The Nursing Voice

ANA\C IS AN AFFILIATE CHAPTER OF THE AMERICAN NURSES' ASSOCIATION

Volume 15 • Issue 3
July, August, September 2010

AMERICAN NURSES ASSOCIATION CALIFORNIA

Special Points of Interest:

current resident or

President's Perspective

Elissa Brown
President, ANA\California

Elissa Brown

Hi, all,

There are over 360,000 nurses in California—Nurses are a strong and caring force in healthcare and in the community.

Caring: Think for a moment about what you do every day as a nurse and how many people you have helped and have the potential to help. Although, you may have an assignment or routine, it is often what seems like "little things" that count. Did you smile and say good morning to people on your way into work? Did you hold open a door for someone, particularly a patient or family member? Did you approach the "lost looking" person in the hallway and ask if you could help? And did you take an extra few minutes to walk or wheel that person to the clinic he was trying to find? Did you feel better for doing these things? They did. Does it take more time to care? I would pose that it can be easy to care, and that it saves time in the long run.

What is caring? The thesaurus offers: kind, thoughtful, gentle, helpful, considerate, compassionate, concerned, loving, and sensitive. Would that we are all of these!

Having grown up in the "olden" days when we bathed and gave back rubs to patients before they went to sleep, I wonder what happened that changed our practice. Certainly technology has enhanced healthcare, but did we really have to stop some of the "caring" practices. Did that patient who got the bath and back rub, sleep better, heal more quickly, respond better to treatment, feel better? My guess is yes. With fewer call lights coming on, as well.

Ah, one might ask: Do we have time to "care"? My answer is—we must have time to care.

One of the most powerful spots encouraging people to choose nursing as a profession—that I ever saw came from another country. There were scenes of nurses taking care of patients, talking to them, comforting them, holding a hand, helping a patient to stand. There was no talking, some music, and the words at the end were: "What did you do today?" Think about this; how would you—already a Nurse, answer that question?

To take that to the next level, how is our caring demonstrated in other ways and places? Do you support Nurses and Nursing where you work? Do you meet your ethical obligation to speak up when the care needs to be improved? Do you "care" enough to be more involved, at work, outside of work? Do you get involved in the community? In Politics? Do you take care of yourself as well? Do you care enough to continue learning, to further your education and to support your colleagues who do?

And, do you belong to your professional nursing associations? Many of my colleagues in administration and academia encourage Nurses to join at least two associations: your professional general organization, ANA\California, and your specialty organization. That will keep you up-to-date on all things nursing and healthcare! It will provide opportunities for you to get more involved, to meet new colleagues, to work together to improve healthcare and Nursing.

The message is to get involved, bring your caring as a nurse to the workplace, to the community, to the capitol, and to your professional association. Our ANA\California elections are coming up and consent to serve information is in the Newsletter. Please consider running for office; it is an opportunity to get involved, to make a difference.

The American Nurses Association House of Delegates is in June and we shall be sharing what we know from our members and other Nurses as we discuss the current issues and do the business of the association. When we return, we shall be writing articles about the happenings at the ANA House so we may keep California nurses informed.

On a personal note, I again want to again say thank you to our ANA\California Board members who continue to work hard, to promote quality healthcare for the public, participate in healthcare reform and support the Nursing profession. Always remember, what one person does can make a difference.

Issues: ***Health Care Reform:*** continues to be in the news; more positions in government are opening for Nurses. Please check the American Nurses Association\California website and the American Nurses Association website: www.nursingworld.org for the latest information about healthcare reform, health care issues and nursing issues; also a video link to: 'Nurses Have Power: Let's Use It for Change.' Please also see on the nursingworld.org link to the "Key Provisions Related to Nursing and Health Care Reform." Nurses continue to be a significant "caring" force in healthcare reform, through their work, community and political involvement at local, state and national levels.

I continue as a member of the Executive Committee of the ANA Constituent Assembly (CA; the group of the Presidents and Executive Directors of all of the states plus a number of other constituents). I intend to share with you any updates on the issues.

We welcome you to send any comments, suggestions.

Again, thank you to the ANA\California Board members, and to the ANA\California staff who do such a wonderful job in supporting us and the association, and in making good things happen.

And to our families for their support of our work and time.

Because we care.

Inside this issue:

www.anacalifornia.org

ANA\C Wants To See You....
IN THE NEWS

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—

E-mail to: TheNursingVoice@yahoo.com
Mail to: ANA\California IN THE NEWS
1121 L Street, Suite 409
Sacramento, CA 95814

Article Submittal to 'The *Nursing Voice*'

ANA\California accepts and encourages manuscripts and editorials be submitted for publication in the association's quarterly newsletter, The *Nursing Voice*. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA\C members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in The *Nursing Voice* do not necessarily reflect the views of ANA\C, its membership, the board of directors or its staff.

ANA\California's official publication, 'The *Nursing Voice*' editorial guidelines and due dates for article submittal is as follows.

1. Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com
   a. Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
   b. The *Nursing Voice* reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
   c. The *Nursing Voice* reserves the right to edit manuscripts to meet style and space limitations.
   d. Manuscripts may be reviewed by the Editorial Staff.
   e. Articles submitted by members' of ANA\C will be given first consideration when there is an availability of space in the newsletter.
2. Photographs should be of clear quality. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, The Nursing Voice c/o ANA\California, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to thenursingvoice@yahoo.com
3. E-mail all narrative to TheNursingVoice@yahoo.com

AMERICAN NURSES ASSOCIATION\CALIFORNIA
AN AFFILIATE OF THE AMERICAN NURSES ASSOCIATION

American Nurses Association/California is an Affiliate Chapter Member of the American Nurses Association.

The Nursing Voice is the official publication of the American Nurses' Association\California.
ANA\C is located at
1121 L. Street, Suite 409
Sacramento, CA 95814,
Office 916-447-0225 - Fax 916-442-4394
Association E-mail **anac@anacalifornia.org**
The *Nursing Voice* Editor E-mail
thenursingvoice@anacalifornia.org

The official publication of the ANA\C shall be The Nursing Voice. The purpose of this publication shall be to support the mission of ANA\C through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the opinion or views of ANA\C, it's staff, the Board of Directors, our Affiliates or the publications editors. Likewise, the appearance of advertisers, and/or their views and opinions, do not constitute an endorsement of products or services featured in this, past or subsequent issues of this publication.

The *Nursing Voice* is published quarterly and is complimentary to ANA\C members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit an article for publication, please see 'Article Submission for The Nursing Voice' in this issue for deadlines and submission details.

