Dr. Mona Counts named Loretta C. Ford Award recipient

When it came time to discuss the 2019 selection for the Loretta C. Ford Award for Advancement of the Nurse Practitioner Role in Health Care, one name rose to the top: Mona Counts, PhD, CRNP, FAANP, FNAP, FAAN.

“When we were looking at nominations and her name came up, it was like, ‘Why didn’t we nominate her earlier?’ She was a natural for the nomination,” said Janet DuBois, DNP, APRN, FNP-BC, FAANP, FNAP, chair of the Fellows of the American Association of Nurse Practitioners (FAANP).

“Dr. Counts passed away on April 4. The award was accepted by her daughter Joy D. Nugent, MSN, NP-C.

Dr. Counts made an ideal Loretta C. Ford honoree for the trailblazing impact on the advancement of the NP role. Dr. Count was the second NP in the nation—only behind Dr. Ford.

Focusing much of her work in underserved communities of Appalachia, Dr. Counts was an early adopter of telehealth, to provide better care for patients in rural Pennsylvania. She began the first profitable NP-run family practice clinic in the United States where she educated hundreds of NPs and residents.

While her devotion to her patients was unmatched, Dr. Counts also worked tirelessly on behalf of the profession.

“She was extremely active in politics—local, state and federal—and was influential in advancing the role through changes in legislation,” Dr. DuBois said. “She had been with the organization right from the start and with the Fellows right from the start. When she spoke, everyone listened. She was that influential.”

Dr. Counts was president of AANP from 2006-2008 and served as chair of the

AANP CEO updates on state of the association

If David Hebert, JD, AANP chief executive officer, seems a little weary as the national conference opens, it is for good reason.

When Hebert spoke with AANP Conference Call just weeks before the event, some staff were still in the process of moving in to AANP’s new national headquarters in Austin, Texas—the first to be owned by the association.

“We’re mostly in and have piles of boxes everywhere,” he said. Despite the added upheaval in the pre-conference crunch time, “it’s a tremendous feeling to be in our own home, AANP’s first national headquarters as a profession founded just over 50 years ago. We’re ecstasy. It’s a gorgeous building.”

The building signals big things for AANP and for nurse practitioners in general, Hebert said. “Now, I think the 270,000 nurse practitioners across the country will have a professional place to call home. For an organization of this size, it’s appropriate to have our own building. We hope it will be a place that nurse practitioners and AANP members come to talk to staff. We will have meetings here and hope to showcase the building to members.”

The building is just one area of growth for AANP in 2019. Membership continues to grow at a rapid pace. Successes at the state

TODAY’S SCHEDULE

6:30–7:45 a.m. Breakfast Non-CE Product Theaters

7 a.m.–5 p.m. NP Photo Shoot (open to all) AANP Central (Hall F)

8–8:45 a.m. General Session: Legislative Policy Update

Noon–1:15 p.m. Lunch Non-CE Product Theaters

1:30–3:15 p.m. Attended NP Posters: Group 2

1:45–2:15 p.m. “Ask the Experts” Diabetes AANP Education Booth (Exhibit Hall)

2:30–3 p.m. “Ask the Experts” Obesity AANP Education Booth (Exhibit Hall)

4:45–6 p.m. Dinner Non-CE Product Theaters

4:45–6:45 p.m. Salute to the State Awardees (by invitation only) NP conversation.
Hebert

From page 1

and federal level continue to increase. And the visibility that AANP—along with nurse practitioners as a profession—only continues to expand.

NEW BUILDING

Moving into the building is a milestone, one that speaks volumes about the success of the profession. It also speaks to the health of the association and the stewardship of its resources.

“When we decided whether to construct a new building or expand our presence in a building that we were leasing, it was a question of staffing and money,” Hebert said. “We needed the additional staff because we want to better serve our members. We did a careful and thorough financial analysis to determine whether it was cost effective to lease more space or have our own building. It was fairly clear that building equity and having an additional asset for AANP was the smarter move.”

The state-of-the-art modern building will allow AANP to host meetings. A dedicated recording space will allow for development of more continuing education. More meeting rooms allow for more collaboration and effectiveness for AANP staff.

“It’s a great accomplishment and good for members and the staff. I appreciate the AANP Board of Directors’ vision when they decided to approve funding for this important effort,” Hebert said.

