

THE PRACTITIONER

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PRESIDENT'S CORNER

The Nurse Practitioner Council thanks Angie Golden for her services as Vice President over the past four years and wish her luck in her new role of President of the American Academy of Nurse Practitioners. The Council would also like to thank Lisa Dugan for her outstanding contribution as Public Relations Chairperson, and Dale Ann Dorsey for her service as Membership Chair. Please help me welcome aboard Vice President Bessie Burk, Public Relations Chair Katie Wall and Membership Chair Roni Fox. Remaining members of the Board include Karen Holder, Treasurer, Ted Rigney, Secretary, Denise Link, Legislative Chair and myself, Janeen Dahn as President. We look forward to serving Chapter 9 members in the coming year. January 26, 2013 marks the next telephonic Chapter 9 Quarterly Meeting. Stay tuned for more information! Wishing all of you Happy Holidays!



EXCITING NEWS

Arizona Collaborative: Graduate Nursing Education (GNE) Demonstration Project

This Centers for Medicare and Medicaid initiative is to increase the number of advanced practice registered nurses (APRNs) providing care to Medicare/Medicaid beneficiaries.



The Arizona Nurse Practitioner Council is a local chapter of the Arizona Nurses Association, and an affiliate of the American Academy of Nurse Practitioners and the American College of Nurse Practitioners.

Established in 1992, we advocate for our membership through legislative and educational activities. We provide members the opportunity to network with one another and promote their services to the public.

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Arizona Nurse Practitioner Council Executive Committee

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Nationally, nurse practitioners, clinical nurse specialists, registered nurse anesthetists and nurse midwives are included. Five awards were made to hospitals nationally including University of Pennsylvania, Duke, Rush, and Memorial Hermann in Houston, Texas, in addition to Scottsdale Healthcare (SHC).

The Arizona Collaborative includes four colleges of nursing: Arizona State University, Grand Canyon University, Northern Arizona University and the University of Arizona. Outcomes of the implementation of the Arizona GNE project are: 1) to increase the numbers of nurse practitioners (acute care, adult/geriatric, family, pediatric, family/psych mental health) and clinical nurse specialists practicing throughout the State; 2) to increase the number of APRN students who receive clinical training in rural and medically underserved areas; and 3) to increase the number of available clinical training sites.

The focus is to increase the number of providers in medically underserved and rural clinical settings, and to support interprofessional education and practice. The Arizona Collaborative will accomplish this through increased support to colleges of nursing and to clinical partners where clinical training occurs. Increased support to preceptors and clinical training sites will be provided, including preceptor orientation/education, the possibility of telemedicine resources to remote or medically underserved areas and the strong possibility for economic support for taking students. Staff members will be hired by colleges of nursing, as well as SHC, to support the clinical placement of students and to provide education/orientation to preceptors.

Currently, the AZ Collaborative is increasing recruitment efforts for students and looking for additional clinical site partners for student placement in Spring of 2013.



PROFESSIONAL NP DEVELOPMENT

Johnson & Johnson and Duke University Collaborate on Program for NP Leaders

Nurse practitioners who want to increase their entrepreneurial and leadership knowledge and skills have a new program that will provide the content and guidance they need. Johnson and Johnson and Duke University are launching a joint training program for post-graduate advanced practice nurses. The first cohort of participants will begin their program in May, 2013.

The Duke-Johnson and Johnson Nurse Leadership Program will be designed to develop the leadership and management skills of advanced practice nurses, with an emphasis on nurse practitioners that work in community clinic settings. With the large body of evidence that demonstrates the quality and effectiveness of nurse-led primary care, the leadership of Johnson and Johnson recognized a need for a program that would provide practicing nurse practitioners with the education and support to open and manage practices and increase access to primary care in underserved communities.

Duke University was selected as the education partner because of their rich leadership and management program content. "This program fills a critical need in the development of advanced practice nursing professionals who would like to open their own practices or manage existing practices," says Denise Link, PhD, NP, FAAN, a member of the Advisory Board for the program. "There are states where nurse practitioners are authorized to practice independently, but hesitate to venture into

independent practice because of a lack of knowledge or support for running a business. This program offers help to those NPs."