If you would like to ***receive this publication*** or you would like to ***stop receiving this publication*** please write or call the ANA\C at (916) 447-0225 or fax to (916) 442-4394. Please leave your full name, complete address or address correction and a phone number should we need to contact you. Or, fill out and mail in the Update Request Form found in this newsletter.

Reprints and Submissions: ANA\C allows reprinting of newsletter material. Permission requests should be directed to the ANA\C home office in Sacramento. (916) 447-0225

Advertising: Advertising Rates Contact—Arthur L. Davis Publishing Agency, Inc. 517 Washington St., PO Box 216, Cedar Falls, IA 50613, 800-626-4081, sales@aldpub.com. ANA\C and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement. Acceptance of advertising does not imply endorsement or approval by ANA\C of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ANA\C and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product.

Executive Director ANA\C

Tricia Hunter, RN, MN
Executive Director ANA\C

Tricia Hunter

Thank you to the 200 plus nurses who testified on both these bills! Thank you to the many of you who sent emails and letters! You made a difference. Both bills have died.

ANA\C also wants to give a special thank you to Senator Kehoe, Senator Leno, Senator Hancock, Senator Pavely, Senator Negrete McLeod and Senator President pro Tem Steinburg for supporting the children of California and opposing SB 1051 Diastat. All expressed their concerns about using the budget to lower standards of care in the State of California. They stated this was not the answer.

ANA\C also wants to thank Assemblymember and Chair Hayashi, Assemblymember Hill, and Assemblymember Nava for voting no on AB 1802. They all listed through a long hearing with over 200 people testifying against the bill.

AB 1802 Insulin and SB 1051Diastat

This legislative session was a really tough one with two bills introduced to allow employees of school districts to volunteer to give insulin and/or diastat. The definition in law of a volunteer is someone who is not paid to perform a service. If you are paid for an activity, you are liable if you make a mistake. If you are a real volunteer, you are not liable.

The American Disabilities Act requires that schools provide appropriate services for children so they can be mainstreamed into school. A lawsuit in Kansas clarified that this included health care services. ANA\C has been very frustrated and disappointed that we cannot get the parents to join us in fighting for their children's rights. The children have a right to an appropriate licensed practitioner to provide the medical services needed by their child. Instead, their national associations are fighting to change California law and allow unlicensed persons to administer the drugs.

Having a school nurse is a choice of a school district. Many school districts have made this choice and use a coalition of LVNs and RNs to provide the services needed in the school district. The need for a school nurse is not just for insulin or diastat but also for many other health care issues. One school nurse testified that she had 14 students with transplants in her school district.

Part of the testimony for the legislation stated that other states allowed unlicensed person to administer the drugs. We did a review nationally and found out that the states who allowed unlicensed persons to give drugs had a school nurse who delegated licensed tasks to a health aid, after a student health assessment. The school nurse determined when an act was going to be delegated and under what circumstances. The health aid did not have any other responsibilities in the school.

In the past, ANA\C has worked with groups to develop an education plan for school employees to give epinephrine. Epinephrine pens are premeasured and the drug cannot hurt anyone if given wrong. It will cause discomfort if administered wrong and you cannot overdose.

Insulin is a drug that has to be measured based on the diet of the recipient and their blood sugar. Judgments must be made to the dosage. This is the drug that nurses are expected to have someone check their dosage when they draw up the medication. Insulin is the drug that harms more people in hospitals than any other.

Diastat is given while a student is having a seizure. The person administrating the drug is suppose to be able to assess what type of seizure the student is having and then give the drug rectally.

Proponents of the bills stated the Board of Registered Nursing had changed their policy in the last year concerning teaching unlicensed persons to administer these drugs. **This is just not true.** The BRN has been consistent in their position about Registered Nurses teaching unlicensed persons to provide licensed activities. The question has been asked many times by school nurses going back to when I was on the BRN. We held a full day hearing on the issue in the 80's. A school nurse had asked the BRN earlier in the year if she were allowed to teach unlicensed persons how to administer diastat. The BRN stated, as has always been the policy, that the nurse could not teach licensed acts to unlicensed persons.

We believe these bills will be coming back next year. All the documents related to these bills are on our website. Please become informed and help us keep California's children safe.

Nursing Education

Board of Registered Nursing Education Advisory Committee Meeting

Louise Timmer attended the Board of Registered Nursing (BRN) Advisory Committee May 13th in Sacramento on behalf of ANA\C.

The BRN Advisory Board meeting was spent with these issues:

- refining the Annual BRN School Survey questions,
- discussing the CINHC New Graduate Survey,
- the current Flooding of the market with new Graduate RNs,
- the recent cuts to the CSU nursing programs, and
- the CSU pressure to place the CSU pre-licensure nursing programs into the Extension/Continuing Education department and out of the main campus system.

The BRN School Survey

Clarification of questions and definitions were included that related to the full time and part time faculty. The CC, CSU, UC systems use different definitions for hiring and use of part time faculty. The main goal is to obtain information on the integrity of the pre-licensure programs to ensure the integrity and quality of the programs. Definitions and qualifications for employment need to be determined by the BRN and placed in the Regulations.

Faculty salaries were discussed and again this is a complicated issue among the three systems.

Faculty vacancies continue to be an important part of the School Survey.

Second degree pre-licensure nursing programs, ie, ELM and accelerated BSN programs need clarification in the survey in relation to—the Clinical Nurse Leader focus of some ELM programs and not others. Employers need to know what exactly the second-degree RNs are prepared to do in hospitals.

BRN/CINHC New Graduate Survey

The CINHC-BRN New Graduate Survey will be placed on the BRN website for new graduate RN who graduates between Jan. 1, 2009 through March 1, 2010. The RN pool is 13,000 new graduates. In addition, all 13,000 new grads will be mailed a survey that is voluntary. The questions relate to how many places they applied, how long it took to find employment, what jobs did they take before they were employed as an RN in a hospital or community agency, etc.

New Grads working without pay in hospitals

Discussion occurred relating to the types of employment new grads are taking such as:

- Unpaid internships in hospitals
- School-based internships in hospitals (tuition and academic credit courses)

Department of Labor grants to establish unpaid internships in hospitals (hospitals are getting money to hire new grads, who are not paid for work

Flooding market with new grad RNs

A discussion from the CSU Chair members focused on the recent "flooding" of the market with new grad RNs is providing the CSU Presidents with an errant conclusion that there are too many nursing students. The recent budget cuts have resulted in decreased enrollment, smaller class size, and consideration of a closure of one nursing program. The CSU is no longer accepting applications to the nursing programs from the CC system.