NEARLY 100,000

AANP’s membership continues to grow. It tops 98,000 and may just hit 100,000 this month. This comes at a time when many associations are struggling with slow growth or declining membership.

“People look at the amount of money more than 54,000 visits, and social media has seen lots of interaction, including more than 6,700 Facebook likes and 180,000 Twitter impressions.

“We’re hearing from patients who are sharing the stories of how NPs are helping them improve their health and why they chose an NP,” Fielding said. “It is what we were aiming to deliver. We learned that while many people love NPs, they may not have all the information about the care they can provide. We are facing a very serious primary care shortage and nurse practitioners can play a vital role in meeting the need.”

As the campaign moves into its second year, it will only build upon the success of the first. The first year included several regional listening tour events that were attended by AANP leadership and community leaders. That will expand this year.

“One of the ways in which we are elevating our message is to go into the local markets and have some of the key influencers—chambers of commerce, pastors of local churches, patient group representatives—to talk through the challenges that they’re facing with access to health care and ask them to understand they have NPs who can play a major role as a solution to the crisis.”

The target markets for the campaign include those which align with AANP’s federal and state legislative and regulatory priorities, such as those in which there is a promise of full practice authority in the future, major markets, and Washington D.C. Also included: “areas of the country that have primary care shortages and more incidences of chronic diseases,” Fielding said.

As the campaign moves into its second year, Fielding notes there is a lot of information generated for nurse practitioners. “I want them to know that AANP is investing heavily in helping to strengthen awareness of NPs. It’s important for NPs who are working in states across the country now, but also an investment in the profession for the future.”

As feedback from the campaign has come in, she also wants NPs to know that “we’re hearing from patients around the country who love their NPs. That really affirms the work that we’re doing every day.”

She hopes NPs will join in the campaign, too, making patients aware of the social channels to “shine a light on the good work that NPs are doing every day and get real patient stories so that is the engine for this campaign.”

The stories are out there. The campaign is there to gather and amplify the work that NPs do each day.

“A We Choose NPs campaign continues to grow

Patients in small towns and urban cities choose nurse practitioners with more than 1 billion visits per year. But choosing a nurse practitioner as a healthcare provider may have been somewhat under the radar.

Now in its second year, an AANP awareness campaign has set out to change that. “We Choose NPs” has been a “really successful effort to raise awareness of the NP role,” said Pam Fielding, CEO of SevenTwentysix Strategies, AANP’s public relations firm and agency of record.

Television spots are airing on CNN, Fox & Friends and MSNBC nationwide. It has run in key markets on programs such as Ellen, Good Morning America, and Today. Radio spots have appeared in key radio markets and there has been a major emphasis on digital advertising, focused primarily on moms “because they are the health care decision makers for the family,” Fielding said.

A website, wechoosnps.com, has enjoyed more than 1 billion visits per year. But there are positive signs, including an increase in recognition and additional sources. In the past few years, the Federal Trade Commission has urged states to reject legislation that is anti-competitive in health care markets. “That was really unprecedented,” he said. “We are seeing support from organizations that focus on making sure that health care is competitive.”

MEMBER INPUT

To continue to grow and develop, AANP staff relies on members to assist. “We need members to be politically involved,” Hebert said. “We need them to respond to grassroots alerts and write their congress and state legislators when they see alerts coming through. We need AANP members to be generous in giving to the AANP Political Action Committee (PAC). A strong PAC is extremely important in the toolbox of government relations.”

AANP also needs its members to be eyes and ears on the ground, “letting us know when they see issues of physician or other detractors’ criticism so that we can address that and make sure that challenges are countered.”

THE ROAD AHEAD

While the outlook for the association and practice are both at an all-time high, more work remains. AANP’s “We Choose NPs” is a commitment. “Over the next couple of years, I hope that we can move the needle on public knowledge of NPs. I hope we can continue to make gains on the state and federal side on public policy. I want to see us expand our research efforts, not only to be supportive of public policy issues, but also to provide information and reassurance to the public about the safety and quality of care associated with nurse practitioners.”

So yes, with so much going on, it may take a while to get all the boxes at the new national headquarters unpacked.
The act was a permanent extension of the prescribe medication-assisted treatment. and other advanced practice nurses to act grants permanent authority for NPs. Congress passed the Substance-Use Disorder Prevention, Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. That act grants permanent authority for NPs and other advanced practice nurses to prescribe medication-assisted treatment. The act was a permanent extension of the authority granted in 2016 by the Comprehensive Addiction and Recovery Act.

