



VA APN NEWS

DEPARTMENT OF VETERANS
AFFAIRS
ADVANCED PRACTICE NURSES

Winter 2008
February 2008

VA ADVANCED PRACTICE NURSES APNS

The history of VA Nursing has evolved over the past 75 years. As part of that evolution, Advanced Practice Nurses serve as leaders and innovators in delivering care to our veterans. The goal of safe, effective, efficient and compassionate care for our nation's heroes is one that all strive for and adhere to. By serving those who have served our country, VA APNs fulfill the nation's promise to "care for its veterans." From OIF/OEF veterans to World War II veterans, the skills and knowledge of APNS contribute to the optimum care deserved by those who served.

GREETINGS FROM APNAG!

By Janette (Jan) Elliott, RN-BC, MSN, AOCN
Chair APNAG

It is my pleasure to have assumed the chair of the APNAG (Advanced Practice Nursing Advisory Group) and to have Carolyn Anich co-chairing the group as of September, 2007. April Gerlock and Carol Einhorn have stepped down. Their knowledge, expertise, and HARD WORK substantially advanced the group and they are sincerely thanked for their efforts!

The APNAG has been working very hard on a number of projects, all designed to advance APN practice and facilitate two-way communication between APNs, the Office of Nursing Service and other groups. We hope all APNs have been receiving emails keeping them informed of items of interest. If not, please feel free to contact me, your VISN APN Liaison representative or your VISN APNAG representative.

A COLLAGE website has been constructed and is available at the following website: http://vaww.collage.research.med.va.gov/collage/N_APNAG/ I would encourage all APNs to enroll on the Advanced Practice Nurse Advisory Group community of practice. (To register to look for "members" on the top left, drop down to "register" and follow the instructions.) You will find a number of items of interest to the APN on this website. The newest version of the APN toolkit may also be accessed on the website. This includes many APN resources, an example for scope of practice, information on certification issues and many other items of interest to APNs. Links to VA documents are also found here. Copies of the APN newsletter may be found along with meeting minutes, conference announcements and sundry other documents under "files". I would invite all to check out the COLLAGE site and invite all APNs to enroll in this community. The main COLLAGE website is <http://vaww.collage.research.med.va.gov/cgi-bin/collage/> A number of different communities of practice may be accessed on COLLAGE. You may find that a number of communities of practice are of interest to you. Log on, look around. There is a wealth of information accessible here. And if you have suggestions for additions/changes please SPEAK UP!

Other activities: We have developed a number of FAQs from questions asked by APNs. These will soon be available on the COLLAGE page. We have worked with the Office of Nursing Service to develop a new APN brochure that will be used for recruitment. We are beginning work toward a second national VA APN conference—the date and place are yet to be determined. If there are particular topics of interest you would like to see addressed and/or suggested speakers, again, please feel free to contact APNAG. And, we are working on an executive decision memo (EDM) regarding APN issues. Developing an EDM is a process that looks at all aspects of a particular issue, gleans as much information from as many different sources as possible, puts this information in writing, and recommends a course of action. The EDM is then presented to the appropriate administrative body for consideration.

You are invited to address the APNAG with your questions, concerns, suggestions. We will continue to do our very best to represent you and in turn to guide you in finding answers to your questions.

APNAG member representatives are listed on page 4 of this issue.



“VA-Keeping the Promise to Those Who Served”

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My Journey: NP to VISN Liaison

Denise Rhoads, VA APN Liaison, VISN 18

I have been the APN Liaison for VISN 18 for approximately a year now. It has been an interesting and informative experience. Let me describe my journey from staff NP to representative of an entire VISN.

My experience with the VA began in 2002 when I started my career as a new NP in a newly opened experimental clinic in Tucson, AZ (South Arizona) SAVAHCS. The clinic was set up to perform new patient intake exams and disability exams. The learning curve was huge for a recently graduated Nurse Practitioner. However, the clinic was very successful, and grew from 3 APNs to the current staff of Medical Director, 7 APNs, 2 Pharmacists, and another physician, along with support staff.

