The official Publication of The Alaska Nurses Association.

Circulation 9,000. Distributed to every Registered Nurse and Licensed Practical Nurse in Alaska.
I am excited to take over as president of the Alaska Nurses Association as we embark on our 60th anniversary year of representing the nurses of Alaska. I want to express my gratitude to past president Susan Walsh for all her hard work and dedication to the Alaska Nurses Association. Susan has set a high standard for me to attain as I move into the presidential role. Thank you, Susan.

I became involved with AaNA because I feel strongly that nurses must have a voice in our professional development and growth. The Alaska Nurses Association is the oldest and largest nursing organization representing Alaskan nurses.

Our active committees include Professional Practice, Legislative, and Continuing Education. At our recent General Assembly held on October 12th, resolutions for 2014 priorities were passed and our committees are now energized with new plans and projects. We will celebrate nurses with our annual Nurses Week Banquet. We are following legislation that will affect nursing interests on the local, statewide, and national level. Continuing education events and webinars are being planned. We have been working the Alaska State Board of Nursing on development of guidelines for nurses to administer low-dose Ketamine infusions for analgesia. We are advocating protection for Alaskans from harmful environmental chemicals.

This is just a taste of what the Alaska Nurses Association is working on this year. Our committees are all open to all members and we welcome all levels of participation. Come along with us as we continue to raise our voices to empower the nurses of Alaska.

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Cover Photo: Alaskan Certified Nurse Midwife Laura Sarcone (center) hops on a ride with friends in Haiti. Laura volunteered to travel to Haiti for two weeks through the program Midwives for Haiti. Laura paid her own way to Hinche, Haiti, a 2 hour truck drive from Port of Prince, to help instruct Haitian nurses in safe midwifery practices. See story on page 8.
MEET OUR NEW PRESIDENT:
Jana Shockman, RN, CCRN-CSC

Jana Shockman brings a varied collection of experiences to her new role as Alaska Nurses Association president – and not only the many hats she has worn as a nurse, which have included work in small rural hospitals, nursing homes, medical offices, and large hospitals.

Growing up in Eastern Oregon – the desert side, with sagebrush and tumbleweeds – Jana was a self-titled “science geek” in love with everything biology and science who initially wanted to become a veterinarian. Luckily, she instead followed what she calls a “long and winding road” to becoming a nurse. Before she became a nurse, Jana worked as a lion ranger for a drive-thru wildlife safari, where she was “sat in a jeep with a sawed-off shotgun.” She also worked in a medical office for an ophthalmologist, a kind man who always told Jana she should go to nursing school. After he retired, and she was jobless, she bit the bullet.

Jana worked her way up the healthcare ladder during nursing school: first as a nurse aide, then as a certified nursing assistant, a certified medical assistant, a licensed practical nurse, and finally – as an RN. In 1998, Jana graduated debt-free from Blue Mountain Community College in Pendleton, Oregon with an ADN. She started out working in a rural six-bed ICU, spent one year in med-surg, (See President page 6)

The Denali Center is hiring for heart. We seek CNAs, LPNs, and RNs to provide nursing care in our loving, compassionate environment where both residents and staff are encouraged to live fully and to learn and grow. Our award winning home-like environment promotes happiness by fostering relationships amongst residents, staff and volunteers.

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TO APPLY VISIT: BANNERHEALTH.COM/CAREERS
Leaders and members of the Alaska Nurses Association gathered on October 12, 2013 at the Coast International Inn to welcome incoming members of the Board of Directors and to vote on resolutions and changes to AaNA bylaws during the Association's annual General Assembly. The General Assembly serves as a vehicle for members to set the course for 2014 and to hear of the recent accomplishments of AaNA and its affiliate organizations. During the General Assembly, Patti Hong, MA, RN, CCRN was inducted into the Alaska Nurses Association Hall of Fame. Full resolutions and bylaws changes are available online at www.aknurse.org or by request – 907-274-0827 or aknurse@aknurse.org.

2013-01 Resolution – Legislative Priorities for the 2014 Legislative Session
Be it resolved that the Alaska Nurses Association’s legislative priorities for the 2014 Legislative Session shall include but not be limited to:
• Maintaining the rights of Alaska’s workers to engage in collective bargaining;
• Insuring that patients with pain can access the care they need without the added burden of a requirement for an evaluation by a pain specialist not located in their community;
• Maintaining the funding for the operation of the Board of Nursing with licensing fees rather than general funds;
• Maintaining the independent practice of Alaska’s APRNs;
• Insuring that Alaskans have the ability to get their prescriptions filled by a local pharmacist, that their pharmacists are properly reimbursed for filling medisets, and that their pharmacists are not burdened by unregulated audits
• And, maintaining adequate funding for Alaska’s healthcare and public health services.

2013-02 Resolution – Advocating For and Promoting Health Insurance Coverage for All Alaskans
Whereas nearly 130,000 Alaskans are uninsured;
[...] Be it resolved that the Alaska Nurses Association advocate for Medicaid expansion in Alaska and educate nurses as to how to assist their patients in obtaining health insurance coverage through the health insurance marketplace for individuals.

2013-03 Resolution – Adopting the National Advanced Practice Registered Nurse Consensus Model in Alaska
Whereas there are nearly 800 Advance Practice Registered Nurses (APRNs) in Alaska:
[...] Be it resolved that the Alaska Nurses Association will work with the APRN Alliance to bring Alaska statutes and regulations in alignment with the national APRN consensus model.