When Dr. Knestrick took the leadership role, she had big goals.

“I hoped that we could move some of our legislation forward in terms of what was happening with the opioid crisis and how nurse practitioners could help with that,” she said. “I hoped that we could move more states forward with full practice authority. I wanted to look at issues related to diversity and inclusion, to make sure that we are set for not just looking at AANP right now, to make our organization the best that it can be so that in 10 years people will want to continue to belong.”

Each of these successes alone might have been enough to mark her tenure as AANP leader. Yet taken collectively, the past two years have been extremely busy—and effective. Each success has shown significant progress throughout her tenure.

Some highlights:

NPs’ role in opioid crisis. In late 2018, Congress passed the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. That act grants permanent authority for NPs and other advanced practice nurses to prescribe medication-assisted treatment. The act was a permanent extension of the authority granted in 2016 by the Comprehensive Addiction and Recovery Act.

When Dr. Knestrick took the leadership role, she had big goals.

“The act was a huge step for nurse practitioners to help with the crisis,” said Dr. Knestrick, who is a family practice NP in Wheeling, West Virginia. “We are part of our community. We come from the community and generally stay and practice in the community, so we understand the need. We have been touched by this in our own personal lives. We have permission to help combat the crisis in our communities.”

Some states may limit the scope of an NP practice, so it is up to NPs to continue to drive this issue forward, Dr. Knestrick believes. “We need to have NPs work in their states to continue to be eligible to prescribe in states and also for NPs to take our opioid education course and get waivers so that they can actually prescribe the medication. That would really help the crisis.”

Full practice authority. During Dr. Knestrick’s tenure, the territory of Guam became full practice authority areas and others have made incremental changes. “We see slow and steady progress. You always come in hoping that all 50 states and every territory will be full practice, yet you have to understand that change takes time.”

She points to a roundtable with Health and Human Services secretary Alex Azar as one key development. “He actually understood the issues to reducing barriers in our practice and put that in a brief issued to the public, recommending that states reduce barriers to allow NPs to practice to the full extent.”

Dr. Knestrick also testified before Congress, urging continued support for the Title VIII Nursing Workforce Development program and for the National Institute of Nursing Research (NINR).

Both Washington engagements highlighted an increase opportunity to “get our voice at more tables,” Dr. Knestrick said. “Even if it is at a table on a specific disease process, we’ve been invited. The fact that we got to meet with the HHS secretary in a roundtable was good. We did a lot of field briefings and testimony on NPs and the opioid crisis. We also were able to leverage that to get some of our other issues out like Title VIII funding. I’m hoping that momentum will continue. The more our voices are heard, the more we can communicate.”

AANP ready for the future. During Dr. Knestrick’s tenure, AANP launched a diversity and inclusion committee and has worked to diversify other committees as well. That diversity aim includes incorporating younger nurse practitioners. “We need to inject their ideas in what we’re doing,” she said. “They are the future of where our organization is going.”

Specialty practice groups also began and is a “growing area, so that you can work with people in your own specialty going forward,” Dr. Knestrick said.

While Dr. Knestrick’s tenure is marked with tremendous success, she believes much work remains. “We have a lot of work to do, not just in advocacy and policy, but also in education, research and practice. All of those are really important aspects of those as we move forward. It takes all of us to move the NP role forward.”

On a personal note, Dr. Knestrick has been inspired by meeting NPs throughout the country, “hearing their stories and finding out about the great work that they have been doing and the impact that they have made on the lives of their patients. That has really been the most rewarding for me.”

At the end of the national conference, Joyce M. Knestrick, PhD, APRN, CRNP, FAANP, will hand over the reins of AANP. Her two years as president of AANP have been productive, with new full-practice authority territories, an expanded role in meeting the most challenging health needs and an organization that more fully reflects a diverse nurse practitioner community.

“Give Back with Dress for Success”

In a way of leaving a long-lasting impact on Indianapolis, AANP is urging members to donate professional clothing and accessories to Dress for Success Indianapolis. A variety of donation bins are available throughout the convention center.

The items need to be modern or classic styles and conservative enough for a job interview. Dress for Success recommends the items be no older than five years and be cleaned and ready to wear. The website www.indydfs.org provides more details.
International Ambassadors program shines in its second year

After a successful first year, the International Ambassador program returns to AANP’s national conference.