CSU system placing pre-licensure nursing programs in Continuing Education/Extension Offices

Another result from the state budget crisis is reflected in the Presidents' suggesting that the nursing programs be offered by the Continuing Education and Extension Office. Some CSU nursing programs have made plans to place the accelerated BSN/ELM programs and RN to BSN collaborative programs in the Continuing Education/ Extension office. This takes the budget allocations off the main campus budget and makes the students pay the same tuition as private institutions. It is the belief that the CSU will place the generic BSN programs in the CE/Extension Office and close down the on-campus generic BSN programs. Humboldt campus is a prime example of the President and Faculty Senate to remove the BSN program from the main part of the campus.

CC system

There has been a 20% drop in enrollment in the CC nursing programs since 2008. Many of the CC nursing programs are on Governor Schwarzenegger grants which may result in a rollback to the 1999 enrollment rates and perhaps result in closure.

ANA\C Practicum

by Candace Campbell, MSN-HCSM, RN

Candace Campbell

As a young nursing student, I was privileged to serve on the California Student Nurses' Association State Board for two years, as the *Range of Motion* newspaper editor. As their reporter, I drank in the national nursing conventions debate and political process. And then… *scroll ahead three children, and many years as a clinician*.

In 2010, as a Health Care Systems Management student, I was challenged to think *outside the box* when choosing a Practicum experience. I leaped at the chance to rub elbows with nurses involved in professional and patient advocacy on the state level in Sacramento. Having attended the 2009 Lobby Days seminar, I had met ANA\C Executive Director, Tricia Hunter, MA, RN, and Myrna Allen, MA, RN, Associate Director, and was eager to be under their tutelage. Myrna became my Preceptor.

The didactic Practicum goals were ambitious, given a 16 weeks time limit. I was to research and understand:

- government regulations related to the healthcare industry (especially the Nurse Practice Act);
- legal and ethical principles of work as a nurse advocate;
- healthcare coalitions and how they work; and
- ANA policies and position statements.

Considering the Assembly and the Senate may be called upon to vote on 1000-2000 bills each legislative session, and that presently there are NO nurse legislators serving in our legislature, I learned nurse advocates offer legislators valuable insight into healthcare related issues. Myrna and Tricia guided and instructed me on the nuances of how this is done, keeping in mind the best outcome for all concerned.

The Practicum Project: Grassroots Organizing for Legislative Change

The Practicum Project goal was to flex this student's *advocacy muscle*, and to give back to the institution (Government Relations Group), who allowed me access to their knowledge and expertise. Myrna assisted me to custom-design a systems framework for the project based on legal, ethical, and practical matters. The plan was to harness grassroots advocacy by means of direct action, leadership development, and civic engagement to block two onerous bills from passing in the legislature, and advocate for the other two bills. As a film maker, author and artist, I was pleased to realize that conceptualizing, planning, and implementing the plan for a grassroots campaign is similar, in terms of process, time, and energy expenditure, to any creative project with a deadline.

Bandaid on the Problem vs. Palpable Solutions

Two of the bills the ANA\C opposes would grant legal immunity to public school districts, if / when dispensing errors are made by unlicensed personnel administering insulin and Diastat (Valium) rectal gel to students K-12. Such legislation would not only put medically vulnerable students potentially in more danger, it would codify an illegal act. (In California, the California Business and Professions Code, which contains the Nurse Practice Act, prohibits unlicensed administration of medication.) (http://www.rn.ca.gov/regulations/bpc.shtml#2725.1) Also, either of the first two bills' passage would set a precedent that could create a *slippery slope* enabling other similar future bills. If either of the first two bills passed, the big winner would be the school districts, which seek to gain legal immunity from costly lawsuits, in cases of medication error. In fact, the bills present a competing moral obligation between public servants committed to *do no harm*, on one end of the ethical continuum, and to *do the most good*, on the other.

The bills the ANA\C supports, AB 2454 and SB 1200 (equivalent bills in both houses), mandate any school with a minimum of 750 pupils shall employ a school nurse. We contend these bills are the basis for real health-related solutions in the public schools.

Implementing the plan

The goal was to harness grassroots advocacy by means of direct action, leadership development, and civic engagement. The objective was to engage as many people as possible, on as many levels as possible, in a short amount of time, ie, *to create a buzz*. To accomplish this, I spoke individually with neighbors, then branched out to groups, associations, labor unions, and widened the net with radio listeners, and those reading my blog. Of course, I also spoke to all the legislative aides from each of the legislators of each committee, who would hear each of the bills.

At press time, the two bills we opposed have been defeated, and others we support will be coming up soon for vote.

Summary

The Practicum experience proved invaluable in affirming this student's call to represent the nursing profession in meaningful ways. I look forward to adding to this body of knowledge and proactively serving the nursing profession on the local, state and national arenas, and I strongly urge any nurse who wants to learn more to attend Lobby Days (held each spring in Sacramento) and consider a legislative-focused residency to fulfill your graduate work.

Candace Campbell, MSN-HCSM, RN, is a NICU clinician and educator. She serves as a spokesperson for the March of Dimes in California, and as a member of the AWHONN Editorial Advisory Board for their two consumer magazines. Visit www.candycampbell.com to learn more.

Nursing Education

Tri-Council for Nursing Issues Consensus Policy Statement on the Educational Advancement of Registered Nurses

WASHINGTON, D.C., May 14, 2010—In light of the recent passage of healthcare reform legislation, the Tri-Council for Nursing has issued a timely consensus statement calling for all registered nurses to advance their education in the interest of enhancing quality and safety across healthcare settings. The Tri-Council organizations, including the American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, and National League for Nursing, are united in their view that a more highly educated nursing workforce is critical to meeting the nation's nursing needs and delivering safe, effective patient care.

In the policy statement, the Tri-Council organizations state:

"Current healthcare reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. At this tipping point for the nursing profession, action is needed now to put in place strategies to build a stronger nursing workforce. Without a more educated nursing workforce, the nation's health will be further at risk."

Nurses with advanced education are needed in large numbers to serve as teachers, scientists, primary care providers, specialists, and leaders throughout the healthcare delivery system. The Tri-Council encourages all nurses, regardless of entry-point into the profession, to continue their education in programs that grant baccalaureate, master's, and doctoral degrees. A wide variety of education options exist to further the preparation of today's nursing workforce, including degree-completion, online, accelerated, and part-time degree programs.

