



DNA

Reporter

The Official Publication of the Delaware Nurses Association

Constituent member of ANA

The mission of the Delaware Nurses Association is to advocate for the interest of professional nurses in the state of Delaware. The Delaware Nurses Association is dedicated to serving its membership by defining, developing, promoting and advancing the profession of nursing as an art and science. Quarterly circulation approximately 12,000 to all RNs, LPNs, and Student Nurses in Delaware.

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President's Message

Delaware Nurses Association: Celebrating 100 Years Supporting Excellence

Bonnie Osgood, MSN, RN-BC, NE-BC

This edition marks my first as the new President of the Delaware Nurses Association and a celebration of our first 100 years. I follow in the footsteps of many amazing nurse leaders. I have had the privilege to meet and network with nurses throughout the state and feel honored to serve as your President. I repeatedly see how our DNA leaders do brilliant work to provide support to our Delaware nurses. They do this by the facilitation of excellence in the provision of care. They serve as advocates, educate, mentor and provide professional enrichment. The DNA works closely with our representatives in Dover to advocate for legislative changes that will promote and protect the scope of practice for all Delaware nurses. All of this work benefits you. Membership, active involvement in your professional organization, and staying informed, is the key to our success.

There are more than fourteen thousand licensed nurses in Delaware. When Washington calls for feedback about issues or opinions of the professional nurse, they call the American Nurses Association (ANA). The ANA asks for feedback from every state. The DNA is the voice of Delaware nurses. We get the call. We respond to the questions. If you are not a member, please join. If you are a member, I'm going to challenge you to recruit your friends. One strong voice benefits us all.

Sarah Carmody, our Executive Director, has been working diligently to update the DNA website to provide you with information you need to keep



Norine Watson, immediate past president, with Bonnie Osgood, President 2010-2012.

informed. Providing support, resources, education, and protecting the scope and practice of the professional nurse is our goal. The DNA web site is an excellent source of information. Please visit it at www.denurses.org. There are changes in our future with health care reform and Delaware's response to the Institute

President's Message continued on page 2

Executive Director's Column

Hello Everyone! I hope you had an enjoyable holiday and a happy celebration of the New Year. As the New Year begins, I am ever hopeful that the year will be productive, positive and forward moving for DNA and nursing. This is the centennial year for DNA and I am proud to be a part of the organization that has supported nursing and nurses for 100 years.



Sarah Carmody

Part of moving forward is to review and update. We have moved forward with the DNA website redesign. Some of the goals for the site were to update the look, make it more user-friendly and more transparent. Another goal was to provide a members-only section where DNA business such as legislative work can be posted and a members directory is available. Please log on to update your information and review the site.

The website also offers a Calendar of Events. This calendar includes DNA and ANA conferences and meetings, educational and informational webinar listings and nursing activities around Delaware. If your organization is interested in posting an event on the Calendar, please call (302) 998-3141.

The DNA newsletter, the Reporter, can now be delivered right to your inbox. If you are not receiving the Reporter or would rather have it electronically, please forward your current email and mailing address to sarah@denurses.org. If you choose to receive the newsletter electronically, you will no longer have home delivery.

Thank you to all of our members for your continued support and DNA looks forward to welcoming new members in 2011.

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of Medicine's Report, *the Future of Nursing, Leading Change, Advancing Health* (Oct, 2010). For more information please visit the DNA website.

This edition is a celebration of 100 years of the DNA. Inside, you will read insights from five past presidents. Each leader will present their perspective on their involvement with the DNA, and their presidency. Our continuing education coordinator, Karen Andrea, will provide information on the continuing education approval process. Kelly Davis will discuss Lobby Day at the ANA House of Delegates. Dot Baker will provide important resources for legislative toolkits, fact sheets, data sources, and how to contact your representatives. Also included in this edition is information regarding the impact of health care reform on Advanced Practice Nurses. Ron Castaldo will provide information regarding the Coalition for Patient Rights. Also, an update from our Organizational Affiliate, the Delaware End of Life Coalition is provided.

I am here to represent you. I look forward to a very busy and productive two years.

In conclusion, my mission and goals as your president for 2010-2012 are the goals of the DNA, they are:

Mission

The Delaware Nurses Association represents the interest of professional nurses in the state of Delaware. The Delaware Nurses Association also advocates for health care issues through legislative channels and regulatory activity, resulting in positive outcomes for all Delawareans.

Goals

1. Promote high standards of nursing practice, nursing education, and nursing research
2. Strengthen the voice of nursing through membership
3. Promote educational opportunities for nurses
4. Establish collaborative relationships with consumers, health professional and other advocacy organizations
5. Foster and safeguard the interests of health care consumers and nurses in the legislative, regulatory, and political arena
6. Increase consumer understanding of the nursing profession
7. Support recruitment of individuals into the nursing profession
8. Represent the voice of Delaware nurses in the national arena

Your membership and participation make the difference in shaping our future.
I hope you enjoy this issue.



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Sussex County: Kelly Davis, MSN, RN
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Marianne Ford, BSN, MSHCA, RN
Betty Stone, MSN, RN
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Executive Director
Sarah J. Carmody, MBA

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Managing Editors
Monica Boyle, BSN, RNC-NIC
Donna W. Shanosk, RN, MSN, NE-BC

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Each article should be prefaced with the title, author(s) names, educational degrees, certification or other licenses, current position, and how the position or personal experiences relate to the topic of the article. Include affiliations. Manuscripts should not exceed five (5) typewritten pages and include APA format. Also include the author's mailing address, telephone number where messages may be left, and fax number. Authors are responsible for obtaining permission to use any copyrighted material; in the case of an institution, permission must be obtained from the administrator in writing before publication. All articles will be peer-reviewed and edited as necessary for content, style, clarity, grammar and spelling. While student submissions are greatly sought and appreciated, no articles will be accepted for the sole purpose of fulfilling any course requirements. It is the policy of DNA Reporter not to provide monetary compensation for articles.

Delaware Nurses Association: Celebrating 100 Years Supporting Excellence

Presidential Reflections (1998-2000)

Past President Evelyn Hayes, PhD, MPH, FNP-BC (1998-2000)

Congratulations to All as We Celebrate the 100th Anniversary of DNA!

In 1999 I wrote "The new millennium rapidly approaches with multiple professional (and personal challenges) and opportunities. Some of these challenges and opportunities for us include practice advocacy, compact for interstate licensure, the ever-changing health care environment, prospective payment system (PPS), unlicensed assistive personnel (UAPs), the legislative agenda, and in general "doing more with less." The growing and diverse list of challenges demand that we be proactive risk takers and think creatively "outside the box." Accomplishing this will take the dedicated and focused effort of each one of us." The window of the world as I saw it then remains true today.

Selected areas of focus included:

- Members of the DNA and the Delaware Stroke Initiative met with Governor Carper and discussed the Call to Action to conduct stroke risk screenings throughout the state. In recognition of this Call to Action, the Governor and Lt Governor signed a proclamation in Observance of National Nurses Week.
- Research: outcomes research, mentoring in research, expanding nurses' research time and talents, taking nursing research to the bedside, Guest Editorial: Using Research to Support your Practice by Lynne Arminger and Karen Morin reflective of an active Research Council
- End of Life Issues: In a guest editorial Madeline Lambrecht asked: What thoughts come to mind when you hear this phrase?; developed to include ELNEC and End of Life Coalition.
- Alternative Therapies featured in issue of Reporter; keynote address at this year's Fall conference on Complementary and Alternative Medicine
- Topics of interest: Recent trends in cardiovascular technology, wound care, radiation oncology update, medication errors, telemedicine's impact on health care, evaluating internet sites, nursing education history, and An Extraordinary Woman from an Extraordinary Century, Lucile, Petry Leone.
- Nursing Summit: Nursing Leaders met to develop a common vision for nursing in Delaware
- Promotional package for APNs developed by APN Council and active Legislative Committee
- Stimulating Conferences with speakers such as Virginia Trotter Betts, President ANA on Professional Nursing: Realizing your Potential." On-going contributions at Constituent Assembly (ANA).
- Contributed to Healthy Delaware 2010 and current ANA Code of Ethics

A sign in a gift shop that caught my attention more than a decade ago still rings true: "Dream, Explore, Discover" The goals of the DNA and the work of its committees are integral to the fulfillment of Nursing's potential and each of our professional dreams. Today, as in 2000, I challenge each of us to act on our dreams as together we create the future. The future belongs to those who believe in their dreams.



Evelyn Hayes

Presidential Reflections (2000-2002)

Past President Moonyeen Klopfenstein MS, RN, IBCLC, CCE (2000-2002)

Reflections on Years of Membership and Leadership Positions at ANA/DNA

Most of my career I have belonged to my professional organization ANA/DNA. The one time I did not belong was when I was a new supervisor and ANA was actively working with the nurses union. We were told that it was not advisable to belong to ANA at the time. Eventually ANA separated the union arm from the non-union arm in the organization. This made it easier for managers to belong to ANA, influence decisions of the organization and partner with the American Organization of Nurse Executives on many issues through-out the years. Communication and partnerships between the two large professional organizations and the specialty organizations was and is critical for International and National initiatives to be successfully implemented.

I found the best way to be involved, learn about our professional organization and have a voice is to start by being involved in committee work. I eventually held board positions by being formally elected to the positions of treasurer, financial chair, legislative chair, president elect and then president of DNA. Each position afforded me the opportunity to learn, be mentored, mentor others, and be involved in important decisions and achievements that impacted nursing, healthcare and legislation. I was always excited to be an advocate for the nursing profession and ultimately our patients. I became aware of the length, breadth and power of the ANA's reach around the world. ANA has a positive reputation of compromising and working closely with many organizations for the good of the community, patients and the profession.

The distinguished achievements of ANA are too numerous to count or address in this article. I believe the many years that I attended the ANA House of Delegates helped me to grow as a professional and increased my awareness of the power of one voice, one vote. It was always an exciting opportunity but awesome responsibility to represent our Delaware Nurses Association members at the House of Delegates. By being involved I learned how ANA and DNA has had a major impact and continues to have that impact on our profession and the community. The leadership and members continue to create tools to facilitate sharing of expertise and research databases on international and national healthcare issues. ANA working with other organizations has identified inequitable distributions and disparities of health care resources and access to quality health care. Leaders strategically plan how to eliminate these barriers to care.