Before introducing the 2019 ambassadors, though, Kathy Wheeler, PhD, RN, APRN, NP-C, FNAP, FAANP, AANP International Committee co-chairperson, offers some insight into how the 2018 program fared.

“They were from really different areas, but they become buddies,” Dr. Wheeler said. “They talked about their experience in their individual countries. They talked about how they would use the information from the United States or AANP specifically to help what they were doing in their programs. Now, they communicate and work on projects together. There’s been this connection with all of them.”

There also has been an ongoing connection with the International Committee members, who were assigned as mentors to the Ambassadors. “There are all these connections that have sprung up because of that.”

Throughout the year, Dr. Wheeler has seen some of the 2018 International Ambassadors at other events. “They’re proud of this award. They share it as a credential. They say, ‘I’m an AANP International Ambassador.’ I’m hoping that it will continue to build, all these little connections.”

What a foundation the first ambassadors delivered—one of the participants worked on a large project in Africa, with support from her mentor, other committee members and others working in her own country. “Those are the things that we wanted to happen,” Dr. Wheeler said. “Well see more and more of that as we continue to do this.”

Two new ambassadors will join those ranks in 2019. While the connections among the ambassadors, mentors and the committee were fruitful, Dr. Wheeler encourages more connection with other NPs, especially at the national conference. “We want them to be visible and we want people to ask them questions and engage with them. We want to give opportunities to those AANP members who are interested in international work, which isn’t only medical brigades, but perhaps consulting or exchange programs. We have things that we can learn from them, too. This is a two-way street.”

The 2018 ambassadors are being introduced to the 2019 ambassadors and Dr. Wheeler hopes over time those connections will only continue to with the number of ambassadors overall. “That will allow more bridges to be built. It’s starting to become kind of a community where we know each other and then can work on things together.”

MEET THE 2019 INTERNATIONAL AMBASSADORS

Fathi Al Abri is an Advanced Practice Nurse (APN) and nurse educator in the Sultanate of Oman. Since 2010 he has been an assistant tutor of Nursing Science at Oman College of Health Sciences and an advanced practice nurse at the emergency department of the national trauma center in Muscat. Al Abri established the first APN-led fast track at the national trauma center, where he assesses patients, orders diagnostic tests, and prescribes. Since 2018 he has been working with a consultant physician to create standards of care for the fast track service, conducting continuing education activities and working on research to assess the clinical impact of the advanced practice nurse compared to emergency medical officers.

He has served on various committees including the National Committee of Emergency Medicine Services Development and is a member of the Emergency Nurses Association, the Society of Trauma Nurses, Sigma Theta Tau and the Consortium of Universities for Global Health. He is passionate about continuous quality improvement projects specific to improving emergency care practice and improving trauma patient outcomes.

Bonisile Nsibandze is a state registered nurse, midwife, family nurse practitioner (FNP), and nurse educator from the Kingdom of Eswatini. She has worked close to a decade at the University of Eswatini as a faculty member in the nursing department, teaching nursing science courses in the medical-surgical nursing and pediatrics nursing areas as well as co-teaching pathophysiology in the FNP master’s program.

Graduating with a bachelor’s degree in nursing in 2006, she worked in a regional hospital in eastern Eswatini, gaining experience in in-patient care and out-patient care, as well as primary health care. She joined the university in 2009 as a teaching assistant; later earning the Master of Nursing Science as a family nurse practitioner from the University of Botswana in 2014. Currently she is pursuing PhD studies with the University of Johannesburg, concentrating research in adolescents and HIV.

Additional professional focus is on increasing health care access and quality of nursing care for the Eswatini population though training nursing students to be skilled in providing the patient, throughout the life continuum, with the highest quality of health care that is evidence-based.

Ensuring that nurse practitioners have the most current research into clinical outcomes and the role of NPs is a key focus for AANP. The benefits of membership include subscriptions to the Journal of the American Association of Nurse Practitioners (JAANP) and the Journal for Nurse Practitioners (JNP). Attendees can learn more by visiting each journal’s booths in the Partner Pavilion. JAANP is booth #4107 and JNP is in booth #4104. Both publications’ editors say they hope to hear input from attendees and share more about their publications.

Here is a look at each.

