

# ◆ NPGS NEWS ◆

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http://www.npgs.org

May, 2006

## *NPGS Officers*

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LINDA WARD



## *Message from the President*

*By Mary Lou Bradbury*

“I wish to offer a rousing welcome to all new and renewing NPGS members, to the off and running, 2005-2006 academic year.” These were the opening lines to our September NPGS News Letter, and how quickly that year is passing! I feel so very privileged to have been given the opportunity to serve as President of NPGS.

Being a Nurse Practitioner has been a dream of mine since becoming a nurse in 1973. I use to imagine caring for the underserved population in the United States. My mentors have been Mary Breckenridge, Florence Nightingale and Clara Barton. They were fearless and paved the road for us all. There has never been a minute of my professional life as a nurse, that I have not been humbled by those with whom I have been blessed to work.

As a Nurse Practitioner, I have been given the gift of being able to give a higher level of Nursing Care. I value all those who have come before me. With that respect and gratitude, I believe I have a responsibility to uphold the highest level of professionalism. I hope that my commitment to the profession has been reflected in my role as president of NPGS. I look back on the past 7 months and am surprised that it’s been only 7 months since the opening words of the News Letter introducing my term were written to the membership.

We, Nurse Practitioners, are nothing without our membership. I believe because of our membership evolvment we continue to grow in our viability and continuing professional strength. This would seem like a no brainier, but in fact it is a purer truth than first considered. Our organization needs each and every one of us, all our variety of gifts; given freely to our profession in our volunteer position on the board, as preceptors, educators, and mentors. We continue to be one of the national leaders in our scope of practice. Our scopes of practice is not by accident but rather by our willingness to grow, learn, and hold ourselves accountable to the highest level of professional practice and client advocacy. I am humbled by the professionalism of your board of officers and their varied talents.

Our Publicity person, Deb Smith, was given the go ahead by the board to hire a Public Relations firm to advertise on the radio during Nurse

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## Is that your phone or mine?



Thank you all for your adherence to the request that cell phones be turned off or placed on vibrate. This past year there has seldom been ringing cells to distract the speaker and attendees. For those rare times it does happen, we ask that you please exit the room quietly and have your conversation in the hall.

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Practitioners Week this past November. An offshoot of the advertising spots was the NPGS directory, compiled by Cindy McCall, and put to print by our Web mistress, Sara Colley, listing the various NP practices within the membership. This directory can be located on our Web Page at NPGS.org. We are a dynamic group of professional nurses and women, aren't we!

More information concerning our organization and services offered to the public will be commercialized later this spring and into the summer months to take advantage of camp physicals, school physicals, and sports physicals in our public relation spots. Deb Smith will elaborate further in her article.

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## Sending Listserv Messages

To send an email to the listserv email: [npgs@npgs.org](mailto:npgs@npgs.org)

This is done exactly as you would if you were emailing anyone. Open a blank email, type in your subject and message and make the recipient [npgs@npgs.org](mailto:npgs@npgs.org). This will in turn send your email to everyone who is signed up for the list.

This means; you send your email to this one address, and it turns around and distributes it to the 100+ members on the list. The list automatically includes [NPGS] before all subjects, so you will not need to include it. For example, if you make the subject of the email "meeting" it will arrive in everyone's email with the subject "[NPGS] meeting".

Things that should be sent to the list include reminders of meetings, updates on CE offerings, flyers for NPGS events, and so on. Please use your judgment when sending out emails to everyone and make sure it is appropriate.



*Mother's Day-, May 14, 2006*

**2** [HTTP://WWW.NPGS.ORG](http://www.npgs.org)

## Mobile Health Care Services Available in Spokane Neighborhoods

**By Chris Riebe**

The Ronald McDonald Care Mobile, a 40-foot mobile pediatric unit, is equipped with two exam rooms and delivers medical and dental care directly to children in their own neighborhoods such as schools and community centers.