A few of the accomplishments from ANA/DNA that were exciting to be part of were:

- The systematic approach to evidence based research, education, implementation, evaluation and sustainability of best practices.
- ANA'S response to 9/11 and emergency preparedness.
- Awards and recognition for excellence and best practice through award ceremonies as ANA/DNA have annually. Bringing nurses together to show their pride in accomplishments in the profession.
- The stress on wellness programs, continuing to promote healthy lifestyles and helping to prevent secondary chronic health conditions.
- Building comprehensive, coordinated integrated systems of care.
- DNA was instrumental in advancing the recognition and importance of the APN role, collaborative agreement and joint practice committee.



Moonyeen Klopfenstein

- ANA/DNA continue to develop standards and guidelines to promote safety related to both patient and nursing safety.
- The development of the Center for American Nurses the non-union arm of ANA. Work place advocacy guidelines and standards were disseminated.
- DNA'S efforts to protect the environment through our Nurses Healing our Planet (NHOP) committee has been very successful. We have been recognized for our contribution to cleaner waterways through the medicine cabinet take back events and the mercury thermometer exchange campaign. These serve as environmental models to keep our planet green.
- RN volunteer program to keep nurses licensed by utilizing their volunteer hours for practice hours.
- Successful legislative approval of compact state licensure . DNA worked closely with the BON.
- Encouraging the BON to computerize the licensure renewal process.

From my perspective the biggest obstacle and challenge for ANA was working with union and non-union members. I was at the House of Delegates when confrontation from the aggressive union members from California and Maine disrupted the proceedings. California and Maine left ANA at different times, started their own organization and continued to try to disrupt our professional organization. We all combined our efforts and I watched how the leaders of ANA were able to pull together as professionals and reorganize those states into again productive members of ANA. This example has always given me confidence in the bright future for ANA. Being at the table for government and legislative consultation keeps ANA in the forefront . ANA is therefore making significant contributions to health care decisions.

Partnerships and collaboration, I believe, will be the most important strategy for ANA/DNA to continue in the future.

A great opportunity and one of my most cherished memories was meeting President Obama through the invitation of ANA. I am proud to know that ANA leaders are consultants to President Obama on Health Care Reform issues and decisions. ANA has a positive reputation , expertise, distinguished achievements and recognized as the voice for our Profession of Nursing. It has been a pleasure to be a part of and continue my support for ANA/DNA for the years of outstanding community service. The networking and lasting friendships will be cherished by me forever. Come join our family on our productive and exciting committees.

Delaware Nurses Association: Celebrating 100 Years Supporting Excellence

Presidential Reflections (2002-2004)

**Past President Nancy D. Rubino, EdD, RN-BC
(2002-2004)**

At the onset of the two years as DNA president, the United States struggled to recover and respond to the terrorist attacks that traumatized our nation. The American Nurses Association and its partners released the national document *Nursing's Agenda for the Future* that defined the future vision for nursing. The Delaware Nurses Association experienced fiscal and organizational challenges. It was time to evaluate the status of the organization in terms of vision, resources, and strategies.

The new team of officers participated in a full-day retreat and constructed the vision for the next two years that responded to the needs of the community, profession, and nurses. Two themes were identified: 2003 was "the year to **Achieve**" and 2004 was "the wave of **Change**."

2003 Some of the **achievements**

- Get Prepared: Emergency Preparedness was a conference co-sponsored with the Delaware Division of Public Health. Over 300 participants developed strategies to address appropriate responses to national and local emergencies.
- Advocated for nurses on the small pox vaccination issue.
- Advocated for patient safety on the medication aid issue.
- Partnered with the Girls Scouts of Chesapeake Bay to launch "Our own council Nursing Try-It, Exploration Badge, and Interest Project Patch."
- The Mercury Fever Thermometer Exchange campaign during nurses' week offered opportunities to learn about biohazards in health care and educate the community on strategies to protect our precious environment. We collected 1475 mercury thermometers across the state and received recognition at the state and national level.
- A child care hand washing initiative done in collaboration with the Delaware Office of Child Care Licensing offered the opportunity to teach young children in child care settings about proper hand washing.
- Co-sponsored with the Delaware Organization of Nurse Executives the first Nursing Excellence Awards to recognize Delaware nurses making significant contributions to nursing practice and health issues.
- Achieved re-accreditation from the American Credentialing Centers Commission on Accreditation for both the DNA provider and approver units for continuing education

2004 Some of the **changes**

- Initiated an affiliation with the Center for American Nurses, an independent affiliate of the American Nurses Association as an Associate Organizational Member, to help nurses promote positive work environment change. The initiatives addressed the IOM report, *Keeping Patients Safe: Transforming the Work Environment of Nurses* that provided the vision and strategies to transform the nursing work environment to enhance safe care environments for patients.
- Restructured the organization and approved a new organizational chart
- Updated and reactivated the DNA website through the American Nurses Association (ANA)
- Amended the DNA Bylaws to be congruent with the revised ANA Bylaws
- Revised the membership brochure
- Recognized the 15 years of service of our retiring Executive Director with a party and celebration.
- Welcomed a new Executive Director

The two years as president were filled with challenges, rewards, and a wealth of networking opportunities that fostered a tremendous personal experience. The most significant thing learned from the experience is the value of partnerships. The initiatives that made the most influence and with lasting effect were those done with other nursing or community organizations. The professional growth and commitment to advocating for the nursing profession will be the ongoing positive residual effects of serving as president of the Delaware Nurses Association.

Presidential Reflections (2006-2008)

**Past President Penelope Seiple,
MSN, RN, NE-BC, FACHE
(2006-2008)**

Penelope Seiple is the Vice President for Patient Care Services at the Wilmington Hospital, Christiana Care Health Services. She has worked at Christiana Care in a variety of capacities for most of her career. She has served on the Delaware Board of Nursing as Vice-President for a 3-year term, and was the President of the Delaware Nurses' Association from November 2006 through November 2008.



Penelope Seiple

In anticipation of the 100 year anniversary of the inception of the Delaware Nurses Association, I am honored to reminisce about my experience as the President of the DNA, 2006 to 2008. I was approached in the summer of 2005 by a member of the DNA Nominating Committee asking if I would consider throwing my name into the hat to run for DNA President. My initial reaction was to run in the opposite direction. Although I had been a member of DNA for several years, I was not an active one. I kept vague track of what the DNA was doing via the DNA Reporter, heard bits and pieces from various meetings I attended, but really had no substantive understanding of what exactly the DNA, or the ANA actually did and I was totally intimidated by my lack of knowledge. Besides that, I surely didn't have enough time. My nominating committee member, however, was powerfully persuasive, and was not willing to take no for an answer!

Before I agreed, I did reflect on my experiences with the Board of Nursing; after the initial learning curve, I gained so much knowledge and understanding from the experience that I never regretted my participation. How much different could this experience be? The commitment for the DNA presidency was for 4 years: one as President-Elect; 2 as President; and one as immediate Past President.

In November, 2005, I was sworn in as President-Elect, and was to succeed Pat Winston, who had been the previous President. I had a year to be mentored by Pat, and then was to assume the presidency in November, 2006.

In April of 2006, my oldest son died suddenly and unexpectedly and my world turned upside down. Functioning was difficult, and I seriously considered stepping out of the President-Elect role. However, my colleagues at the DNA were so supportive and understanding and were there for me 100%, especially when I wasn't. For that, I will be eternally grateful. It allowed me to stay the course and complete my presidency, during which I learned an incredible amount of information and developed an even greater awe regarding this profession we have selected.

During my tenure, I was privileged to learn about the ANA Enterprise, the relationship between the ANA and the affiliates: the Constituent Member Associations (ie the DNA); the ANF, American Nurses Foundation (the research, education and charitable arm of the ANA); the ANCC, American Nurses Credentialing Center (the largest and most prestigious nursing credentialing organization in the USA); the AAN, American Academy of Nursing (advances health practice and policy through the generation, synthesis, and dissemination of nursing knowledge); and the ANA-PAC, the Political Action Committee (promotes the health care system in the US by raising voluntary funds and contributing to support ANA-friendly candidates for federal office).

In minutes of the Association from 1897, the goals of the ANA were "To establish and maintain a code of ethics; to elevate the standards of nursing education; to promote the usefulness and honor the financial and other interests of nursing." Here we are, about 100 years later, and the goals remain essentially the same.

The American Nurses Association exists to advocate for nurses. A century ago, nurses recognized that they needed to have an organization to assure that the profession was being advanced. The ANA is the only organization that can represent all registered nurses, regardless of where they work or what they do. The membership is very diverse, and represents nurses who work across all settings. My hope for the future is that we become able to recognize our similarities rather than our differences, and become the unifying force to advance quality health for all our friends and neighbors.

Delaware Nurses Association: Celebrating 100 Years Supporting Excellence

Presidential Reflections (2008-2010)

**Past President Norine Watson,
MSN, RN, NEA-BC, (2008 -2010)**

Memories from My Presidency



Norine Watson

My time as President of the Delaware Nurses Association went by fast, but I have some wonderful memories and I thank the current President of the DNA, Bonnie Osgood, MSN, RN for giving us a chance to reflect on our terms in this statewide leadership role. I held several roles with the Delaware Nurses Association prior to running for the President elect position. I was on the nominating committee with Dr. Erlinda Wheeler and had served 4 years as the co-Managing editor of the DNA Reporter with Maureen Seckel, MSN, RN. During this time Penny Seiple, MSN, RN was also on the Board; I enjoyed working with her, admired her style and wanted to follow in her foot steps. Although before I put my name on the ballot I talked with both my Chief Nurse Executive, Dr. Louanne Stratton who offered me her support and encouragement and my family. With their blessing I put my name on the ballot and was absolutely delighted when I learned of the election results. Then I entered into the action packed year in the Chair-elect role, with Penny Seiple, MSN, RN as the President. This was an excellent introductory period that provided me with an opportunity for mentorship while learning the interworkings of a state nursing association.