JAANP

Kim Curry, PhD, FNP, FAANP, has a little more than a year as editor-in-chief of JAANP. “We get some really great science coming out of the nurse practitioner community, including practicing clinicians and faculty,” Dr. Curry said. “Our mission of being the premier science journal publishing new studies in the nurse practitioner field is something we take very seriously.”

At the JAANP booth, Dr. Curry and others will be showing readers how to easily access the online only journal on handheld devices. She also hopes to spend time talking to those who want to submit research for publication. “We’re able to give them a lot of suggestions about which way to go.”

JNP

Journal for Nurse Practitioners is the younger of the two journals. Prior to this year, JNP had only one editor in chief, Marilyn W. Edmunds, PhD, C/ANP, FAANP, since its inception. Julie Waldrop, DNP, PNP-BC, CNE, FAAN, FAANP succeeded Dr. Edmunds this year. While Dr. Waldrop is new in her role, she is not new to JNP, having served as associate editor for the past four years. Dr. Waldrop says the mission has not changed, but she wants to review the aims of the publication, “to be a source for practicing nurse practitioners of information that assists them to provide better patient care and help them advocate for policies that support the practice of NPs. That’s pretty much it for what we do, and I still think those are important aims.”

Dr. Waldrop’s role as a longtime educator and clinician provides a path for JNP said Dawn Nahlen, publisher of JNP. “Clinicians are at the heart of what we do. Julie is aware of their potential as writers and advocates. She is a big advocate for policy and sees our role in it.”

JNP is still in print format to 100,000 subscribers ten times a year. Dr. Waldrop is passionate about encouraging younger clinicians “to be scholarly and to take responsibility for sharing and disseminating the work that they’re doing. Often it is very creative and innovative work.”
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Risks are rising in the complex practice of NPs

As a nurse practitioner, you show up each day to give your very best to each person you care for. At times you may also stay awake at night wondering if you completed all of the appropriate care, tasks, communication, and other professional accountabilities for each of your patients. If so, you are not unlike many other health care providers. Risks are rising in the complex practice of NPs, any of which could potentially lead to a liability or malpractice claim. First, medication-related claims are common, and NPs prescribing opioids face particular risk. Accuracy in dosage might prevent overdose, but in the ambulatory setting, patients don’t always take the medication as intended. Phone contact with patients taking opioids to determine the effect and ongoing need is one strategy to minimize use. Monitoring patients carefully prior to refills and understanding their preferences for pain management is one strategy to minimize use.

Second, NPs face risk when performing new procedures and treatments. One of the most frequent allegations in professional liability claims against NPs is practicing outside the scope of their practice limits in the state where they are licensed in their state as well as the state where they are practicing telemedicine. NPs need to be aware of the scope of practice in both states and can help with any issues that might be reported to licensing agencies. Employing strategies to reduce your professional liability can facilitate safe care and positive patient outcomes. General risk mitigation strategies such as practicing within the scope of the APRN license, fostering positive relationships with patients and families, following accepted standards and procedures, complete and timely documentation, and ongoing training reduce NPLiability risk.

Despite the true privilege of practicing as an NP, the responsibility is immense. As the provider, you must ensure the coordination of care and that staff and systems are effective in delivering the outcomes intended. You depend on technologies, processes, systems, other health team members, staff, and volunteers to help manage the health of your caseload. NPs take risks every day. You are human, and humans can make mistakes. It’s important to promote a culture of transparency and accountability where all healthcare professionals are encouraged to report, discuss, and learn from mistakes in order to improve patient safety and avoid lawsuits.

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What NPs Need to Know
1. AANP is aware of much of this activity and has enlisted the help of members to report new incidents via aanp.org/ReportNow.
2. AANP is recording incidents as they occur and is keeping a record of reported activity.
3. AANP is taking action—in the most appropriate places and times and in the most effective ways.

What NPs Can Do
1. Use the form at aanp.org/ReportNow to let AANP know about negative or inaccurate statements that are made about the NP role via social media or traditional media sources like television, radio and newspapers.
2. Do NOT help negative messages spread by reacting to, by commenting on or sharing the posts or by engaging in a discussion with anti-NP entities. It’s often best not to respond.
3. Avoid making posts that could potentially be used against NPs, the NP role or the nursing profession. Think carefully before you post, or do not post at all.

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Angela Richard-Eaglin, DNP, APRN, FNP-BC

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