I learned that it is important to write one's proficiency to reflect accomplishments and responsibilities to the desired grade standards in order to successfully achieve a promotion. My Medical Director and Nursing supervisor were supportive of the promotion, and after rewriting my proficiency to the Grade III standards, I was promoted to Nurse III.

My experiences with writing my proficiency prompted me to attend the first annual VA APN conference in San Antonio in October, 2006. I wanted to know if others had experienced the same frustration and the answer was a resounding yes. In response to this, I was glad to see that one of the presentations was on just this subject- "Selling Yourself: Writing Your Resume and Proficiency". This presentation can be found on the COLLAGE APN web page.

The conference energized several of my colleagues and me. We were very encouraged after networking with the many vibrant, enthusiastic APNs at the conference. Upon returning to Tucson, we discussed the process of promotion and other APN issues raised at the VA APN conference with our APN colleagues at SAVAHCS. I volunteered to be the APN Liaison for my VISN. The first order of business was to determine how to contact other APNs in the VISN. A request was sent to the Chief Nurse Executive (CNO) at Tucson and I was given names of CNOs of the 7 facilities in our VISN. A few responded to my e-mail. Next, I e-mailed individual APNs from the APN Directory on the ONS website, and recruited volunteers. Currently, there is only one facility in the VISN without an identified representative. In order to keep in touch, I send a quarterly report of the APN Liaison teleconference calls to my local APN group here at SAVAHCS as well as to the facility APN representatives. They in turn, are encouraged and asked to disseminate this information to the APNs in their facilities.

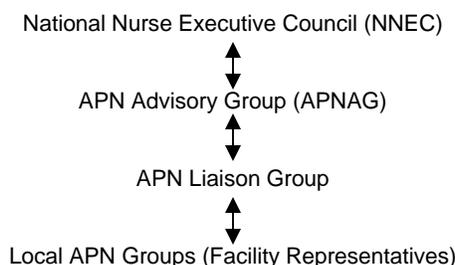
Of course, there is much left to do to further improve communication among VISN 18 APNs. However, it is great to know that there are many among our ranks working to improve the visibility of, and interaction among APNs across the VA system. Kudos to APNAG, VISN Representatives, and all VA APNs!!

APN VISN LIAISONS

Each VISN is represented by an APN Liaison and an alternate. This representation is a vital communication link between the facility representatives in the VISN and APNAG. Ideally, email groups or teleconferences are formed by the VISN Liaison for VISN communication.

- Goals:
1. Focus on Mentorship and serving as a Role Model for APNs in the Liaison Role.
 2. Participation in the professional growth process for advancing to APNAG selection and membership.
 3. Facilitate and improve Communication between APNs, APN VISN Liaisons, APNAG and NNEC by identifying and contacting APNs within the VISN represented.

Assure a two-way communication network (i.e., strategic plan, minutes, reports, activities, etc.) as diagrammed below:



APN VISN Liaisons and Alternates

VISN 1– Gayle Bolduc , Jeff Lewis	VISN 11- Denise Adams, Mary Rearick	VISN 23– Aleen Golis, Peter Mitchell, Sally Watson
VISN 2- Charlotte Ballew, Chris Norton	VISN 12- Karen Franklin, Karen Clark	
VISN 3- Eleanor Hobbs, Mike Sklar	VISN 15- Cindy Heimsoth, Terrye Reahr	
VISN 4- Gail Prater, Janice Jones	VISN 16- Amy Smith, Mary Watson,	
VISN 5- Pamela Rachal, Chris Engstrom	VISN 17- Paula Hudgins,	
VISN 6- Beverly Ross, Patricia Dzandu	VISN 18- Denise Rhoads, Gladys Benavente	
VISN 7- Sheryl Russell	VISN 19- Alana Jacobs	
VISN 8- Jerome Steffe, Kim Vander Heuvel	VISN 20- Karen Huisinga, Jonathan Wolman	
VISN 9- Linda Laughlin, Jennifer Blair	VISN 21- Lynn Obrien, Deborah Ruggles	
VISN 10– Laura Beck-Wilson, Veronica Renfrow	VISN 22- Roberta McCoy, Julie Laverdier	

