

NPI MEMBER BULLETIN

IT'S CONFERENCE TIME!!

Come Join Us!

September 8th & 9th, 2011

At Boise Hotel & Conference Center; Boise, Idaho

For conference details and registration,

visit "Conference Info" on our website: www.npidaho.org

Nurse Practitioners and Phantom Limb Pain Awareness

by Cecile B. Evans, PhD, RN, FNP-BC

Governor Butch Otter signed a proclamation so that April 2011 became the first limb loss awareness month in Idaho (www.amputee-coalition.org/Limb-Loss-Awareness/wp-content/uploads/2011/04/Idaho-proclamation-1r.pdf). The Amputee

Coalition of America (ACA), an organization dedicated to improving lives of all persons affected by limb loss, was instrumental in advocating for this proclamation. The ACA is a great source of information and support for all persons affected by limb loss. Limb loss prevalence

currently affects 1 in 190 persons in the United States. Most amputations are a direct result of diabetes and can be prevented. The prevalence of diabetes is increasing, leading to an increase in preventable limb loss. As nurse practitioners, we need to re-

main pro-active in limb loss prevention. This includes appropriately treating diabetes and peripheral vascular disease, providing excellence in wound care, and empowering our clients by continuously providing education about diabetes and

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Are you interested in becoming more active in the Nurse Practitioners of Idaho organization?

~

We are currently seeking volunteer members for the following:

2012 Committees

Conference

Finance

Legislative

Marketing/Media

Membership

Scholarship

We are also seeking members interested in serving on the 2013 conference committee.

Getting Nutrient Rich While in a Nutrition Recession *By Crystal J. Wilson, Ed.S, MS, RD, LD*

While many Americans are struggling with the increasing cost of food, nutrition experts worry about individuals slipping into a "nutrition" recession. According to the Centers for Disease Control and Prevention, about 1/3 of adults in the United States are obese. Approximately 17% (or 12.5 million) of U.S. children and adoles-

cents between the ages of 2 -19 years are obese. The obesity rate for Idaho adults in 2010 was 26.5%. Poor diet and lack of physical activity are the most important factors contributing to overweight and obesity. Americans are experiencing a nutrition recession by eating more and more calories but

obtaining fewer nutrients. In the nutrition world, we refer to this as overfed yet undernourished. To break out of the nutrition recession, the 2010 Dietary Guidelines for Americans (DGA) encourages Americans to increase their consumption of nutrient-rich foods including vegetables,

fruits, whole grains, low-fat and fat-free milk and milk products and seafood. By choosing these foods, Americans can meet current dietary recommendations and improve their intake of key nutrients. Currently, the average intake of calcium, potassium, vitamin D and dietary fiber is low enough to be of public health concern

in the 2010 DGA. Now is the time to help individuals balance their nutrition budgets by selecting foods that provide more vitamins, minerals and other nutrients per bite. As Americans continue to feel the pinch of rising costs of everyday essentials like gas and food, the need to be thrifty and

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*building bridges to
healthcare excellence*

A WORD FROM OUR PRESIDENT...

“Building Bridges to Healthcare Excellence “



Greetings to all -

This year has gone by quickly and NPI has continued to make large strides in the development of a statewide organization. NPI has continued to increase NP membership and the exciting part is that the student membership is also up! Many of these students will be NP's within the upcoming months and will be colleagues within our communities.

The annual NPI Conference is coming up on Sept 8th and 9th - will you be attending and supporting your local organization? I hope so, this year's conference committee has put in many hours of work (all volunteer hours!) to present a conference that is not only a place to continue with the needed CEU's but to network and learn. Learn from the presenters and learn from the vendors and to learn from each other! Networking time is so valuable to each one of us.