The Care Mobile, staffed by nurse practitioners from the WSU Intercollegiate College of Nursing, provides treatment for minor illnesses and injuries, check-ups, immunizations, sports and camp physicals, vision screenings and hearing exams, dental screenings, cleaning, fluoride, sealants, X-rays and minor fillings are available to children from birth to age 21.

This service is provided at no cost, no insurance is needed and there is no income eligibility. The services are made possible through generous donations and grants provided by the community, private and federal funding organizations.

The Care Mobile is located at several sites throughout the week and the schedule varies, so please check online at

[www.spokanecaremobile.org](http://www.spokanecaremobile.org)

for the latest schedule or contact the Care Mobile office at (509)

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## POLITICALLY SPEAKING

Peggy McCoy

The Legislative session ended on a note of success! There were many bills that did not come to completion which would have had an adverse effect on nurse practitioners due to the watchful and astute observations and interventions by our lobbyist, Tamara Warneke. Please read the full reports of the bills for the complete information. Bills that did pass included patient safe handling (ESHB 1672), some health care liability reform (2SHB 2292), which among other items requires that legend drugs be hand PRINTED, type-written or computer generated. This bill also has both insurance and medical malpractice reforms included which are important for Nurse Practitioners to understand. (E2SHB 2572) Establishing the small employer health insurance partnership program, it will provide premium subsidies to eligible employees. Additional bills addressed the establishment of and promotion of health technology programs, teacher funding programs, and the evaluation of expansion of WSU Tri-Cities into a 4 year program. (SB 2974) addresses modifying provisions with respect to disciplining health professions and reporting requirements. The Summary: Reporting Requirements—"The Secretary is required to establish rules for all license holders to report when another license holder has committed unprofessional conduct or may not be able to practice safely due to a mental or physical con-

dition. The reporting requirement does not apply to peer review committees, quality improvement committees, and similar professional review committees while the matter is under investigation. In addition, impaired practitioner programs and voluntary substance abuse monitoring programs are not required to report unprofessional conduct where the license holder is currently enrolled in the program, is actively participating in the program, and does not pose a threat to the public. License holders are required to report if they have been disqualified from participating in Medicare or Medicaid. The disciplining authority must initiate an investigation into every such disqualification. Prosecuting attorneys must notify the Washington State Patrol of any guilty plea or conviction of certain felonies (homicide, assault, kidnapping, or sex offenses) and send the information to the Department of Health (Department). The Department must identify any license holders on the list and forward the information to the appropriate disciplining authority." Additional bills included language clarification for treatment of minors under age 13 in the case of mental or physical concerns (HB 3139), requesting that certified diabetes educators be added as approved Medicare Providers (HB 3139), modifying the Family and leave act, providing for prostate cancer screening, requiring surveys of the health professions work-

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## JOBS

Sean Garman MD is looking for an NP. Single MD Internal Medicine Practice, across from DMC. If interested, please call 755-0372 .

NW Spokane Pediatrics is looking for an ARNP. Must like pediatrics and dogs. Looking for 3-4 days per week and must want hospital privileges.

If interested please send CV/ Resume to:  
Attn Jacki  
NW Spokane Pediatrics  
5901 N Lidgerwood  
Spokane, WA 99208  
Phone 509-483-4060

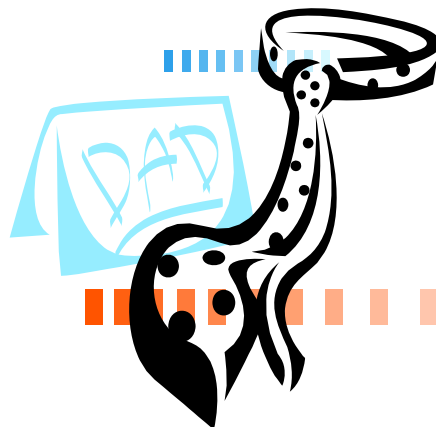
Hello! My name is Christine Fuka and I am a recruiter for Sterling Medical. We have been in business for over 30 years as a top healthcare provider serving military facilities nationwide and overseas. We have an urgent need for a Nurse Practitioner to work at Fort Lee, in Petersburg VA. Any state license is accepted as it is a military facility. This position is working in the Active Duty Primary Care clinic seeing soldiers for sick visits. Compensation is \$48 per hour. Travel assignment is also available. This position requires 1 year recent experience as a Family Nurse Practitioner. Please contact me for further information at (800) 852-5678 x 122. Fax a copy of your resume to (513) 984-4909 Attn: Christine for further review.