The Tri-Council was compelled to issue this statement following an assessment of how best to prepare nurses for contemporary practice. Participating organizations, which represent nurses in practice, research, and academic settings, deliberated on many issues, including the need to meet workforce demands and prepare nurses for new models of practice; the complexity of the healthcare environment and patient care needs, and the imperative to address the nurse faculty shortage, which is limiting enrollment capacity in schools of nursing.

The policy statement ends with a call to action which advocates for system changes in nursing practice and education; for nurses to understand the importance of academic progression and embrace lifelong learning; and for policymakers at the state and federal levels to fund programs and launch collaborative initiatives that facilitate nurses seeking to advance their education.

To review the statement online, see http://www.aacn.nche.edu/Education/pdf/TricouncilEdStatement.pdf.

EDUCATIONAL ADVANCEMENT OF REGISTERED NURSES: A CONSENSUS POSITION

A policy statement from the Tri-Council for Nursing:
American Association of Colleges of Nursing (AACN)
American Nurses Association (ANA)
American Organization of Nurse Executives (AONE)
National League for Nursing (NLN)

The Tri-Council for Nursing has developed this document to inform key stakeholders of the urgent need for a more educated nursing workforce. The focus of this policy statement is on the educational advancement of the current and future nursing workforce to address the need for improved patient quality and safety. This message of common view is from the four diverse nursing organizations that collaborate together through Tri-Council. More nurses with baccalaureate and higher degrees are needed in all settings. The leaders of the profession acknowledge this reality and are now providing direction for academic progression through formal, degree-granting programs.

There are currently too few nurses choosing to advance their education. First is a need for education advancement to the baccalaureate level then to the graduate level to meet the urgent need for Advanced Practice Registered Nurses (APRNs) and nurse educators. Current healthcare reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. At this tipping point for the nursing profession, action is needed now to put in place strategies to build a stronger nursing workforce. Without a more educated nursing workforce, the nation's health will be further at risk.

The Tri-Council supports advancing the educational preparation of nurses. Its leaders acknowledge that there are multiple access points into the nursing profession, and this consensus position directs advancement from the point of entry. Tri-Council members recognize that nurses enter the profession today from a wide variety of access points: Licensed Practical Nurse (LPN) progression programs; generic pre-licensure programs in diploma, associate degree, and baccalaureate programs; accelerated baccalaureate programs for graduates of non-nursing disciplines; and entry-level master's programs. All of these options contribute to the diversity and expanding numbers of Registered Nurses (RNs) available to meet the nation's need for nursing care. However, more nurses with advanced preparation are needed to meet the healthcare demands of an increasingly diverse and aging population. To make this happen, innovative and expanded educational opportunities are needed for nurses seeking preparation as APRNs, leaders, and educators. A more highly educated nursing profession is no longer a preferred future; it is a necessary future in order to meet the nursing needs of the nation and to deliver effective and safe care.

Developments Leading to Consensus Position

A. Future Workforce Demands

The complexity of care and the predicted shortage of RNs to provide that care drive the need for those nurses in the workforce to be better prepared. This is necessary in order to accommodate new models of care delivery, to coordinate the care of individuals with complex health problems across healthcare settings, and to teach future nurses in all types of nursing education programs.

B. Complexity of Health Care Environment and Patient Care Needs

The increasing complexity of technology, medical therapies and treatments, and chronic health conditions (in all age groups) underscores the need for nurses to be more highly educated. Increased education and advanced degrees will better prepare RNs to develop process improvements that address medical errors, reimbursement issues, navigating multiple systems of care, and other challenges in the healthcare delivery system. There is a growing body of research clearly demonstrating the relationship between higher educated nurses and patient outcomes. For example, one study showed that fewer patients die in hospitals with a larger percentage of more highly educated nurses.

The new healthcare reform agenda calls for new approaches to delivering care to chronically ill individuals and a greater focus on health promotion and disease prevention, which will require nurses to know research, care coordination, outcomes management, risk assessment, and quality improvement. These methods are core to professional nursing practice. In addition, quality, safety, and diversity of needs are critical to appropriate care, and new methods of care require competence in these areas. Nurses prepared in baccalaureate and higher degree programs are prepared to use a systems approach in addressing outcomes related to disparities that preclude quality care. These approaches require that nurses have advanced study and are prepared for system change implementation.

C. The Need to Address the Nurse Faculty Shortage

AACN and NLN data demonstrate current nursing faculty shortages. Advanced education opportunities will expand the pool of nurses able to pursue academic preparation to fill nurse educator roles and to continue adding to nursing research. The most recent data (National Sample Survey, 2004) reveal that too few nurses are pursuing graduate degrees needed to assume advanced roles. These data show that about 6.4% of those initially educated in associate degree programs and 11.7% of those prepared in diploma programs had obtained graduate degrees in nursing or related fields. Additionally, only 22.1% of nurses prepared initially in a baccalaureate programs had obtained post-RN master's or doctoral degrees. To solve the need for faculty and more APRNs to manage new models of care, a greater majority of diploma, Associate Degree in Nursing (ADN) and Bachelor of Science in Nursing (BSN) graduates must pursue advanced study.

Call to Action:

A. System Changes in Nursing Practice and Nursing Education

Education: An increased emphasis on role development and professional accountability through continued academic education needs to be instilled in nursing graduates from all program types. Schools of nursing must collaborate to actively promote more streamlined models of progression to baccalaureate and graduate degrees including LPN to BSN, RN to MSN, and/or BSN to doctorate programs, among other routes. Clear and reasonable articulation agreements are needed so that educational progression is not repetitive of nurses' previous education and experience and achieve the goals of accessibility and flexibility, regardless of educational delivery location and method.

Employers: Practice sites must implement programs of support for nurses who pursue baccalaureate and graduate degrees. These programs should include both financial and professional incentives.

Professional Associations: National nursing organizations must make a commitment to the academic progression of their membership as a cornerstone of their strategic plan.

B. Individual Responsibilities of Nurses to Access Advanced Education

Personal responsibility is critical to academic progression of the nursing profession. While regulation and licensure requirements can mandate educational advancement, a hallmark of professional accountability is action on the part of each member of the profession to be informed of the evidence, appreciate the urgency of the academic progression issue, and pursue academic progression in the manner best suited to the individual's situation.

C. State and Federal Policy Initiatives to Promote Academic Progression

State Initiatives

State governments should work closely with their boards of nursing to ensure that educational standards remain high when considering legislative options to address the nursing shortage and meet workforce demands.

State grant opportunities should be available for diploma, associate, and baccalaureate nursing programs to collaborate and develop comprehensive statewide articulation agreements to facilitate a seamless pathway for nurses to obtain BSN and graduate nursing degrees.