The legislation year is also coming up soon - NPI is keeping apprised on "hot topics" and will be visible and proactive on the new faces in the healthcare world. The POST continues to be worked on and I am so hopeful that 2011 will be the year it allows NP's to be able to sign the POST's. Have YOU ever considered running for a government office? Maybe this is your year to do that? Get involved - it does make a difference! Be active - when AANP asks for help sending communication to our legislators - please don't put it off and think "someone else will do it". You are "someone else" and your communication can make a difference!

NPI has elections coming up soon - submit your nominations for 2012 NPI officers and volunteer to serve on a committee. We have been trying to reach all cities within our State with telephone communication during our Board meeting - it has been disappointing for me, personally, to not have anyone on those calls. But we have heard from all of the regions that they want to participate - so please let us know how we can do this better? NPI does represent the state of Idaho not just the Boise area.

There are many ways to volunteer for our organization: Conference committee - this committee has asked another region to sponsor the conference in the upcoming years....to date no offers from the northern group or the eastern group. So should we continue with having conference in the Boise area? Volunteers are needed for this committee for next year. There are legislative, scholarship, education, and other areas that you can assist in - please just let someone know that you have an interest. We would love to have the participation.

Enjoy the summer and fall. Nurse Practitioners are very valued within the healthcare arena and our voices are needed. Do you talk about the role of the NP? Do your patients know what the "differences" are from MD and PA-C? Have you talked to yours about your NP role? Have you ever written a government official? Do you have your own National Provider Number? (You all should!!!). National Provider numbers are the way that NP's are counted - if you don't have your own number - your efforts are thrown into another category like MD's, stay active and support the NP role. Support each other! Support our students - as someone is going to need to take care of me when I get older... and I want that to be a Nurse Practitioner!

Fondly-
Beverlee

***“Get involved...your
communication can
make a
difference...our
voices are needed!”***

*- Beverlee Furner
NPI 2011 President*

When the Nurse is the Patient *By Sandra Hughes, BSN, FNP,*

I first began my nursing career in 1984 after graduating with a BSN from San Francisco State University. I spent three years in the Army Nurse Corps, ending that adventure at Walter Reed Army Medical Center. Working in critical care while in the Army, I continued to work in critical care until 1995 when my daughter was born. At that time I went to work in Case Management for an insurance company, and decided to go back to school. I worked part time while attending graduate school at Marymount University in Virginia from 1997-1999, when I graduated as a Family Nurse Practitioner. In 1999, my then husband obtained employment at Hewlett Packard, so we relocated to Boise. I was also 7 months pregnant at that time with my change, I have been working in mental health 2009, as my current husband also has 2 daughters.

As all of us nurses know, it is easier caring for first. Whether we are caring for our patients, children, or animals, it is very difficult transitioning to being had to learn to be a patient, becoming better at it as time goes by. In the last 2-1/2 years I have had during a Hysterectomy for Dysfunctional Uterine Bleeding. My Gynecologist biopsied a metastatic lesion that was in my pelvic cavity. Thankful that she did find this, as that started my care. Neuroendocrine Carcinoma is a slow growing type of cancer that does not respond to conventional chemotherapy or radiation. Typical treatment is to remove the tumor, or cut and carve as I say. It can re-occur, becoming chronic, such as in my case. There are only about 5,000 cases diagnosed a year. Frequently as an incidental finding, or diagnosis by exclusion, found during diagnostic testing. The first surgery I had was a right hemi-colectomy, There were also 23 positive lymph nodes that developed a bowel obstruction and 6 weeks later anastomosis. Then I had two hernia operations to repair hernias that developed as complications of the bowel surgeries.

“ As all of us nurses know, it is easier to care for others than ourselves...it is very difficult transitioning to being a patient...”

~
Sandra Hughes, BSN, FNP,

son who has recently turned 12. After divorce and a job since 2004. My family expanded when I remarried in 2009, age 12 and 13.

others than ourselves, as we are always putting others first. Whether we are caring for our patients, children, or animals, it is very difficult transitioning to being had to learn to be a patient, becoming better at it as time goes by. In the last 2-1/2 years I have had during a Hysterectomy for Dysfunctional Uterine Bleeding. My Gynecologist biopsied a metastatic lesion that was in my pelvic cavity. Thankful that she did find this, as that started my care.