One of the highlights of my Presidency was the privilege I had of being part of two Delaware Excellence in Nursing Practice awards planning committees. These programs celebrated the outstanding contributions that nurses from across the state and from all practice environments have made to the care of patients and their families. Most notably for me was the 2010 excellence program in which we also celebrated the Delaware State Senate tribute to all of nurses, proclaiming 2010 as the International Year of the Nurse. The significance of 2010 is that is it the centennial of the death of Florence Nightingale who was largely responsible for creating the modern nursing profession. What an honor it was to have state senator, Dr. Bethany Hall-Long read the tribute and also, thanks to the generosity of Dr. Robert Hess, have Florence Nightingale's original letter on display at

the Delaware Excellence in Nursing Practice program. This was an event and tribute to professional nursing that I will remember for the rest of my nursing career.

The next highlight was the opportunity that the American Nurses Association provided for me to stand on the stage with President Barak Obama to support Health Care reform. What a thrill it was to be at Acadia University in Pennsylvania and see our President electrify the crowd with the potential that governmental health care policy changes could make for the entire population through improved access, improved quality of care and decreased cost to the consumer. Healthcare reform passed during my term as President and I am left with memories of the many ways that the Delaware Nurses Association participated in the work that made it happen.

Also I have to mention the week that Sarah Carmody, Bonnie Osgood, myself and the DNA delegates spent at the American Nurses Association Constituent Assembly and then the House of Delegates meeting. Although it was not easy for any of us to carve a week out of our schedules to attend these meetings, now that we did, I know these were career changing days for me and others. We campaigned for Nat'e Parker Guyton and watched and cheered as she was elected to a national ANA office. Nat'e's election to national office and now her work to keep all Delaware nurses better informed about the work of the American Nurses Association is another significant moment in my tenure as President.

While in DC, we lobbied with the ANA and were able to see first hand the influence that nurses who are engaged in nursing practice can have on their legislators. We talked to Senators and Representatives about the importance of safe staffing, funds for nursing education, safe patient handling and full scope of practice for Advanced Practice Registered Nurses. Representative Michael Castle spent time with us discussing issues that are important to nurses. We

walked Capitol Hill along with over 300 of our nursing colleagues from across the nation. We know on June 16, 2010 the delegation from the Delaware Nurses Association made a difference for nurses and also for patients and their families.

Back home in Delaware things were moving forward too. Nurses Healing our Planet led by Michelle Lauer, MSN, RN were conducting very successful medication take back events and making all Delawareans aware of the harm caused by putting pharmaceuticals in the water ways. Sarah and I ventured on to Facebook and set up our 1st DNA Facebook page as another way to communicate with Delaware nurses. The professional development committee put together several very successful conferences one of which Susan Hassmiller, Ph.D., R.N., F.A.A.N., Robert Wood Johnson Foundation Senior Adviser for Nursing, spoke to us about the Future of Nursing. At the same meeting Debbie Hatmaker, MSN, RN, Vice President of the American Nurses Credentialing Center, spoke to us about the importance of specialty nursing certification. This meeting stands out in my memory because a high percentage of members attended and therefore we were able to a call for issues from these members. This information gained from our members informed the remainder of Board meetings that I chaired.

Finally my thoughts center on the state level leadership of the Delaware Nurses Association, working with outstanding nurse leaders from all areas of Delaware who make up the membership of the board and committees; individuals who are 100% invested in advancing the mission of the Delaware Nurse Association, was a transformational experience. These nurse leaders are doing amazing work for the nurses of Delaware and I now count them among my friends and colleagues. Fortunately Delaware is a small state and I know that we will be connected in some way for the remainder of my nursing career.



Continuing Nursing Education Series

Part I: Goals and Objectives for Continuing Nursing Education

This is the first article in a series of self-study modules for those who wish to develop continuing nursing education (CNE) activities. When separated into parts, the process is easier to understand and to use. The goal of this series is to plan high quality continuing nursing education that meets national standards. We will use the American Nurses Credentialing Center's (ANCC) Commission on Accreditation Standards (2009) as the framework of reference.

When referring to CNE, the word "activity" is often used. Education activities are learning experiences of any type. Traditionally, most of us think of education as a lecture or class. However, nursing is a clinical profession so more diverse methods are needed. We expect nurses (and other health professionals) to develop expert skills and critical thinking in order to carry out the complex demands of healthcare today. Some other examples of learning methods include seminar, skills practice, accelerated learning, self-study (online or hard copy), role play, simulation, and case study. Goals and objectives are applicable to whatever type of learning activity is used. Keep in mind that the type of activity should be matched to the outcome.

Review the goal and objectives before completing the module.

Goal:

- **To formulate observable or measurable objectives for a learning activity.**

Objectives:

- **Distinguish between goals and objectives when planning an education activity.**
- **Apply domains of learning and taxonomy to sample objectives.**
- **Analyze sample objectives for a measurable verb, condition, and criterion of acceptable performance.**

Goals or Purposes

"There is a problem with nursing care we need education!" Does this sound familiar? Surely everyone has heard this and admittedly, education can often help improve care. Whenever there is a need for education, generally the first step is determining the desired outcome. Some other questions to ask yourself include: What is to be achieved? What do we expect the learner to know or do when finished? To what extent must the learner know or do it? Is there a time limit on the learning or a grade involved? The answers initially become general statements called goals or purposes. Usually these two words are used interchangeably so the word "goal" will be used in this module. A learning goal is "a statement describing why and for whom an educational program has been designed." (ANCC, 2009, p. 73) In other words, the goal explains the overall desired outcome. The expected (or desired) outcome is defined as the result that is measurable, desirable, and observable, and translates into

observable behavior. (Nursing: Scope and Standards of Practice, ANA, 2010). Goals are required by the American Nurses Credentialing Center (ANCC) for planning CNE and are customary for larger education activities such as conferences or courses. Here are some examples of goals:

- Update nurses on current trends in diabetes treatment
- Showcase best practices for advanced practice nurses
- Develop mid level nursing leadership practices for supervisors
- Enhance clinical nursing skills for experienced nurses

Notice that these statements lack specificity. They are meant to be broad or provide "umbrellas" under which are placed more detailed or specific objectives. Goals provide general direction and may be long range in scope. For example, a course or series of classes requires goals to give the general learning outcomes. The first goal above could be used for a single class on trends in diabetes care or it could refer to a series of classes or activities in a conference or longer activity.

Objectives

ANCC (2009) defines objectives as statements of the learner outcomes of an educational activity that are measurable and achievable within the designated time frame. An outgrowth of a learning goal is at least one detailed and specific objective. Some important questions to ask yourself before writing objectives and planning an activity include: Who are the learners? What exactly are the outcomes desired? How will we know the outcome has been achieved? What level of success is needed? When should the outcome occur? Generally objectives must be realistic, concrete and usually focus on only one outcome.

Most objectives have three components: a measurable verb, any conditions for performance, and a criterion of acceptable performance. The more explicit these components are, the easier it is to judge if they have been met. (Mager, 1975)

Given twenty cardiac rhythm strips, the learner will accurately identify at least 85% of the strips within 60 minutes.

In this objective, the measurable verb is "identify"; the condition for performance is "within 60 minutes"; and the criterion for acceptable performance is "85% accuracy." This may be one of several objectives for a cardiac monitoring course. It is timed due to the fact that nurses must be able to accurately and rapidly identify serious heart rhythms, and often to take immediate action. If the learning activity includes cognitive or performance testing, the objective must include conditions and criterion. Generic nursing education and competency training often require specific testing; therefore objectives for this type of education usually must address clearly criteria for completion. Continuing education activities often do not include criteria for acceptable performance.

Carries out tracheostomy care and suctioning on a manikin with strict adherence to hospital policy and procedure.

This objective does not mention the learner but it is implied. The measurable verb is "Carries out"; the condition of performance is "tracheostomy care and suctioning on a manikin"; and the criterion is "adherence to hospital policy and procedure."

Heinich and others (2001) have suggested an ABCD framework for objectives.

Audience identifies the audience, learner or student.

Behavior is the verb that describes what the learner will achieve by the end of the learning activity.

Condition refers to the condition of performance or circumstances under which the objective will be met. Include what tools or equipment will be needed.

Degree is the standard to be met or the criterion for performance. This can include a time limit, a quantitative degree of accuracy such as numbers or a percent, or a qualitative standard such as a skill competency.

The ABCD method applies to the sample objectives above with one exception: the Audience is implied in the second objective.

Domain and Taxonomy

Objectives can be divided into three domains: cognitive, psychomotor and affective. Cognitive objectives are by far the most common and the easiest to write. Cognitive refers to knowledge

or thought. It includes the gamut from facts to much higher levels of thinking such as evaluation. Psychomotor objectives refer to "doing" and almost always involve using the body to perform skills or physical activities. Psychomotor objectives are useful for learning and demonstrating competencies. Probably the most difficult objectives lie in the affective domain. Affective refers to values, interests, appreciation and opinions. This area is less tangible but no less important than other domains. Professional ethics or role internalization might come under this domain. Review the three domains in "Verbs to Use in Writing Objectives."

Since the 1950's, Benjamin Bloom's taxonomy has classified the levels of objectives. The "knowledge" level deals with the most basic form of cognition—facts and information. "Comprehension" challenges the learner to use the facts, and for "application" the learner uses facts at a deeper level. The higher levels of the taxonomy include "analysis, synthesis and evaluation." It is to those higher levels that we strive for professional education. Another important principle to keep in mind is that well written, clear objectives not only provide clarity for the learner—they also guide evaluation of the learning outcomes. Note that the psychomotor and affective domains also progress in levels from lower to higher levels of cognition. Again, review the domains and taxonomies in "Verbs to Use in Writing Objectives."

Another method that may be helpful in writing objectives is "S.M.A.R.T."

Specific—the statement is concrete and uses action (or acceptable) verbs

Masurable—the statement uses numeric or descriptive terms such a quantity, quality or cost

Attainable—the statement is feasible, appropriately limited in scope and within the learner's control or influence

Results—focused—the statement measures outputs or results (not the learning activities involved) and may include accomplishments or products produced

Timely—the statement identifies a target or finish date, and may include interim steps or a method to monitor progress (Association of College and Research Libraries, 2010)

Words to Avoid

There are a few words or phrases that lack specificity, are hard to quantify, and are open to interpretation. Variations on "knowledge of, to know, understand, or understanding of" should be avoided in objectives. Here are some acceptable substitutes for those phrases (Gronlund & Brookhart, 2009):

Know or knowledge: define, describe, explain, identify, list, select, state

Understand: convert, defend, distinguish, estimate, summarize

A Little Practice

Let's look at some objectives for clarity. These objectives have been randomly pulled from the continuing education files purely for learning purposes.