The ability to reverse state nursing shortages is further inhibited by the demand for nurse faculty. Scholarships, stipends, and loan repayment opportunities should be created or continued to help support nurses pursuing graduate education with a preference given to full-time and doctoral nursing students who agree to teach full-time at an accredited school of nursing.

State governments should partner with their nursing board, nursing programs, state nursing associations, hospitals, state hospital associations, and other stakeholders to enact legislation that supports the progression of nurses to advance their education. Advancing the education of nurses will strengthen the nursing workforce and better serve the community.

Regulators and state law makers should support implementation of quality, innovative nursing program designs that facilitate academic progression.

Federal Initiatives

The primary source of federal dollars for the profession is the Nursing Workforce Development programs (Title VIII, Public Health Service Act), which addresses all aspects of the nursing shortage— education, recruitment, retention, and practice. Over the years, rising educational costs, inflation, and stagnant funding levels have prevented the Title VIII programs from supporting sufficient numbers of nurses and nursing students. A larger investment must be made in these programs and, moreover, the dollars invested in Title VIII should give preference to nursing students enrolled full-time in RN-BSN, BSN, accelerated BSN, and graduate nursing programs.

From 1971 to 1978, Congress provided capitation grants (formula grants based on the number of students enrolled) to schools of nursing in support of nursing education. These

Tri-Council continued on page 7

Nursing Education

What Happened to Education Bills AB 867 and AB 2400?

This year ANA/C has been actively involved in promoting the passage of two education bills; AB 2400 Baccalaureate nursing programs pilot project for the community college system and AB 867 the Doctor of Nursing Practice program for the California State University system. Both bills allow registered nurses access to advanced nursing degrees.

AB 867 CSU DNP bill

AB 867 is in its third year of being heard by the Legislature. The bill will permit the CSU system to grant the Doctorate of Nursing Practice. The bill is supported by the chairpersons/directors of the CSU nursing programs. The bill will increase the number of doctoral prepared advanced practice nurses and increase the pool of nurse educators for California's 140 pre-licensure nursing programs and numerous graduate nursing programs.

The bill is stalled in the Senate Appropriations Committee. Dr. Lucy Huckabay, Chairperson, CSU Long Beach nursing program believes that letters from registered nurses, especially graduate nursing students to the members of the Senate Appropriations Committee would help get the bill out of the Committee and to the Senate Floor for a vote. It is expected that the Senate will vote in favor of AB 867 and Governor Schwarzenegger will sign it in October. Letters, emails, phone calls should be directed to the members of the **Senate Appropriation Committee: Kehoe (Chair), Cox (Vice-Chair), Alquist, Corbett, Denham, Leno, Price, Walters, Wolk, Wyland and Yee. Contact information: www.legoinfo.ca.gov** for individual members or contact Staff Director: Bob Franzoia Phone:(916)651-4101.

In an email from Dr. Huckabay, an explanation is offered for the need to pass AB 867. She explains:

One of the major reasons for this hold up is that the Committee members believe it will cost money to offer the DNP program and that it will drain the monies from the pre-licensure component of the CSU curriculum to the DNP. This is absolutely not true. Here are the reasons for the CSUs wanting to offer the DNP degree programs:

1. It will prepare the nursing faculty to enable us to find the teachers that we need for the existing pre-licensure and MSN nursing programs.
2. Since January of 2004, the majority of the California Nursing Programs (Community Colleges and CSUs) have expanded their nursing programs—some 100%, others two, three and us, at CSU-Long Beach four fold. This has made finding doctoral prepared nursing faculty extremely difficult, and often times, non-existent.
3. The University of California Schools of Nursing (UCLA and UCSF) are not able to produce the needed numbers of doctoral prepared faculty, and the few who graduate with their Ph.D. programs, want to conduct research rather than teach.
4. The DNP prepared nursing faculty will be able to teach and qualify to apply to any CSU tenure track position.
5. The shortage of nursing faculty is the number one hindrance to educating additional nurses for the State of California.
6. Once CSUs are able to offer the DNP degree, the funding for these programs can come from grants and from special student tuition just for the DNP students. (Currently, CSUs are able to offer the Ed.D degree in Education, to prepare educators. The Ed.D. students pay slightly higher tuition than the Masters degree students within the CSU system). They have not drained funding or resources from the BA or MA programs. We think that we can do the same for the DNP education programs.
7. The Commission of Collegiate Nursing Education (CCNE), which is our national accreditation agency, has informed us that by 2015, all nursing schools that offer the nurse practitioner programs at the Masters Degree level, they have to offer the DNP degree, because, the DNP degree will be the entry into practice degree for all nurse practitioner programs in United States. The year 2015 is not that far away. It will take nursing schools at least two years to prepare the curriculum and get it approved by the all levels of the university's curriculum approval process.

A letter of support from ANA/C members will be of great help. It will provide the California Legislature with the message that the entire nursing community is in support of this initiative and of this bill. Thank you and if you need any other information, please let me know. I can be reached via my email (Huckabay@csulb.edu) My cell phone number is: (310) 413-1252. With appreciation and gratitude.

Loucine (Lucy) M. Huckabay, RN, PNP, Ph.D., FAAN

AB 2400 CC BSN pilot programs

AB 2400 permits the community college to offer a baccalaureate nursing degree pilot program on four campuses. The intent is to provide access to associate degree nursing students the option to complete the baccalaureate nursing degree while still in the nursing program. The outcome is to increase the number of baccalaureate prepared nurses in California and create a larger pool for graduate study in advanced practice nursing programs and education.

The idea is not new, in fact, 17 states changed its community college charter to permit baccalaureate education. The effort began in 1998 in Florida and New York. A national association, Community College Baccalaureate Association (CCBA) was formed in 1998 and has data on the outcomes of the states' efforts in producing more baccalaureate graduates in the local areas. CCBA provides research data on the outcomes to the local communities. The change in the 17 states' CC charters has attracted new businesses and industries to the local areas. The local community colleges offer a steady pool of baccalaureate graduates in business, health care, police and firemen, science majors, engineers, and teachers to meet the needs of local business companies, hospitals, schools, police departments, and fire departments. More information is available on the website: www.accbd.org.

AACN supports BSN programs at the community college system and CCNE will accredit the nursing programs. The California Community College system has 72 nursing programs and graduates over 7,000 registered nurses every year. The CC nursing directors are in support of offering the BSN program at the local campus. This opportunity will lead to more baccalaureate prepared nurses and add to the current efforts of the grant-supported collaborative CSU-CC BSN projects to graduate additional BSN graduates. The effort does not affect the CSU and private institutions RN to BSN completion programs and the demand by 300,000 practicing associate degree nurses seeking the BSN degree. The bill meets the request of the current nursing students to obtain a BSN degree while still in school.