Neuroendocrine Carcinoma is a slow growing type of cancer that does not respond to conventional chemotherapy or radiation. Typical treatment is to remove the tumor, or cut and carve as I say. It can re-occur, becoming chronic, such as in my case. There are only about 5,000 cases diagnosed a year. Frequently as an incidental finding, or diagnosis by exclusion, found during diagnostic testing.

The first surgery I had was a right hemi-colectomy, There were also 23 positive lymph nodes that developed a bowel obstruction and 6 weeks later anastomosis. Then I had two hernia operations to repair hernias that developed as complications of the bowel surgeries.

During the first year after my diagnosis I had full abdominal CT Scans every three months. Those were all good and clear, so then my oncologist decided to extend the time between scans to every 6 months. Every CT Scan is anxiety producing. The anticipation for several weeks before the study, and the wait to see the doctor to find out the results is stressful. Just when life gets back to normal, there is another test. In April 2010 I had a CT scan after the first six month interval. This did not have good news as it revealed a metastatic tumor in my liver, which was verified with a liver biopsy. Since there was only one tumor my oncologist decided the best treatment was doing a Radiofrequency Ablation which dissolves the tumor, and starting a monthly chemotherapy injection called Octreotide. The equipment for the procedure had to be flown in from Seattle, but the interventional radiologist to do the procedure was here in Boise. The procedure was done under general anesthesia while getting a CT Scan so they can monitor progress and make sure all goes well.

After this procedure I had a CT Scan every three months again, then there was a six month interval. This April, after the six

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**DON'T FORGET!
BRING YOUR USED EYE GLASSES AND SUN GLASSES TO CONFERENCE!**

Glasses Donations for Hearts in Motion an Ongoing Success!

Nurse Practitioners of Idaho and Bodies in Motion teamed up at the start of summer to collect used eye and sun glasses for the Hearts in Motion organization. If you recall, back in March of this year, one of our own NPI Members, Becky Elder, shared her story and experiences of her medical mission in Guatemala with Hearts in Motion. Just days after the drive for glasses began, Overland Pak-n-Ship joined in to help us reach our goal. While we did not reach our goal of 100 pair of glasses, we did receive 25 pairs collectively. That's one-quarter of the way there. But we haven't stopped collecting!

NPI will be collecting used eye and sun glasses at the annual fall conference, September 8th & 9th. One question asked is if the sunglasses need to be prescriptive. The answer is no. Any type of sunglasses, prescriptive or not are appreciated. *(Photo at right: Karen, a H.I.M. volunteer, shared her own glasses with this patient)*

If you have any questions, you may send me an email at npi.idaho@gmail.com. If you wish to learn more about Becky's story, Hearts in Motion or Bodies in Motion, please visit the following websites:

- www.npidaho.org/nurse-practitioners-idaho-newsletter
- www.heartsinmotion.org
- www.bodiesinmotionidaho.com



Making a Difference ...One Organization, One Clinic at a Time

By Tracy Haworth RN, BSN, MHS

Let me introduce you to a typical patient of the Garden City Community Clinic. I will use "Sad Sally" to represent a common dilemma that many people face in our community. Sad Sally is a diabetic who works part time and between her and her husband is about 75% employed, making about \$32K between them, with two children at home.

Sad Sally cannot access health insurance because of her part time employment, and she suffers from depression. She can't afford her insulin or a visit to a primary care provider and when her blood sugar is unstable, she'll often go to the emergency room for care – the most expensive way to take care of her disease. Not every-



Genesis World Mission
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body gets the same breaks in life, whether it is education to prepare one for a good career, a work ethic that teaches us to persevere, or being born in the United States. Even our good or poor health can be influenced by many variables, such as the environment, one's genetics or even from our parents by virtue of how we were

raised. As medical providers we are unfortunately all too familiar with patients like "Sad Sally", who for either choices of her own and/or the result of a "perfect storm" is in need of help. But, there is an organization that can offer help.