1. Participant will gain an understanding of the Myers-Briggs personality type known as "The Caregiver." *Although it isn't the first word used, "understanding of" is not specific as to the expectations of the learner. This objective was revised in the final version of the file to the following:* Participant will be able to recognize the four separate "preferences" or "dichotomies" that comprise the Myers-Briggs personality type known as "The Caregiver."
2. Describe asthma management and implementation. *This objective was not revised but it lacks clarity of performance condition and acceptable performance. Using the S.M.A.R.T. method, it meets only "S" for use of an acceptable verb. A more "Attainable" revision could be this one:* Describe at least three major aspects of asthma management.
3. Participant will be able to select appropriate Support Surface Technology for client. *This objective stood as written. Although the learner might not know what "Support Surface Technology" is, the content for the objective is detailed. A clearer version could read as follows:* Using assessment information and national standards, participant will select appropriate Support Surface Technology for the client.
4. Identify helpful phrases/statements that can be used to engage in End-of-Life Care Planning conversations. *The learner is implied in this objective. It stood as written.*

Continuing Education continued from page 6

Verbs to Use in Writing Objectives

5. Participant will be able to identify and apply best practice strategies to situations involving difficult and challenging families. *This objective has two verbs so it is essentially a double objective. Although it stood as written, it could be improved as a single objective as follows:* Participant will be able to apply best practice strategies to situations involving difficult and challenging families. By deleting “identify”, the objective places higher on the cognitive domain—which is probably what the applicant intended for the program.

Conclusion

Like nursing, writing objectives is both art and science. Using the tools and strategies presented, you will be able to provide measurable and observable objectives for any learning activity. No matter which system or guidelines you use, keep the following in mind:

- Use the attached (or another authoritative) verb listing in developing objectives. There are other verbs that can be used.
- Determine the cognitive level appropriate for your activity and develop objectives targeted to that level.
- Objectives should address the most important outcome(s) for the activity. They are **not** intended to cover the entire content but rather an important **sampling of the learning outcome**.
- Experts are reluctant to give guidance on how many objectives to write for an activity. For longer activities, a general **minimum** is one objective per hour.
- Ideally objectives will guide the development and planning of the activity, and guide the learner to the outcome.

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Continuing Education Quiz continued on page 8

Cognitive Domain

Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
Define Repeat Record List Recall Name Relate Underline Memorize State	Translate Restate Discuss Describe Recognize Explain Express Identify Locate Report Review Tell Cite examples of	Interpret Apply Employ Use Demonstrate Dramatize Practice Illustrate Operate Schedule Shop Sketch Translate Develop	Distinguish Analyze Differentiate Appraise Calculate Experiment Test Compare Contrast Criticize Diagram Inspect Debate Inventory Question Relate Solve Examine Categorize Classify Translate Interpret	Compose Plan Propose Design Formulate Arrange Assemble Collect Construct Create Set up Organize Manage Prepare Synthesize Summarize Integrate Predict	Judge Appraise Evaluate Rate Compare Value Revise Score Select Choose Assess Estimate Measure

Psychomotor Domain

Imitation	Manipulation	Precision	Articulation	Naturalization
Follows example of Follows lead of	Carries out according to procedure Follows procedure practices	Demonstrates skill in using	Carries out Is skillful in using Uses	Is competent Is skilled Carries out

Affective Domain

Receiving	Responding	Valuing	Organization	Characterization of values
Acknowledges Shares Shows awareness of	Acts willingly Practices Discusses willingly Expresses satisfaction Is willing to support Listens to	Accepts Acclaims Agrees Assists Assumes responsibility Cooperates	Argues Debates Declares Defends Responds Selects Shows interest	Acts consistently Is accountable Declares/stands for Takes a stand Helps Respects Supports

Words and Phrases to Avoid in Writing Objectives

The following are difficult to observe, measure or quantify:

To know	To understand	To really understand
To fully appreciate	To internalize	To grasp the significance of
To have an awareness of	Knowledge of	Understanding of

DeSilets, L. *Verbs to Use in Writing Objectives in the Cognitive Domain, Psychomotor Domain, Affective Domain*. Villanova, PA: Villanova University.

Part I: Goals and Objectives for Nursing Continuing Education Quiz

Directions: Select the best answer for each item. Check your answers with the quiz key located on a different page of this publication.

- Which statement meets the ANCC definition of a goal (or purpose)?
 - Network on current concepts
 - Provide an overview of diabetes mellitus
 - Evaluate medical management of injuries
 - Update nurses on current vaccination recommendations
- Which describes a measurable objective?
 - A statement that describes in broad terms the outcome for the learner
 - A statement using measurable terms that describes what the learner will know
 - A statement using measurable terms that describes the outcome for the learner
 - A statement using measurable terms that describes what the learner will understand.
- What is the relationship between goals (or purposes) and objectives?
 - Goals are the extension and expansion of the objectives
 - They are essentially the same thing
 - Objectives are the extension or expansion of the goals
 - Goals are the extensions of the purposes
- What is the goal of a well written objective?
 - Clarify the outcome for teacher and learner
 - Impress the learner with the teacher's knowledge
 - Set the theme for a conference
 - Increase the difficulty of completing the activity
- Which of these groups of verbs is part of the cognitive domain?
 - Select, respond, practice, use
 - Debate, identify, arrange, use
 - Prepare, support, test, describe
 - Evaluate, define, practice, inspect
- The affective domain refers to which attributes?
 - Skill performance
 - Levels of thinking
 - Attitudes and values
 - Cognitive level
- Using Bloom's Taxonomy, which objective requires a higher level of thinking?
 - Summarize your position on the "right to die" for a sample patient situation.
 - Explain your position on the "right to die" for a sample patient situation.
 - Develop your position on the "right to die" for a sample patient situation.
 - Analyze your position on the "right to die" for a sample patient situation.
- According to Mager, what are the requirements for a measurable objective?
 - Verb, condition and criterion
 - Audience, behavior, condition and degree
 - Specific, measurable, attainable, results and timely
 - Subject, verb, measure and outcome
- From the statements below, which one meets the requirement of verb, condition and criterion?
 - Discuss prevention of dermal ulcers.
 - Perform and document a head to toe physical assessment on a simulated patient.
 - Apply the nine principles of the code of ethics for nurses.
 - Explain chronic obstructive pulmonary disease.
- From the statements below, which one meets the requirement of verb, condition and criterion?
 - Compare the efficacy of two possible treatments used in a case study.
 - Understand the provisions of the health care law.
 - Discuss prevention of dermal ulcers.
 - Knowledge of wound care management.

Continuing Education Information

Disclosures: This educational activity is free of sponsorship, commercial support, product endorsement, or discussion of off-label product use. The Nurse Planner has declared no conflict of interest or any relevant financial relationship. The expiration date for awarding contact hours will be approximately February 15, 2013 or two years after this issue of the DNA Reporter is published (whichever occurs first).

The Delaware Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Contact Hour

DNA members receive the contact hour FREE! Non-members—\$5.00. To receive the contact hour for continuing education, mail completed evaluation form, along with payment (if applicable) to:

Delaware Nurses Association
5586 Kirkwood Highway
Wilmington, DE 19808

DNA members can complete the evaluation form online. Visit www.denurses.org, under the 'Education' tab.

DELAWARE NURSES ASSOCIATION							
Evaluation Form							
Date completed: _____		Length of time to complete module: _____ minutes					
Part I: Goals and Objectives for Nursing Continuing Education							
Objectives:							
Indicate how well you achieved each objective by checking the appropriate number.		Not At All	1	2	3	4	Very Well
1. Distinguish between goals and objectives when planning an education activity.							
2. Apply domains of learning and taxonomy to sample objectives.							
3. Analyze sample objectives for a measurable verb, condition and criterion of acceptable performance.							
Questions:							
Check appropriate number of each question		Not At All	1	2	3	4	Very Well
1. How well did the objectives relate to the overall purpose of the education activity?							
2. How effective was the content of the module?							
3. Was the learning method effective for this activity?							
Comments:							
Identify specifically what you intend to do in your practice with what you have learned.							
What changes, modifications, or improvements would you suggest before subsequent use of this educational activity?							
What other specific learning needs do you have related to your practice?							
Comments and suggestions:							

ANA Applauds the Launch of the Center for Innovation

The American Nurses Association (ANA) was proud to participate in an event to announce the launch of the Center for Medicare and Medicaid Innovation. The Center for Innovation, a program funded by the Affordable Care Act through the Center for Medicare and Medicaid Services (CMS), will test innovative approaches to improving health care delivery, payment and quality. Its ultimate goal is to lower health care costs while improving quality.

ANA President Karen Daley, PhD, MPH, RN, FAAN, spoke at the launch event, "Nurses share the Center's focus on improving the quality of care, with patients at the center of all we do. Nurses have a unique perspective that comes from being the patient's partner across the continuum of care and in all health settings." President Daley continued, "To truly transform our health care system, it is essential to identify new models to improve quality while containing or reducing costs. Nurses' education, skills and professional scope make them indispensable contributors to the successful development and implementation of evolving patient-centered care delivery models. We believe that the Center needs to explore a full range of new models of care, including those led by advanced practice registered nurses."

The Center for Innovation will be testing care delivery models with a focus on certain criteria, many of which rely heavily on nurses:

- Patient-centered primary care
- Care settings beyond acute care
- Coordination of care, especially with targeted populations such as geriatric
- Interdisciplinary planning, care and communication
- Evaluation of appropriateness of services, chronic care management services and creating and disseminating patient decision-support tools

Nurse Managed Health Clinics (NMHCs) are a care model that ANA has touted as improving coordination of care, quality and efficiency. Recognizing the contributions of NMHCs, the Affordable Care Act authorized a \$50 million dollar grant program to expand the reach of these clinics over the next four years. NMHCs provide primary care, health education and preventive services that often serve low-income populations in underserved areas. If you are interested in learning more about innovative nurse-led programs, please visit the American Academy of Nursing's "Raise the Voice Campaign" at, <http://www.aannet.org/i4a/pages/index.cfm?pageid=3301>

News from NHOP (Nurses Healing Our Planet)

BPA Resolution was passed on 6/3/2010. NHOP meet with Senator Bethany Hall-Long asking her to work toward a ban of BPA. The primary sponsor was Senator Hall-Long. Thank you for sponsoring this Senate Concurrent Resolution #32 !!

