



VA APN NEWS

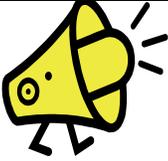
DEPARTMENT OF VETERANS
AFFAIRS
ADVANCED PRACTICE
NURSES

Summer 2006

July 2006

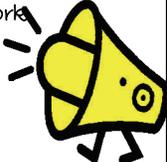
vawww.va.gov/apn

VA APN CONFERENCE IN OCTOBER



1st VHA APN National Conference
October 26, 2006
and the
Texas Nurse Practitioners
Annual Conference
October 27-29, 2006
at the
Crowne Plaza Hotel on the Riverwalk
San Antonio, TX

Some of the VHA topics are:
 Developing an Evidenced Based Culture
 Translating Evidence Based Practice in to your Daily Work
 Treatment of Military Sexual Trauma
 Peer Review
 What's New with Qualification Standards
 Putting Your Best Foot Forward
 Results of APN Job Satisfaction Survey



Watch for more to come in July

The VA APN Conference will be in conjunction with the 18th Annual Texas Nurse Practitioners Conference.

The Texas NP program brochure will be out in July and we will put it on the VA APN/ONS website.

Here's a sample of the TNP content with more to come::

- Breast cancer
- Diabetic foot concerns and wound care
- Depression in cardiac patients, other Cardiovascular topics
- Alzheimers Disease
- Erectile dysfunction
- Emerging infections in communities/antibiotic resistance concerns
- Office Dermatology Procedures
- Bariatric surgery
- Urinary incontinence
- Legal issues/update

See page 6 for more information on the VHA APN Conference 10/26/06

Inside this issue:

NPI	2
Spotlight on new APNAG member Deb Monicken 15,23	3
APNAG Chair	3
Hepatitis B Diagnosis	4
Spotlight on new APNAG member Julie Marcum	4
APN Advisory Group	5
Evidence Based Practice at the Point of Care	5
VA APN Conference	6
VISN Report	6

VA APN News Editorial Board:

Rebecca Waldon, RN, MSN,
FNP, GNP
Primary Care
Memphis, Tennessee
901-271-4900
Rebecca.Waldon@med.va.gov

April A. Gerlock Ph.D., ARNP,
APRN, BC
PTSD Outpatient Clinic
American Lake Puget Sound
253-582-8440 ext 76829

Anna C. Alt-White, RN, PhD
Program Director
Office Nursing Services
Washington, DC
Anna.Alt-White@va.gov

Summer 2006

NPI “National Provider Identification Number”

What’s an NPI, who needs one, and why?

The NPI is a ten-digit identifier for health care providers (both individual and organizational entities) required in HIPAA-standard electronic health care transactions. Your NPI replaces the multiple identifiers currently assigned by various health plans. It identifies you wherever you are employed.

If you are a practitioner who provides billable health care services to VHA, you need one.

Mr. Daniel Speece, RN, MSN, Business Development, VHA Chief Business Office representative gave a detailed presentation to the APN Liaison Group on the NPI, on April 4, 2006.

Key points:

- A Powerpoint presentation was provided and is available on the website: <http://vaww.1.va.gov/cbo/hipaa/mpi.asp> .
- Also there is a tips section that explains in more detail some of the more subtle aspects of applying for the NPI
- Mr. Speece is happy to answer questions and may be contacted via email or phone.
- The NPI has no imbedded intelligence—by looking at the number one cannot differentiate between a nurse, dentist
- physician, etc.
- Each person applies for INDIVIDUAL numbers, not for facility numbers on a secure web site. APNS select “Type 1
- Provider.” This is an important decision point in the algorithm.
- There is no cost to the individual.
- This number becomes a unique identifier number and is never changed, never renewed, lasts a lifetime.
- This is a secure website.
- The NPI number is needed by any provider for whom the VA bills patients. By 2007 having this number will be a condition of employment.
- Electronic processing is the easiest and quickest way of obtaining this number.
- This is a relatively straightforward process., read the instructions.
- The “contact person” requested in this process is yourself.
- The facility address may be a CBOC address if that is your primary area of practice.
- The “taxonomy” section will take up to 15 entries, e.g. if you are a Clinical Nurse Specialist and a Nurse Practitioner, it will take both. There are specialty areas in each section to choose from.
- Treat this number as you would your social security number.
- Print out the individual pages with the tracking number, the page that includes the taxonomy you choose, and the page with your NPI when you receive the email back giving you the number. In the future, the local facilities will be collating the NPI numbers for their providers. Some have already begun this, others have not. Additional classes will be held as needed. If/ when you move or change jobs, you are expected to update the NPI. You will need to keep track of your personal user name and password. However, if you forget or lose them, you may contact NPPES for assistance.
- The national proposed date for getting the NPI is 5/23/07. The VA wants all providers to have NPIs by September 30, 2006 so we can implement and test the system.
- By 2007 having this number will be a nationwide condition of employment.
- At this time , completing this process is quick. It may take more time later when it becomes obvious that this is a mandated thing. It is recommended that this be completed sooner rather than later.
- Additional information can be obtained at <http://vaww.1.va.gov/cbo/hipaa/mpi.asp>