Genesis World Mission (GWM) is a non-profit organization in *Cont. on page 7*

Should You Make a Referral to Hospice?

By Elizabeth Dean, RN CH PN, Director of Clinical Services (Align Hospice)

Death is a scary subject. It is frightening in its reality, inevitability, and its finality. As healthcare providers it is ingrained into our psyche that Death is our greatest adversary; a monster to fight no matter the cost or casualty to those who are walking the path towards it. We have forged weapons, tools, and master plans all in the effort to win this war we have been sculpted to fight. But like any other war, this war we wage against Death is exhausting, expensive, and there are many casualties. In fact this is one war that we will never win. No weapon we could ever devise will defeat our opponent...but still day after day we show up on the battlefield.

Nursing is by nature a holistic practice of medicine. We know something that no other practitioners of medicine have cared to direct their energy to. Nurses understand and can see the big picture. We know that an individual's health is dependent upon many factors in their life, and that in times of crisis all areas of their lives are affected. And we know that it is important to direct attention and intervention to all aspects of a patient's life to achieve wellness, and more perhaps even more important the quality of that patient's life. Nurse practitioners are the masters of this fundamental design. They see beyond one sick part of the human body into the cycle of illness that has directed a patient's life into a spiral of disease. When this is done correctly, the results are amazing.

Hospice and Palliative Care is a field of medicine that beckons the attention of the Nurse Practitioner. It so closely mimics the soul of the nurse practitioner that it should be embraced and utilized whenever the opportunity arises. There are many misconceptions about hospice, and because of our lack of knowledge of prognostication, and because we are so reluctant to admit that someone is at the end of their life, hospice is not being utilized to the extent that it could be. Practitioners need only to learn several simple indicators, and also become trained in how to approach the topic of end-of-life care, so that it is not as frightening.

A practitioner should consider making a referral to hospice when they have a patient that has had any of the following indicators or symptoms:



Are your loved ones smiling?

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*Do you have a story to share about your experiences?
 Is there a topic that interests you?
 Do you know someone full of knowledge?*

NPI is seeking contributors for future NPI Member Bulletins. Article contributions are accepted throughout the year. Please send us your stories, experiences and suggestions to: npi.idaho@gmail.com.

Phantom Limb, cont. (from page 1)

foot care. We also need to become clinically competent to care for persons with limb loss.

A tragic consequence of limb loss is that pain is common for years after an amputation. This includes phantom limb pain, residual limb pain, as well as pain in other areas. Most persons with limb loss report phantom limb pain and almost all report phantom limb sensation. Phantom limb pain is pain that is felt as though it is coming from the part of a limb that has been amputated. Residual limb pain, sometimes referred to as “stump pain,” is pain that is coming from the remaining intact portion of a limb that has had an amputation. Most persons with limb loss also reported back pain in a national survey.

The assessment of phantom limb pain can be challenging as persons with limb loss have reported a reluctance to discuss phantom limb pain with primary care providers. Additionally, phantom limb pain is rarely addressed by clinicians after recovery from the standard assessment, the phantom limb should

There is a gap between research and the practical application of phantom limb pain treatment. There are nurse practitioner literature. Traditional analgesics may or may not relieve phantom limb pain. The etiology of phantom limb pain has the same etiology or that there are alternative therapies which are complementary and others that may provide pain relief

Primary care nurse practitioners have the opportunity to introduce the topic of phantom limb pain and educate persons with limb loss about phantom limb pain. The nurse practitioner can reassure the client that they are safe to discuss and describe the sensations in their phantom limb. The phantom limb should be assessed with the same approach as any intact body part. Locations, quality descriptions, intensities, temporal patterns, time in pain, and alleviating and aggravating factors should be included in assessment of different sensations and pain intensities in different limbs after multiple amputations.