Recognizing the Health Concerns of Bisphenol A Exposure. This Resolution emanates and recognizes the health concerns related to Bisphenol A, an industrial chemical regularly used in plastics. It further urges Delawareans to take reasonable steps to reduce exposure to Bisphenol A and supports efforts to develop alternatives to its use on food and drink packaging.

BPA mimics the hormone estrogen and disrupts the body's endocrine system. Estrogen is a chemical messenger and when disrupted, many systems in the body can be affected. BPA has been tied to health problems, including autism, asthma, infertility, hyperactivity and cancers. BPA has been detected in 93% of the American population in 2003-2004 study and children were found to have the highest levels. BPA has been banned in Maryland. Delaware joined 17 other states with an introduction of a resolution. California State Assembly passed a bill that would ban BPA from all baby bottles and any other items that are frequently used by small children.

NHOP met with Senator Tom Carper related to the Toxic Substance Control Act. in the beginning of July. The Senator is very interested in our concerns and was contacting Senator Frank Lautenberg who introduced a companion bill, the Safer Chemicals Act and the European Union and how they regulate chemicals.

NHOP had had discussion about signing on with the Health Case for Reforming the Toxic Substances Control Act with the bill, Senator Frank Lautenberg introduced the Secure Chemical Facilities Act (S.3599) and the Secure Water Facilities Act (S.3598). NHOP supports this legislation and urge the U.S. Senate to pass it. NHOP has signed on with others to request to pass this bill.



Bringing Immunity to Every Community

Under the ANA *Bringing Immunity to Every Community* initiative, ANA and Every Child by Two (ECBT) have partnered to produce this innovative continuing education webcast for nurses on vaccine safety and patient communication. Combining a nurse-panel presentation with patient-nurse video vignettes, this course offers practical knowledge and skills to increase immunization competency.

Developed for the nurse in any role or specialty, this course will cover:

- Impact of vaccines on society
- How the nursing profession is vital to the promotion of immunizations;
- Benefits of vaccination to nurses (and healthcare workers)
- Vaccine safety and adverse event reporting;
- Common questions and vaccine myths; and
- Risk Communication methods to reduce concerns and increase vaccine acceptance

Continuing Education

ANA is pleased to offer this online continuing education module **FREE** to members and non-members. 2.5 contact hours will be provided by the Colorado Foundation for Medical Care (CFMC).

CFMC is an approved provider of continuing nursing education by the Colorado Nurses Association, accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Faculty

Mary Beth Koslap-Petraco, DNP, PNP-BC, CPNP
Katie Brewer, MSN, RN

Content presented during this program was developed by a national Advisory Panel with documented expertise in immunization advocacy and education.

Course Access www.yourcesource.com/ecbt/
Direct Registration Link;

www.yourcesource.com/ecbt/star_index.aspx

Launch Date: December 1, 2010

Termination Date; November 29, 2012

A Day of Advocating for the Nursing Profession

Kelly Davis MSN, RN

Kelly Davis earned her BSN from the University of Rhode Island and her MSN from the University of Delaware. She has worked in critical care for 13 years in both the Emergency and Intensive Care settings. She is currently a full time pediatric nursing instructor with Delaware Tech- Owens Campus in Georgetown. She has served as the ANA Delegate/Director from Sussex County for the past 5 years. She is member of the DNA Professional Development, Membership and Legislative Committees.

Wednesday June 16th 2010 was Lobby Day on Capitol Hill in Washington D.C. More than 300 nurses from across the country participated in the event, which was held in conjunction with the American Nurses Association (ANA) House of Delegates. The theme of the event was When Nurses Talk Washington Listens.

Political lobbying is often has a negative connotation. It is seen as bargaining and back room deals in order to accomplish one group's

goals. The American Nurses Association Lobby Day 2010 experience could not have been further from this description and was an extremely positive experience. Delaware was very well represented by three staff nurses from the Nemours' NICU, an APN from Christiana Care's NICU, the executive director of the Delaware Nurses Association (DNA) and three members of the DNA Board of Directors.

The day began with an orientation to Capitol Hill and a legislative update session, presented by ANA staff and guests. Among the guest presenters was Kelly Hall, who is the Health Legislative Assistant for Congresswoman Allyson Schwartz of Pennsylvania. The session was a wealth of information regarding current issues, logistics of the day, and recommendations on how to best promote topics related to the nursing profession. They warned us that there was a fair amount of fatigue regarding healthcare legislation on the part of the staffers and politicians as a result of the countless hours that had been dedicated to the national health care reform bills earlier this year. However, this was also a great time for nurses to demonstrate their passion and dedication for the profession.

The ANA staff had done an immense amount of research and preparation in order to inform the 300



nurses about how their particular elected officials had voted on a number of healthcare related bills, and where their level of support was for bills that are currently in various stages of debate. They had also prepared talking points about four key issues: Safe Patient Handling, Safe RN Staffing, APRN Ability to Certify Home Health Plans of Care, and Environmental Health/Safe Chemical Policy.

Following this 90 minute preparation session we were then transported by bus to Capitol Hill. Delaware is represented nationally by three elected officials: Senator Carper, Senator Kaufman, and Representative Castle. The ANA was able to make appointments for us to meet with staff from each of our congressmen's offices.

We began with Senator Carper's office. Brad Belzak, a staffer, met with the eight Lobby Day participants for more than 30 minutes. We provided information and insight regarding the four key issues identified earlier as well as the NEED Act which focuses on funding for nursing education and equipment. Many members of the Delaware contingent spoke about issues they were passionate about and we also offered ourselves and the DNA as a resource for the Senator for future health care bills.

The next appointment was with Patrick Johnson, a staffer for Senator Kaufman. We again discussed the four key issues, and spent quite a bit of time discussing the Safe RN Staffing bill. The bill (SB3491/ HR 5527) had actually been assigned the numbers the night before Lobby Day and we were providing new information to Mr. Johnson. He was very versed in health care legislation and the positions that both Senator Kaufman and former Senator Biden had taken in the past. Mr. Johnson also assured us that he is very familiar with issues within the nursing profession; he shared that his wife was an APN who had recently started her own practice doing home visits for children on Capitol Hill.

Following a quick lunch in the Longworth Building cafeteria, we arrived at our final appointment, Representative Castle's office. We met with staffer Olivia Kurtz. She was very knowledgeable about all of the four key issues but was certainly still very interested in the information we could add from the nursing perspective. As we were meeting with Ms. Kurtz, Representative Castle returned to his office (a surprise since they were out of session). He greeted us all individually and then joined the conversations about Safe Patient Handling and then Safe RN Staffing. He expressed appreciation for our time and also for our work as nurses.

This entire experience was tremendous. I was personally amazed by the feeling that in a short amount of time we were able to advocate for nursing, patients, and the environment. It was an exciting experience and has reinvigorated me about nursing and the ability of the profession to have an impact on health care and ultimately the care of our patients.

I would encourage each of you reading this article to become involved. The ANA Lobby Day occurs every 2 years. However you do not need to wait to become a nurse activist. The DNA Legislative Committee is always seeking new members. We are currently planning a Lobby Day in Delaware with our elected state officials for January 26th, 2011. Become involved and have an impact on how health care is delivered.

Data Bits



Dot Baker, RN, MS(N), CNS-BC, EdD
Professor, College of Health Professions–
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Dot Baker

Legislation sets forth rules of government and society and touches every minutia of our lives. Our professional lives are strongly enmeshed in official legislation to mandate our practice toward the better good and safety of individual levels to the global community. Such strong relationships have and will continue to engender issues of interest, concern, economics, politics, rights, etc. For those issues, nurses must be aware, seek facts, generate thoughts, use communication channels, advocate, participate, and evaluate legislative choices and actions. This column contains information about legislative toolkits, relevant organizations, examples of legislative fact sheets, professional articles, sources of data, and means to contact officials.

Visit the National Health Policy Forum (NHPF) (<http://www.nhpf.org/>) to view links to 2010 resources about “How a Law Becomes a Regulation” and “Governmental Public Health”—both focus on health care reform Patient Protection and Affordable Care Act (PPACA), P.L.111-148. NHPF also offers a series of health policy essentials @ <http://www.nhpf.org/healthpolicyessentials>

Recommendations from IOM Report

DNA was gratified to find that many of the elements and recommendations of the Institute of Medicine (IOM) Report on the Future of Nursing are reflected in our ongoing work to advance the nursing profession in the state of Delaware.

In summary of the report, four key messages are outlined below:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

8 Recommendations from IOM Report on the Future of Nursing

IOM Recommendation 1: Remove scope-of-practice barriers.

IOM Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.

IOM Recommendation 3: Implement nurse residency programs

IOM Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

IOM Recommendation 5: Double the number of nurses with a doctorate by 2020

IOM Recommendation 6: Ensure that nurses engage in lifelong learning.

IOM Recommendation 7: Prepare and enable nurses to lead change to advance health.

IOM Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data.