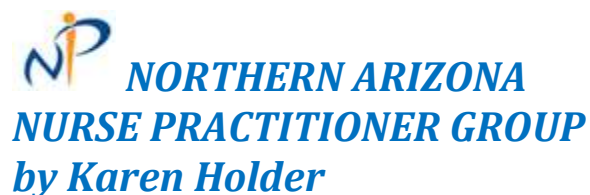
The one-year program will be a hybrid of distance and on campus sessions in Durham, NC. The skills acquired through the program will include personnel management, finance, marketing and other competencies that are needed to lead sustainable, patient centered primary care practices. More information about the program and how to apply can be obtained at the following website:

<http://communityhealth.mc.duke.edu/education/?/Duke-JJNurseLeadership>



The latest edition of the Arizona Nurse can be found at: <http://www.azbn.gov/>

*BON and Advanced Practice meetings are at the BON office 4747 N. 7th Ave Phoenix, AZ
Next BON meeting: Jan 29-30, 2013*



NP representatives from Phoenix, Flagstaff, Tucson and other areas met to share ideas and resources on activities. There were several CE dinner programs and a 1-day long primary care update that took place during NP week. Topics included programs on PTSD/depression/TBI and included local resource lists for community veterans. We all shared the great information AANP has posted about Joining Forces.

In celebration of NP week, our state NP council (AzNA Chapter 9) awarded 3 grants to NPs who held special events during NP week. Awardees

were granted support funds for their projects. Awardees: **Bessie Burk, FNP** orchestrated 2 health fairs in her community, where she provided screening services and handed out information about veterans. **Sun Jones, DNP** orchestrated a health fair for a local Korean community where she offered influenza vaccinations and health information to attendees. The **Southern Arizona Society of Advanced Practice Nurses/ Nurse Practitioners** held a full day primary care update where NPs attended various workshops on current primary care topics.

Events in Flagstaff AZ included an educational dinner meeting and media exposure and resource information about NPs helping our veterans. Our local newspaper featured a front page article about community veterans inspired by an NP-authored article on the short comings of care for veterans. The Northern Arizona Nurse Practitioner Group hosted an educational dinner attended by over 40 NPs who heard a "State of the NP Union" address and legislative update from AANP president Angela Golden, as well as a superb talk on PTSD by Galen Richmond, an NP who works with veterans in Northern Arizona. We also participated as a day sponsor for our local Public Broadcasting Radio

Station, celebrating NP week. Our local NP group pulled together a resource list for NPs to use in referring veterans who are in need of services. The list included resources for Veteran benefits, psychiatric help, veteran clinic services, education advocates at our local state university and more.

Our work is ongoing, but the week gave us all a jump start on new information about caring for this special population. We send thanks to AANP for spearheading this great week as an opportunity to celebrate who we are and the many ways we move healthcare forward.



SOUTHERN ARIZONA SOCIETY OF ADVANCED PRACTICE NURSE/ NURSE PRACTITIONERS *by Sharon Morgan*

Our first annual Nurse Practitioner conference with the Southern Arizona Advance Practice Nurse Society was held November 16th. We had a variety of topics for primary care practitioners. It was a huge success. We had about 120 attendees and the evaluations were positive, including comments with hopes of sponsoring another conference next year!!! The atmosphere was perfect at the Omni. The service was exceptional, not to mention the variety of delicious food. Thank you again for supporting such a successful conference.

The Southern Arizona Society of Advanced Practice Nurse/Nurse Practitioners continues to bring together Advance Practice Nurses. We have 135 active members and 455 total members. For more information on SAZAPN go to our website at:

<http://www.tucsonnp.com/index.html>



JOINING FORCES & VETERAN'S DAY by Bessie Burk

I was privileged to participate in Veteran's Day activities in my community. I partnered with the community health clinic and we had a booth by the parade judging stand. With funds from an Arizona Nurse Practitioner NP week grant, I was able to distribute pocket card information related to PTSD and traumatic brain injury including phone numbers from Joining Forces. We also gave out bottles of water, talked to

folks about flu prevention, gave out red white and blue ribbons.

Our main objective was to give information that people could review privately and obtain additional information on their own. I proudly displayed a table banner with the AzNP logo and the joining Forces logo, I also had a stand up banner from a prior health fair on display that explained what an NP was and what we do. In all, I would say it was a success. We gave information to about 100 people. With the extra printed material, we made a display at the community health center regarding NPs and joining Forces in the front lobby. I was able to include NP brochures published by AANP in English and Spanish that also can be purchased.