## ARE YOU PREPARED??

Peggy McCoy

Disasters...natural, accidental, bioterrorist...Are you ready in case of an emergency? We have seen how natural disasters have affected people worldwide this year including in our own country. After attending a recent presentation on "Disaster Preparedness", it became clear to me that there is a pyramid of levels to consider when we think "emergency". Start with the family level. What communications are in place if your family is separated during an emergency? Where and how will you meet up? Do you know what the plans are for the schools your children attend? Do you have at least (3) days worth of food and water? Food should be something packable and light weight if you may have to carry it any distance. Freeze dried or camping type meals make an excellent choice, protein bars and dried fruit can be very useful. Canned food is not the only and often not the best plan. In addition, bottled water can be great, but very heavy if you have to carry it. You may want to pick up a water filter or purifying tablets for your disaster kit. What about those important papers, credit cards etc. It may be beneficial to keep a copy of important numbers in a safety box, whether in a bank or with an out of state relative or some other way to obtain access for an emer-

gency. Some of the people from Katrina could certainly have been able to secure some help if they had their credit card information and could access it for food, clothing or hotels. Other levels of emergency preparedness include our communities, our regions, our state and finally on our national level. It behooves all of us to know what to do in an emergency and to foster that preparedness in our families, communities and on up. In an emergency, we are our own best protection for survival. Nurse Practitioners can be key players in helping our families, communities and nation become better informed and prepared. Think about volunteering for your school boards, or city planning boards. Consider running for state or national positions concerning homeland security or national emergency and disaster preparedness. Additional resources and web addresses can be found on The website for the American Academy of Nurse Practitioners.



## EDUCATION UPDATE

Patti Krafft

The education committee is beginning work on programs for the 2006-2007 year. We appreciate your feedback as to what programs are important for your CME needs. Please be watching for a topic survey which will be sent to you in the next month. One issue facing NPGS education that the board has decided we need to address is the number of no-shows we are experiencing for our programs. When you RSVP for a NPGS CME program, a dinner and program handout is paid for in your name. The price of meals at DHEC has gone up by \$5 per person this year, averaging \$12 to \$15 per person. At some programs we have had up to 15 people no-show. This becomes quite a wasted resource over a few months time. Not to mention the food that goes wasted. We realize that some days you may not be able to attend the meeting due to schedules and busy practices. If you find that you cannot attend the meeting, please try to notify the NPGS within 24 hours. We hope you will try to look at it from the perspective of your NP practice. Does your practice tolerate repeat clients who no-show for appointments? The NPGS board will begin enforcing the policy for no shows beginning at the May meeting. If you do not cancel your RSVP, you will be billed \$20. If you cannot attend, you may email or phone the RSVP

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Father's Day, June 18, 2006

4 [HTTP://WWW.NPGS.ORG](http://www.npgs.org)

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force (2SSB 6193), requiring multicultural education for health professionals (ESB 6194) and addressing health care disparities through establishment of an inter-agency council.

Additional bills; (ESSB 6366) address preparation and response to pandemic influenza, with appropriation of \$2.1 Million from the state general fund for local public health jurisdictions for implementation. Grants were approved to support community-based health care solutions (E2SSB 6459) and experience requirements for licensed mental health counselors was addressed as well (SB 6658).

All in all this was a fast paced session with many nursing items passed. It is absolutely essential that Nurse Practitioners stay educated and alert to ongoing legislation both at the state and federal level, in order to maintain our independent practice and availability to our patients.

## THIS AND THAT

**Peggy McCoy**

From review of current articles and newsletters.

