Moderator- Hello and welcome to "public health live." I will be your moderator today. Before we get started, I would ask that you fill out your online application, continuing education credits are available. Your feedback is important in planning future programs. We are encouraged to let you know what kind of program we can give to you. We will be taking your questions later in the hour. Here is the phone number. You may also send your questions by fax any time during the hour. Today's title is addiction, occupational hazards for nurses. And joining us is an advanced practiced registered nurse with state assistance for nurses. Thank you for joining us this morning.

Barbara- A pleasure to be here.

Moderator- Can you tell us why you are here today?

Barbara- Sure. Addiction is a little known occupational hazard for nurses. We think of them having back problems and other physical issues that are related to a nursing but we do not talk about addiction as also an occupational hazard.

Moderator- Tell us about addiction and who is vulnerable to it?

Barbara- Addiction affects the population. Statistically, it is that one out of 10 in the population uses substances. There is some evidence that nurses at a higher rate. I have heard one of seven has a problem.

Moderator- My understanding is that addiction is misunderstand. It is seen as a lack of willpower. This is not true.

Barbara- No, addiction is a disease. We use that model to explain it, as a brain disease. There is evidence that there are some people that have brain chemistry that is conducive to addiction.

Moderator- How does addiction affect the brain?

Barbara- Simplistically speaking, addiction interferes with the dopamine path in the brain waves, so the person is getting the message that this is a good feeling and I want to keep on getting that feeling.

Moderator- Could you share with us the nursing work force in your state?

Barbara- We have over 300,000 licensed nurses in the state of New York.

Moderator- Additional information regarding the gender breakdown?
Barbara- Nursing is predominantly a female profession, and roughly speaking, about 5% of the working force is male. One of the interesting statistics we found in our work is we found in our program span, 20% of our participants are men, so there is a disproportionate amount of male nurses that have an addiction problem.

Moderator- When we talk about the placement of nurses in the system, are we talking beyond hospitals, school settings, homes?

Barbara- Absolutely. We think about them working in hospitals usually but they work in many different settings. Public health, clinics, home care, education, schools. There are many avenues that nurses have for employment.

Moderator- In terms of the criminal nature of nurses who are brought up on charges, there are various categories, is that correct?

Barbara- Yes, and just to clarify, there is a difference between criminal charges and disciplinary charges in terms of nurses licenses. We do have a slide that looks at charges against nurses; this is for RN's, courtesy of the state Board for nursing, talking about disciplinary charges, not criminal. There are many reasons for disciplinary charges, and hopefully you can see that. Certainly, substance abuse is kind of in the middle. The other charges, in terms of negligence and incompetence, criminal issues and convictions, can all be related to addiction in some way. For instance, if a nurse is working and is impairing by drugs or alcohol, that could lead to negligent nursing behavior. If a nurse is under the influence of alcohol or drugs and gets stopped by the police and gets a DWI, and is convicted, that could affect them.

Moderator- What about LPN's?

Barbara- They tend to have more disciplinary charges against them. If you compare -- there is a slide that compares RN's and it shows that LPNs had a higher rate.

Moderator- What accounts for this?

Barbara- I do not have the data, but a lot of LPN's, their job entails giving medication, so they are dealing with medications and narcotics in many settings. They are also asked to work out some of their scope of practice.

Moderator- Clearly, nurses are dealing with substances and medications. Are there drugs that are produced more than others by nurses?
Barbara- The two highest use of drugs are opioids, synthetic opiates, and alcohol.

Moderator- What criteria do you use to define addiction?

Barbara- It is all discussed in our policy which discusses mental illnesses. It is a chronic disease that is progress said, potentially fatal. It can cause pathological organ changes and also the eventual loss of control. It can affect anyone.

Moderator- Talk about that. You say anybody can be affected. How do you identify someone who has an addiction?

Barbara- One of the components is continuing to use despite the consequences. That is something that I see all the time with nurses in span. They know in their hearts that they are doing something wrong or that they will get caught, but they cannot stop. Part of that is once that person becomes addicted -- in all of us, there is a continuum of addiction. Alcoholism is something that is socially accepted. You and I may be able to have a drink, but a person who has that biochemistry in their brain that cannot handle that, they cannot do that. Eventually, they use and lose the control of using, so it becomes compulsive. Then over time, that person becomes increasingly tolerant to the drug, which means that they need more and more of that substance just to maintain themselves. A lot of the nurses say they had to keep on using to function. Initially, a person may be seeking that euphoric feeling, but over time, they are just trying to maintain themselves. I think the difficult part of addiction is it has behavioral illnesses, and there are stigmas attached to it because they tend to think that they have control over the behavior when they really do not. They certainly have control over starting, but frequently, what we see is a nurse that is prescribed the medication for back pain and then becomes addicted to it. The other thing we have is denial. It is a kind of a symptom in which a person does not acknowledge the extent of the addiction. They say, I have a drink at home to relax. As colleagues, we will say that she is a single mother, financially stress, and that is counting for her behaviors.