COLLAGE UPDATE

Submitted by Kathleen Burns APNAG representative for VISN 1 & VISN 2. Kathleen.burns2@va.gov

We are now putting the web page, COLLAGE to work in various ways. "http://vaww.collage.research.med.va.gov/collage/N_APNAG/"

COLLAGE is where you go to for information:

1. Leadership database – provides information on the leaders in your VISN. Go to bottom of home page, above, and click on "APN Leadership Groups" This link will tell you who are the APN Leaders in your VISN. Each column of that database is able to be sorted. Just click on column heading to sort as you wish. Makes finding someone so much easier.
2. Minutes from APNAG and Liaison teleconferences that speak to the issues that are brought to us for action or explanation. These are found under "files".
3. Discussion group issues that anyone, registered on COLLAGE, may participate in. To register for COLLAGE, cursor to "members" and note registration then, click on it to fill in information. To join a discussion group, cursor over "tools" and then down to Discussion Group. Be sure to specify who you wish to notify via email of your discussion topic or response to discussion topic. If you do not do this, no one is notified you have participated in Discussion Group.
4. Help pages for each function/topic are located toward the top of window, labeled "INSTRUCTIONS".
5. Upcoming conference information and links are currently located on home page above. Click on link to find pertinent information regarding upcoming meeting.
6. Useful links is located on Home Page to the left in beige-yellow area under Resources.
7. APN Toolkit is finished and available for all to use. Just go to above home page and click on link. We hope this is very useful to everyone.

There are many other features to COLLAGE and more coming, including a name change to reflect the sites ownership – all APNs in the VA system.

The APN Directory

You will find a listing of current APNs...on the APN Directory site. <http://vaww1.va.gov/nursing/apps/index.cfm>

On this site, which is totally separate from the COLLAGE site, you can:

Find an APN according to alphabetical listing.

Find APNs according to entire VA listing, or according to VISN, or according to Facility etc..

Sort the APN Directory according to specialty to find those with like practice or those to ask a question of concerning practice.

The APN Directory site does not allow you to email the people you select directly from that site.

On this site, an APN Directory Administrator needs to make any changes that are appropriate such as when a new APN comes on board in the VISN or an APN leaves or APN changes specialty or APN changes contact information. .etc. The link to that APN Directory administrators is specified right on the home page above

"APN Directory Administration" Just scroll down list to your VISN and contact one of your VISN contacts listed.

The help page for the APN Directory is found at http://vaww.collage.research.med.va.gov/collage/N_APNAG/dir_help.asp

Development of a National APN Email group.

This is an effort is underway with the help of Office of Nursing Services who will actually own the email group.

I have been collecting email group information for past couple of months. I so appreciate those of you who have taken the time to contact me. If you have not contacted me, please do so at Kathleen.burns2@va.gov. I am most happy to include your group in National Email group.

We hope that the inception of this National email group will facilitate much better, accurate and faster communication for APNs within VA system. There simply is too much misinformation being bandied about that simply causes frustration and stagnation.

We hope to use this format to get information to you about COLLAGE and the APN Directory.

If you have a personal email group ("distribution list" under your "contacts" area, unfortunately, we are unable to add to the National Email Group.

I would ask you to contact your VISN Help desk for information on how to form an email group for your facility or your VISN. Someone must be assigned as owner with others helping to keep information up to date. This is a monumental task with the mobility of our current society, so please help all you can. I am going to send to the Office of Nursing Services the information I have so far. If you form an email group in OUT-LOOK, please notify me of exact name of the email group and I will forward on. My email again, is Kathleen.burns2@va.gov. I will keep you posted on the progress of this.