Cecile B. Evans *PhD,*
RN, FNP-BC

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There are common pain qualities, such as cramping, stabbing, shocking, or burning that have been described frequently in the literature. The reassurance that these sensations are common is a relief to persons with limb loss. Most persons with limb loss that I have spoken with report that they received little or no patient education about phantom limb pain. (We have to do better as nurses to educate persons with limb loss about phantom limb pain.) Some persons with limb loss have reported that they think they are crazy to have these sensations. This may be worse than the pain sensation itself.

The nurse practitioner can provide interventions and education on complementary and alternative medicine that may provide relief for some persons with limb loss. The referral to a pain clinic may be necessary with the report of high intensity pain. Pain treatments such as a spinal cord implanted stimulators which are approved for treatment of phantom limb pain may help. The referral to physical therapy may be beneficial as they can provide TENS units which can be placed on the contra lateral limb, if possible, or provide other treatments that provide relaxation. The referral to a support group, advocacy group, or peer visitor can provide social support and promote coping skills. The referral to a prosthetic provider to provide ongoing evaluation of the prosthesis fit and provide education on prosthetic care may also provide relief. Collaboration with pain clinics, therapists, prosthetic providers, and all members of the health care team can promote seamless care for the person with limb loss with the goal to decrease pain.

To summarize, the number of persons with limb loss and phantom limb pain that you will see in your practice will increase. A comprehensive pain assessment of a person with limb loss needs to include an assessment of the phantom limb. Comprehensive education about phantom limb pain needs to be provided and available to persons with limb loss. Approach each client with limb loss as an individual as they may not respond to either traditional or complementary and alternative medicine in a predictable manner. But please remember the most important thing is to believe your clients, assure them that phantom limb pain is common and real, and that you will collaborate with others to find what will work for them. Phantom limb pain can be a source of great suffering, and it is paramount that we, as nurse practitioners, advocate for this vulnerable pain population.

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Strength in Numbers

This may not be the article you were expecting when you read the title. However, the saying stands true anytime you have more than one voice, more than one individual fighting for a cause, more than one dollar, more than one Nurse Practitioner in your peer group, and more than one friend always in your corner.

This could have never been more true just recently when one friend of Sandra

Hughes decided to organize a benefit barbecue on August 14th for Sandra. As word spread of Sandra's long haul with cancer, more individuals came forward to participate. An email was sent out inviting friends, family and colleagues to the benefit. Nurse Practitioners of Idaho was included in this email list.

One NPI member, Donna Braswell, was particularly motivated. She offered to

organize a pledged run the same weekend as the benefit barbecue. Donna and Sandra share the hobby of running and have participated in a few of the same various running events. Donna selected a starting point (Polecat Trail on Pierce Park Road in Boise) and time (7:00am, Saturday, August 13th - 7:00am, Sunday, August 14th). Then, within a 24-hour period, she ran a total of 62 miles with pledges at one dollar per mile.

Congratulations, Donna! What an inspiration to all of us! The reminder to all of us, there is strength in numbers. No matter how or where in your life you apply this idea, when people come together there will be a more compelling result. The next phase for Sandra will be about healing and living her life to the fullest. May all of us keep Sandra in our thoughts and send her healing wishes.

For those of you who pledged a \$1/mile, please make checks out to Sandra Hughes and mail them to: Carolyn Corbett - PO Box 45669, Boise, ID 83711. Please mark "For Sandra" somewhere on the outside of the envelope. Carolyn will collect them and present them to Sandra all together, after they come in.

Thank you to Carolyn, Donna and all of you who have pledged.