Moderator- Could you share with us the specific rates of substances as it relates to compliance and relapsed?

Barbara- There is a slide that we have which looks at chronic illnesses in terms of compliance and relapse. We do not talk about hypertension and diabetes in terms of a relapse exacerbation of symptoms, but it is really the same thing. Compliance and relapse rates among chronic illnesses, including alcohol and drug addiction are very similar.

Moderator- What accounts for the varying rates that you just showed? In terms of compliance verses relapse?
Barbara- Typically, we think of addiction as it is not curable. It requires ongoing treatment. The general public, going back to the stigma issue, people tend to think that people with addiction continuously relapse. If they do, people think there is no hope for that person but that is not true. It is similar among all chronic illnesses.

Moderator- How would you summarize that for us?

Barbara- We believe occurrence rates, compliance, recovery rates for all chronic diseases are the same. All of them require lifelong treatment. The difficulty with addiction is there is not a pill that cures it or even treats it. The treatment for addiction is behavioral treatment, things like an Alcoholics Anonymous, narcotics anonymous. That is something that we offered to nurses, ongoing support, throughout the recovery process.

Moderator- Earlier you pointed out, when we were talking about disciplinary charges, that such action could lead to criminal action. What are the physical result of addiction?

Barbara- They are far-reaching, especially with things like alcohol, cocaine, and can cause liver disease, cardiac arrest, overdose, suicide, and a lot of motor vehicle accidents and trauma that people see coming into the emergency room. They are often associated with substance abuse. I talk about the fatality aspect of this, but to me, it is meaningful. In span we have had fatalities. I have personally worked with three nurses who have died from this disease. One from an accidental overdose. One from the consequences of alcoholism, another from suicide. So it is a very real issue.

Moderator- Clearly, a worst-case scenario. What is meant by a drug diversion?

Barbara- That is when a nurse takes drugs for their own use. Frequently, most of the time, the nurse does not take it and not medicate the patient, but sometimes that does happen.

Moderator- How do they divert drugs without dosages being missed?

Barbara- They have access to many drugs, and in different settings have high risk. The way that they usually get narcotics from their place of employment is through waste. What we mean by that, for those not in the medical field, is when a nurse give medication to give to a patient, it may come in a bottle that has more than is ordered. That amount left over is waste. There is a procedure to get rid of the waste, and that is outlined by the Department of Health, and that nurse has to have another nurse witness the wastage. Unfortunately, what happens in busy hospital units, they are running around, taking care of patients, and there is not enough staff and they trust their colleagues. Can you sign this that I threw this away? Though the nurse is not really seeing it. There are other ways. Patients medication as needed. They refused it or not wanted. So
sometimes, then nurses will take that. Sometimes they are on computer systems and there are ways to override a system for medication for someone. Some nurses have actually siphoned off medication from an i.v. Drip. Some have taken a sentinel patches which have a gel on them and when they are discarded the gel is still there and they may actually inject that. I always think that I have heard it all, but then something else comes.

Moderator- We now have a nurse and her own story of her own addiction.

Nurse- I have been a nurse for almost 12 years. This past winter, I herniated a disc in my back. As a result, I was placed on Percocet by my neurosurgeon. When that prescription ran out, still having the pain, I ran into the neurosurgeon and he said if we can get this better you will have to have surgery. I did not have the time accrued to get surgery. So I started using at work. Patients who were on Percocet, if they did not use the medication, I would take it. I never withheld pain medication. They always got what they needed. Only if they had not requested any pain medication, then I utilized the Percocet. At the end of April I went away. When I reported back to duty, a couple of officers from the Board of Narcotics was waiting for me. Initially, at the time when I was confronted, the supervisor told me I was terminated. However, following up, I was told that I was not terminated, that I would be going on a medical disability. I was also told that both my supervisor as well as the director of medical surgical services was very interested in having me back on the staff.