Unfortunately, 2400 bill was pulled at the last minute by the author and chair of the Assembly Higher Education Committee, Assemblyman Block before the bill could be heard in the Committee.

ANA/C
AMERICAN NURSES ASSOCIATION\CALIFORNIA
AN AFFILIATE OF THE AMERICAN NURSES ASSOCIATION

Monday, April 4th, 2011	Tuesday, April 5th, 2011
Registration begins at 8:00 am.	Registration begins at 8:00 am.

On April 4th & 5th 2011, the American Nurses Association\California will present a dynamic educational conference in Sacramento: RN Days 2011. The program will focus on opening the world of politics and legislation in a friendly and easy to understand venue, as well as the issues that affect the nursing profession. The goal; *to open up new avenues of thinking as to how nurses can participate in the legislative process and support the nursing agenda throughout the state of California.* It is important that all nurses and school of nursing students know and understand that their voice can and will protect and enhance the nursing profession, as well as nursing's position in the medical and political communities. Because we shape the agenda around the issues and committees happening at the time, the agenda will not be available until a couple weeks before the event. You must register at least two weeks before the event. Late registrants are not guaranteed a position. Email confirmation and packets will be sent.

Needing more information? Please visit our website at www.anacalifornia.org or call 916-447-0225

Nursing Practice

7 Hospitals Fined for Immediate Jeopardy Mistakes

Cheryl Clark, for HealthLeaders Media
April 14, 2010

California health officials Tuesday imposed "Immediate Jeopardy" fines totaling $475,000—including a $100,000 fine that is the highest so far—on seven California hospitals they said harmed patients or placed them at risk of harm because of avoidable mistakes in delivery of care.

According to state documents, a surgical team left a sponge inside a cancer patient—which went undiscovered for more than year—after her hysterectomy in San Diego. A doctor operated on the wrong knee on a patient in San Francisco. And a provider in Davis wrongly injected a patient with an iodine contrast agent to which she was allergic prior to administering a CT, causing her fatal respiratory arrest.

"In administering these administrative penalties, our goal is to improve the quality of healthcare in all California hospitals," said Kathleen Billingsley, deputy director for public health. She said money from the fines will be used to gather information "to determine how these violations and deficiencies can be decreased and eliminated over time."

The latest state fines bring the total assessed since 2007 to $4.225 million, of which $2.87 million has been collected so far. Billingsley said of 146 penalties, hospitals are appealing 37, but to date, no hearings have been held.

Under state law starting January 1, 2009, hospital penalties were increased from $25,000 per incident. After that date, a hospital's first immediate jeopardy carries a $50,000 fine, the second carries a $75,000 penalty, and the third and subsequent incidents will cost $100,000 each until the hospital goes three years with no immediate jeopardy findings.

The seven hospital penalties announced Tuesday are:

1 **Southwest Healthcare System** in Murrieta received three fines—including one for $100,000—for alleged serious deficiencies state officials discovered there last year, bringing to six the total number of fines levied against Southwest since 2007, state documents say.

Southwest was fined $50,000 or an event last August in which the hospital failed to properly assess newborns for risk of hyperbilirubinemia, or jaundice, before they were discharged.

They were fined $75,000 after a repeat investigation in September found that babies with the condition were still being sent home without proper discharge planning.

They were also fined $100,000 for an incident, also in September, after state investigators found that levels of humidity were not kept low enough in the surgical obstetric unit while C-sections were being performed, "creating a risk for a fire to start during the procedures" and posing a risk to the mothers and babies, state documents said.

During C-sections, surgeons use devices that cause sparks in an effort to stop bleeding, procedures that take place in a suite right next to the newborn nursery, labor and delivery area, and triage rooms, state documents said. "If a fire broke out in the (C-section operating room) it could spread to those rooms."

Informed by a reporter during a news conference that Southwest was claiming the problems would be alleviated if the state would approve the hospital's expansion plans, Billingsley said, "It's important to note that Southwest has had a prolonged history of noncompliance that includes many issues that are by no means related to its space," Billingsley said.

"You will notice there have been situations where there have been inadequate care problems following discharge of newborns. Those are not related to expanded space.

"We believe that citizens of California are entitled to obtain healthcare services from a hospital that meets the minimum level of required state standards and we encourage this hospital to not only correct this, but any system wide issues that will allow us to approve this application."

Billingsley added that "no other hospital in California has received more than four [immediate jeopardy penalties] with the exception of Southwest."

In a statement issued Tuesday, Southwest officials denied the state's allegations and intend to appeal these as well as the three issued previously. Hospital officials insist that the incidents did not meet the criteria for immediate jeopardy "because they neither caused, nor were likely to cause, serious injury or death to any patient in light of the facts..."

The hospital denies that humidity levels were unsafe, and denies that newborns were not properly assessed and unsafely discharged.

"In the three cases cited by CDPH, all newborns were tested to determine the level of bilirubin before they were discharged from the hospital, and nursing staff reported those test results to the newborns' pediatricians. In all three cases, the attending pediatricians made clinical decisions about what additional tests and treatments to order and how quickly to see their patients after discharge; such decisions belong to a patient's physician, not to the hospital," according to the hospital.

2 **Scripps Mercy Hospital**, San Diego, was fined $25,000 because a surgical sponge was unintentionally left in a cancer patient's abdomen during her December 2007 hysterectomy. During a follow-up MRI scan more than a year later, the radiologist reported a mass that was possibly a foreign body, which was reported to the patient's oncologist, said the state.

The patient complained of hip and back pain "and a second abdominal operation was performed . . . to search for the foreign body, but no foreign body was found at that time. A subsequent abdominal X-ray report . . . and surgical procedure report . . . continued to document the presence of a foreign body" in the patient's pelvis, said the state.

The sponge was finally removed in June 2009.

"These violations resulted in injury and harm to [the patient] when she required a third surgical operation to remove a retained 4 inch by 4 inch surgical sponge from her abdominal/pelvic cavity, approximately one-and-a-half years following her radical hysterectomy procedure."

Scripps officials said that since the incident, they have reviewed all surgical cases regarding surgical counts and reviewed competency training for nurses and scrub techs.