Hospice, cont. (from page 4)

- Unintended weight loss of greater than 5% of the patients total body weight or a BMI less than 20.
- Shortness of breath or chest pain at rest in patients that are not a candidate for revascularization.
- Metastatic Cancer (patients receiving palliative chemotherapy and radiation can receive hospice care, and there are agencies that are willing to pay for these treatments).
- Patients that are going to the emergency room frequently, or coming into or calling the office more often than usual.
- Caregiver stating that they need more help.
- Patients that have gone from being independent or needing only minimal assistance, to requiring assistance with 2 or more ADL's.
- Aspiration pneumonia, Pyelonephritis, Sepsis, or frequent respiratory infections.
- Frequent exacerbations in the patient's predominant disease process
- Disease process is advancing or patient is experiencing symptoms despite medication adjustments.

Of course there will be patients who will have some of the above symptoms that it is obvious that they are going to live much longer than 6 months, but more often it is the case that practitioners fail to recognize a terminal decline early enough for the patient to take full advantage of their hospice benefit.

There are many people who believe that hospice is very expensive. In fact, hospice does not cost the Medicare/Medicaid patient anything (private insurance companies vary depending upon the plan). Hospice is paid a variable per-diem rate of approximately \$146.00. The daily hospice payment rates are adjusted to account for differences in wage rates among markets. Base rates are updated annually based on the hospital market basket index. Out of this amount the agency is supposed to pay for anything related to the terminal condition.

For example, a pulmonary patient would have all of the nebulizers, inhalers, steroids, diuretics, morphine, anxiety medication paid for. Hospice would cover the oxygen, as well as other DME such as a wheelchair, hospital bed, and a walker paid for; they would cover the cost of a chest x-ray and lab testing if the patient is having increased symptoms, because as a Nurse Practitioner you want to know if the problems are resulting from an exacerbation of the patient's COPD, or if it is pneumonia. Then you can treat him or her in the most effective manner, and most importantly...make them comfortable in the most efficient way possible.

Unfortunately, in school we are not typically taught how to talk to our patients about the last months of their lives, and in a typical practice it is not something that you do often enough to make it comfortable. Most practitioners are hesitant to tell their patients how serious their illness has gotten. Hospice nurses are skilled at delivering this kind of news, and are adept at knowing the appropriate moment to discuss hard issues. Many patients are not told by their primary care practitioner that they are at the end-of-life. Hospice case managers everywhere will attest to the absolute certainty that although it is hard for our patients to hear that you think that they could benefit from hospice, the patient will also be calmer, appreciative, and better managed than a patient who is uninformed.

Hospice is the ideal model for health care. Hospice patients cost Medicare less. Hospice patients live longer than patients with the same disease process that do not receive the hospice benefit (Brown University). Hospice patients feel empowered. What would you want for yourself or your loved one? Take the challenge...the next time you have a patient that you are not absolutely certain about their prognosis, but you just have a feeling (or even if you don't but they meet the criteria)-refer the patient to hospice for an evaluation. There is nothing that can be lost, but much to be gained.



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Scholarship Committee Brief

By Scholarship Committee

The Scholarship Committee had a record number of applicants for the 2011 Dixi Noh Scholarship. They received 20 applicants; including one DNP applicant. This is a record number of scholarship applications, reflective of our tremendous student growth in membership. The NPI Executive Board met earlier this year and decided to allot \$5,000 to fund the scholarship(s) for 2011. (Amounts allotted for future scholarships will be based on annual budget review). All applicants had tremendous essays as well as outstanding letters of recommendation and the scholarship committee found it very difficult to narrow their list to five. The selection process highlighted the leadership qualities in each of the recipients. The five scholarship recipients will be announced and awarded a certificate with their scholarships at the upcoming fall conference. Come join us as we congratulate them!

The Patient, cont. (from page 3)

month interval, I had a CT Scan which revealed that the cancer had once again returned to my liver, with five tumors this time. My oncologist sent me to a surgical oncologist in Portland, Oregon at Oregon Health and Sciences University (OHSU) who specializes in my type of cancer. After meeting with him, it was decided that I would undergo a liver resection to remove the portion of my liver that contained the tumors. I had this surgery in June, which was more complicated than originally planned as he found numerous tumors in my abdominal cavity. These tumors had to be removed, and they were only able to get 75% of them, so he anticipates more surgery in my future as the tumors grow and are picked up on CT Scan, or they cause other potential problems. I also developed a post-op ileus complicating my recovery while in the hospital, as well as diabetes. While in the hospital, I was on insulin which has since then been changed to Metformin.