Counselor- Welcome to the state wide peer assistance group for nurses. I want to remind everyone that this meeting is perfectly confidential, so anything you say here will stay here in the room. My particular group meets on Wednesday morning from 10:30 to 12:00. We have almost 20 people.

Nurse- My personal experience has been wonderful. I made a phone call and immediately following, attended my first meetings.

Counselor- Because you came here and referred to the professional assistance panel, you will have no blemish on your record. That is a good thing that you have done. It is amazing how open they are about relationships at home, with their families, things that they had no intention of speaking of.

Nurse- I was a really at a pretty crazy place. I was everybody's money tree, so it just made me stop, slowdown, at a point in my life where physically, I knew that I was headed for trouble.

Counselor- Not everyone makes it from the beginning to the end without problems. Relapse is a part of recovery and a part of addiction. Nurses are held to a much higher standard than the average person. I have gotten the satisfaction knowing that I have a small part in their recovery.
I made myself available. I get lots of phone calls at home. That is OK with me. I get satisfaction knowing that they trust me.

Nurse- I am excited about my future, but at the same time, scared. I was a good nurse before, I still am. I will be a good nurse again.

Moderator- What an encouraging story. Thanks to Sam, she will been able to move on in her career without blemish. How typical is this nurse’s experience to other nurses facing addiction?

Barbara- Her story is pretty typical. She is certainly not what you would picture as an addict. But in our program, a typical nurse is somewhere in her 40's, a mother, and has worked in either the ICU, emergency department, any number of places where there is narcotics access. As in her case, members develop another occupational hazard, back problems, migraine headaches, and dental problems. And then they will be prescribed that medication legitimately. A lot of times, what happens is the doctor feels that that person should be ready to work without it, but the reality is, they need it, and then they become addicted. It becomes pretty easy to take it.

Moderator- Is it fair to interchange the term addiction and chemically dependent? What would the symptoms be of a nurse who is chemically dependent?

Barbara- Usually, there is a change in behavior of sorts. That nurse usually become more isolated, difficulty falling through with the job. She or he may become more defensive. You sometimes have moodiness. There is also something called the job shrinkage, which is where that nurse used to be a great nurse, but now they are just getting by, going through the motions.

Moderator- How do you delineate them from someone who is tired or could be going through stress, or other issues?

Barbara- It is hard and something that happens over time but because of a chronic nature of the disease, it tends to get worse over time. Nurses, usually in their jobs and careers are in the most important thing in their lives. When you start seeing it at work, it tends to be at the other end of continuum of addiction. You have to look at it over time.

Moderator- Are the symptom different for a nurse who is traveling with alcohol abuse?

Barbara- The nurse with alcohol problems tend to not be at work, calling in sick. Especially around scheduled time off. They may make an elaborate excuses for their lightness, absence, engage other nurses in covering for them. They may come to work hung over, so even know the alcohol is out of their system, they are not functioning at the top of their game. They could have blackouts where they do not remember what they did for a patient. Sometimes they come to
work with the odor of alcohol, and that is usually how they are confronted. If they smell alcohol, they could be sent for a urine test.

Moderator- What about the signs, symptoms of a drug-addicted person?

Barbara- That person tends to be at work more. If he or she is getting the narcotic at work, they are there. That is the person that comes in the early, and volunteers for extra shifts. Might be around medications a lot. Offer to give out medications for their colleagues. They may wait to be alone around the medication when nobody is around. You may see vials that are altered, inconsistent accounts. In Lisa’s and most cases, they do not cause patient harm, but if they are taking the medication from a patient, you might see patients complaining of an ineffective pain relief on certain shifts. Sometimes the nurses are known not to go to the bathroom very much because they are always working, but maybe they are always taking breaks. As the disease progresses, they may actually be using on the job.

Moderator- You have taken us through what it means by addiction, the different signs and symptoms and signals that the employer would be looking for. Where does a nurse go? If they are abusing drugs, alcohol, it is clear there is a dependency on these substances. Where do they go next?

Barbara- In New York State, we are lucky because we have programs that help with these problems. SPAN is the state-wide program for assistance. We are a peer assistance program. We provide support and advocacy for a nurse who has substance abuse issues. There are also programs, the professional assistance program, which is called the alternative to discipline program. I will talk about that later. Nurses have access to help.

Moderator- Where does one go to find out about the programs?

