Opiate Epidemic

By: Sam Quinones

Not to be missed! Fascinating. Page turner. These are not words usually employed to describe a documentary, but they fit this book. Sam Quinones has written a narrative of the origins of our current opiate crisis. For the first time in 2014, more Americans, 47,000, died from opiate overdose than in auto accidents. Even in the politically tricky pre-election summer of 2016, Congress managed to pass the Comprehensive Addiction and Recovery Act of 2016. America is in trouble.

Quinones spent over two years researching the trajectory of America's opiate epidemic. He studied recorded history and interviewed law enforcement, health professionals, addicts and their families, and finally drug dealers themselves. He reviewed countless documents from the DEA, ATF, FBI and local police. What he describes is thought provoking and causes a hard look at what is being taught and practiced today around pain control. He is able to connect the dots from pharmaceutical marketing to prescription writing to black tar heroin from a single town in Mexico to coast to coast widespread addiction. Read it for yourself. Not to be missed!



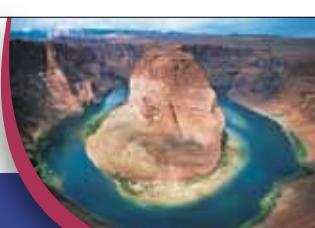
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Instinctive Giving

Peter Gray, BSN, RN

I recently wrote of a donor's generous gift to a charitable foundation. In hindsight, it should not have been a surprise. He has always shared his time through his presence and his talent for teaching with those around him.

For some however, their treasure is often another matter altogether. It recently became apparent to me, treasure is relative. While walking through the park one day, I observed a person experiencing homelessness feeding the birds from what possibly may have been his last loaf of bread. On one hand, I found it ironic. On the other, it was profoundly generous. In the end, I came to appreciate just how instinctive charity truly is and the wellbeing it generates despite the giver's socioeconomic status.

No matter our circumstance in life, the opportunity to be charitable can be substantial or modest, planned or spur of the moment. Either way, charitable giving is meaningful and significant to both the recipient and the donor.

Is there a charity to which you have long considered donating? Are there gently used personal items you would like to share or do you have a bit of time to spare? Follow your instinct. Donate today.



Peter Gray,
BSN, RN

Peter Gray is a member of AzNA and nurse at Arizona State Hospital as well as a veteran of the U.S. Army, community advocate and an active volunteer.



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June – August 2016

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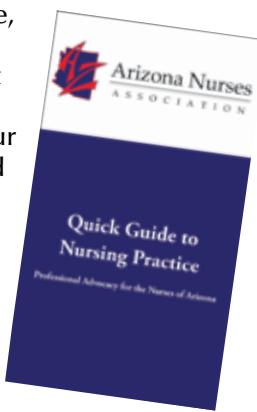
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IN MEMORIUM



AzNA Member **Andie Denious** passed away peacefully in her home on September 18, 2016, with her loving family by her side. Andie held a master's degree in nursing administration and worked as the manager of the state's immunization program at the Arizona Department of Health Services. After her retirement, she remained active, continuing to work part time for the Department and The Arizona Partnership for Immunization. Andie was an active member in AzNA. She served on the AzNA Board of Directors and as a CE reviewer for many years. Those who knew Andie all describe her similarly - warm, giving, gracious, smart, and classy. She was a modern woman who equally relished her roles as wife, mother, grandmother, and health professional. She 'kept up with the times,' always dialed in to the latest innovations in technology, and owning the latest version of the iPhone. A non-denominational celebration of life will be held for family and friends at a later date. In lieu of flowers, donations can be made to The Arizona Partnership for Immunization, 700 East Jefferson Street, Suite 100, Phoenix, AZ. 85034.

AzNA Mourns the Passing of Senator Carolyn Allen, a Nurse-Advocate Extraordinaire

During her first year (2003) as Chair of the Senate Health Committee, Senator Allen demonstrated an interest in understanding healthcare issues from a broad perspective. When she believed in a bill, she fought for it. In 2003 her work in the Senate was instrumental in achieving passage of SB1178 – AzNA's *Patient Protection Bill*. In subsequent years she championed patient safety. Her support for SB1100, *Nurse Practitioners; Authority* in 2007 helped pave the way for a bill which was declared, by the American College of Nurse Practitioners, as a "legislative miracle."