LEGISLATIVE RESOURCE TOOLKITS	WEB ADDRESS
Florida Nurses Association and Florida Nurse Foundation (2009)	http://www.floridanurse.org/Resources/documents/BLILegToolkit2009.pdf
American College of Nurse Practitioners with issue briefs, tips to meet legislators, etc.	http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3380
ORGANIZATIONS	WEB ADDRESS
American Nurses Association Government Affairs page has multiples links: Federal, Capitol Update, State, ANA-PAC, Take Action NSTAT, Election Action Center, Congressional Vote Scorecard	http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower.aspx
American Nurses Association publications such as standards of practice and social policy statements	http://www.nursesbooks.org/
American Association of Colleges of Nursing (AACN)—click on Policy/Advocacy button for links to multiple legislative agenda and resources	http://www.aacn.nche.edu/government/agenda.htm
American College of Nurse Practitioners (ACNP) 2010 legislative agenda	http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3386
Association of California Nurse Leaders: Health Policy Committee education & communication, advocacy	http://www.acnl.org/displaycommon.cfm?an=1&subarticlenbr=22
Colorado Nurse Association: Legislative Update with government affairs, workplace advocacy, labor relations	http://www.nurses-co.org/default.asp?PageID=10002256
Delaware Nurses Association—click on legislature link	http://www.denurses.org/index.php
Georgia Association of School Nurses: Legislative Issues	http://www.gasn.org/news/legislative/
International Council of Nurses (ICN) roles in regulation	http://www.icn.ch/pillarsprograms/overview/
Maryland Legislative Agenda for Women statewide coalition	http://www.mdlegagenda4women.org/
National Association of School Nurses (NASN) Policy & Advocacy section offers a Legislative Action Center with agenda, legislative tracking, extensive “What’s New” news updates, and position papers	http://www.nasn.org/Default.aspx?tabid=379
Oklahoma Nurses Association: Legislative Agenda and Priorities	http://www.oklahomanurses.org/displaycommon.cfm?an=9
Virginia Nurses Association: Government Relations, 2010 Public Policy Agenda	http://virginiannurses.com/displaycommon.cfm?an=1&subarticlenbr=90
World Health Organization (WHO) > health & human rights > strategic action plan for emerging diseases	http://www.who.int/hhr/news/newsletter_hhr.pdf http://www.wpro.who.int/NR/rdonlyres/83871412-4CED-4A6C-A656-83C316E75C96/0/item102APSED.pdf
CENTER FOR AMERICAN NURSES has a press room with a variety of fact sheets about issues in nursing and resources about legal resources for nurses, position statements @ http://centerforamericannurses.org/	
CONGRESSIONAL NURSING CAUCUS informs Congress about current issues @ http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/Federal/Issues/HouseNursingCaucus.aspx	
LIST OF NURSING ORGANIZATIONS @ http://www.discovernursing.com/nursing-organizations	
NATIONAL COUNCIL OF STATE BOARDS OF NURSING @ https://www.ncsbn.org/index.htm Link to description of the <i>Journal of Nursing Regulation</i>	
LEGISLATIVE FACT SHEETS	WEB ADDRESS
Minnesota nurse staffing (2010)	http://www.mnnurses.org/sites/default/files/documents/legislative-fact-sheets-455.pdf
PROFESSIONAL ARTICLES	WEB ADDRESS
Phillips, S.J. (2010). 22nd annual legislative update: Regulatory and legislative successes for APNs. <i>Nurse Practitioner</i> , 35(1), 24-47.	http://journals.lww.com/tnpj/Fulltext/2010/01000/22nd_Annual_Legislative_Update_Regulatory_and.8.aspx
White, P., et al. (2010). Legislative: Searching for health policy information on the Internet: an essential advocacy skill. <i>Online Journal of Issues in Nursing</i> , 15(2).	http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Columns/Legislative/Health-Policy-Information-on-the-Internet.aspx
SOURCES OF DATA	WEB ADDRESS
Agency for Healthcare Research & Quality (AHRQ) informs policymakers via Quality Diagnostic Tools for States	http://www.ahrq.gov/qual/kt/
Federal Register—official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents	http://www.gpoaccess.gov/fr/
National Center for Health Statistics (NCHS) Multiple summary reports and tools	http://www.cdc.gov/nchs/
US Government Accountability Office (GAO) reports and testimonies such as “Health Status, Spending, and Utilization of Enrollees in Plans Based on Health Reimbursement Arrangements” and legal decisions	http://www.gao.gov/
HOW TO CONTACT OFFICIALS	WEB ADDRESS
Contact any level when you enter your zip code	http://www.congress.org/
Contact federal and state	http://www.usa.gov/Contact/Elected.shtml
Contact by agency	http://www.usa.gov/Contact/By_agency.shtml
Contact by topic	http://www.usa.gov/Contact/By_topic.shtml
Contact state level	http://answers.usa.gov/cgi-bin/gsa_ict.cfg/php/enduser/std_adp.php?p_faqid=6118&p_sid=XCy62s8k&p_lva=6172

Getting to Know DNA and ANA: A Brief Overview

The Delaware Nurses Association (DNA) has been the voice of Delaware nursing since 1911 and in 1916, joined the American Nurses Association (ANA) as a constituent member association (CMA).

ANA includes fifty-four CMAs made up of 50 state nurses associations, plus DC, Guam, Virgin Islands, and the Federal Nurses Association for the military. There is also an Individual Member Division (IMD) for members who join only ANA.

ANA is the parent corporation for three subsidiaries: the American Nurses Credentialing Center (ANCC), the American Nurses Foundation (ANF), and the American Academy of Nursing (AAN).

Membership

DNA is a 501c(6) member-driven, non-union, professional organization for registered nurses. Our membership consists of full (DNA/ANA) members, state-only members, and special and reduced memberships. DNA is the only state nurses association that represents the interest of all professional nurses, regardless of practice setting. Full, special and reduced members receive benefits at both the state and national levels while state-only and ANA-only receive the benefits offered by their respective organizations.

Organizational Affiliates

A DNA organization affiliate is an organization that meets the criteria set forth by the DNA Bylaws and approved by the DNA Board of Directors. The current list of organizational affiliates, along with the application to join as an organizational affiliate, is available on the DNA website (www.denurses.org).

Work of DNA

The vast majority of work done by the DNA is lead by participating members. DNA employs a full-time Executive Director and a part-time Continuing Education Coordinator. Members and staff work together to support the vision, mission and goals of the Association. (These can be found on the DNA website.)

The Committees that lead the work for DNA are the:

- Continuing Education Committee
- Professional Development Committee
- Legislative Committee
- Communication Committee
- APN Council
- Ad-Hoc Committees (Nurses Healing Our Planet (NHOP))

Additional information and responsibilities of the Committees can be found in the DNA Bylaws located in the members-only section of the DNA website-www.denurses.org.

Partners/Endorsements

DNA strives to provide quality programming that supports and enhances nurses and healthcare in our state. Through partnerships and membership ideas, DNA offers continuing education, community outreach and education.

Delaware Nurses Association is a:

- nurse member organization of Healthcare Without Harm
- member of the Safer Chemicals, Healthy Family coalition
- supporter of Safe Cosmetics
- member of the Delaware Future of Nursing Taskforce

Accreditation

The Delaware Nurses Association is accredited by the American Nurses Credentialing Center (ANCC) as an approver and provider of nursing continuing education.

Governance

Board of Directors and Bylaws

The Delaware Nurses Association is governed by its Board of Directors and Bylaws. The Board of Directors (BOD) is a corporate body composed of elected officials and serves as the agent for the members. The Bylaws are reviewed every two years in accordance with changes recommended by the membership as well as changes to ANA Bylaws.

The ANA Bylaws are adopted and maintained by the ANA House of Delegates. DNA Bylaws are reviewed by ANA to ensure legality and affinity to the ANA Bylaws.

ANA House of Delegates

The ANA House of Delegates (HOD) is the governing and official voting body of ANA. The HOD is held biannually in even years. The function of the HOD is to provide stewardship for the profession through the creation of policy and positions that support the purpose of ANA, hold elections of officers and members of the Board, adopt and maintain the bylaws, establish membership dues and adopt and maintain the Code of Ethics.

The Delaware Nurses Association is allotted 5 delegates to attend the HOD (as determined by the HOD manual). DNA's President, elected delegates from each county and the delegates at-large represents the interest of Delaware nurses at the HOD. Guest may attend with permission from ANA.

ANA Congress on Nursing Practice and Economics

The Congress on Nursing Practice and Economics is an organized, deliberative body which brings together the diverse experiences and perspectives of ANA members. The Congress focuses on establishing nursing's approach to emerging trends within the socioeconomic, political and practical spheres of the health care industry by identifying issues and recommending policy alternatives to the BOD. Three overarching focal points are workplace issues, refining and defining the practice of nursing and fulfilling the mission and goals of ANA.

Members of the Congress are elected at the biannual House of Delegates.

ANA Constituent Assembly

DNA is also represented at the ANA Constituent Assembly (CA) by the President and Executive Director. The CA is a representative body of the CMAs and the IMD which deliberates on professional and organizational issues and consults with and advised the ANA Board of Directors. Reports from this assembly are included in the HOD.

General Membership Meetings

According to the DNA Bylaws, General Membership meetings are to be held twice per year. Historically, the general membership meetings are held at the

Spring and Fall conferences. The biannual meetings may include the election of officers, committee reports, amendments to the bylaws and direction for the BOD.

Elections

Delaware Nurses Association

To be eligible to serve on the BOD, a member must be in good standing, hold a DNA membership for one year, not serve as an officer/director of another organization if the participation conflicts with the interest of DNA and, for ANA Delegate positions, hold a full membership.

The Committee on Nominations is responsible for assembling a list of qualified candidates to run for office. Elections for the president, delegates, secretary and members of the nominating committee are held in odd years and delegates at-large, treasurer and members of the nominating committee in the even years.

Additional information on DNA elections can be found in the members-only section of the DNA website.

American Nurses Association

ANA elections are held biennially in even-numbered years. Any individual CMA/ANA member or any individual member of the Individual Member Division, who meets the criteria established by ANA for each elected position, can run for a national leadership position in the American Nurses Association. ANA elective positions are not open to state-only members.

Conferences and Meetings

Conferences

DNA holds two major conferences per year, one in the Spring and Fall, with the possibility of smaller educational activities held throughout the year. All registered nurses, advanced practice nurses, educators, and student nurses are invited to attend.

Board of Directors Meetings

The Board of Directors meetings are held at least four times per year. The current meeting schedule has the Board of Directors meeting every other month beginning in January. The summer months may not have a meeting scheduled. The meetings are open to all DNA members and guests with prior approval.

Committee Meetings

Committee meetings are held at various times throughout the year. Some of the committees meet face-to-face on a regular basis while others do most of their work via email and conference calls. All DNA members are invited and encouraged to participate on any of the committees. Committee descriptions can be found in the members-only section of the website.

A complete listing of DNA committee and educational activities can be found on the 'Events Calendar' on the DNA website-www.denurses.org.

Awards

Delaware

The Delaware Excellence in Nursing Practice Awards is coordinated by the Delaware Nurses Association and Delaware Organization of Nurse Executives (DONE).

The purpose of the Delaware Excellence in Nursing Practice Award is to recognize those in the nursing field who consistently promote, excel, and bring a positive approach to their area of practice. The nine award categories are: Acute Care, Outpatient/Ambulatory Care, Long-Term Care, Hospice Care, Community-Based, Advanced Practice, Nurse Leader/Manager, Nurse Educator, New Nurse Graduate.