Barbara- We do educational programs, trying to get the word out about our organization. I am one of seven regional coordinators in the program and we all did outreach. We go to nursing schools to try to reach them before they enter the workforce. Prevention is one of our goals. We would like to reach nurses before they get into trouble, before they end up with disciplinary actions. So there are many ways to that nurses can access to us. We have a help line also. There are many ways that they can reach us.

Moderator- What is your philosophy?

Barbara- We believe every nurse deserves access to treatment, help in preserving their license and employment status, and ongoing support during the curing process. That is something that we tend to think somebody has an illness and then gets better, but as I said before, it is a chronic
illness and they need support for a long time. We are available as long as we are around, so they can use us.

Moderator- What would you describe as the overarching mission?

Barbara- Basically to heighten awareness, on the drugs, awareness of the community, and to create a balance between the needs of the patient and the needs of the nurse. Our mission is to protect the public, patient, and in order to do that, we need to act on impaired practice and get help for that nurse.

Moderator- Are their sources available to all nurses?

Barbara- Yes, any nurse that is licensed in New York State, including licensed practical nurses, registered nurses.

Moderator- Take us through some of the resources available.

Barbara- We offer education, prevention and identification. If an employer believes that there is someone with a problem, we can walk them through ways of looking into and dealing with the situation. We are pretty mobile and go into the community and meet with employers, nurses in the community. We provide ongoing support and advocacy. We currently have 25 support groups throughout New York State. Those groups meet anywhere from every week to once a month. We also provide different kind of advocacy. We link nurses with community resources, help them figure out the New York state's system, which can be complicated sometimes. We go out to the nurses if they request that. We also have a help line. It is not a 24-hour hot line, but it is a phone messages and to stem that people can call and ask a question and we try to get back within 24 hours. We also provide mentoring by nurses who volunteer to be advocates. In that video, you saw one of them. That is another great way to give back.

Moderator- Certainly nurses helping nurses. If one was reluctant to go forth and seek the services available, because they think there is a cost incurred on their part, how much of this is paid for, and how much is covered?

Barbara- It is a free service that all nurses' pay for through a surcharge on our license fee. It is a way of nurses helping nurses. It is a way to give back. When we pay for a registration every three years, we pay $15 extra. Everyone that is licensed pays that. Every service that we offer is free of charge, so our advocacy is free.

Moderator- How do you work with other agencies?
Barbara- New York State is somewhat complex. Although funding comes through the license fee, we are part of the New York State Medical Association which is a private group. But we do interface with various state agencies that deal with nurses who have these problems. Three of the agencies are through the New York State Education Department, the division professional licensing services. The office of professional licensing which investigates any charge of misconduct. The professional assistance program which is an alternative to the discipline program for nurses who have addiction and have not caused patient harm. That nurse, like Lisa, had the opportunity to get into treatment, be monitored by the program, and potentially protect her license.

Moderator- So collaboration is a key component.

Barbara- The other one we work with is the Bureau of narcotics. They are through the Department of Health. They are the ones that are called whenever there are questions of narcotics been missing, issues of drug diversion.

Moderator- Colleagues and staff play a critical role in helping their staff deal with abuse. Take a look at this colleague relationship.

Reporter- What are the responsibilities of this type of a suspect are using drugs or alcohol? The code ethics states that the nurse acts to safeguard the client when safety and health care are illegal. In many states, it is mandatory to report suspected drug abusers to the state Board of nursing. In others, reporting is only required if the addicted nurse refuses the evaluation and treatment. There is a common reluctance to report their coworkers often because of issues of friendship and loyalty. Fellow workers may ignore behavior or work harder to compensate for the individuals.

Nurse 1- What is going on in here?

Reporter- When management becomes suspicious, staff rally around the impaired nurses, protecting them from criticism. These actions, called enabling, do not help the individual and their behavior. Thus, impaired nurses are allowed to continue on and prevented from seeking treatment.

Interviewee- When you cover up for your friend, when they are stealing drugs, you cover up for your friend calling in sick, looking the other way.