Leading the Way in a Rising Tide

Amy W. Smith, RN, MSN, CFNP, APN VISN 16 Liaison

Advanced Practice Nurses at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Mississippi have historically and continue to be instrumental in providing leadership on advanced practice professional development. In 1998, this proactive team of VHA Nurse Practitioners launched an initiative to develop a local Nurse Practitioner Continuing Education program called NP Update. The team members designed the process to meet the following desired outcomes:

- Offer necessary continuing education hours to meet certification and VA employee training requirements
- Allow a forum for networking and collaboration among colleagues
- Encourage efficient use of technology
- Contribute to the health of veterans and the community by enhancing the knowledge and skills of providers.
- Improve employee satisfaction by offering quality continuing education.
- Increase participants' knowledge of preventive health and chronic disease management
- Facilitate principles of ONE VA through participation of APNs from community based outpatient clinics

The quality of the NP Update program has highlighted the image of the VA in a very favorable light to the community participants thus serving to enhance public perceptions and VHA image. This program promotes the medical center's reputation as a leader in health care. The annual NP Conference's influence has increased from local to regional and now nationally.

The Nurse Practitioner Update also contributes to the strategic goals of the VHA in a number of ways:

- 1) Enhancing the knowledge and skills of front line providers to improve patient care services and develop a high quality workforce.
- 2) Facilitating recruitment and retention of staff: increasing employees' satisfaction with the ability to get necessary CE hours at no cost and the positive image presented encouraged some community APNs to pursue VA employment.
- 3) Improving performance measure achievement: VHA National Performance Measure Topics such as diabetes, hyperlipidemia, hypertension, cancer screening, cardiac care, CHF, etc. are included in the program each year thus contributing to continual performance improvement within the organization.
- 4) Supporting the culture of the learning organization: This program also reinforces the organization's commitment to ensuring that each employee satisfies the education performance measure.

Because of thoughtful planning, creative thinking, and continuous improvement the program evolved from a small, local educational conference to a comprehensive, multidimensional learning system. This system includes the 2-day nurse practitioner continuing education conference attended annually by more than 300 participants from across the nation, a comprehensive peer review program, a formalized mentor/preceptor initiative, and a reinvented nurse practitioner orientation process.

In addition to the organized education system and regular monthly council meetings to address professional issues, the NP group in Jackson utilizes a Nurse Practitioner Directory to facilitate APN communication and collaboration. The NP's are members of the Medical Staff and have a representative on the Executive Committee for the Medical Staff. The Jackson VA Nurse Practitioners are "at the table," lending their expertise and patient centeredness to executive level decisions.

The Jackson APNs are committed to improving the status of APNs across VHA. In the last decade, the G.V. (Sonny) Montgomery VA Medical Center has become recognized throughout the VA system as a leader in Nurse Practitioner Continuing Education and APN Peer Review. Sharing this expertise has become a priority as the APNs collaborate to assist other VA Medical Centers with professional development. With continued sharing of best practices and effective programs across the VHA APN network, VA Advanced Practice Nurses will continue our forward progress for truly, "a rising tide raises all ships."

APN ADVISORY GROUP (APNAG)

The VA Advanced Practice Nurse Advisory Group was established to serve in an advisory capacity to the VA National Nursing Executive Council (NNEC) for the purpose of establishing, implementing and evaluating the strategic plan for Advanced Practice Nursing in the VA. The mission of the APN Advisory Group is to provide a national focal point for information relating to issues pertinent to APNs and their practice in VA facilities and clinics such as licensure, utilization, roles, scope of practice, recruitment and retention, workload captures and prescriptive authority. The APN Advisory Group reports to the NNEC.

Advanced Practice Nursing Advisory Group:

Janette Elliott, RN-BC, MSN, AOCN—Chair	Rebecca Waldon, RN, MSN, FNP, GNP VISN 9-10
Carolyn Anich, PhD, APRN, CNS—Co-Chair	Mary Falls, MSN, APNP VISN 11-12
Anna C. Alt-White, RN, PhD. ONS—Facilitator	Deborah Monicken, CNS, NP VISN 15-23
Kathleen Burns, RN, MS, NP VISN 1-2.	Nancy Cook, RN, MSN, FNP, RN-C VISN 16-17
Nora Krick, RN, MSN, ANP, APRN, BC VISN 3-4	Julie Marcum, APRN, CCRN, CS VISN 20
Joan Knox, RNC, MSN, WHCNP, FNP VISN 5-6	Mary Thomas, RN, CNS VISN 21-22
Mary Lovelady, MSN, RN, CRNP, CS VISN 7-8	Brian Westfield, RN, MSN, NP-C Nurse Executive

RECOGNIZING POST DEPLOYMENT SYMPTOMS

"Helping our Newest Veterans"

Aleen Golis, APRN, BC, NP

VISN 23 APN Liaison Representative

There is much local, regional, national and international news surrounding the Operations Iraqi and Enduring Freedom (OIF/OEF) active duty/veterans, their needs, and issues unique to OEF/OIF involved in this war. As of January 2007, more than 1.6 million U.S. military personnel serviced in Afghanistan and Iraq with one third of these being treated at VA facilities. (4, 6).

