

# Advanced Registered Nurse Practitioner Care

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Official Newsletter of ARNPs United of Washington State

February 2009

## Legislative Update

By Louise Kaplan

The current Washington State legislative session began on Monday, January 12, 2009. ARNPs United planned to have a bill to reimburse ARNPs at the same rate as physicians for the same services. Unfortunately, despite the best efforts of our lobbyist, Tamara Warnke, the bill did not have support from the chair of the House Health Care and Wellness Committee, Representative Eileen Cody. Consequently, there will be no bill this session. Our lobbyist and I met with Representative Cody and discussed her perspective and identified several issues that need to be addressed. We agreed to meet after the session to continue the dialogue. This is indeed a disappointment however it is not the end of our efforts. It took more than a decade to obtain prescriptive authority for schedule II-IV drugs. I am confident it will not take us 10 years to resolve our problems with reimbursement!

This legislative session will be a difficult one with a budget shortfall anticipated to be at least \$6 billion. Many state health programs have already been cut and the biennial budget is certain to reduce or eliminate many more. We will update you next month on the progress of budget proposals. There are numerous bills we will be supporting for other nursing groups and in support of access to quality health care. ARNPs United will also oppose any bills that will encroach on ARNP independent practice or access to quality care.

## New Children's Book Highlights the Experience of Visiting a Nurse Practitioner

For any child who is nervous about making a trip to a medical office, *Maddie Goes to the Nurse Practitioner* (published by AuthorHouse), the new children's book by Cindy Middleton Gray, will help reassure them and calm their fears.

Maddie is a precocious 3-year-old surrounded by brothers and male cousins. Together they have many adventures, and Maddie recounts one of their tales in *Maddie Goes to the Nurse Practitioner*:

One day when I was swimming at my mamaw's house, I slipped on the wet concrete because my cousin Eli was chasing me with a dirty frog, & yes he had warty things on him. He had buggy eyes & a REALLY long tongue that hanged out of his mouth like he was being squeezed too hard.

Maddie's fall results in a minor head injury, so her mother immediately takes her to their family nurse practitioner to get checked out. After she checks in at

the clinic, Maddie and her mother meet Carol. Maddie explains:

*Then a nice lady named Carol came in to see me. She said she was a nurse prak-tish-un-errr. (My mommy says big words are easier if you say little pieces at a time.)*

*Ms Carol said the next time I came I could call her Aunt Carol so I'm gonna do it while I tell this story. Anyways, she asked me some really easy questions & then we played the "silly face" game. She looked at my cut & told me I had big, pretty eyes.*

Maddie recounts her visit with Aunt Carol and her story is sure to give comfort to children – and their parents – who may be nervous about visiting a nurse practitioner or doctor. At the end of the book, Gray gives background information on nurse practitioners for those unfamiliar with the profession.

"Everyone can identify with children and their adventures," Gray writes. "I felt strongly that the world of medicine should be explained and demystified so that children feel safe and at ease when visiting a medical practitioner."

Cindy Middleton Gray has been a certified family nurse practitioner for almost nine years and a registered nurse since 1994. She works especially well with children, and Maddie's character is based on her 3-year-old niece. The "Aunt Carol" character in the book is also a real-life adaptation, as Gray allows her patients to call her "Aunt Cindy" if they wish. She lives in Louisiana with her husband, Scott, and their five sons. *Maddie Goes to the Nurse Practitioner* is her first book.

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## Shots 2009 Now Available

Shots 2009 is a free, quick reference guide to the 2009 Childhood and Adolescent Immunization Schedules, a

collaboration of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP), and the 2009 Adult Immunization Schedule, recommended by the Advisory Committee on Immunization Practices (ACIP). Details on each vaccine are available by clicking on the vaccine names.

Shots is available for the Palm OS, the Pocket PC and as an online version. Additional information is available at [www.immunizationed.org](http://www.immunizationed.org).

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### **HIT Provision in Stimulus Fails to Include APRNs**

As many of you already know, the recently unveiled economic stimulus package – officially titled the American Recovery and Reinvestment Act of 2009—includes \$20 billion in funding for health information technology (HIT).

As it currently stands, the HIT provisions in the bill include incentive payments through both Medicare and Medicaid for practitioners to purchase and implement the new technology. While the bill does make a pool of grant money as well as the incentive payments under the Medicaid portion available to Advanced Practice Registered Nurses APRNs, ANA is deeply frustrated and disappointed that the Medicare portion of the bill fails to include APRNs – along with a significant list of other providers – including critical care hospitals, nurse managed clinics, long-term care facilities, social workers and psychologists – in the list of those eligible to receive payments.

Obviously, this policy will have a serious impact on providers and patients, and we believe it represents a serious roadblock to the full and meaningful implementation of electronic health records.