Winners of the Awards serve as planners for the next year's awards and members of both DNA and DONE serve on the application review committee.

ANA

The ANA has presented awards to prominent registered nurses to recognize their outstanding contributions to the nursing profession and the fields of healthcare. A primary goal of the awards program is to inform members of the nursing profession, government officials, and the public of the outstanding accomplishments and significant achievements of individual registered nurses in the delivery of health care. In addition, the awards program assists the public in gaining better understanding of the role of nursing and its significant contribution to the delivery of health care.

Individuals selected to receive an award are honored each biennium during a ceremony held in conjunction with the HOD.

Continuing Education Quiz Key

Part I: Goals and Objectives for Nursing Continuing Education

- | | |
|------|-------|
| 1. D | 6. C |
| 2. C | 7. A |
| 3. C | 8. A |
| 4. A | 9. B |
| 5. B | 10. A |

How the Health Care Reform Law Affects APRNs

May/June 2010 • *The American Nurse*
• www.NursingWorld.org

by Lisa Summers, DrPH, CNM

Lisa Summers is a senior policy fellow, Department of Nursing Practice and Policy at ANA.

Now that the health care reform bill has been signed into law, it is a good time to review ANA's advocacy for health system reform and take a look at how advanced practice registered nurses (APRNs) were recognized in and incorporated into the "Patient Protection and Affordable Care Act" (PPACA).

PPACA was the culmination of many years of policy and advocacy work on the part of ANA and its members. Prior to the 2008 elections, ANA published a *Health System Reform Agenda* that updated principles first disseminated in the early 1990s, calling for guaranteed access to high-quality, affordable health care for everyone. In addition, ANA worked in concert with the nursing community to develop *Commitment to Quality Healthcare Reform: A Consensus Statement from the Nursing Community*, which included many recommendations specific to APRNs. ANA members held elected officials to their promise of universal health coverage by joining ANA's health reform team and contacting members of Congress, testifying at hearings, sharing personal stories, and attending rallies and events. And in the process, APRNs educated members of Congress and their staffs about the value of APRNs.

There are many important provisions of interest to APRNs in the new law relating to education, new models for patient care delivery, and reimbursement. Some of the highlights include the following:

- \$50 million a year to establish graduate nurse education (GNE), including programs for each of the four APRN roles.
- A mandatory funding stream for Title VIII programs, which include advanced nursing education grants that prepare nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).
- A demonstration grant to create a one-year residency program for NPs in federally qualified health centers and nurse managed health centers (NMHCs).
- \$50 million in grants for NMHCs.
- A grant program for school-based health centers.
- The recognition of NPs and CNSs as "Accountable Care Organization (ACO) Professionals."
- A 10 percent bonus payment under Medicare for primary care practitioners, including NPs and CNSs.

ANA joins with our newest organizational affiliate, the American College of Nurse-Midwives, in its celebration of success in a long-fought battle for payment equity. Since the original recognition of CNMs under Medicare in 1988, CNMs were reimbursed at 65 percent of the rate paid a physician for the same services. Effective January 2011, the

reimbursement rate for CNMs for covered services will be 100 percent, increasing access to midwifery care for disabled and senior women in need of reproductive health services and maternity care.

Many important details are not spelled out in the legislation, but will be left to the regulatory process, during which various agencies will be responsible for issuing rules. Some of those details, such as the formulation of the interdisciplinary team in the medical home and requirements for ordering durable medical equipment, are particularly important to APRNs.

This "rule making" is a complicated and often a long process (typically as long as 18 months), although the administration is moving forward quickly. ANA is following the process closely and will provide updates to members. Likewise, we are following the formulation of various commissions and will work to ensure that the interests of nursing are represented.

While there is much to be celebrated, not all our legislative priorities for APRNs were addressed in PPACA, notably the certification of home health services and Medicaid reimbursement.

For more information, refer to the Health Care Reform Toolkit on www.nursingworld.org, which includes summaries and detailed coverage of PPACA, a timeline for implementation, and the key provisions related to nursing, including APRNs. If you have questions relating to ANA's work on behalf of APRNs, contact Lisa Summers, DrPH, CNM, senior policy fellow, department of Nursing Practice and Policy, at lisa.summers@ana.org.

"The New CPR... What You Need to Know Now!"

Ronald R. Castaldo, CRNA, MS

Ron Castaldo is a Past President of the Delaware Association of Nurse Anesthetists. He also served on the Board of Directors of the American Association of Nurse Anesthetists from 2008 to 2010.



Ron Castaldo

We all know that CPR stands for CardioPulmonary Resuscitation, a combination of rescue breathing and chest compressions administered to victims thought to be in cardiac arrest. However, are you familiar with the more recent definition of CPR? Every nurse and advanced practice nurse should be aware of the newer definition because your patients' access to care and your scope of practice may be at risk!

CPR also stands for the Coalition for Patients' Rights. The Coalition for Patients' Rights (CPR for the remainder of the article) is a national group of over 35 organizations whose chief goal is ensuring comprehensive health care choices for all patients. More than 3 million licensed and certified health care professionals are represented by the CPR. The coalition was formed in 2006 in response to efforts by the Scope of Practice Partnership (SOPP), an alliance of medical and osteopathic physician organizations including the American Medical Association (AMA), which aims to "examine" the scopes of practice of other health care professionals.

Which health care professionals does the SOPP want to target you may ask? Health care professionals who are non-MD or non-DO have already been "examined," and lengthy modules have been developed and released to certain groups. Although Registered Nurses and Advanced Practice Registered Nurses (Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), Certified Nurse Midwives (CNMs), Clinical Nurse Specialists (CNSs)

have been targeted, other groups examined include naturopathic doctors, psychologists, audiologists, physical and occupational therapists, optometrists, and chiropractors.

Many national organizations and associations have responded to the AMA, expressing their concerns regarding how legislators and the public could interpret these modules. The AMA purports to "educate" policymakers concerning the "limits" of the capabilities of non-MD, non-DO healthcare professionals. The American Association of Nurse Anesthetists (AANA) takes the stance that it is the authoritative source for the nurse anesthesia profession. The AANA and its related councils and boards solely certify and recertify nurse anesthetists. In addition, these autonomous councils and boards approve nurse anesthesia educational program content, requirements, and standards. The AMA should not position itself as the arbiter of what information is or is not accurate regarding any nursing specialty. Nursing organizations are fully capable and prepared to accurately inform policymakers regarding their specialties.

If you are not familiar with the AMA modules, use your favorite search engine, and read the modules online. Your national nursing organization's response letters to the AMA are also probably available either online or through your organization's website. Alarming, the modules contain erroneous and misleading information. It is not difficult to imagine the potential legislative pitfalls and reactive damage control that various nurses might face if legislators sought nursing practice information exclusively from these medical modules. In today's healthcare environment, all healthcare professionals should strive to work together to provide the safest, most cost-effective care. Patients should have the right to choose their healthcare providers, and the work of a very diverse group of nurses both complements and improves patient care.

Be informed, check out the CPR website (www.patientsrightscoalition.org), and visit your legislators. Make sure policymakers and the public know you are the primary spokesperson for your profession. Protect your profession, your practice, your scope, and your patients!

Delaware End-of-Life Coalition

Patti Tillotson, PhD

Chair, Delaware Grief Awareness Consortium
Executive Director, Delaware End-of-Life
Coalition

EXCELLENCE AWARDS: On November 3rd, the Delaware End-of-Life Coalition (DEOLC) held their 10th Anniversary Celebration at the Christiana Hilton. The keynote speaker, Dr. David Casarett, Consultant Medical Director for NHPCO discussed his latest book *Last Acts: Discovering Possibility and Opportunity at the End of Life*. Special recognition was given to three individuals for their contributions to end-of-life care: physician, Dr. Donald Riesenber, nurse JoAnn Malgieri, and bereavement counselor Carol Dobson. Congratulations to these individuals for their outstanding efforts.

HONORING VETERANS: DEOLC partnered with the Delaware Health Care Facilities Association to pilot a program for honoring veterans for their service to our country. Thank you magnets have been distributed in Long Term Care Facilities across the state. LTC's participating include: Forwood Manor, Churchman Village, Ingleside Assisted Living, Heritage at Dover, Silver Lake Center, Westminster Village, Heritage at Milford, and Cadbury in Lewes

FESTIVAL OF HOPE: The Delaware Grief Awareness Consortium hosted its second annual Festival of Hope on November 7th at the Newark Senior Center. It provided support, healing and education for more than 70 individuals grieving the death of a loved one. Debbie Puglisi Sharp, nationally-recognized author of the book *Shattered*, shared her story with many who attended. A special concert by folk guitarist, John Flynn, and a Bell of Remembrance ceremony completed the festival to honor and celebrate the life of those we've love and lost.

Visit the DEOLC web site to view the committee opportunities—we welcome you to join us! (www.deolc.org)

“Smallpox in Delaware! Nurses on the Frontlines!”

William T. Campbell, Ed.D., RN

Dr. Campbell holds a Doctor of Education from the University of Delaware, a Master of Science in Family Nursing from Salisbury University, and undergraduate degrees in Nursing, Psychology, and Biology from the University of Delaware. He completed pre-pharmacy studies at the Philadelphia College of Pharmacy & Science. An Assistant Professor in the Nursing Department at Salisbury University he teaches in the pediatrics, pharmacotherapeutics, and health assessment courses. A member of the National Museum of Civil War Medicine, the Pry House Field Hospital Museum, the Society of Civil War Surgeons, and the Museum of the Confederacy, he also serves as a volunteer docent at the Pry House Field Hospital Museum on the grounds of Antietam Battlefield National Park in Sharpsburg MD. In addition to DNA and ANA he is active in Sigma Theta Tau International where he is President of the Lambda Eta chapter.

A headline reading “Smallpox in Delaware” would certainly get our attention today. With all the Public Health awareness, national security, and terrorism concerns for the decade since 9-11 it is a fear we all hope to never realize. If it should ever happen we know that nurses will be on the frontlines as a primary healthcare provider. The reality is that it has already happened! And nurses were there!