2013-04 Resolution – Supporting “Mental Health First Aid” Legislation
Whereas mental health issues touch all our lives on a personal, professional and community level and is an integral part of an individual's overall health and well-being;
[...] Therefore be it resolved that the Alaska Nurses Association support efforts to develop a Mental Health First Aid program in Alaska including supporting state and federal legislation to fund these programs; and
Therefore be it further resolved that the Alaska Nurses Association will work to develop a CE for nurses to explain the concept of Mental Health First Aid.

2013-05 Resolution – In Support of Nurse Staffing Committee Legislation
Whereas Alaska routinely suffers from a shortage of registered nurses in specific geographic locations as well as in general nursing and specialty fields;
[...] Therefore be it resolved that the Alaska Nurses Association support and promote legislation that develops Nurse Staffing Committees for healthcare facilities.

2013-06 Resolution – To Investigate Options for National Union Affiliation
Whereas the Alaska Nurses Association Labor Program has enjoyed the benefits of a National Union in the past with the United American Nurses;
[...] Therefore be it resolved that the Alaska Nurses Association Labor Program will develop a team to investigate the pros and cons of re-establishing affiliation with a National Union that represents nurses.

2013-07 Resolution – Working to Protect Alaskans from Harmful Chemicals and to Keep Alaska’s Food Supply Abundant and Safe
Whereas scientific evidence shows that environmental contaminants are linked to a wide array of adverse health effects;
[...] Therefore be it resolved that the Alaska Nurses Association support Alaska Senators Begich and Murkowski in working for improvement and passage of SB 1009, The Chemical Safety Improvement Act.
[...] Be it further resolved that the Alaska Nurses Association will support efforts to monitor the safety of Alaska’s food and promote efforts to improve its safety.
Stepping Forward
A Legacy of Leadership

by Jana Shockman, RN, CCRN-CSC
President, Alaska Nurses Association

The Alaska Nurses Association was recently honored to have American Association of Critical Care Nurses (AACN) President-Elect Teri Lynn Kiss, MS, RN, MSSW, CNML, CMSRN, as our keynote speaker at the AaNA Fall Retreat on October 11, 2013. Kiss’ presentation, described by attendees as “excellent and encouraging” and titled “How Will You ‘Step Forward?’” was based on the AACN Step Forward theme proposed by current AACN President Vicki Good.

Teri Kiss is our fellow Alaskan and director of Medical Unit-2South and Case Management Services at Fairbanks Memorial Hospital, where she also worked as a staff nurse in the ICU from 1986 to 2011.

Stepping forward is an act of courage, whether it’s a small step or a large one. We are guided in our path by our integrity which serves as our personal compass. The directional points on our compass will be different for each of us and may include work ethic, spirituality, family, and community. When our compass is balanced with our core beliefs as the cornerstone of every decision, we can act with integrity; doing what is right, even when it’s difficult.

Not following our compass can lead to moral distress. To rise above moral distress, Kiss encouraged nurses to build integrity. This is achieved by being honest with ourselves, seeking feedback from mentors, pursuing a higher calling, being transparent, and taking care of ourselves.

(See Step Forward page 7)

Current Nursing Openings
- Emergency Room
- Outpatient
- Outpatient Case Management
- Inpatient/Med-Surg
- Sexual Assault Response
- OB
- Certified Wound Nurse
- Well Child/Immunization
- Nurse Manager – Inpatient and OR
- Nurse Educator
- Diabetes Education and Case Management

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Designer Drugs: Who Knew?

by Janet Pasternak, BA, BSN, RN

On October 11th at the Alaska Nurses Association 2013 Fall Retreat – “Trending Topics in Nursing” – nurses learned about designer drugs from Jennifer Messick, JD, an attorney with M/V Alaska Law, during her presentation “Designer Drugs: What You Need To Know.” Messick covered the proliferation of new designer drugs that have recently hit the market – and taught nurses which symptoms to watch for in their patients. Perhaps you have already heard of this new wave of synthetic drugs – the most common of which are “spice” and “bath salts.” These synthetic substances are designed to mimic illegal drugs and possess ever-changing chemical compositions.

Messick first defined the difference between homologue and analogue drugs. Spice and it’s infinite combinations are produced by making minor changes to a drug’s chemical structure, each combination slightly different but having similar pharmacological effects.

Spice, also known as K2, is a dangerous synthetic substance that was developed through failed pharmaceutical research and expanded upon by “basement chemists.” Failed pharmaceutical research is openly published so that anyone with enough chemical know-how can replicate the trash-canned drugs.

These substances have the potential of being mildly changed or “tweaked” to produce infinite variations of the same substance in order to evade being classified as illegal. Spice is often compared to synthetic marijuana. Unfortunately, its effects are quite different. Spice can be anywhere from 4-800 times the potency of THC, the primary chemical in marijuana, and binds to receptor sites 100 times tighter. The legal system has not been able to catch up to the proliferation of these drugs. The substances are frequently sold in head shops and on the internet. Both spice and bath salts are usually marketed in bright, eye-catching packaging, targeting youth. They are never marketed as drugs, and often marketed as incense or bath salts, with attractive scents like root beer or watermelon. Since the drugs are widely available on the internet, and largely non-regulated, anyone with a credit card can purchase the harmful substances.

The packages never list the ingredients included, and don’t have to, since they are not marketed to be ingested. However, packaging frequently lists all of the ingredients that ARE NOT in it, namely those substances already identified by the law as being illegal. The packages sometimes feature misspelled words and poor grammar. Frequently, the packages are created and printed off a personal computer at home.