3 **California Pacific Medical Center**, Pacific Campus in San Francisco, was fined $25,000 because a surgeon performed arthroscopy on a patient's right knee instead of the left, as intended. "They should have done a time out [a period prior to surgery for checking the right patient, right body part] but they didn't do one, they went straight into the procedure," said the state.

"When the surgeon realized the mistake, he proceeded to do an arthroscopy of both knees even though the consent form was for the left knee only."

4 **Sutter Davis Hospital** was fined $25,000 for a 2008 incident in which a patient with serious airway diseases and who had neck pain and swelling was administered an iodine contrast material prior to conducting a CT scan.

According to state documents, the patient had a history of iodine allergy, but her medical records were not checked beforehand, nor was a physician in the room as she was undergoing the scan, said the state.

During the CT procedure, "the nurse observed [the patient] having some type of distress, the nurse and technician attempted to reposition the arms, but [the patient's] oxygen level and blood pressure fell and a Code Blue emergency was called," according to state documents.

"Within minutes of receiving the contrast injection, [the patient] experienced breathing difficulty, low heart rate and low blood pressure requiring rescue interventions and interrupted the imaging studies. [The patient] did not respond to stabilizing treatments over the next two hours and expired in the radiology suite."

5 **Kaiser Foundation Hospital** in Fontana also received two penalties, the first for $25,000 for an incident in 2008 in which a patient undergoing surgery to remove orthopedic hardware from his left knee received first, second, and third degree burns from a "triangle" device used to position the knee, according to officials.

After the patient went home after surgery "he felt pain behind his left knee, removed his bandages himself at home and saw blisters," said the state.

The triangle device had been sterilized, but was still too hot when it was placed, according to state documents.

There was no procedure listed on how to protect a patient from burns or on how to determine if the flash sterilized instruments were cool enough to be used on a patient," the state documents said.

The Fontana hospital was also fined $50,000 after surgeons in 2009 reportedly left a sponge inside a patient despite the fact that the surgical count of sponges and other surgical devices was correct. It was found only because a physician "had an uneasy feeling there was a retained sponge." The item was detected by X-ray and required a second surgery for removal.

6 **St. Joseph's Hospital** in Orange was fined $50,000 because a double pneumonia patient who required oxygen was transported for an ultrasound test without a tank containing sufficient amount of oxygen for the amount of time required. "While in the [ultrasound] department, the patient had a respiratory arrest and died," state documents said. "It was observed at the time of the arrest the oxygen tank connected to the patient was empty."

"The patient was transported to the radiology department without a completed and signed checklist showing the patient was stable for transfer," said the state.

Additionally, the state report said, "The hospital chart showed that for the size of the portable oxygen tank used to transport the patient, that on a full oxygen tank at the rate the patient was receiving oxygen, 15 liters per minute, the tank could supply oxygen to the patient for about 45 minutes."

However, the state document shows, the patient was waiting in the radiology room for 60 minutes. The ultrasound technician assistant transported the patient back to their room ... the portable oxygen tank was empty, the patient was observed not to be breathing.

7 **St. Bernadine Medical Center** in San Bernardino was fined $50,000 for a 2009 incident in which doctors failed to remove a blade extender tip of a Bullard laryngoscope that was used for an exam of the larynx.

"The retention of the blade extender tip in [the patient's] airway had the potential to result in imminent danger due to occlusion of the airway, as a result of aspiration of the blade extender tip," according to the state's report.

The patient had undergone an outpatient lap cholecystectomy. "During a routine follow-up phone call to the patient . . . [the patient] informed the hospital staff that she had 'coughed up a piece of white plastic,'" later identified by the anesthesiologist as the extender tip of the laryngoscope he had used to intubate the patient, the documents said.

Cheryl Clark is a senior editor and California correspondent for HealthLeaders Media Online. She can be reached at cclark@healthleadersmedia.com.

Tri-Council continued from page 5

grants allowed schools of nursing the flexibility to direct dollars to areas of greatest need, including hiring new faculty, upgrading equipment and clinical laboratories, and recruiting students. As a result, this type of program has had a stabilizing effect on past nursing shortages. Today's schools of nursing need additional resources, particularly faculty, to educate the next generation of nurses.

Federal support is needed to recruit new nurses and retain them in healthcare settings. Nurse residency programs, in which a new nurse is provided a sustained training and mentorship program, have proven to be effective in improving nurse retention rates. A federal program should be created so that Medicare dollars are accessible for hospitals to create nurse residency programs. These programs allow new nurses to develop their skills and present a structured opportunity for diploma or associate degree nurses to continue their education through RN-BSN programs.

Advanced Practice Registered Nurses are in high demand given the need for primary care providers as well as the need for providers in rural and underserved areas. However, little funding is available for their clinical education. Therefore, the federal government should invest Medicare dollars in the training of APRNs.

The Tri-Council is an alliance of four autonomous nursing organizations each focused on leadership for education, practice and research. While each organization has its own constituent membership and unique mission, they are united by common values and convene regularly for the purpose of dialogue and consensus building, to provide stewardship within the profession of nursing. These organizations represent nurses in practice, nurse executives and nursing educators. The Tri-Council's diverse interests encompass the nursing work environment, health care legislation and policy, quality of health care, nursing education, practice, research and leadership across all segments of the health delivery system.

Nursing Practice

Board of Registered Nursing Diversion and Discipline Committee Meeting

Hon. Tricia Hunter, RN, MN

SB 1441 Substance Abuse Coordination Committee

Legislation, SB 1441, established a committee in the Department of Consumer Affairs, to develop recommendations for substance abuse programs including the diversion programs. The committee made many recommendations including a requirement for standard testing for all participants. The requirements would raise the average cost for participants from 4,000-6,000 dollars to over 10,000 per year. ANA\C testified against this requirement at the committee meeting and joined nurses in diversion to testify against the measure at the Diversion/ Discipline Committee of the BRN. A nurse in diversion surrenders the license and cannot return to work until the evaluating committee (DEC) gives them permission. They must pay for their own drug testing. This requirement would end the ability of many nurses to participate in diversion or probation.

A subcommittee of the Substance Abuse Coordination Committee, with Louise Bailey Executive Director of the BRN as a member, is reviewing the recommendation to have as many drug tests as were originally required. A letter about the concern and about the frequency of the testing will be taken to the full board to send to the Substance Abuse Coordination Committee.

The Department of Consumer Affairs (DCA) is looking at adding the language developed by the committee to SB 1172 Negrete McLeod. They have asked the Boards to look at their statutes and determine which proposals can be done by policy or by regulation. The DCA Board was requested to prepare a report for the next Board meeting that includes a review of what can be done by regulation and what can be done by policy.