Special thanks to Jan Elliott for this update

Summer 2006

APN ADVISORY GROUP APNAG

Letter from the Chair

April A. Gerlock

Hello VA Advanced Practice Nurses. To most of you my name is familiar. I have been on the Advanced Practice Advisory Group (APNAG) since 2001, and for the past year have been the co-Chair for the group. In February, Carol Einhorn and I switched places. I am now in the Chair position and Carol is co-Chair for the group.

We also have two new members to the APNAG, and I would like to welcome Deborah Monicken (VISNs 15, 23) and Julie Marcum (VISN 18). Learn more about them by reading the showcase of them in this newsletter. We are also very pleased to welcome Brian Westfield back to the group. He is our Nurse Executive member and is the Nurse Executive at the Salt Lake City Medical Center. He also brings expertise as an advanced practice nurse with an active practice!

The APNAG is busy working on the goals established for the year 2006. These goals (and our progress on them) will soon be available on the COLLAGE website. Our goals fit into two broad areas: Mentoring APNs and Communication.

Mentoring APNs:

Available soon on COLLAGE is an APN Mentoring Toolkit. This will be valuable for both new VA APNs as well as those of you who have been with the VA for awhile. The Toolkit provides 'need to know' information about the VA, movement through the grades, and much more. Also available soon on COLLAGE are information on credentialing and privileging as well as where information on VHA policies and directives can be located.

Don't forget the first VA APN conference to be held in San Antonio, TX on October 26, 2006. This conference will address a wide range of concerns to VA APNs, including evidence based practice, performance standards, and other issues that are of particular interest to VA APNs.

Communication:

The other broad area we are working on is to improve communication among VA APNs as well as facilitating communication with leadership within the VA. Some of you may already know that your facility APN representative has been having regular communication with the Nurse Executive. This is our opportunity to make sure we are communicating our concerns to nursing leadership, as well as their opportunity to communicate information that impacts our APN practice.

Most of you have also provided information about your VA practice and contact information for our APN Data base available on COLLAGE.

The COLLAGE website was established as our APN Community of Practice, and will be one of our formal means of communicating to VA APNs nationally, in addition to the APN Liaison meetings, and the APN News Letter.

Other issues of National Concern:

To stay updated on issues such as our work on APN Pay, the interesting results from the APN Satisfaction nation-wide survey, and the how-to of obtaining a National Provider Identifier number (NPI), read the upcoming minutes for the APN Liaison Group, as well as the APNAG. And, there is more coming!

Spotlight on New APNAG Member

Representing VISNS 15+23

Deborah Monicken

Deborah Monicken received a Bachelors of Nursing from the University of North Dakota (yes, a true North Dakotan) and worked in a variety of positions as staff nurse, clinical instructor and public health nurse. Ms. Monicken received a Masters of Nursing in Medical Surgical Nursing at the University of Minnesota and went on to Boston University to attend the nursing masters program in Rehabilitation for a clinical specialization. Ms. Monicken has been working at the Minneapolis VA Medical Center for 28 years, initially in the position of Clinical Nurse Specialist in Rehabilitation. During this time, Ms. Monicken has worked on several national committees developing Traumatic Brain Injury Rehabilitation for Veteran Affairs. In 1996, Ms. Monicken returned to school to become a nurse practitioner in Geriatrics at the University of Minnesota. She maintains certification in both rehabilitation and geriatrics. Currently, Ms. Monicken manages inpatients as a Nurse Practitioner in Polytrauma Rehabilitation. Ms. Monicken also works in a Nursing Rehabilitation Clinic for outpatient follow up and consultation. She also provides education classes on neuropathology and nursing rehabilitation for nurses in rehabilitation and extended care. Ms. Monicken has written several different chapters on Advanced Practice Nursing.