Of 103,788 OEF/OIF seen in VA facilities since 2001, 25% have received mental health diagnoses with 56% having 2 or more distinct mental health diagnoses. Most of these diagnoses (60%) have been made in primary care clinics or settings. (13) The Department of Defense reports that most of the sub acute physical and mental problems are detected at 3-6 months post deployment (4). Research conducted on OEF/OIF personnel has already established a prevalence of PTSD (12-13%) during the first 3-4 months after their return home (7). It is important to recognize that OIF/OEF personnel initially may be reluctant to seek care (6). For reservists and active duty military there is a concern that it could affect their current enlistment or deployment (9). OEF/OIF Veterans who have been discharged may be concerned with the effect documented problems may have with future employment (8, 11). Often the OEF/OIF attaches a stigma to seeking help for mental health disorders (6).

Today's veterans are more likely to return home with war wounds that in the past would have been fatal. With increased exposure to explosions and motor vehicle accidents, many OEF/OIF experience TBI (Traumatic Brain Injury) due to often multiple exposures to blasts. Many OEF/OIF can have visible wounds from these blasts. However, others will experience post concussion syndrome with symptoms of headaches, disturbed sleep, memory loss and behavior issue. This is being seen at double the rate of previous conflicts. (2,9). Medical personnel at the Defense and Veterans Brain Injury Center at Walter Reed Army Medical Center in Washington have found that troops in both OIF/OEF zones are suffering traumatic brain injuries at a rate double that of previous conflicts. What's more, 88 percent of patients who sustained traumatic brain injuries did not have penetrating head wounds, meaning their injuries were not always apparent to others or even to themselves (9).

Other issues for OIF/OEF personnel include:

- 1) multiple breathing problems, such as new onset asthma and allergies, chronic cough, rhinitis, and congestion (thought to be due to the high contamination by sand and pollution) (5, 2)
- 2) Chronic back and hip associated with 75 pounds of protective flack gear, in addition to the weight of packs, ammo, guns, or gear (4).
- 3) Alcohol abuse: As with other veterans of former war zones, OIF/OEF veterans may drink too much, using alcohol as a way to cope with sleep disturbances and anxiety (8).
- 4) Harried life style: In an effort to quickly re-integrate into their civilian life, many OEF/OIF fill their life full of activity/work/school (7).
- 5) Poor Sleep Hygiene: Sleep disturbance can occur from inadequate time for sleep or disruption by nightmares (7, 12).

Recognizing and being sensitive to the readjustment and post-deployment problems of OIF/OEF personnel is the first step to appropriately responding to their needs and providing care. It is important to know your OEF/OIF Case Managers in your VISN who can assist you in locating outreach programs and established OEF/OIF programs. They are important liaisons to the Department of Defense which may provide additional program or financial resources. Multiple education and health care resources have been developed for OEF/OIF and their families. Currently there are programs for screening all returning OEF/OIF for issues of PTSD, depression, suicidal thoughts, substance abuse, panic attacks, family conflict, TBI, and other physical problems. This is helpful in identifying the support needed for each OEF/OIF soon after their return. Changes in the models of health care delivery, such as increases in the allocation of mental health services in primary care clinics and in the provision of confidential counseling by means of employee-assistance programs are being implemented (12). Helping our newest veterans adjust to life after being in a combat zone by providing a continuum of quality care is a priority for our country and the VA.