When I finally got out of the hospital, I flew back home to Boise. That was an uncomfortable flight if I say so. Five days later I found myself in St. Al's emergency room and was admitted for a bowel obstruction. The recovery has been slow as I lost weight during all this, and don't have a lot of reserves. Raising a family takes a lot of energy, and besides my friends helping me out, all my relatives are in California. My son was visiting family there when I was in Portland, and my daughter stayed with friends here as she was in summer school.

I still get a chemo injection every 4 weeks, and my dose was recently increased. I have a lot of fatigue and nausea, but not as bad as it was when I was first started on the injection. My friends and family are a huge support, as I couldn't do this without them all. My friends recently put on a fundraiser to help raise some money as the financial medical expense even with insurance is tough, and there is also the travel expense. My monthly injection, thankfully covered by insurance, costs over \$8700. Donna Braswell, ran 62 miles to help raise money!!! She was awesome!!! Before all this happened I used to see Donna at races that I would run also. Now I'll be glad when I can return to running, but I'm very limited to how far I can go. I get real tired of going to the doctors. That's something that won't be changing, which is why I've learned to be a patient.

People tell me they don't know how I do this every day. And I tell them, "I do it because I have to. I don't have a choice. I have my husband, 2 children, 2 step-children, and work. And I want to be around for them."

Making a Difference, cont. (from page 4)

Garden City that serves people like Sad Sally. The Garden City Community Clinic, a project of GWM, provides a medical home for those without insurance and who are 200% or less of the poverty level. Medical and dental services are provided at no charge by a few staff members and many community volunteers.

Another project of GWM, The Volunteer Physicians Network facilitates specialty care with over 200 physicians volunteering to meet the needs of the patients of several safety net clinics

in Ada and Canyon Counties. Not only does GWM provide health care services to the underserved in our local community, but Genesis International also coordinates sustainable health care services in developing countries and is currently working in Kenya.

GWM increases access to quality health-care for people around the corner and around the world. The staff and volunteers work hard at doing that in a loving, compassionate way by treating patients with the same quality and compassion that they would want to be

treated if they were in an equally difficult place. Patients are empowered to want to get healthier, giving them hope, resulting in having a greater chance of improving the quality of their own lives. That hope is part of the healing equation and is demonstrated by a patient of the GCCC who said, "About a year ago circumstances left me, a diabetic, without funds and no insurance. I was referred to the Garden City Community Clinic. I not only received the medications I needed, but also doctor's care I had not had before. I was treated with dignity,

respect, humor and a great deal of kindness. I walk into an office full of friends now and thank God for each and every one of them."

GWM is a volunteer-centric organization that addresses the disparities of health care, locally and internationally, by engaging the community, so that collectively we can make a difference. Partnerships and networking are key components, which assure sustainability. The local Boise community – hospitals, churches, individuals and many more entities support the efforts of GWM. We welcome volunteers not only from the medical

community, but from all walks of life.

Dr. Karl Watts, the founder of GWM stated early on in the history of his organization, "We believe it is everybody's responsibility to get involved in the betterment of world and community" and this belief is played out every day at GWM. If you would be interested in learning more about GWM, or volunteering, please email, call or contact Tracy Hawthorn at tracy@genesisworldmission.org or 384-5200 and visit our website, www.genesisworldmission.org.

Nutrient Rich, cont. (from page 1)

smart with food budgets is not only important to their wallets, but to their bodies as well. Consuming nutrient-rich foods packed with more essential vitamins and minerals and fewer calories is the nutrition stimulus package Americans need to get back on track.