Signs and symptoms? The great evil of these drugs is that the doses, quality, and quantity are so irregular, uncontrolled, and unknown, that symptoms can vary greatly – and users might have some “good trips” before experiencing a bad one. But consistent use will do damage sooner or later.

Symptoms might include: Elevated blood pressure, tremors, seizures, loss of consciousness, hallucinations, delusions, paranoia, numbness, tingling, muscle rigidity, and muscle loss. The symptoms can be cyclic or transient; varying from use to use, and from person to person. Users experience nausea, memory loss, incoherent/slurred speech, hot or cold sensations, excessive thirst, and excited delirium. Symptoms are cyclical in nature and the drugs are virtually unidentifiable on drug screens due to their infinite variations. These drugs produce a higher potential for overdose and mixed/unpredictable symptoms.

As I listened to this presentation, I was horrified to realize that I had recently cared for a patient who exhibited some of these very same symptoms. The patient had been admitted for alcohol withdrawal but, somehow, just didn’t fit the picture. He admitted to heroin abuse and I thought maybe this was why. The MD didn’t pick up on it or even think that the symptoms he presented with were related to Spice abuse. Due to the cyclical nature of the symptoms, the patient was alert and oriented enough to sign himself out of the hospital. I began to wonder how many other presentations to the ER had been misidentified. There is no antidote for these designer drugs. The best care for a patient exhibiting these symptoms consists of supportive management, stimul reduction, and system flushing. Treatment should not be stopped just because the patient becomes more oriented. Remember the cyclical nature of the drug: the patient may swing in the other direction and back again. This may last days.

Messick also shared video footage and audio recordings of out-of-control individuals high on designer drugs. These were culled from video posted online and from law enforcement recordings; to say they were shocking would be an understatement. A member of the audience shared her experience in an ER where use has become so prevalent that anyone suspected of using designer drugs is automatically placed in restraints and security summoned to watch over the patient.

This presentation highlighted what is currently happening all over the US and the world: an insidious epidemic of drug of abuse that is sweeping the nation and creeping quietly beyond our awareness. Immediately following the presentation, AaNA staff and board members found a packet of spice on downtown Anchorage sidewalks.

As for our practice, we need to be more aware of what our patients present with. The doctors may be just as unaware as I once was before attending this eye-opening presentation. This drug can fool you; it can be misjudged. The effects of overdose can be devastating and permanent. This is not something to ignore. We need to take the lead in identifying and educating our patients. The first step is awareness; the next is educating others.

Spice is just one category of designer drugs. Messick touched on others, including bath salts. She also spoke briefly of others like kratom, crocodile, and salvia. There is no safe or natural high. Talk to your local law enforcement, and educate yourself and your local legislators. As nursing professionals, we can lead the charge to stop this rising flood of designer drugs in our communities. Make no mistake; this threatens us all. For more information, Jennifer Messick suggests www.drugcocktails.ca as a professional resource for clinicians.
Alaska Women’s Summit 2013: Empowering Women


This exciting grass-roots summit stemmed from a report Senator Lesil McGuire commissioned last year on the status of women in Alaska with regard to housing and homelessness, domestic violence, the gender-wage gap, mental health, drug addiction, and health care. The report revealed that Alaska may be one of the most challenging places in the United States for women. Alaskan women face a larger gender-wage gap than the US as a whole, are imprisoned at higher (and growing) rates, experience a high amount of domestic violence and sexual assault, and have a suicide rate that is twice the national average.

The primary focus of this two-day summit was to inspire women and promote creating positive change in Alaska’s economy. Business leaders, educators, policymakers, philanthropists, and members of the public came together to develop strategies and methods of improvement; to close the gender-wage gap, increase affordable housing throughout Alaska, create access to healthcare, create opportunities for women to start new businesses, and to support women in learning the techniques that drive them to the tops of their chosen fields.

Breakout session topics included: Workforce Development, Housing and Homelessness, Health Care, Entrepreneurs in Alaskan Business, Negotiating our Futures, and Youth Empowerment.

Nurse leader Donna Phillips and Andrea Nutty, AaNA project specialist participated in the Summit on October 17th and 18th. First Lady Sandy Parnell spoke on the Choose Respect campaign, which started in 2009. Parnell stated that Alaska would take every step necessary to stop the epidemic of domestic violence, sexual assault, and child sexual abuse in Alaska. Since the beginning of the project, we have witnessed more and more Alaskans finding the courage to speak, and the strength to act.

Choose Respect started with 18 partner communities. By March of 2012, more than 120 Alaska communities participated in Choose Respect marches, rallies, and community events. “Together, we are sending messages of hope and healing to the many who have suffered from these crimes,” Parnell declared.

Brigadier General Cathy Jorgensen became the first female General in the history of the Alaska Army National Guard. General Jorgensen gave remarks regarding her career and how she was able to achieve her status as General. Jorgensen also offered information about the educational opportunities for young people in the Army National Guard. The Guard training can be a way to add to careers or obtain training in another area of interest that could lead to other career opportunities. The structure is particularly beneficial for those who may be looking for new opportunities and challenges in their life.

The breakout sessions were facilitated by Alaska Pacific University faculty to help small groups work to define current problems and possible partners and to look for innovative solutions for solving issues affecting Alaskan women.