Interviewee 2- Nurses, in general, do not confront each other very well. They usually like to take care of people, including each other.
Reporter- Enabling can be a common thing for these professionals. Much of their job is about caring so nurses need to ask themselves some questions first. Is this possible? This is what she told others? Does this excuse the poor patient care? How do I feel when she disappears? Is this behavior professional? This can help co-workers recognize they are being deceived and their loyalties may be misplaced. The belief that reporting is punitive is another factor in that impede co-workers. Nurses are also taught to be cautious in labeling behavior and they question whether a behavior is deviant enough to report. There are also fears of legal retaliation. And addictive there's can become frightened, angry, and they threaten to sue. Fortunately, this type of suit is usually not successful. If nurses follow hospital procedure and rules regarding such reporting, do not normally make false statements, and not intentionally malicious, they are on safe ground. It is helpful to know that there are actions to be taken in reporting a co-worker could actually be saving her life.

Moderator- Clearly, we see the role of nurse-colleague absolutely vital to the health and well-being of the patients but also the nurse.

Barbara- We encourage nurse colleagues to look for the symptoms and to pay attention to things. That is why we talk about the signs and symptoms. I will frequently do programs for staff nurses so that they can recognize what is going on. They are usually the ones that know there is a problem. If they do not have the information, it is out there, and that intervention is really a positive thing for your colleague. Most nurses feel if they turn in their colleague, that that is the end of their employment, the end of their career. That is not the case. We really want to help nurses to continue to be nurses, but they need to get help with their disease.

Moderator- What can medical professionals do to prevent addiction in their place of work?

Barbara- We talked about a proactive employer. It has changed over time, the more education we get. Many employers will work with nurses with addiction. In the past, what used to happen when a nurse was identified to have a problem, that nurse would probably get fired. But then nothing would happen. Then they would go to the next facility and work there. So our goal, even though it might not seem like the kind thing to do, is to report them. That starts the process of recovery, and that is our goal, to stop that disease process. We talk about proactive employers. What we mean by that is there are many ways that an employer can help a nurse with an addiction, both before and afterwards. We encourage employers to develop policies and procedures regarding these addictive disorders so not all nurses are treated the same way when they do have an addiction. We recommend ongoing education of the nursing staff as well as the administrative staff. We definitely talked about facilities need to ensure that there waste policies are enforced. We also encourage them to check their computer records. As I mentioned before, the computerized systems do not necessarily prevent nurses from getting the narcotics, but they can be picked up more quickly because some of those records will show the amount of narcotics
that each nurse is dispensing or administering, so the administrator, manager can say that this seems to be a problem. We also ask that employers look at the version of narcotics as a symptom of the disease, not a criminal act. What happens in some facilities is nurses actually get arrested for the diversion. Certainly, if a nurse has caused patient harm or if they are taking narcotics and giving them to somebody else, selling them, there is not the leniency in that way, but for someone like Lisa, who was really a symptom of her illness we ask to look at it that way, that it is not a criminal act. That nurse would not be doing that if she did not have that addiction. I can tell you, many of the nurses will talk about that. That they would go to work and say to themselves, I am not going to use today. I am going to get the help that I need, but they cannot because of that but that impulsiveness of the disease. They do not always know where to turn. Some other things we talk about is for the employer to refer to us. One of the things we do in terms of advocacy is we can leave them where they need to go in terms of professional assistance programs, license, treatment. The other issue is, when a nurse is terminated, she or he does not have health insurance for treatment. So we encourage employers to give that that nurse medical leave, just like any other problem. In this economy, it would be tough to get the help that they need, if they did not have health insurance. The last thing is many employers will allow their employers to come back. There are many nurses who we call recovery-friendly, and they will allow them to come back to employment. But there are many nurses that are terminated. When they are doing better in the recovery, they need employment. So we ask employees to think about hiring those that are recovered and go through all of these professional programs.

Moderator- That is terrific in terms of the role of the proactive employer. We are ready to take your phone calls now. You may also send your questions by fax. We are going to take some questions, but how would you bring all of this together?

Barbara- I think addiction is a potentially fatal disease, but as caring colleagues, we have the obligation to ensure that patients are safe and taken care of, but we also have the ability to help our colleague, restore their status of health, preserve their career, and to return valuable resources to the health-care community. We are in a nursing shortage. We have been for a long time. As you can see, many of them are some of the best and brightest, and we want to help them return to practice. We do not want to lose them.

Moderator- You provided us with some really great information today. Where can our viewers go to get additional information?

Barbara- We do have our help line, toll-free in New York and New Jersey. It is on the screen now. You can also e-mail us at span@syna.org.
Moderator- Let us get to the questions. Is it more common for nurses to recognize a problem and refer themselves, or is it more common when their employer requires them to participate before losing their job?