Here are three simple tips to get started without breaking the bank:

Shop the Perimeter - An easy way to start living nutrient-rich is to choose foods located around the perimeter of the grocery store. Encourage individuals to choose:

Brightly colored fruits and 100% fruit juice

Vibrantly colored vegetables and potatoes

Whole, fortified and fiber rich grain foods

Low-fat and fat-free milk, cheese and yogurt

Lean meats, skinless poultry, fish, seafood, eggs, beans and nuts

Beware of Beverages - Watch out for expensive beverages that offer few nutrients and are taking the place of nutrient-rich beverages like milk in the diet. Sweetened, low nutrient, high calorie drinks may be costing families more than they think.

Make Snacks Count - One of the easiest areas to slip into a recession is in the snack aisle. Not only are some of the most popular snack foods the highest in calories, they are also often expensive. Nutrient-rich snacks can help Americans manage their weight, hunger, health and energy. The key is to make smart snack choices by focusing on nutrient-rich snacks like fruits, vegetables, low-fat yogurts and cheese, whole grain crackers and lean meats.

It is important that Americans adopt healthy lifestyles rather than trendy diets. The nutrient-rich foods approach helps individuals enjoy food, live well and get the most nutritious bite for their buck.

¹ Centers for Disease Control and Prevention. (2010). *Overweight and Obesity*. Retrieved August 4, 2011, from

<http://www.cdc.gov/obesity/data/trends.html>.

² U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans, 2010. 7th Edition*, Washington, DC: U.S. Government Printing Office, December 2010.



**2012
Call for
OFFICER NOMINATIONS;
Due September 15, 2011**

Join the NPI Board of Directors and Committees

NPI is growing and we need your help to make it the organization that meets your needs.

Please nominate yourself or someone you know who would be good to sit on the board. **Nominations will be accepted via email, postal mail or at conference.** If you are not interested in serving on the board, volunteer to serve on one or more of the following committees.

Elected Positions - Nominate yourself or someone who would be good for the job!

President: Chair of the board and serves as the official representative of the group and as its spokesperson on matters of association policy and positions.

President-Elect: Assists the president on projects and duties at the discretion of the president, in preparation for holding the office of president the following term. (Elected for two years)

Vice-President: Responsible for process of review of bylaws, drafting proposed revisions for submission to the board and general membership. Serves as chair when the President is unable to fill presidential duties at any given time.

Executive Secretary: Maintenance of NPI records. Taking and transcribing minutes for executive board and general membership meetings. Responsible for correspondence as directed by the president. The secretary may delegate tasks to the NPI admin as appropriate.

Treasurer: Chair of the finance committee and is responsible for monitoring the fiscal affairs of NPI and work with the finance committee in preparing and presenting the budget.

Region 1 - 5 Representative: Works with the NP's in the region to bring educational offerings to the region. Also acts as a representative of the region on the BOD.

Volunteer Positions - let us know how you would like to be involved!

Finance Committee: This committee works with input from other committees and their chairs to develop the budget for the organization. This committee also develops policies regarding the finances of the Chapter. Financial or business experience is a plus, but is not required.

Legislation Committee: Educates our membership and the public about legislative issues relating to health care and nurse practitioner practice. We need support in all 5 regions. Lobbies primarily at the State level and participates in various legislative initiatives. Also addresses issues affecting nurse practitioner practice such as third party reimbursement, regulations, etc.

Membership Committee: Promotes membership growth. Develop membership goals and implements activities to improve membership. Communicate with Regional Representatives.

Conference Committee: Develops and implements continuing education curriculum for the annual fall conference ensuring approval of CE credits.

Scholarship Committee: Develops, reviews and updates scholarship material. Accept and review applications and determine recipient(s).

Communications Committee: Chaired by the Vice-President, maintains the website, publishes the newsletter, and disseminates information to the membership. Computer literacy is a plus, but is not required. Help is needed with 1) getting the newsletter out (applying labels and stamps - 4 times/year for approximately 2 hours each time), and 2) maintaining list of member email addresses, website postings, etc.