Ms. Phillips noted the overwhelming support from dynamic leaders to continue mentoring of women in the community to be the leaders of tomorrow. Sen. McGuire and Sen. Murkowski plan to continue the Alaska Women’s Summit in 2014 and hope to include others from identified areas of our Alaskan community to continue discussions on ways to facilitate positive change for all women in Alaska. The Alaska Nurses Association plans to have an even greater presence at the 2014 Alaska Women’s Summit.

To see more of the work that was accomplished during this spectacular event, check in at: www.alaskawomenssummit.com

To view the full report commissioned by Senator McGuire, please visit: http://alaskasenate.org/Docs/Women_in_Alaska_Research_Report.pdf

Step Forward (continued from page 5)

We must also demonstrate our integrity. How do we do that? By upholding and articulating the values we believe in. Focusing on what is right for all parties involved. Taking the high road, and being gracious. We must be honest with ourselves and learn from our mistakes.

Stepping forward requires courage and by taking on this challenge we build conviction through our dedication to real service to our patients and colleagues.

As nurses, when we step forward we create a wake behind us that changes and grows as we experience life and career challenges. So how do we build a wake that becomes a legacy of leadership? Kiss encouraged nurses to act with purpose, caring for others and truly listening. We should look for ways to encourage the contributions and development of others so that they too can create a legacy of accomplishments and contributions in all they do.

Participation by nurses on advisory boards and leadership curriculums in nursing schools put nurses in the position of leading the discussion as to the direction that nursing as profession steps forward.

As with all of life’s paths, there will need to be the occasional course correction. Kiss suggested that how we handle these course corrections in a positive manner helps us to build resilience.

Kiss ended her presentation encouraging us to examine our motivations, to reflect on our achievements and on how we have made a difference. When we successfully step forward following our personal compass, our wake becomes our legacy, not just a resume.

Speaker Teri Kiss with AaNA Board Member Kristen Fahey. Kiss, Fahey’s favorite professor in nursing school, inspired her to become a critical care nurse and AaNA Board Member. A real life example of leaving a wake.
Midwives
for Haiti
Alaskan Certified Nurse Midwife volunteers to train Haitian Nurses

By Kathe Boucha
Throughout 2014 in conjunction with our 60th anniversary, the Alaska Nurses Association will release a 6-part series reviewing the history of nursing in Alaska while recovering lost memories of the indispensable role of nurses, individually and collectively, in the 20th century development of professionalized healthcare as a service in Alaska. Many nurses emerge from the shadows as towering and pragmatic figures of wisdom, professionalism, and care. The stories of the past demonstrate a wonderful contribution not only to the history of nursing in Alaska but also to the present debate of how nursing can evolve to shape the future of healthcare delivery.

These historical accounts of care and concern for the people of Alaska ground nursing practice in our state. Interestingly, these early practitioners were conscious of healthcare costs and reported outcome measurements. The stories held in the archives of the Alaska Nurses Association are intriguing, convincing, and groundbreaking history that contributes to our understanding of the consequences of choices made in the past for current nursing practice. The motivation for reviewing this history is indeed to promote understanding.

Alaskan nursing history is rooted in the healing practices of many cultures of people whom Alaskan nurses have served – from Native Alaskans to immigrants from other countries and other states. We are exploring the nature of mid- to late-century nursing; most particularly, nursing education and clinical skills, the relationship between nurses and physicians, and nurse autonomy as a measure of professionalism. We seek to develop a better understanding of the thoughts, beliefs, and motives of Alaskan nurses spanning from the territorial era to today.

One theme that is present throughout the archives of nursing history in Alaska is the universal mission of compassion, caring, and dedication which carried nurses across the state to communities in need. This can be seen in their contributions to communities, in their advancement at hospitals and medical practices throughout the state.

The history of the development of the Alaska Nurse’s Association in 1953, the events that led up to the formation of the Association and the subsequent events and accomplishments since the inception of the Association are interwoven with the personalities and lives of the professional nurses, nurse educators and nursing advocates.

History is revelation. The forthcoming information will generate enthusiasm for nurses; novices and the experienced. We are hopeful that this history will clarify the intentions and practices and roles of some early nursing leaders of the Association and their roles in the development of professional nursing in Alaska. Parts of the history should inform and inspire new visions. For those who plan to set future policies and practice agendas, access to the experiences and expertise of the nurses who birthed professional nursing in Alaska should be enriching and empowering.

May you find many treasures in the early history as preserved in the records of the Alaska Nurses Association and the path of enlightened charity of the nurses of Alaska that can transform as well as inform.
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Patricia Hong Inducted Into Nursing Hall of Fame

by Andrea Nutty

Patricia Hong, MA, RN, CCRN was inducted into the Alaska Nurses Association Hall of Fame on October 12th, 2013 at the AaNA General Assembly. Hong became only the eighth nurse to receive this honor.

Patricia Hong served as president of the Alaska Nurses Association from 1989-1991 and from 1991-1993. She also served as treasurer from 1985-1987 and served on the Board of Directors for many years as recently as 2003. Hong also served on many AaNA Committees, most notably serving as Chair of the Professional Practice Committee for years, and as a powerful force on the Legislative Committee. Her involvement with the Alaska Nurses Association began in 1985 when she attended a convention at Chena Hot Springs and met nurse leaders from across the state. Hong became actively involved immediately, running for treasurer shortly after joining the Association.

Her path to becoming a nurse began at age three, when she contracted pneumonia and ended up in the hospital. The care she received by nurses while hospitalized kindled her excitement for what would become not just a career, but a passion and calling. Hong remembers receiving toy hospital kits during Christmas, and read books by Nancy Drew, Cherry Ames, and Sue Barton as she got older.