Barbara- You remember that one of the symptoms is denial. Frequently they will know that they have a problem, but either in the beginning minimize it, and then as the disease progresses, they tend to be very guilty and afraid. Typically, they will be referred once the employer had discovered there was a problem. At least if they are diverting narcotics with alcohol, it is a little different. There is a tendency in our society because it is socially accepted, there is a tendency to minimize that and think do I smell alcohol? I am not sure. Sometimes it is family members or friends that will help them.

Moderator- Is the addiction problem more common in acute-care facilities? Does it happen in long-term care facilities?

Barbara- It happens in a variety of settings. According to our statistics, the highest occurrence setting is in the emergency room-type hospitals. There have been times when we have the same nurse from the same hospital in our program. Some of that is because of the autonomy and access to narcotics. Some other high-risk settings are the ICU, CCU, operating and recovery rooms have high rates, because there is the autonomy in giving out the medications. Home care and hospice are high risk because in that case, they might be going into somebody's home and there is no consistent way to monitor the medication in their home. Sometimes the patient is not even aware of what medications they are taking, so that is another high risk area. Generally, when a nurse goes back into the field after getting into recovery, that is an area that they are recommended not to go into.

Moderator- Is there a difference in the percentage of male and female nurses that are addicted, and if so, how do you account for that difference?

Barbara- We have an interesting statistic. Of all the nurses in the state, about 5% are men. In both programs, almost 20% of the participants are men. I do not have the data as to why that is. I have some of my own ideas from listening in my groups, and it may have to do with how men look at their jobs. A lot of them go into those high risk areas. They want to master the tasks of nursing, and once they do that, they tend to get bored with the job.

Moderator- Are there support groups for male-only nurses?

Barbara- Not in our organization. Our groups are for mixed genders. Sometimes it is one man and all women. Most men who are in nursing are kind of used to that. But, no specific male support groups.
Moderator- What kind of success rate data do you have in terms of the effectiveness of the resources provided?

Barbara- We do some participants surveys and ask questions. I would not say it is hard data. We have a very high success rate. Many of our nurses -- when the nurses are in the assistance program, there is a minimum two-year monitor program. Most of them will stay in the program throughout the process, and they will continue to come to the groups because they feel that connection with the other nurses. Even though they acknowledge the treatment and other things are important to the recovery, they often say that they do not have a place to talk about these nursing issues. Nursing is a very high stress job. Not everybody recognizes that. For them to have a place to talk to each other, talk about some of the stressors that are in nursing that have led them to where they are is a very important thing. The group is powerful. I think that you can see from Lisa’s story that they are all powerful. They all have shame and guilt and feel like they've ruined their careers. It is great when you have people stay through the process because they change, and when a new nurse comes in there, they can tell them about their experience. It is a very powerful thing to have.

Moderator- You talk about a collaborative nature of SPAN with various agencies. Anything that you like to share with us about the other agencies that you work with?

Barbara- The professional assistance program and SPAN work together. We have the luxury of being home. We traveled to the others. So we meet with them. All of our regional coordinators have their masters, and we have a background in mental-health and substance-abuse nursing, so we meet with them and dutiful in take assessment. If we believe that they qualified to be in the pressure for it -- professional assistance program, we will make a referral and talk to the program about that. As I said, we are lucky to have these programs. If the nurse goes to the professional assistance program and successfully completed, a good percentage -- 95%-99% of the time, if it is a first-time offense, and they have not constipation harm -- they will usually not get the disciplinary action.

Moderator- In terms of getting the word out and Prevention, is there a part of your group that delivers this information to nursing schools, for example?

Barbara- Yes, we deliver the information to anyone that will listen to us. Our goal is to get into every school of nursing in there are some schools that and invite us back every year so that we speak to every graduating class. We go to institutions that hire nurses. We go anywhere where nurses either work or are educated. We try to get the word out. We have seen many more referrals because of that. We have got more phone calls asking for our advice or help. So it definitely has made a difference.
Moderator- Thank you so much for being with us today. You are doing a wonderful job. Nursing is vital to our society and to our region. Thank you for joining us today. Please remember to fill out your evaluations on line. Your feedback is helpful to the development of new programs. Continuing education credits are also available. In addition to feedback, we would like to know if you would be able to participate if we eliminated the satellite broadcast. Please include your response in the comments section. This program will be available on the Internet in a week or two. Please join us next month for our program on chronic kidney disease and diabetes. See you next time on "Public Health Live."