Summer 2006

Hepatitis B Virus Diagnosis

Suzanne Opperman, RN, MSN, Hepatology APN, Columbia, Missouri

Hepatitis B virus (HBV) can be a tricky laboratory map to navigate. HBV is spread through exposure to body fluids and blood. Currently, 1 to 1.25 million persons in the United States are chronically infected (CDC 2005). Examples of blood exposure include intravenous drug use, needle sticks, dialysis, fist fighting, or those who have immigrated. Blood transfusions in the United States, Europe, and Australia currently have a possible risk of 1 in 63,000 to 398,499 units of blood for exposure to HBV (Schreiber GB, Busch MP, Kleinman SH, Lorelitz JJ 1996). In countries where HBV is endemic, perinatal transmission is the most common transmission. Examples of mucous membrane exposure include high risk sexual contact or direct exposure into the eye. When someone is first exposed to HBV, the liver enzymes begin to elevate and can rise to 3-10 times normal during the first six months. The test for the hepatitis b surface antigen (HBsag) becomes positive within weeks indicating that HBV is present. This is also when testing for blood donation an infection can be missed. The virus quantity can be in the millions to billions, so a viral quantity could be as high as 12 billion/IU/ml of blood tested. Generally, 80% of those exposed to HBV will develop seroconversion, or clear the virus on their own. Seroconversion is the process of the body developing defenses against HBV. The presence of hepatitis b e antigen (HBeag) indicates viral replication. When the HBeag becomes negative, seroconversion is in process. Then, the hepatitis b "e" antibody (HBeab) develops. As seroconversion process continues, the surface antigen, Hbsag, becomes negative, then the HBsab can become positive. When the HBsag persists for more than six months, a chronic state of infection occurs. The HBsab reflects successful seroconversion. The presence of HBsab may also indicate successful vaccine administration. To determine which has occurred, presence of hepatitis b "core" antibody (HBcab) indicates past exposure to the hepatitis B virus, rather than vaccine administration.

The serious outcomes typically occur five years after development of chronic HBV and include decompensated cirrhosis (23%). Of those patients there is a rate of 6% development of hepatocellular carcinoma (HCC). Other possible end-organ complications include vasculitis, kidney failure, pancreatitis, nerve damage, and other forms of tissue injury.

Treatments for chronic hepatitis B virus are available; however, it is rarely curable. Even if a patient achieves loss of HBV DNA in serum, and develops HBsab, the presence of HBV has been shown to persist in liver cells, which serves as a reservoir of residual HBV. The goal of treatment is to decrease virus activity, and consequently the possibility of the progression of disease. HBV treatments, response, and management will be the subject of the next article in this series.

Center for Disease Control and Prevention. Chapter 15: Hepatitis B. In: Epidemiology & Prevention of Vaccine-Preventable Diseases. "The Pink Book" 8th ed. March 4, 2005.

Schreiber GB, Busch MP, Kleinman SH, Korelitz JJ, for the Retrovirus Epidemiology Donor Study. The risk of transfusion-transmitted viral infections. New England Journal of Medicine. 1996; 334: 1685-1690.

Spotlight on New APNAG Member

Representing VISN 18

Julie Marcum

Julie Marcum, APRN, CS, CCRN has been employed by VHA for over 25 years. Her experience has included work as a staff RN, an educator, a manager and Clinical Nurse Specialist (CNS). Julie received her MS from University of Utah as a Clinical Nurse Specialist with a critical care focus. She has been actively involved in the American Association of Critical Care Nurses during her career. She was a member of the Advanced Practice Workgroup of the American Association of Critical Care Nurses which published "Scope of Practice & Standards of Professional Performance for the Acute & Critical Care CNS". She received the Vernice D. Ferguson Award for Excellence in Nursing Research in 1993. She was a member of a VA Team that received the 2003 VA Innovations Award for "Nurse-coordinated Internal Cardiac Defibrillators Telemedicine Program". She currently chairs the VISN 20 Cardiac Workgroup which strives to improve performance in providing acute cardiac care to VISN 20 veterans. Julie cares for the implantable defibrillator population at the Boise VA in collaboration with Portland VAMC electrophysiologists. She is also responsible for the clinical competencies and educational needs for staff employed in the ICU, the telemetry unit and the emergency room at the Boise VAMC.