A truly great day, next year I plan on being *in* the parade and handing out information to the hundreds that line the parade route. Anyone in Casa Grande want to walk with me?



AMERICAN ACADEMY OF NURSE PRACTITIONERS *by Bessie Burk, Arizona State Representative*

Nurse Practitioners Vote to Form New National Membership Organization

AUSTIN, TX (November 19, 2012) -- The American Academy of Nurse Practitioners and the American College of Nurse Practitioners today announced they are moving forward with plans to consolidate effective January 1, 2013. The combined organization will be known as the American Association of Nurse Practitioners or AANP. With approximately 40,000 members, AANP will serve as the largest professional membership organization in the country for nurse practitioners of all specialties.

Leaders from both the American Academy of Nurse Practitioners and the American College of Nurse Practitioners will play key roles in governing the new organization. As of today, David Hebert, who has been serving as Chief Executive Officer of the American College of Nurse Practitioners, will begin serving as CEO of AANP. Dr. Angela Golden, currently serving as President of the American Academy of Nurse Practitioners, will retain her position through June 2013. Dr. Ken Miller, currently the American College of Nurse Practitioners' president-elect, will become the co-president with Dr. Golden at the AANP conference in June 2013.

The consolidation comes at a time when fewer physicians are pursuing primary care medicine and nurse practitioners are playing an increasingly critical role in providing access to high-quality primary, acute and specialty care. This is even more urgent with the Patient Protection and Affordable Care Act moving forward, adding 30 million Americans to the rolls of the insured.

By consolidating, the new AANP will add a strong, unified voice to the growing movement working to ensure nurse practitioners can practice to their fullest potential, thus best serving patients and their families.

"The nurse practitioner community has made it clear that they support this alliance and share our vision for one entity that represents the very best of what we have to offer as health care providers," said Angela Golden, DNP, FNP-C, FAANP, current President of the American Academy of Nurse Practitioners. "Coming together better serves our members and benefits our patients who need nurse practitioners now more than ever."

"Today's health care environment demands more efficiency and innovation as we look to control costs and improve outcomes," said Jill Olmstead, MSN, NP-C, President of the American College of Nurse Practitioners. "This consolidation exemplifies how collaboration and future-forward thinking can bring about

positive changes across the health care spectrum.



AMERICAN COLLEGE OF NURSE PRACTITIONERS by Roni Fox

The merger between ACNP and AANP has been voted in by AANP membership and will be effective as of January 1, 2013. At that time there will be one single organization called the American Association of Nurse Practitioners (AANP), with a membership of approximately 40,000 members.

David Hebert, Chief Executive Officer of ACNP, is now the CEO of AANP. Dr. Angela Golden (Munds Park, AZ), current President of the American Academy of Nurse Practitioners, will remain the President of the new organization until June 2013. At that time Ken Miller, current ACNP President-Elect, will become the Co-President with Dr. Goldman.

AANP's online CE library is free to all its members. As of December 3rd, AANP has opened many of their online CE programs early for the incoming ACNP members, as well as non-members, to give it a try. Visit it at <https://cecenter.aanp.org/> to see this benefit of membership.

The 2013 National Nurse Practitioner Health Policy Conference will be held Sunday February 24th - Tuesday February 26th, 2013, at the L'Enfant Plaza Hotel in Washington, DC. The conference focus is current important health policy information. They will also have a "Policy Boot Camp" with "core" policy information for NP practice.

Please visit <http://www.acnpweb.org/> for more info.



MAGNESIUM FOR BETTER HEALTH *by Susan B. Collins, APRN, FNP-BC, AHN-retired*

There is an increasing discussion about the lack of the element magnesium in the human body as a factor in chronic illness and poorer health. As noted in an abstract published in *Atherosclerosis*, June 12, 2011, "Low serum magnesium concentrations predict cardiovascular and all-cause mortality." A metaanalysis of 22 clinical trials showed that magnesium supplementation—over a dose range of 120-973 mg, showed a reduction of systolic and diastolic of 3-4 mmHg systolic and 2-3 mmHg diastolic on average (www.holisticprimarycare.net/topics-a-g/cardiovascular-health/1313-magnesium). Other studies suggest that diabetes risk may be reduced by using magnesium supplements. (*Diabetes Care*, published on line August 31, 2010) and (nutraingredients-usa.com/content/view/print/351969).