Because of the \$20 billion funding limit (\$30 billion less than originally promised by the administration), the fact that this quickly-crafted legislation has been “pre-conferenced” by both chambers, and because it is on the fast-track for floor consideration due to our nation’s current economic crisis, we face more than an uphill battle to broaden eligible providers. While we recognize that a few other organizations are sending out alerts on the language and urging calls to Congress, we feel strongly that given the above considerations, calls and e-mails to the hill will not benefit our position, and in fact could damage relationships and conversations important to our work to address the issue within HIT and moving forward.

ANA has been coordinating with other APRN and provider organizations to reach out to key members and staff in the House and Senate, and we are working on a joint letter to the leadership to express our disappoint-

ment and frustration, as well as to urge them to work together with us to address the issue. In addition, we will be collaborating on strategies to further educate members of Congress about APRNs and their practice—something that will be fundamental as this dialog continues and as we look down the road to the broader issue of health care reform. Input and engagement from APRNs in this effort will be vital, and we will reach out soon to provide nurses with information and resources that will help them take part and be heard.

We will share more information about the bill’s provisions, the letter, and our outreach and education efforts in the coming days.

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### **Return-to-Work Issues**

By Laura Hahn

A calamity occurs! One of your patients in your practice has injured themselves on the job. As a nurse practitioner you are concerned about your patient and their recovery. The patient is worried about their recovery and their job. Opening a Worker’s Compensation Claim is often necessary and can be intimidating and worrisome for both parties.

It is good practice and business sense to know about return-to-work options when a claim occurs, to ensure the best possible recovery for the patient and the least financial impact for the employer or business. Keeping your patient (employee) connected to their job can lead to faster recovery both physically and emotionally. It can allow the patient to stay connected with co-workers, provide a sense of job security, reduce the potential risk of re-injury and shift the focus from “disability” to ability. Research has shown that the first 90 days from the day of the injury will have the greatest impact on the patient’s recovery and return to work.

So, what can the provider do? Best practice involves open, honest communication with the patient and employer. If the medical provider determines there are physical restrictions preventing the patient to return to the job-of-injury it is wise to call the employer. Try to make the call with the employee present. Answer questions that either party may have, be clear in your expectations for work restrictions and talk about work ability and alternative duties if applicable. Questions to consider: How often is frequent? What do you mean for a “few weeks”? Can assistive devices be used in the work setting? Do you have a gradual/transitional return-to-work program? By establishing open communication all parties will help to achieve better return-to-work outcomes for the injured patient.

Many tools are available to help the medical provider address return-to-work options. Two tools the provider needs to be familiar with are the Activity Prescription Form and the Physical Capacities Form. To determine

physical capacities your patient doesn't need to be medically fixed and stable or at maximum medical improvement. These tools help correlate the employee's medical findings with physical functioning and performance potential. Maintaining activity is vital for your patient's health. Remember the "¼" rule. An activity causing problems doesn't always need to be eliminated; a provider can restrict the activity to ¼. For example: lifting 80lbs can be reduced to 20lbs, or a typist can type 2 hours a day instead of 8 hours. In addition the provider should understand the definitions of repetitive work (seldom, occasional, frequent, constant), common weights and forces (i.e. 8-10 pounds for a gallon of milk or opening a car door), and the US Department of Labor definitions of sedentary, light, medium, heavy, and very heavy (light: 20 pounds infrequently, 10 pounds frequently).

Labor & Industry is committed to providing services that help the medical provider to successfully return the injured worker to work. There are no fees for their services. Call your local L&I office for assistance. Resources to consider: Early Return-to-Work Teams, Risk Management Services, Vocational assistance, Safety resources, and numerous Publications and Web Sites on many topics. Don't be a Lone Ranger!

### **Public Comment: Nursing's Social Policy Statement**

The American Nurses Association (ANA) Congress on Nursing Practice and Economics (CNPE) is seeking comments on the revision of Nursing's Social Policy Statement, which states:

This revision of Nursing's Social Policy Statement describes the essence of the profession by incorporating and building upon earlier thinking and writings. This social policy statement serves as a resource to assist nurses in conceptualizing their practice and provides direction to educators, administrators, and researchers within nursing. This statement also informs other health professionals, legislators and other regulators, funding bodies, and the public about nursing's social responsibility, accountability, and contribution to health care. The description of the social context of nursing creates the foundation for understanding the definition of nursing, appreciating the purpose and use of the scope and standards of nursing practice, and valuing the elements of professional, legal, and self regulation.