UPCOMING EVENTS

National Conference Gerontological Nurse Practitioners

September 27-October 1, 2006

Ponte Verdra, Florida

2006 National Clinical Conference

American college of Nurse Practitioners

October 11-14, 2006

Orlando, Florida

First Annual VA APN Conference

October 26, 2006

San Antonio, Texas

18th Annual Texas Nurse Practitioners Conference

October 27-29, 2006

San Antonio, Texas

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.

Members:

April Gerlock, ARNP Co-Chair VISN 20
Carol Einhorn, GNP Co-Chair VISN 10
Carolyn Anich, APRN VISN 18,-19
Kathleen Burns, NP, VISH 1-2
Nancy Cook FNP VISN 16-17
Janette Elliott AOCN VISN 21-22
Mary Falls, APNP, VISN 11-12
Nora Krick, ANP, VISN 3-4
Joan Knox, FNP, VISN 5-6
Mary Lovelady, CRNP, VISN 7-8
Julie Marcum, APRN VISN 18
Deb Monicken, GNP VISN 15,-23

5

Rebecca Waldon, GNP, VISN 9-10
Brian Westfield, RN, MSN, NP-C
Nurse Executive
Anna C. Alt-White, RN, PhD ONS
ONS, Facilitator

Evidence-Based Practice to the Point of Care

This is the first of a series that will provide information about evidence based practice references that available

Paul Shepherd, RN, MSN, APN VA APN, Little Rock, Arkansas

The British Medical Journal Editorial (Sackett, 1996) defines evidence-based practice as "The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patient." In Health Affairs, David Eddy (2005) describes achieving evidence-based practice by establishing "... set of principles and methods intended to ensure that to the greatest extent possible, medical decisions... are based on and consistent with good evidence of effectiveness and benefit." The U.S. government has embraced the evolving evidence-based practice model, as reflected by the creation of the National Guideline Clearinghouse™ (NGC), a public resource for evidence-based clinical practice guidelines. The NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), a section of the U.S. Department of Health and Human Services.

Likewise in our practice settings within the Veterans Health Administration (VHA), Department of Veterans Affairs, we are provided with tools that promote evidence-based practice. In VISN 16, for example, there are numerous evidence-based medical references incorporated within the VHA Computerized Patient Record System (CPRS). Here is an overview of three of my favorite resources.

UpToDate™

From within CPRS, a link opens the online version via the computer's default Web browser (Internet Explorer). Content appearing in *UpToDate* goes through an extensive peer review process and is fully referenced. A continuous review of nearly 300 healthcare journals is incorporated into the *UpToDate* database in a timely fashion as important new information is published. Despite being a massive database, *UpToDate* is fairly easy to use. The user can find just about any healthcare topic by entering a single term in the search field and drilling down to the desired information.

CRLOnline™-- Lexi-Comp's Clinical Reference Library

Since 1978 Lexi-Comp, Inc. has specialized in the development, management, and multimedia communication of clinical databases. Their expertise is in delivering clinical information concerning laboratory or diagnostic testing, and pharmacology. *CRLOnline* is my favorite tool for reviewing a new or unfamiliar drug. *CRLOnline* is also just a click away within CPRS. It, too, opens Internet Explorer and displays the *CRLOnline* home page. Searching for a drug is as simple as typing its trade or generic name. This database can assist the practitioner with understanding a drug's mechanism of action, the dosage, adverse effects and much more. The database is constantly updated to incorporate new research and practice guideline recommendations.

STAT! Ref-

Opening *STAT! Ref* from within CPRS is like opening 40 different medical texts simultaneously including the entire *Current Diagnosis & Treatment* series and *Griffith's 5 Minute Clinical Consult*. Fortunately searching all these texts for the desired information is easy. The user can select one, all, or a combination of textbooks to search. Entering a search term produces a list of texts in which the term appears. The list is usually organized as chapters from the selected texts with the search term(s) highlighted. The busy practitioner can then scroll forward or backward to find needed information, which can be printed or pasted directly into other computer applications such as within an e-mail message to share with a colleague.