### Support Needed To Maintain Open Access To Psychiatric Medications In Washington State

Treating a patient with a serious mental illness can be challenging even under the best circumstances. Having access to all the needed tools – medications, therapy, support – is critical to helping patients achieve success in

their recovery. On April 19, the Washington State Health Care Authority Pharmacy and Therapeutics Committee will review the atypical antipsychotic class of medications which could result in limited availability to this class of medications. For patients covered by Washington State funded healthcare programs including Medicaid and Labor & Industries, the state preferred drug list (PDL) limits medications providers can prescribe without special permission. Medications with the lowest price in a therapeutic class are the most likely to make the list. Patient responses to atypical antipsychotics can be very individual. The impacts to patient stability, state hospitalization costs and public safety are too great to ignore. Limiting access to atypical antipsychotics could be dangerous for mental health patients and ultimately cost the state more in other treatments. Psychiatric medications are among the most difficult to manage and involve some of the greatest consequences due to an inability to make an effective match between patient and drug. Unfortunately some other drugs, mental health medications are typically not interchangeable. Factors such as age, gender, ethnicity and illness severity can impact a patient's response to atypical antipsychotic medications. You can contact the Committee and/or your local legislator with your concerns by writing to: Dr. Daniel Lessler, Chair – Pharmacy & Therapeutics Committee and / or Duane Thurman, Director of Prescrip-

tion Drug programs. Ask the state to keep open access to these life saving medications. In either case request that the current policy of open access to psychotropic medications be continued.

Washington State Health Care Authority

PO Box 91132

Seattle, WA 98111

For more information go to:

<http://www.rx.wa.gov>

(ARNP Care March 2006)

[A public meeting was held April 19th, 2006, which was prior to publication, however, it is still important to let your thoughts be known.]

### National Provider Identifier

L&I is making system changes to accept either a National Provider Identifier (NPI) or an L&I Provider Account Number. Under Health Insurance Portability and Accountability Act (HIPAA), an NPI will become the primary health care provider identifier for standard electronic transactions effective May 23, 2007. The NPI is being issued to providers who meet the CMS' definition of "healthcare provider" and who complete the mandatory application process. To check if you are required to obtain a National Provider Identifier, obtain more information on the NPI, or apply for your NPI go to the CMS website:

[http://new.cms.hhs.gov/](http://new.cms.hhs.gov/NationalProvIdent-)

NationalProvIdent-

Stand/01\_overview.asp.

For now, continue to use your

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L&I account number. We will publish periodic updates on LNI-Medical-Provider-News listserv. For additional information, visit L&I's NPI Website at <http://www.lni.wa.gov/ClaimsIns/Providers/Billing/BILLNI/NPI/default.asp> If you have questions about L&I's NPI implementation plans that are not covered on L&I's NPI Website. or Contact Joanne McDaniel, NPI Communications Lead, at 360.902.6817 or [mdan235@lni.wa.gov](mailto:mdan235@lni.wa.gov). (ARNP Care, February 2006)

### **The Clinical Doctorate-2015**

Excerpted from the position paper October 2005 American Academy of Nurse Practitioners.

The rationale for the shift in the academic preparation of nurses in advanced practice focuses on several issues, including the observation that advanced practice nursing is currently one of only a few health care disciplines that prepare their practitioners at the master's rather than the doctoral level. Most disciplines that prepare licensed independent practitioners (LIPs) such as podiatrists, psychologists, optometrists, pharmacists, osteopaths, medical doctors and dentists prepare them at the clinical doctoral level. Moreover, it is clear that the course work currently required in NP master's programs is equivalent to that of other clinical doctoral programs. It is important however, that the transition to clinical doctoral preparation for nurse practitioners be conducted so that master's prepared nurse practitioners will not be disenfranchised