Resources:

- 1) Dept. of VA Fact Sheet: Initiatives to Enhance Care and Service to Operation Iraqi Freedom and Operation Enduring Freedom Veterans (2007)
- 2) Dept. of VA Fact Sheet: Polytrauma System of Care (2007)
- 3) DoD Reemphasizes Commitment to Service Members with Launch of New Health Program, <http://fhp.osd.mil/pdhrainfo/new.jsp>.
- 4) Kang, H.: VA Health Care Utilization among OIF/OEF Veterans. War-Related Illness and Injury Study Center, Veterans Health Administration, Washington DC VAMC. 7-27-2006.
- 5) Health Outcomes & Concerns, Asthma Concerns Due to Oil-Fire Smoke, <http://www.pdhealth.mil/deployments/gulfwar/gulfwar.Health.oilfire.asp>
- 6) Hoge, Castro, et. al., Combat Duty in Iraq and Afghanistan: Mental Health Problems and Barriers to Care (1 July 2004). NEJM, 351 (1) 13-22
- 7) Hoge, C., Terhakopian, A., Castro, C., Messer, S., Engel, C.: Association of Posttraumatic Stress Disorder with Somatic Symptoms, Health Care Visits, and Absenteeism among Iraq War Veterans. *Am J Psychiatry* 164:150-153 (2007)
- 8) Land Combat Team, Walter Reed Army Institute of Research & U. S. Army Medical Research and Materiel Command, 3 November 2005. <http://www.battlemind.org>
- 9) McIntire-Peters, K.: Hidden Wounds. *Government Executive* 2007. 39:230-231
- 10) Opel, R: "For a U.S. officer in Iraq, Caring about the Dead means Caring for the Living" *The International Herald Tribune*. April 2, 2007. <http://www.iht.com/articles/2007/04/02/africa/web0204-dead.php>
- 11) Pehrson and Hamlin, (2002). Boundary Issues in Clinical Practice reported by Army Social Workers. *Military Med* 167(1) 14-22.
- 12) Recognizing Post Traumatic Stress disorder: Implications for Primary Care, 2002, Department of Veterans Affairs Independent Study Course. P. 1-216.
- 13) Seal, K., Bertenthal, D., Miner, C., Sen, S., Marmar, C.: Bringing the War Back Home *Arc Intern Med* 2007; 167:476-482.

NP Initiates Lung Transplant Support Group at Bay Pines VA

By Anne McConaughey-Maltese, MS, ARNP-BC

Lynette Lamendola, ARNP has been in the role of Lung Transplant Referral Coordinator (LTRC) at Bay Pines, Florida VA since 2006. Lung transplant patients require a great deal of coordination of care, attention to detail and emotional and clinical support. Lynette serves as the designated clinician overseeing lung transplant referrals for patients with end-stage lung disease.

The lung transplant evaluation process is complex in the VA system.

The process is as follows:

Stage One: Pulmonary physician identifies that the patient should be evaluated for lung transplantation and then refers the patient to the LTRC. The patient then completes required testing and consultations within a 3 month period of time. The LTRC compiles the transplant packet which must then be approved by the Chief of Staff of the hospital. Then, the transplant packet is sent to the National VA Transplant Center in Washington, DC.

Stage 2: The packet is reviewed by the Transplant Review Board and eligibility as a transplant candidate is determined. If the patient is determined to be an eligible candidate, the patient is then referred for an in-person evaluation at the transplant center.

Stage 3: The patient and a caregiver go to the Madison VA Transplant Center (Wisconsin) and the patient undergoes extensive testing. The transplant center decides if the patient is a good candidate for a lung transplant. If approved, the transplant center places the patient on the UNOS (United Network for Organ Sharing) list, the national list for organ transplants.

Stage 4: The patient awaits transplant with regular interval follow ups at the transplant center until the actual surgery date.

Recognizing that the process is complex, lengthy and stressful, it became apparent that there was a need for a patient support group. A Lung Transplant Support Group was started at Bay Pines in September of 2006. A telemedicine connection was made to the Ft. Myers Clinic, so patients would not have to travel to Bay Pines to participate. The support group included patients who had already undergone a lung transplant, as well as patients going through the lung transplant evaluation. Patients learned a great deal about the lung transplant evaluation in the VA system. Post-transplant patients gave pre-transplant patients hope and inspired them.