If you are interested in participating in this review, please download the draft Social Policy Statement from <http://www.nursingworld.org/HomepageCategory/Announcements/Public-Comment-Nursings-Social-Policy-Statement-.aspx> and provide your comments to Dr. Bickford via e-mail at [Carol.Bickford@ANA.org](mailto:Carol.Bickford@ANA.org) by 5:00pm EST on March 15, 2009.

## Classified Ads

### **Tacoma, WA - Occupational Medicine ARNP**

MultiCare HealthWorks, a division of MultiCare Health System seeks an ARNP to join an established occupational medicine program. Qualified applicants must be flexible, self-motivated, committed to program development and have at least 1 year primary care or urgent care experience. As a MultiCare employee, you will enjoy excellent compensation, benefits and system-wide support. For more information please contact Provider Services @ 800-621-0301 or send CV to [blazenewtrails@multicare.org](mailto:blazenewtrails@multicare.org). Refer to opportunity ID #777-941. "MultiCare Health System is a drug free workplace"

### **ARNP Needed - Yakima, WA**

The Yakima Heart Center is a busy and growing single cardiovascular group practice with 14 physicians and 5 mid-level practitioners. We are located in sunny Central Washington close to mountains for hiking and skiing. We are currently seeking applicants for an ARNP position for a blended clinic and hospital practice. Cardiology practice experience preferred. Rounding is 1 in 6 weekends. Excellent salary and benefits. Email your resume to: [jobs@yakimaheartcenter.com](mailto:jobs@yakimaheartcenter.com), mail to: Human Resources, Yakima Heart Center, 406 S. 30th Avenue, Yakima, WA 98902, or fax to 509.248.2890.

### **Independent Practice - Tri-Cities, WA**

Independent Practice Opportunity located at the hub of the Tri-Cities, Washington. Busy psychiatric practice including office building, all equipment, and patient files. Practice will accommodate two psychiatric practitioners. Seller willing to help with the transition of patients to new practitioners. Serious inquiries only. Call 509-539-3112.

### **F/T ARNP Needed - Pasco, WA**

Full-time ARNP position at new occupational medicine clinic currently staffed by an ARNP-C who is becoming busy enough to need help providing care to injured workers. Physician in clinic 2 days per week. Competitive salary/benefits. No nights/weekends or holidays. Pasco is in South Central Washington with 2 large rivers and 2 other neighboring cities (Richmond and Kennewick). Educational and recreational opportunities abound. Send resume to [drtded@yakimaworkercare.com](mailto:drtded@yakimaworkercare.com).

### **Western Washington - Neurological Oncology ARNP**

Seeking Oncology ARNP with a Neurological focus to join growing, comprehensive cancer program in the Pacific Northwest. Practice includes 8 medical oncologists, two advanced level practitioners and 3 radiation oncologists in dynamic setting integrated with a 350+ provider multispecialty medical group. Located on 391-bed tertiary care center, practice includes in-office chemo suites, pharmacy, lab, on-site radiation and 22 bed dedicated inpatient oncology medical surgical unit. Located 30 miles south of Seattle, on the shores of Puget Sound, you'll experience the best of Northwest living, from big city amenities to the pristine beauty and recreational opportunities of the great outdoors. For more information, contact Provider Services @ 800-621-0301 or send your CV to [blazenewtrails@multicare.org](mailto:blazenewtrails@multicare.org). Refer to Opportunity #901. "Multicare Health System is a Drug Free Workplace"

## Meetings

Join us! Puget Sound Nurse Practitioners Association is a non-profit organization supporting ARNPs in Puget Sound since 1998. We meet every other month and offer a social hour/networking and a CME talk. Annual dues are \$35/\$17.50 for students. Apply for membership and find meeting information at <http://PSNPA.org>

Healthy Humor

"Doctor! Doctor! You have to see my wife right away! I think she has appendicitis!"

The doctor shook his head. "That's impossible! Your wife had her appendix out last year. Have you ever seen anybody with a second appendix?"

"Have you ever seen anybody with a second wife?"

Ad Information

Copy deadline is the second Tuesday of the month prior to publication. Ads may be accepted later than this on a space-available basis. Position Available Ads of less than 66 words are \$45, of 66 to 130 words are \$75, and greater than 130 words are \$105. Position Available Ads are priced per insertion. Continuing Education Announcements of less than 65 words are \$70, of 66 to 130 words are \$105, or 131 words or greater are \$130. Continuing Education Announcements are per offering for up to three (3) consecutive insertions. New Product Announcements per product for one insertion of 130 words or less are \$75. Ad Inserts are \$550 for one issue. All ads are subject to space limitations and editing. Call for detailed rate information. Mail copy to ARNP Care, 10024 SE 240th St, #102, Kent, WA 98031. Phone 253.852.9042. Fax 253.852.7725. Email care@nurse.net.

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