Hong graduated from the University of Maryland in Baltimore in 1972 with a Bachelor of Science in Nursing. She was a selectee of the Navy Nurse Corps Candidate Program and began active duty service with the Navy following her graduation. Her work began as an aide on a post-operative unit during nursing school. In 1972, Hong worked as a staff and charge nurse in the thoracic and cardiovascular surgery and intensive care unit at what is now the Walter Reed National Military Medical Center in Bethesda, Maryland. After a few years of active duty service, Hong joined the United States Navy Reserve.

Patricia Hong received a Master of Arts in Nursing from the University of Washington in 1976. In Seattle, Hong worked part-time in cardiovascular intensive care and as an acting instructor and instructor in the Department of Physiological Nursing at the University of Washington.

In 1980, Hong came to Alaska after she decided to become active duty military personnel once again – this time, with the Air Force. Serving as head nurse of the obstetrics and gynecology at Elmendorf Air Force Base, Hong’s Alaskan legacy began.

Patricia Hong never imagined she would become an educator. Originally, Hong wanted to become a clinical nurse specialist. After serving as a teaching assistant in Washington, her mind was changed. At Anchorage Community College, Hong managed for one year the Statewide ADN program – a distance learning program conducted via audio conference. Students travelled to Anchorage during the first and last summer of the program. Hong taught a fundamentals course and two med-surg courses until 1987, when she joined the School of Nursing at the University of Alaska Anchorage. Serving first as assistant professor, Hong then became an associate professor, then professor, until her retirement in 2005, when she earned the distinguished title of Professor Emerita.

Hong joined the United States Air Force Reserve, Nurse Corps in 1983 and remained a dedicated member of the armed forces until her retirement in 1999, as Colonel. During the Gulf War, Patricia Hong was serving as president of the Alaska Nurses Association. She was recalled to active duty during her term and was relieved of her presidential duties until her return three months later.

During her time as a professor at the University of Alaska Anchorage and her service in the U.S. Air Force Reserve, Patricia Hong also worked part-time at Providence Alaska Medical Center. She began her position at Providence in 1983 and remained a part-time employee until 2009. Hong remembers the initial organizing efforts and strike at PAMC in the 1990s. She recalls that nurses felt their practice was out of their control. “That was the impetus, she explained, and remained a supportive colleague throughout the bargaining efforts. Hong emphasized, though, that as a part-time nurse whose main livelihood was as an educator, it was not her battle. “I felt that it was the nurses that were full-time – who built their careers there – that should be making such important decisions and serving in leadership roles.” The best thing that the union did for nurses, she noted, was galvanize them to become involved and to have a strong desire to have a say in their professional practice.

Hong accomplished much with the Alaska Nurses Association. During her first post as treasurer, in 1985, Hong was surprised to learn that the Association was a labor organization, “almost since the very beginning” in the 1950s. The development of the Alaska Nurse Practice Act was an empowering achievement; it was something that other states strived to emulate. Hong also enjoyed seeing nurses at the bedside being integral in the legislative process, determining practice guidelines, and being aware and knowledgeable of issues that affect their profession.

The highly merited and varied achievements of Patricia Hong are plentiful. Hong has served on the UAA Faculty Senate, as Chair of the UAA ad hoc Diversity Committee, on the Alaska Native Health Careers Scholarship Committee, and as Chair of the UAA School of Nursing Faculty Association. She has served as a volunteer panel member for Northwest University School of Nursing and as a volunteer with the Hawaii Heart Association. Hong is a longtime member of the American Association of Critical Care Nurses and is also a member of Sigma Theta Tau, Theta Omicron Chapter and the Asian American/Pacific Islander Nurses Association. She has been recognized as a YWCA/BP Woman of Achievement, by Who’s Who Among American Teachers, Who’s Who in Medicine and Health Care, and received the DeLapp Nursing Excellence Award. In 2000, Hong received a Post-Master’s Certificate in Nursing Education. In 2003, she received the UAA Faculty Senate Award for Distinguished University Service. Hong has participated as both reviewer and author of multiple publications and has, at many times, served as a nursing consultant to legal firms, as well as to the Alaska State Board of Nursing. Patricia Hong has participated as a presenter for many
Patricia Senner, MS, RN, ANP

On October 12th, Alaska Nurses Association lobbyists Caren Robinson and Mark Hickey led a continuing education event – “So You Want to Pass Healthcare Legislation?” – in order to educate nurses about the intricacies of the Alaska legislative process. Caren Robinson and Mark Hickey have lobbied for the Alaska Nurses Association for many years and helped pass important legislation banning mandatory overtime for nurses. The bill was the culmination of a 5-year effort.

Over 30 nurses attended the event held during the Alaska Nurses Association’s 2013 Fall Retreat, including student nurses and thirty-year nurse experts, coming from a variety of work settings including hospitals, schools, and clinics.

The event helped ready advanced practice nurses for new legislation that would bring Alaska statues in compliance with the national Advanced Practice Registered Nurse consensus model. All nurses in attendance had an interest in influencing legislation to improve the health of their patients.

Caren Robinson and Mark Hickey reviewed the many hurdles a bill faces before it becomes law. First, a bill must have a sponsoring legislator. The sponsor will then try to convince the leadership that the bill is important. Unpopular bills can get additional committee referrals that reduce odds of survival.