or denigrated in any way. The following issues, therefore, will need to be addressed in order for the preparation of nurse practitioners at the clinical doctoral level to be developed in a logical and equitable fashion. 1. The quality of the preparation of current master's and post-master's nurse practitioner programs must not be compromised. Nurse practitioners have demonstrated their skills in providing high quality care to their patients regardless of gender, age or socioeconomic status. The conversion of nurse practitioners programs that offer a doctorate in nursing practice should not change that fact. Nurse practitioners provide safe, high quality care in all specialties and practice sites in which they are involved. 2. The transition to the new title must be handled smoothly and seamlessly, so that there will not be a negative impact on nurse practitioner practice and sound patient care and that parity will be maintained. 3. Additional requirements, if any, made in the DNP programs should reflect areas where increased depth has been recognized to enhance nurse practitioner practice. 4. Skilled clinical practice must be maintained as the foundation of all nurse practitioner educational programs. 5. Issues related to parity, providing reasonable methods for currently prepared nurse practitioners to obtain the DNP if desired and prevention of discrimination in reimbursement, must be addressed. 6. Programs should be developed based upon agreed upon standards and guidelines.

You may want to read the entire document, Please see this on American Academy of Nurse Practitioner website. You may also find valuable information from American Association of Colleges of Nursing (AACN): The AACN site (<http://www.aacn.nche.edu>) is a good source for the position paper and some related documents. On the home page, you will find links to the position paper, press release, and answers to frequently asked questions. AANC will be hosting a series of regional conferences where stakeholders, including practicing and student NPs, can learn more about the movement towards the DNP. Information specific to these meetings can be located at: <http://www.aacn.nche.edu/DNP/RegConf.htm>.

### **INFECTIOUS DISEASE - OUTBREAK OF MUMPS**

According to the Chicago Tribune, April 13, 2006, 2 infected airline passengers may have helped spread Iowa's mumps epidemic to at least 6 other Mid-western states. Health officials said 515 suspected cases of mumps have been reported in Iowa, and now six neighboring states have also reported the disease, according to the U.S. Centers for Disease Control and Prevention. As of Monday, Nebraska had 43 reported cases; Kansas, 33; Illinois, four; Missouri, four; Wisconsin, four; and

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We had our first “Nurse Practitioner, Meet your Legislator, Legislator meet your Nurse Practitioner” night thanks to your Legislative update board member, Peggy McCoy. It was a great success, and those from Olympia want to get together with us next year as well. Our legislative hot line correspondent, Peggy McCoy, will be summarizing our profession advancements over the past year in her piece. Our treasurer, Shanna Scott Major reported a no growth in our slow growth investments. Realizing the need to remain viable and fiscally responsible the membership was brought up to date with the organizational fiscal growth during the past 10 years. A presentation made by our financial advisor during an advertised continuing education program prompted a question of needed change. Alternative investment options were suggested and put before the membership for a vote. The response reflected the desire for change and fiscal responsibility. The changes will be addressed in Shanna Scott Major’s yearly News Letter summary.

The bottom line; WE ARE VIABLE and will continue to be viable as an organization. We will continue to offer scholarships, provide quality continuing education, and free CE credits to our membership. Patti Krafft and her continuing education group listened to the membership and presented the educational venues requested. We continue to work at finding an acceptable site for the educational offerings at a fiscally responsible price. Our

membership requested the continuing education be presented by Medical Experts in the selected fields and your officers responded in kind. Patti will be addressing the continuing education options for next year in her article.

We are financially and professional viable but that cannot continue without your ongoing support. It really is an honor to continue to serve the membership in a voluntary capacity. Linda Ward FNP will be next year’s president. I will continue to come to the meetings to help with her transition. Each member of the board brings their own unique gifts and talents to the membership. Help us! Without your support we cannot continue to be leaders in our profession. We need your volunteerism, support and participation.

You will be asked for your ideas for continuing education venues. We will be presenting alternatives to our current locations in the coming year. Give us your ideas of topics, i.e. Peripheral Neuropathy, Hep C, Hep B, etc. Be creative and put your ideas forward. Please participate and support this most dynamic of professions.

**IT IS TIME TO RENEW YOUR MEMBERSHIP FOR THE NEXT YEAR.**

**DUES ARE \$75.00.**

The dues are a small price to pay for the ongoing professional survival of our organization free monthly dinners and continuing education.