On September 27th, 2007, Lynette coordinated and held a special Lung Transplant Support Group Meeting that included the Madison VA Transplant Center via telemedicine connection. During the meeting she was told that Bay Pines has become one of their leading referral VA hospitals. Patient feedback was that the session was extremely informative and inspiring and shared one of patients was at the Madison VA for his 6 month check up and currently on the UNOS list. Some timelines for transplantation were shared with the average wait time for transplantation for patients with of COPD and emphysema is about two years. On a sad note, the group also learned that one in four patients die while waiting for a lung transplant, which is one of the reasons the group appreciated the Lung Transplant Support Group.

Bay Pines VA has referred several patients during 2006-07 to the VA National Transplant Center in Washington, DC. Several of these patients are now approved for in-person evaluation at the Madison VA for a formal evaluation. At this time, Bay Pines has four patients on the UNOS List for Lung Transplantation.

Lynette can be contacted at Lynette.Lamendola@va.gov for more information on organizing Support Groups

UPCOMING EVENTS

1) The Nursing Research Committee of the Dayton VA Medical Center Presents: **"It's a Great Time to be a Nurse: Improving Care through Evidence Based Practice"**. Friday, April 25, 2008; 7:30 am – 4:15 pm

Keynote Speaker: Lynn Wieck, PhD, RN, FAAN, University of Texas at Tyler

Registration Fees: \$35.00 VAMC Employees, Nursing Students and Retirees; \$65.00 Non –employees

Registration Deadline=March 17, 2008 Contact: Christine Schwartzkopf, MSN, RN, CS @ 937-268-6511 X 2853

2) **"Take Heart": 9th Annual Cardiovascular Nursing Symposium**, Place: Washtenaw Community College; Ann Arbor, MI 48105

Date: Monday March 3, 2007, Time: 7:30am until 4pm Fees: VA employee: \$35 Non-VA \$50

Presented by: Cardiovascular APN Group at the Ann Arbor VA in collaboration with the Michigan Chapter of the American College of Cardiology. For more information can email : Denise.adams@va.gov

3) **Annual VISN 22 Advanced Practice Registered Nurse Conference**, Hosted by VA Greater Los Angeles Healthcare System on Monday February 25, 2007. For more information contact: Elissa.brown@va.gov

APN Advisory Group Strategic Goals

Provide resources enabling all APNS to develop leadership skills and competence.

To Improve the flow and timely distribution of communication.

To Identify and address issues that impact APN practice.

Provide opportunities to increase knowledge of current clinical practice and

Provide avenues for networking.

Evidence Based Practice

NNEC Strategic Goals

Leadership Excellence

Nursing Practice Transformation

Effective Work Force

Evidence Based Practice

VA APN NEWS

VISN 3

Marsha Oliver, ANP, had an article published in Aids Behav. (2007); 11:812-821, Title: Young Urban Women's Patterns of Unprotected Sex with Men Engaged in HIV Risk Behaviors

Vivian Dee, APRNc, ACHPN, Lyons VA recently passed the Advanced Certification for Hospice and Palliative Nurses

VISN 9

Genyl Glover, MSN, RN, CNS Memphis received the 2007 Truebger Award , the highest award presented by the Mid-South PVA.

Carol Headley, DNSc, RN, CNN, Memphis, was the 2007 recipient of the Tennessee Nurse Association Award for Nursing Excellence.

Melverdine B. Young-Smith, MSN, APRN (BC) Memphis, received a Public Health Award in June 2007 from the Strategic Health Care Group. The program is designed to encourage the development of education and prevention materials and programs related to public health concerns. Ms Young-Smith is also an active community speaker in the Memphis area on prevention and safety.

VISN 10

In April 2007, Laura Flagg, Urology Nurse Practitioner, VA Cincinnati , had an article published in Urologic Nursing entitled "Dietary and Holistic Treatment of Calcium Oxalate Kidney Stones: Review of literature to guide patient education". She was also asked to author a chapter for an upcoming book targeting PCPs which is looking at dietary guidelines for chronic diseases. The working title is Food and Nutrients in Disease Management : Strategies for Medical Doctors Edited by Ingrid Kohlstadt, M.D., M.P.H., F.A.C.N. It is due out sometime in 2009. She will be co-authoring this chapter with Rebecca Roedersheimer MD, the urology chief resident at the University of Cincinnati Medical Center.