If a bill has a financial cost to the state, a fiscal note will be attached. Usually, the more expensive a bill, the more difficult it is to pass. Over the years, the lobbyists have seen unexplainably high fiscal notes be attached to legislation the state opposed. All bills with fiscal notes must go through the House or Senate finance committees. These committees stay very busy and can become roadblocks to bill passage.

The bill sponsor must then convince the chairs of the referral committees that the bill should be heard. After one or more hearings, the chair will decide if a bill should move. If it is lucky enough to get through all committees of referral, the bill may be scheduled for a vote by the entire legislature.

Typically, the sponsor(s) must show they have the votes for passage before it can hit the floor. Once adopted, the bill moves to the other body and the process starts all over again.

In the end, both the House and Senate must agree to the wording of a bill. It then goes to the Governor. The Governor can sign, veto, or let it pass without signature.

Nurses interested in learning more about the legislative process or participating in the AaNA Legislative Committee can contact Arlene Briscoe, Legislative Chair – arlene. aknurse@gmail.com or Pat Senner, Interim Director of Professional Practice – pat@ aknurse.org. To be added to the AaNA Legislative listserve and receive information on legislative issues affecting nurses and meetings of the Legislative Committee, please contact Andrea Nutty – andrea@ aknurse.org.
Alaska Has a First! Tina DeLapp First Alaska Inductee
Fellows of the American Academy of Nursing

On October 19, 2013, Tina DeLapp, EdD, MS, RN was inducted into the American Academy of Nursing at the Academy’s 40th annual meeting in Washington, DC. Tina DeLapp is the first Alaskan nurse to be inducted into the Academy. Nationally only 2,200 nurses have had this honor, less than 1% of the national nursing workforce.

In order to be inducted into the Fellows of the American Academy of Nursing, one has to file out a lengthy application outlining one’s accomplishments and leadership as a nurse, and have two current Fellows nominate you for the honor. The American Academy of Nursing is an outgrowth of the American Nurses Association. Its mission is to serve the public and nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge. The Academy has 22 expert panels that produce white papers, expert testimony, and position statement on a wide variety of topics related to nursing.

Many of us recognize Tina from her eight years as Director of the University of Alaska Anchorage School of Nursing, preceded by her eight years as Associate Dean of the School of Nursing. During that time she played an important role in expanding the School of Nursing’s enrollment and distance learning programs and, in 1998, oversaw the creation of RRANN – Recruiting and Retention of Alaska Natives into Nursing. Since RRANN’s inception, 115 Alaska Native or American Indian students have graduated from the UAA School of Nursing.

Nationally, Tina DeLapp is known for her work with the Western Institute of Nursing, and the American Association of Colleges of Nursing. She also served on the Evaluation Review Panel of the National League of Nursing Accrediting Commission and was responsible for reviewing schools of nursing for accreditation. Currently Tina is “retired” but she still serves on three committees of the Western Institute of Nursing, is vice president of the Alaska Kidney Foundation, and Treasurer of the Alaska Nurses Foundation.

Tina states that she was shocked when she opened the letter announcing that she had been chosen to be inducted in the Fellows of the American Academy of Nursing. We’re not. Congratulations Tina!

Alaska Nurses Foundation Awards 2013 Grants

by Tina DeLapp, EdD, MSN, RN

The Alaska Nurses Foundation has awarded grants to two Alaskan nurses. Each year in early summer the Foundation issues a call for grant proposals which is advertised in The Alaska Nurse. The Foundation then meets in early fall to consider the proposals received and to award grants. This year, the Alaska Nurses Foundation awarded two grants: one to Lindy Ferguson of Juneau, and one to Colleen McNulty of Anchorage.

The Alaska Nurses Foundation was founded in the 1990’s with a sizeable grant designated to promote public health nursing in Alaska. Though public health nursing remains a strong focus, the Foundation has expanded its purpose to include promoting research related to nursing practice, increasing continuing education opportunities available to Alaskan nurses, and assisting in developing projects to improve the health of Alaskans.

Lindy Ferguson of Juneau, Alaska received one grant from AaNF. Healthy eating is the focus of the project proposed by Ms. Ferguson. She will work with the University of Alaska Fairbanks Cooperative Extension and the Southeast Master Gardener Association to create gardens in three child care centers in Juneau. Children and their families will receive healthy eating information over the course of the project, which will culminate with a harvest and community meal in the fall of 2014.

The second recipient of an AaNF grant is Colleen McNulty of Anchorage, Alaska. Ms. McNulty will use the grant funds to defray speaker expenses for the 2014 Public Health Nursing Conference – Change, Diversity, Ingenuity, Passion: Public Health Nursing – to be held April 15-17, 2014 in Anchorage. Among the speakers at the conference will be Dr. Linda Chamberlain, founder of the Alaska Family Violence Prevention Projects and an internationally-known expert on domestic violence. Dr. Chamberlain will address the impact of domestic violence on children, the developing brain, and the adolescent brain. Also speaking at the conference will be Ken Meter, President of Crossroads Resource Center, a non-profit organization that works with communities to promote democracy and local self-determination. Mr. Meter is an expert on food system analysis.

You can become a regular member of the Foundation by giving a minimum donation of $20. Send a check, along with name, address, phone number, and e-mail address to:

The Alaska Nurses Foundation
PO Box 244471
Anchorage AK 99524-4471

All donations to the Alaska Nurses Foundation are tax deductible. If you are interested in becoming involved in the Foundation, please contact Foundation President Sandra Woods at sandra.woods1@alaska.gov. Start thinking now about the project you want to apply for Foundation funding in 2014!
and was involved in her local bargaining unit in Oregon.