Once again thank you for the privilege of serving as President this past year. I will continue to support the organization and profession in anyway asked. It is a small price to pay. I look forward to your participation as well.

With deepest Respect to the membership,

Mary Lou Bradbury BSRN, MN, ARNP, FNP  
Proud member of NPGS

**TREASURER’S REPORT**  
**Shanna Majors**

**Income/Expense 12/05 - 5/24/06**

**Expenses \$5924.75**  
AANP group membership \$185  
Adworks (radio broadcast) \$746  
Conference fees **\$2094.38**  
Honorarium **\$1,300**  
Legislative **\$1279.67**  
Sarah Colley **\$200**

**Income \$6,690.00**  
Membership Dues **\$600.00**  
PAML **\$300.00**  
Pharmaceutical Sponsors/  
conferences **\$2250.00**

Checking Balance WAMU as of 11/23/05 **\$15,514.37**

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*Independence Day, July 4, 2006*

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324-7291. Dental is available by pre-appointment only. The Care Mobile does welcome walk-ins for medical only, although they cannot guarantee an immediate opening.

The Spokane community is very fortunate to have such a resource available.

It is one of only 25 Ronald McDonald Care Mobiles in the world!

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Minnesota, one. The Iowa health department identified two people who were potentially infectious when they were traveling in late March and early April.

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**Investments**

The vote is in! We will be switching from the Calvert investment funds to the American funds. I will be meeting with Michelle Demand in the next few weeks to discuss our options with the board. I appreciate everyone's votes.

**Value of membership**

The renewal of memberships is coming up soon. I wanted to take this time to share with you the value of our membership dues in relation to personal gains. The membership dues are normally \$75 if paid before deadline, then \$100. We gained \$3380 in membership dues from July to present. The conference fees that the NPGS paid were \$2720.78 with additional presenter honorariums of \$3750.00. We also received

pharmaceutical grants from \$4040 from several drug companies. There are approximately nine lectures including two half day lectures each year. Each lecture is worth 1.5 CME. I would consider this a VALUABLE membership for \$75, wouldn't you?

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number that is included in the flyer or email reminder. Please remember that we are a volunteer organization. Email addresses and phone contacts are how we do business. Thanks for your understanding of this dilemma. If you have questions for concerns regarding this issue, please feel free to contact a NPGS board member. We have 2 programs remaining before we break for summer.

**April 26, 2006**

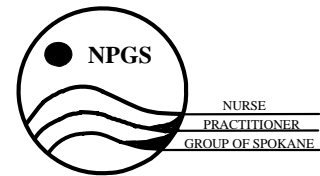
Controversies in Laboratory Medicine: To Screen or Not to Screen  
by Dr. Thomas Allerding  
Deaconess Healthand Education Center 6:00pm -8:30pm

Please note that our final program date has been changed due to speaker conflict. It will be held

**May 17, 2006**

Abnormal LFT's and Fatty Liver Disease.  
Deaconess Healthand Education Center 6:00pm -8:30pm

This is our last meeting for the 2005-2006 year so please try to attend and celebrate the many accomplishments of nurse practitioners in the Spokane area.



NPGS  
PO Box 1225  
Spokane, WA 99210

*The Nurse Practitioner Group is proud to be a sponsor of the following :*

*ARNPs United*  
<http://www.nurse.org/wa/au/>

*The American Academy of Nurse Practitioners*  
<http://www.aanp.org>

*The American College of Nurse Practitioners*  
<http://www.nurse.org/acnp/>

***Important Addresses***

*Washington State Nurses Association*  
2505 Second Ave. #500  
Seattle, WA 98121  
Voice: (206) 443-9762  
Fax: (206) 728-2074

*Nurse Practitioner Group of Spokane*  
PO Box 1495  
Spokane, WA 993210-1495  
Voice: (509) 358-7640  
Fax: (509) 358-7647  
Email: odeam@wsu.edu

*Washington State Nursing Commission*  
PO Box 1099  
Olympia, WA 98507-1099  
Voice: (360) 753-2686  
Fax: (360) 586-5935

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