In 2004, Senator Allen was presented with the AZNA Healthcare Champion Award. This award is given to a person "instrumental in forwarding the AZNA legislative agenda." Senator Allen was a true friend of nursing and will be missed.



Senator Carolyn Allen receives the Health Care Champion award from AzNA members Vicki West, RN, Obstetrical Supervisor at Banner Good Samaritan Hospital, and Jenelle Doughtery, RN, Emergency Room nurse at Banner Desert Hospital.

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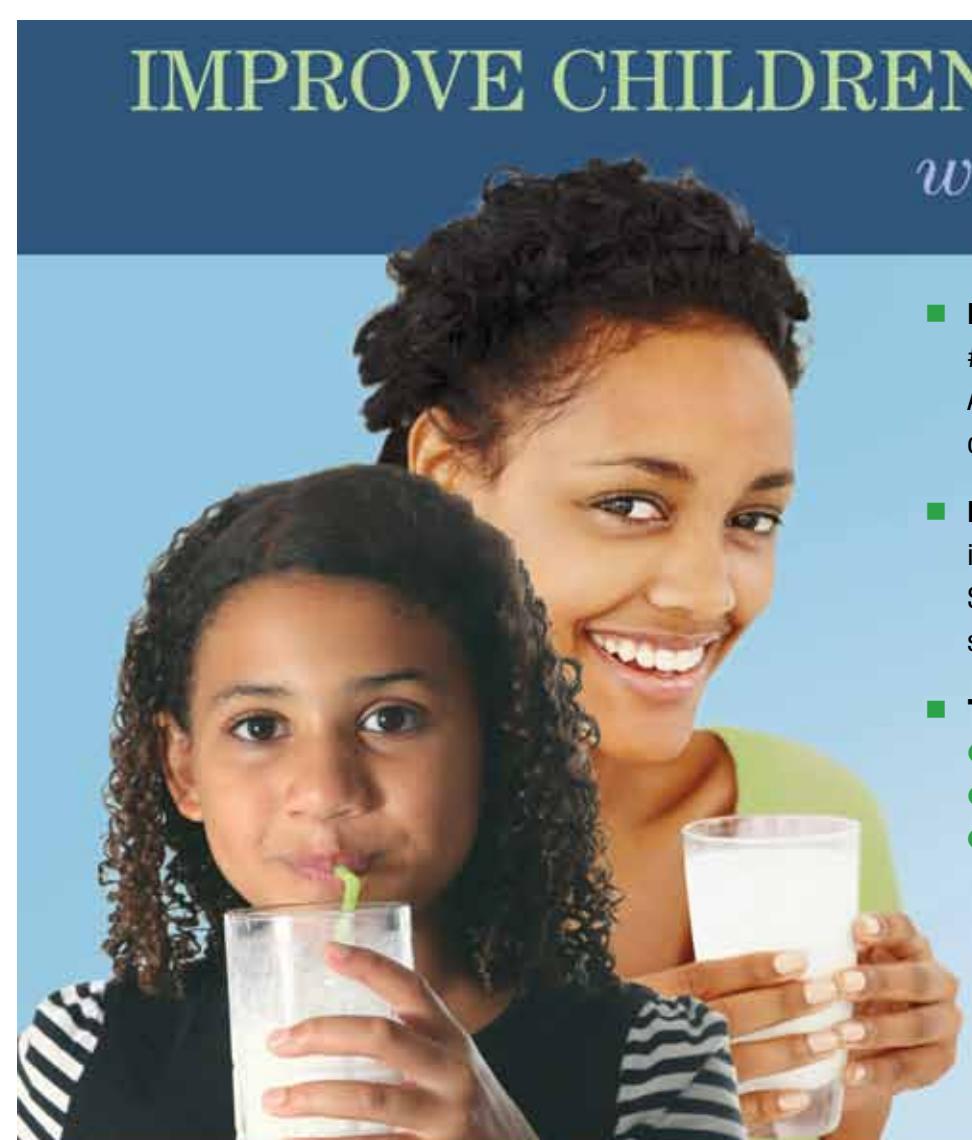
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