If you can't remember when this newsworthy event occurred it is because it was before your lifetime. Smallpox was common in Delaware during the American Civil War 1861-1865. Cases occurred among the general public but epidemics spread within the walls of Fort Delaware and on Pea Patch Island. Pea Patch Island is located in the Delaware River east of Delaware City. Located on the island and still standing is Fort Delaware completed in 1859. Originally built as a coastal defense fortification to supplement Forts DuPont and Mott (in NJ) and intended to guard against a naval attack on Wilmington and/or Philadelphia, it became a large prisoner of war camp during the Civil War for Confederate prisoners. Over 32,000 men were imprisoned there during the war with an all time maximum daily census reaching 12,500.¹ Large numbers of immunocompromised men (due primarily to dietary insufficiency) in close confinement for long periods of time was the ideal environment for any contagious disease. Tuberculosis, pneumonia, measles, and diarrhea (then considered a diagnosis rather than a sign and/or symptom and caused by contaminated drinking water) were common, but it was smallpox that evoked fear and death in the prisoner population as well as in the Union guards.²

Vaccines were available and used sporadically, but often were ineffective. Some military regiments required vaccination for every soldier in an attempt to prevent epidemics. The vaccination process involved a slit in the recipients' skin with a small amount of biological material (usually a crust fragment) being placed in the slit. The crust was supposed to be from a patient infected with Cowpox, but it was sometimes Smallpox or Syphilis, thus creating serious problems for the recipient. Without an authority to oversee quality control the biological material was often collected by the military surgeons or family members or even the prisoners themselves and administered by the same. Syphilis via a smallpox vaccination was a recognized and truthful route of transmission for a STD at that time.

Fort Delaware had a 600-bed Post Hospital and a separate 200-bed Contagion Hospital on the island. Both were located on the north end of the island outside

the fort and adjacent to the enlisted men's prisoner barracks. Staffed with Union military surgeons, Confederate prisoner surgeons, hospital stewards, and male nurses, they provided all healthcare on the island. Since Union surgeons and hospital stewards were appointed to these positions and had military titles and rank they are easily identified in the official records. Confederate prisoner surgeons and hospital stewards were identified and recorded in the official prisoner registers, but their degree of involvement in the island's healthcare remains undocumented. Their presence in the hospitals was documented in other primary sources. Mrs. Elizabeth Duckett of Maryland, accompanied by her daughter, was on the island in the fall of 1863 to visit her father, a political prisoner. In her diary she writes “...my little daughter wandered into the smallpox hospital, not knowing what the yellow flag meant. One of Morgan's Confederate surgeons brought her back to me.”³ For more complex cases the nearest mainland hospital was Tilton Hospital at 9th and Tatnall in Wilmington.

The invisible caregiver there, as it is today, remains the nurse. Nurses were enlisted men or soldiers—males and privates—who were detailed or assigned to be a nurse for a period of time without title or appointment or promotion. At this time only one Union nurse has been identified (by this author) after reviewing individual military records for each and every soldier for 3 regiments for the time period they were assigned to Fort Delaware and noting comments written on company muster roles, returns, and duty cards for each soldier.⁴ Many others were assigned and performed as nurses without training or education, but will never be identified. Two Union soldiers are officially listed as having died from Smallpox illustrating that everyone was equally susceptible to contagious diseases and certainly were not safe from smallpox. Cause of Death (COD) is not listed for any of the other 107 Union soldiers who died. Although the hospital registers for Fort Delaware still exist, they record only the names and units of the patients along with their discharge date or death date.⁵ Diagnosis or reason for admission was not recorded. Therefore the incidence of smallpox will never be known.

During the Civil War 2460 Confederate prisoners died at Fort Delaware. Most are buried in a mass grave at Finns Point near Fort Mott (NJ). Their names were recorded in the official death register and are today engraved on the brass plates at the base of a single monument erected upon their grave site. There was a modern day compilation published which lists these names in alphabetical order, but only lists the COD for some entries.⁶ Upon investigation of the official registers it was found that COD was recorded beginning on 10/16/1863 and was then recorded until the last death on 7/3/1865. Research by this author has found that during the time period of 10/16/63 to 7/3/65 there were 1505+ deaths of prisoners (one page is not legible). Of that number, 289 died of smallpox⁷ for a 19.2% death rate due to smallpox. Smallpox was the third ranked COD during that period of time with diarrhea as #1 and pneumonia as #2. How many prisoners contracted smallpox and how many survived will never be known due to missing records.

These numbers, percentage, and ranking are only for that specified 21 month period. Smallpox presented sporadically during the entire war and as an epidemic at various times. One such time was during the fall of 1863 when as many as 7 prisoners per day died from smallpox and prevalence was as high as 150 cases per day. The Rev. Dr. Handy was a political prisoner at Fort Delaware for 15 months.⁸ His diary gives us much insight into the daily operations of the fort during that

time. From his prison cell window in the fort he could observe the dock and the coffins as they waited for the dead boat to carry them to Finns Point near Fort Mott. On Oct. 13, 1863 he writes “There were only 5 burials, today. Two of the deaths were from smallpox. The whole lot of coffins remained on the wharf, until 5PM—every prisoner of the 1000 (being transferred to Point Lookout in Maryland) passing in close proximity to the putrid bodies, and in some instances, leaning upon the very coffins in which were enclosed the victims of smallpox.”⁸ His comments also illustrate the lack of infection concern and isolation for the bodies of smallpox victims. Keep in mind that the role of viruses in the disease process and their routes of transmission were unknown at that time. Yet there is evidence that clothes from prisoners hospitalized with smallpox were discarded and new clothes were issued to these men, if they survived. One also notes that there was a separate hospital for infectious diseases, but the degree of isolation measures in place is unknown. Further evidence of the concern for transmission was illustrated during another epidemic of August 1864 when an order was received that all transfers of prisoners out of Fort Delaware were to be cancelled due to smallpox. The surgeons and some ranking medical officers understood how to break the chain of infection, but not why it worked.

Smallpox was so widespread at Fort Delaware and the island's healthcare resources so overwhelmed that the post hospital's chief surgeon requested permission to build a second contagion hospital on the western shore of New Jersey across the river from the fort. Permission was granted and orders given to locate a sufficient building, lease it or seize it, but avoid building one due to the current impending need. The orders were cancelled by the end of December 1863 as the number of cases declined and the epidemic officially ended.⁹

Leaving the island was not a guarantee of escaping the epidemic. In November 1864 Capt John Matthews, 9th Delaware Infantry, left the island on special detail to oversee a polling location near his home in Georgetown Delaware during the presidential elections. While at home he contracted smallpox and died.¹¹ His daughter died on the same day, also of smallpox.

By reviewing history we see that our fears of the future have already occurred. Without modern healthcare and medicines including antibiotics and antivirals, and with only minimal isolation practices, the epidemics of the 1860's were neutralized. Effective vaccination programs have been eliminated, for the time, and the threat of another epidemic is present. The fear and potential threat has returned again with the possibility of biological terrorism. Preparations are being made, hopefully with an eye on the past. Regardless of what the future holds we know that nurses, even those invisible nurses, will once again be at the front.

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Membership Benefits

Full DNA/ANA Membership

- \$229 per year/\$19.59 monthly, electronically
 - Employed-full time/part time
 - Save up to 45% on conference registration
 - Save on ANCC certification fees
 - Save 10% on professional liability insurance with Marsh*
 - Free and discounted online continuing education
 - Save 10% on personal accounting fees
 - Discounts to insurance programs such as life, disability, job loss
 - Email alerts
 - Online networking-DNA Facebook page and ANA Nurse Space
 - Publishing opportunities and discounts
 - National and State leadership opportunities
 - Much more!
- * Must hold certification from ANCC; one-time savings.

Delaware State-Only Membership

- \$149 per year
- Employed-full time/part time
- Save up to 45% on conference registration
- Free and discounted online continuing education
- Save 10% on personal accounting fees
- Discounts to personal insurance such as life, disability, job loss
- Email alerts
- Online networking-DNA Facebook page
- Publishing opportunities and discounts
- State leadership opportunities
- Much more!

American Nurses Association Only Membership

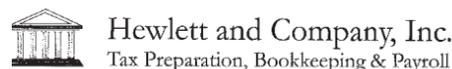
- \$179 per year
- ANA Smart Brief
- ANA Nurse Space
- Federal lobbying
- Discount to national conferences
- Save on ANCC certification
- Free and discounted publications
- Much more!

Coming soon!

Delaware license plates for registered nurses.
Only available to full and state-only members.

DNA has partnered with the following organizations for member discounts and programs.

Apply online at www.denurses.org



New Members

Name	City	State	Name	City	State
William Campbell	Laurel	DE	Sophia Tripop	Newark	DE
Shirley Class	Georgetown	DE	Rebekah Minner	Harrington	DE
Zachary Deboda	Newark	DE	Margaret Lynch	Newark	DE
Cathy Digiacinto	Wilmington	DE	Heiddy Digregorio	Bear	DE
Elizabeth Tryens	Claymont	DE	Angela Kovarovic	Dover	DE
Cynthia Stuller	West Grove	PA	Charlotte Middleton	Smyrna	DE
Ann Marie Ackerman	Wilmington	DE	Loretta Morse	Millsboro	DE
Ronelle Duff	Kennett Square	PA	Cheryl Tuohy	Middletown	DE
Kimberly Hines	Townsend	DE	Martha Lins	Millsboro	DE
Paula Watson	Townsend	DE	Mary Gallagher	New Castle	DE
Irene Lavita-Harris	Newark	DE	Sarah Bucic	Delaware City	DE
Patricia Joyner	Wilmington	DE	Margaret Benner	Chadds Ford	PA
Marian Goslin	Wilmington	DE	Janet Fisher	Wilmington	DE
Kathleen Williamson	Newark	DE	Jennifer Graber	Landenberg	PA
Renee Edge	Milford	DE	Betlehem Fitru	Wilmington	DE
Brenda Kramer	Middletown	DE	Rita Lucey	Wilmington	DE
Ann Darwicki	Smyrna	DE	Nina Hazzard	Rehoboth Beach	DE
MarGaret Salzbrenner	Wilmington	DE	Debra Kirsch	Wilmington	DE
Barbara Lennon	Exton	PA	Dona Mohrman	Camden	DE
Wilma Crowley	Middletown	DE	Tina Keane	Middletown	DE
Daneen Smith	Newark	DE	Patricia Welsh	Rose Valley	PA
Carolyn Zsoldos	Wilmington	DE	Linda Brauchler	Harrington	DE
Pamela Poad	Newark	DE	Gloria Lester	Lewes	DE