There are many more references accessible to clinicians within CPRS and there may be some variation from VISN to VISN. If a practitioner experiences problems accessing the required reference material while using a VHA computer, they can contact the medical center's librarian for assistance. In future articles we will explore other resources available to us as we care for our VHA patients. Additionally, we can explore how to carry these resources when away from our base computers.

VA APN CONFERENCE OCTOBER 26, 2006 SAN ANTONIO, TEXAS

The first VA APN Conference will be held October 26, 2006 in San Antonio. The conference will be in conjunction with the 18th Annual Texas Nurse Practitioner Conference. The Texas Conference will be held October 27-29. By joining with the Texas NPs the benefits of education, information sharing and networking can be combined. The cost for the Texas program is \$425 for non members and \$310 for members. The Texas group will allow VA APNS to join as Associate Members for \$60.00 per year and then pay a member fee. The government rate for San Antonio Crown Plaza hotel is \$96 single/ \$106 double contact the Crown Plaza Hotel 1-877-2-CROWNE for registration. There is no registration fee for VA employees. However, in order to provide meals and refreshments a fee of \$56 will be collected from each registrant.

Carol Einhorn and Nancy Cook of APNAG are to be commended for their hard work in organizing this conference. Also greatly appreciated is the Texas Nurse Practitioner Organization for allowing VA APNS to join with them for their annual conference. Although this is a NP Conference all Clinical Nurse Specialists are welcome and encouraged to attend. More information will be coming, for information on the Texas Conference go to <http://www.texasnp.org/index.html>.

PROGRAM AGENDA:

7:30-8:00am	Registration and opening remarks
8:00-9:00 am	Developing an Evidence Bases Culture EBP Culture
9:00-10:00 am	Translating daily clinical care through use of EBP (Panel Discussion)
10:00-10:30 am	Incorporating principles of EBP in focusing care of veterans with Military Sexual Trauma
10:20-10:35	Break
10:35-12:00 pm	Utilizing advanced technology to improve communication, care and customer service through use of COLLAGE and CPRS
12:00-1:00pm	Lunch
1:00-2:45 pm	Revised Qualification Standards, Writing Proficiency and Resume
2:45-3:00pm	Break
3:00-4:00pm	Peer Review
4:00-4:30pm	Results of APN Jobs Satisfaction Survey
4:30-4:45pm	Wrap-up

VISN REPORTS

VISN 1

Ann Des Loges coordinated a Neurological Conference at The Edith Nourse Rogers Memorial VAMC on April 28, 2006.

VISN 10-12

Carol Einhorn received 2 awards:

Illinois Nurses Association , 21st district, 2005 Staff Nurse Advocate Award

Sigma Theta Tau, Alpha Lambda Chapter, University of Illinois Chicago, Mary Kelly Mullane Award for Clinical Excellence and Mentorship

VISN 20

Ann Busch, Liver Transplant CNS, Portland VA Medical Center Presentations:

Podium Presentations:

“Mushroom Poisoning: Cap Off Your meal with a Liver Transplant”

International Transplant Nurses Society 14th Annual Symposium , September 2005;

“Herbal and Supplement Use Resulting in Fulminant Hepatic Failure”;

Interdisciplinary Perspectives in Integrative Health Conference , October 2005

Poster Presentation:

“Collaboration to Improve Post Liver Transplant Education: The Portland VA Experience”

National Association of Clinical Nurse Specialist Annual Conference March 2006

Lakshi Aldredge, Dermatology NP, Portland VA Medical Center received Candella Nurse in Washington Internship Award

Seattle PSHCS A multidisciplinary team released a revised and expanded guideline entitled, “Medications to be Held Prior to Surgery. The team consisted of Kim Veilleux, ARNP, Paul Cornia, MD, Susan Patel, ARNP, Allan Zander, RN and Erin Miller, PharmD. The team developed the guideline after noticing that inconsistent instructions regarding medications were being given to patients by various surgical teams in preparation for surgery. The guideline was approved by the facility’s Pharmaceutical and Therapeutics Committee.