What is the function of magnesium in the body? Lots! Magnesium is involved in more than 300 essential metabolic reactions. These reactions include: Energy production, synthesis of essential molecules, structural roles, ion transport across cell membranes, cell signaling, and cell migration.

Magnesium deficiency in healthy persons with a good balanced diet is rare since magnesium is found in good supply in both plant and animal foods. The kidneys are able to limit urinary excretion of magnesium when supplies are low.

The central atom of chlorophyll structure is magnesium.

Nutrient interactions that interfere with absorption include high doses of zinc, large increases of dietary fiber, while low protein reduces absorption and higher protein intake improves absorption of magnesium. (<http://oregonstate.edu/infocenter/minerals/magnesium/magnesium.html>)

Conditions that may contribute to magnesium deficiency include: Gastrointestinal disorders, renal disorders, chronic alcoholism and older age. Drinking soft water, taking diuretic drugs, alcohol, caffeine, and sugar all decrease the magnesium balance. Those with high blood pressure are often first given a diuretic to reduce the readings of blood pressure. Another interference with absorption is the use of proton pump inhibitors, which block acid production by lowering absorption of magnesium. Inadequate blood magnesium levels are known to result in low blood calcium levels, resistance to parathyroid hormone, and resistance to some of the effects of vitamin D.

There appear to be benefits of adequate magnesium levels noted in cardiovascular conditions, there is increased insulin sensitivity in diabetics and normal magnesium levels is noted in pre-eclampsia for pregnant women. Magnesium levels are lowest when females are menstruating and magnesium supplementation can help with dysmenorrhea.

Within the body, 65% of magnesium is found in bones and teeth, 35% in blood, fluids, other tissues and higher levels are noted in brain and heart tissue. A report issued by the Institute of Medicine, Food and Nutritional Board of dietary reference intakes issued in 1997, showed lower levels of magnesium (RDA) across the country

than was listed in the guidelines. Such findings suggest that marginal magnesium deficiency may be relatively common in the U.S.

What are the natural sources for getting adequate magnesium? If magnesium is the core atom for chlorophyll then green leafy vegetables top the list of natural sources, followed by nuts (especially almonds, pecans, cashews), seeds, legumes, soy flour and tofu, whole grains, millet, brown rice, avocados, dried apricots, and hard water. This list seems to mirror the Mediterranean Diet.

When we talk about supplements, we have a wide range of products that have differing efficacy and side effects. We all remember that MOM stood for Milk of Magnesia and was good for constipation. The most common side effects being nausea, cramping, and diarrhea if the supplement is too strong. Practitioners should warn patients about this.

A case report from my practice was a man who had cluster migraines that were not controlled until he was put on magnesium 250mg. QID. As long as he takes the magnesium, he has no migraines. He forgot his medication one week while on vacation and had a terrible migraine reoccurrence. Other case reports in my practice include reduction in restless leg and muscle cramps, along with a lower level of muscle pain with unusual exercise, such as yard work. 'Hangovers' can also be helped by taking magnesium and B-1 (thiamine) the day after.

Magnesium is often combined with other substances to make a pill/capsule that can be absorbed via the GI tract. These include aspartate, citrate and oxide, potassium aspartate with taurine, chelate, oxide, ascorbate, salicylate, and sulfate. To function optimally, magnesium must be balanced in the

body with calcium, phosphorus, potassium and sodium chloride.

Magnesium chelated with amino acids or organic acids is probably the most absorbable (magnesium aspartate). Two non-chelated forms magnesium oxide (4% to 15% absorption) and magnesium sulfate (25% to 40% absorption) are least efficacious. Most estimates show amino acid chelates (magnesium glycinate and magnesium aspartate) and the organic acid chelates (including magnesium citrate, magnesium fumarate, magnesium gluconate, magnesium lactate, and magnesium carbonate) to be absorbed in the 75% to 98% range. By comparison, overall magnesium absorption from food seems to be between 30% to 60%. Read labels and consider absorption rates when suggesting magnesium.

If people are supplementing, the best ratio of calcium and magnesium is 2:1. Both are needed for balancing the body. Both are alkaline in nature and are better taken on an empty stomach, especially with Vitamin C as ascorbic acid.

Magnesium is over the counter, is less expensive than prescription drugs and is part of dietary changes. Dietary changes and increased exercise can go a long way to improving quality of life and staving off chronic illness issues. Consider using it with clients and yourself.