In November 2004, Jana was ready for a change. She visited a friend in Alaska and loved it here. Her visit turned into her new home when she went on a tour of the new Adult Critical Care Unit at Providence Alaska Medical Center — which turned into an interview, and subsequently, a job offer. PAMC was, initially, a culture shock; Jana was finally working at the big hospital, where “people got transported to us — it was hugely different than what I was used to.”

As I often like to do, I asked Jana why she became a nurse and the answer she gave me was a more surprising and more insightful than those that I typically receive. When you’re a nurse, she told me, you get to witness “triumph and tragedy all in the same shift.” She likes to stay challenged; nursing allows her to keep her mind always engaged, understanding the pathophysiology of the patient while delivering the type of care that only nurses can.

“Nursing is the heart and soul of healthcare,” Jana explained. “If there aren’t nurses, there isn’t really a healthcare system. Patients don’t go to the hospital to see doctors — they go to seek nursing care.”

If there’s one reason why Jana Shockman was elected as president of the Alaska Nurses Association, it’s this:

She’s passionate. Particularly about professional practice and nursing education, an interest that began when she worked part-time at a community college in Oregon teaching skills labs and nursing teaching skills. “Nursing isn’t just a job where you complete a task. You have the ability to continue to learn, continue to grow. As we have more and more opportunities than ever, we need to guide our own professional practice. We have a responsibility to guide our practice.”

“Nurses have an important role and need to have a strong voice in healthcare,” Jana stresses, “a united voice — especially as it’s going through all the changes that it is now.”

Jana is a member of multiple AaNA Committees, including the Professional Practice Committee, Editorial Committee, and Continuing Education Committee. In her free time, Jana is an avid reader and enjoys created fused glass art. The Alaska Nurses Association is proud to have Jana Shockman’s passionate leadership during our 60th year representing nurses in Alaska.

**2013 AaNA Fall Retreat a Success**

On October 11th, 2013 the Alaska Nurses Association Fall Retreat was held at the Coast International Inn in Anchorage. Recent graduates, hospital-based nurses, student nurses, SART nurses, clinic nurses, nurse managers, and Board of Nursing representatives comprised the audience at “Trending Topics in Nursing,” a full-day educational event by AaNA. Topics presented included a keynote speech from AACN President-Elect Teri Kiss, a Board of Nursing Update, Bullying in Healthcare, Designer Drugs, Medical Photodocumentation, Health Care Legislation, and Low-Dose Ketamine. Following the continuing education event was a reception and dinner — “Nurses Night Out!” — which included a silent auction fundraiser for the UAA Student Nurses Association and musical entertainment from local comedian Kelly Lee Williams. We hope you enjoy the articles covering two of the excellent presentations at the Fall Retreat: “Stepping Forward” and “Designer Drugs: Who Knew?” If you would like to be involved in the planning of the 2014 Conference, please contact Andrea Nutty – andrea@aknurse.org.
Helping Kids Locally and Globally

by Lisa Friesen, BSN, RN, CCRN, CPN

As a child, I had three dreams: to be a nurse, to travel to Africa, and to care for orphans. I grew up in a fundamental Mennonite community, in which education for women was frowned upon. By the age of 14 my education was complete. By 16, I was volunteering as a nurse's aide at a nursing home. By 20, I was married. After having worked as a nurse's aide for 9 years, my husband encouraged me to pursue my dream of becoming a nurse. I was finally accepted into a nursing program at a small community college in Canada, despite having only my GED. For two years, my husband and I lived apart as I studied to become a nurse.

My nursing career has taken me not only all over the USA, but to 30 other countries across the globe. I have worked in PICU for 22 years and love it! I have also worked as a flight nurse, ER, Clinical Educator, and as an Organ Recovery Coordinator. Working with kids is where my passion is. I love the challenge of not only caring for children, but working with the families of children in my care.

In 1999, I had an opportunity to go to the Republic of Georgia in the former Soviet Union to set up a PICU. This trip changed my life and provided me with several realizations. I realized there was such an incredible need for good nursing care in so many places in the world. I realized that with the skills I had, I could not only help children in my country, but all over the world. I realized that as a nurse, I could also have a huge influence on the nurses that practice in other countries. I made up my mind then: even though I may never get a chance to practice in other countries. I made up my mind to set up a PICU. This trip changed my life and provided me with several realizations. I realized there was such an incredible need for good nursing care in so many places in the world. I realized that with the skills I had, I could not only help children in my country, but all over the world. I realized that as a nurse, I could also have a huge influence on the nurses that practice in other countries. I made up my mind then: even though I may never get a chance to practice in other countries.

Since then I have traveled to more than 30 countries and have helped thousands of children, many that are afflicted by craniofacial defects. I generally volunteer for about 8-10 medical missions a year. In 2004, I became involved with Operation Smile, an organization that has a network of medical volunteers from around the world who offer free reconstructive surgery and related care for children born with craniofacial defects, namely cleft lip and cleft palate. Operation Smile also conducts several medical missions each year that focus on burns, namely contracture releases so that people can function again with the activities of daily living.

I am a Clinical Coordinator with Operation Smile. My role is basically coordinating the screening, scheduling, and post-op care process, the entire nursing staff, and to make sure that the children are getting the best possible and safest care. Generally on an international mission, the team consists of about 50-60 international volunteers. Plastic surgeons, anesthesiologists, pediatricians, OR nurses, PACU nurses, pre- and post-op care nurses, a child life therapist, a speech pathologist, and a few medical records people make up the team. It always amazes me to gather 60 people who have never seen each other together and create these miracles of giving 100-180 children new smiles!