Suzanne Opperman, APRN, BC, from Columbia MO VA and a member of the American Association for the Study of Liver Diseases (AASLD) presented at "The Liver Meeting 2007", in Boston, November 2007. She received an award from AASLD for an "Abstract of Distinction" for the research, and was asked to do a formal presentation and poster session display entitled "Results in Screening a Rural Mid-West Population" on work through the Missouri Hepatitis C Alliance.

VISN 16

Linda Hardison received the Advanced Practice Registered Nurse-Nursing Excellence Award at the Alexandria VAMC- 2007 she is the first APN to received this award at the Alexandria VAMC.

VISN 19

Alana Jacobs co authored an article published in May: Thatcher, J, Marchand, W., Thatcher, G., Jacobs, A., & Jensen, C. (2007).Clinical characteristics and Health Services use of veterans with Co Morbid Bipolar Disorder and PTSD. Psychiatry Service., 58(5), 703-707. In addition , her dissertation , "Benefit Payee Intervention in Community Mental Health Center" has been completed.

VISN 20

April Gerlock was awarded a major research grant! Funding is through the VA Nursing Research Initiative : Detection of Intimate Partner Violence: Implications for Interventions. It's a 4 year research project looking at both the documentation practices of VA Health Care professionals of perpetration of intimate partner violence, and looking at factors related to relationship behaviors of veterans with Posttraumatic Stress Disorder (from partnership and equality to perpetration of intimate partner violence) It is a multi-site project with American Lake and Seattle Divisions of VA Puget Sound Health Care System, the Tacoma Vet Center, and Philadelphia VAMC.

Bonnie Steele ARNP, PhD and Cynthia Dougherty ARNP, PhD at the VA Puget Sound Health Care System-Settle, were awarded a new grant funded by the VA's Nursing Research Initiative to study a nurse based exercise and self-management intervention in patients with severe CHF and COPD. The goal of the study is to determine if the program will reduce hospitalizations and improve function in a group of individuals who are high utilizers of VA care.

Sharon Schmidt, Psychiatric Nurse Practitioner, Psychiatry Service, Veterans Administration Southern Oregon Rehabilitation Centers and Clinics, White City, Oregon, USA, has had several articles published in the Journal of Addictions Nursing: To Sleep, Perchance to Dream, January 2007; volume 18 No. 1 page 53. [A Case of Addiction? You be the Judge](#) , April 2007; Volume 18 No. 2 Page 109 and [A Simple Approach to Pathological Gambling? Don't Bet On It](#); December 2006; Volume 17 No. 4 Page 237.

Ann Busch, RN, MS, CWOCN, APRN,BC, CNS collaborated with 2 CNS students and a staff nurse on the article: Perez, C., Busch, A., Oyama, K., and Jackson, N. (2007). Collaboration to Improve Education after Liver Transplant: The experience at Portland VA Medical Center. Progress in Transplantation, 17, 302-209

VISN 21

Virginia Hayes, FNP, Vascular Nurse, Sierra Nevada Health Care System, co-authored a paper which was published July 2007 in Journal of the American College of Surgeons :Bloodletting Past and Present.

Yvonne Geesey, FNP-C Hawaii, received the American Association of Nurse Practitioners State Award for Excellence this year. She also graduated from the William S. Richardson School of Law with a JD, passed the bar and is now a licensed attorney. Congratulations!

Janette Elliott, RN-BC, MSN, CNS, AOCN, Pain Management Clinical Nurse Specialist, Palo Alto Health Care System authored a paper which was published in Pain Management Nursing, 8(1), March 2007, titled Videoconferencing for a Veteran's Pain Management Follow-Up Clinic

VISN 23

Aleen Golis, NP of the BHHCS in Hot Springs, SD has been elected president of the Nurse Practitioner Association of South Dakota for a 2 year term, ending in 2009. She also was one of 18 NP's who formed the organization in 1997, and the organization has grown to a 133 current NP membership.