The first two days are generally utilized for screening, where Operation Smile provides comprehensive healthcare evaluations for the patients. Families are notified via TV, radio, or other means of media that Operation Smile will be doing a medical mission in the respective city. Often we will have 300 children waiting in line with their families when we arrive on site. Each child goes through the screening process, and even if they are not a candidate for surgery, they will be seen by the pediatrician and all the other specialties that make up the team. If there is a medical issue that we cannot help with, we try to set them up with local medical professionals that can help. At the end of the screening days, I and the rest of the leadership team work on the OR schedule for the week. The families are notified of whether their child will be having surgery or not, and what day it will be. In some of the poorer areas like Africa, families come from very far away and are put up in a shelter and provided with a mattress, blankets, and food for the week.

The rest of the team is setting up their areas, ready for an early morning start. Generally we run 3-7 tables on each mission, so we often do about 25-35 cases each day. The days are long, with a wake-up call at 5:30 am. I don’t leave until everything is in order, the night nurses have everything they need, and the last patient of the day is tucked in and free of pain, which is often 9-10 pm or later. The children are all healthy pre-op, and most are discharged 24 hours after surgery. Discharge teaching is done by the nurses, and patients return for a post-op check 3-5 days later.

Every three minutes, a child is born with a cleft. At Operation Smile we believe that all children deserve to live their lives with dignity, and for those suffering from craniofacial defects, dignity begins with a smile. The exact cause of clefts is not known; however, malnutrition is a factor. Research does show that for pregnant women taking a multivitamin with folic acid during the first two months of pregnancy may reduce the risk. Clefts can produce ear disease and dental issues, difficulty eating, and speech problems. Ideally cleft lip patients will have surgery between the ages of 3 months to a year, and cleft palates at 9 months to a year. A cleft lip often can be repaired in as few as 45 minutes and a cleft palate, depending on the size, often within an hour and a half. There is no cost for the family. There is no better feeling in the world than when you give a baby back to a Mom after a cleft lip repair. The baby does not know how his or her life could have been before the repair, yet the mother knows. Children are often ostracized when they are not “perfect.” Mothers may be blamed or feel...
guilty about having a child that is not “perfect.” In some countries, many children do not go to school if they have a cleft lip or cleft palate.

There are also many adults in some countries that have never been repaired. One of my favorite stories about a patient and a volunteer happened recently in Ethiopia. I had just participated on a mission in Egypt, and one of my colleagues there, Ahmed, who is a plastic surgeon said, “I really want to make a difference in someone’s life.” Two weeks later we were on a medical mission together in Ethiopia. A man came to our medical mission. He was in his 50s, and all his life had been plagued by a huge bilateral cleft lip. He did not know that there was help for him. Ahmed asked me if he could do this man’s repair. The surgery took a long time, and was the last case of the day. When the patient came to PACU, his daughter, who was fifteen, fell to her knees and cried. She had never seen her father without that big gaping hole in his mouth. There was not a dry eye in the room. Ahmed, with tears in his eyes watched as the daughter stroked her father’s grey hair, and wept.

I turned to Ahmed and said, “Remember what you said to me two weeks ago? I think you made a difference.” Here were two men from the same continent. One was a well-known plastic surgeon; one was a farmer who had been ostracized all his life because of how he looked. Not only had the farmer’s life been changed, but the surgeon’s life too. These moments happen on a daily basis. I wouldn’t trade these life-changing moments for the world.

If you are interested in donating to or becoming involved with Operation Smile, please visit: www.operationsmile.org

Screening day in Zhengzhou, China (above) and in Egypt (below). Photo by Ebrahim Al-Key

Ongoing

AaNA Board of Directors Meeting
Fourth Wednesday of each month
4:00 to 5:30 pm

AaNA Labor Council Meeting
Fourth Wednesday of each month
5:30 to 6:30 pm

AaNA Professional Practice Committee
Contact for times: andrea@aknurse.org or 907-274-0827

AaNA Legislative Committee
2nd & 4th Wednesday of each month
5:30 to 7:00 pm

Providence Registered Nurses
3rd Thursday of each month
4pm-6pm

RN’s United of Central Peninsula Hospital
Contact for times: 907-252-5276

KTN Ketchikan General Hospital
Contact for times: 907-247-3828

Alaska State Board of Nursing – Meeting
January 22-24, 2014 · Agenda deadline December 30, 2013
April 2-4, 2014 · Agenda deadline March 12, 2014
October 22-24, 2014 · Agenda deadline October 1, 2014

The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers, and the public. To sign up for this free service, visit www.nursing.alaska.gov.

Inquiries regarding meetings and appearing on the agenda can be directed to: Nancy Sanders, PhD RN, Executive Administrator Alaska State Board of Nursing, 550 W 7th Ave., Suite 1500, Anchorage, AK 99501
Phone: 907-269-8161, Fax: 907-269-8196. Email: nancy.sanders@alaska.gov

Alaska Public Health Association
31st Annual Health Summit
“Changing Systems, Changing Lives”
January 27-29, 2014
Anchorage, Alaska · www.alaskapublichealth.org/health-summit/

Advanced Practice Nursing Scope of Practice Update
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BP Energy Center, Anchorage, Alaska
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