ANA\C will watch this closely. We want to maintain the integrity of the diversion program and the probation program. We also want to make sure we protect the public.

MAGNET Hospitals Named

The Chair of the Commission on Magnet has announced Magnet designation for Hoag Memorial Hospital, Newport Beach, CA. They have been redesignated magnet. There are only 362 Magnet Hospitals in the United States. ANA\C wishes to congratulate Hoag Memorial Hospital for reaching this milestone again.

Consumer Protection Enforcement Initiative

The BRN has received approval for 37 permanent and limited term positions beginning in July 2010 pending the passage of the budget. This is in response to the backlog of discipline cases for nurses. The BRN Board is concerned that the positions may be approved but each staff person has been asked to take a cut in salary and the BRN board has been asked to cut 15% from the total budget. The Board's budget must be approved by the Assembly and Senate Budget Committee. If the Legislative Budget Committees have already completed the budget reviews and the BRN cuts are still included, then the cuts will be made in the next year's budget. However, if either house still has issues, the budget items remain open and the budgets will go to conference committee. At this time, the budget items are still open.

SB 1111 implementing the bill through regulations

SB 1111 Negrete McLeod was introduced by the Chairperson of the Senate Business and Professions Committee in collaboration with the Governor's office. Unfortunately, instead of dealing with the issues that affect the BRN discipline process, the Department of Consumer Affairs decided to develop a bill for all the health care boards based on the California Medical Board's physician model. This is especially problematic for nurses because there are requirements for the RN licensee to provide the medical records needed for the investigation. The BRN generally does not have access to nurses' medical records. Failure of the nurse to comply with the request would have been viewed as unprofessional conduct. Many other problems and issues are in the bill such as a requirement to post the nurses' addresses on the Internet. Almost all the professional associations oppose SB 1111. Most of the nursing concerns were addressed by the final day of hearings but the amendments were not available in print, so the bill failed.

The DCA has asked the boards to look at their statutes and implement components of the bill through regulations. Four regulation proposals are being recommended.

1. The first regulation proposal allows the ED to approve settlements for revocation, surrender or interim suspension of a license. ANA\C has requested a reporting requirement to the Board so there is a full disclosure mechanism. ANA\C supports this measure.
2. The second regulation allows an Administrative Law Judge to revoke a license, without a stay order, for sexual misconduct. ANA\C supports this regulation.
3. The third regulation allows a permanent revocation of the nurse's license if the person must file as a sex offender. If this requirement is removed the offender can ask for reinstatement. ANA\C supports this regulation.
4. Unprofessional conduct is further described as refusal to comply with the investigation, to agree to gag clauses in civil settlement agreements, failure to notify the board of any arrest, conviction, or disciplinary action by another board. There are two major concerns with the fourth proposal. The nurse is rarely the direct person in a law suit. If a hospital settles and there is a gag order, has the nurse committed unprofessional conduct? ANA\C asked that the requirement reflect the nurse's real role in the legal process.

   The other issue is that a nurse would have to tell the board every time he/she is arrested. So...if you fail to pay a ticket, get arrested, and then pay the ticket and fine and the charge is dropped; you would still be expected to report the arrest and would be charged with unprofessional conduct if you did not. ANA\C believes this regulation needs to be more reflective of what the crime is.

DISCIPLINE

The Nurse Evaluator IV position still remains unfilled. This position was created to have a clinically competent nurse as part of the discipline team. This is the supervisor position. The Board is requesting the position be changed to a nursing consultant with a four year degree so they can attract nurse experts.

The NCSBN has a database called Nursys that collects discipline from across the United States. Most states participate in the reporting process, but not all. The BRN undertook a Nursys clean up and found 80 California cases that either contained errors or were not reported as complete. The BRN also did a Nursys scrub to review California nurses who had been disciplined in other states. This scrub indicated approximately 3700 reports of out of state discipline which was not reported to California. Of the 3700 reports (active and inactive licenses) some are multiple offenders. Discipline records are being requested from each state and cases will be opened.

The BRN internal Investigations Department has completed 19 investigations. Four cases have been assigned to retired annuitants. A case plan is developed that includes a summary of the complaint, discussion of evidence, questions to ask, individuals to interview, additional documents and what kind of expert to use. There are 160 cases to DOI for limited, focused investigations. This case plan will help the sworn officer from the Department of Investigations to complete their investigation. A nurse will have given them the needed information including an expert witness of practice to finish the investigation.

There are 684 pending DOI investigations.

There are 518 pending BRN investigations.

From October 1, 2009 to present enforcement has served a total of 373 accusations and prepared 71 default decisions.

The department and Board had believed that once the backlog was caught up things would slow down. This has not happened. The number of cases reported has increased.

	2005-06	2009-10
Complaints received	3384	6776
Consumer	2653	2592
Arrests	731	2105
Criminal Histories	NA	2080
Diversion	311	673

DIVERSION AND PROBATION

NCSBN held a Diversion and Probation Forum that discussed trends and is in the process of developing national standards for these programs. A Handbook is being developed with all the recommendations. I attended this meeting on behalf of ANA\C. The Handbook is needed to describe the division programs and the process to help nurses reenter the work place.

Total in state probationers are 354.

Program to date intakes completed is 4057; total successful completions is 1458; 900 failed to comply, 54 moved to another state, 41 were not accepted into the program, 279 voluntary withdrew after DEC evaluation, 397 withdrew before DEC evaluation, 172 were closed because they were a public risk, 34 expired, 673 are in the program now.

Nursing Practice

The Elephant in the Room: Huge Rates of Nursing and Healthcare Worker Injury

Nearly all of us are aware of nurses with back pain—or we may suffer from it ourselves. What we may not realize is how enormous the problem is. This article is dedicated to educating nurses about the risks they and their co-workers face in performing routine patient care. We'll also give you information about what you can do to help: you *and* your co-workers.

"My name is Elizabeth White. I am an RN who graduated in 1976 from the BYU College of Nursing. In December, 2003, I was working in the Surgical ICU at Arrowhead Regional Medical Center, the San Bernardino, California county hospital. My assignment that night was a 374 lb patient who was on a ventilator and also on spinal precautions. I was able to get help to turn and bathe him only once that shift. However, because he was on spinal precautions his mattress was flat, but had to be in reverse Trendelenberg because of the vent. He slid down to the foot of the bed, of course. Only one other staff member was available to help pull him away from the foot of the bed. By the end of the shift, I was in so much pain I could hardly walk. I ended up leaving clinical nursing: nearly six (6) years later I still have pain on a daily basis."

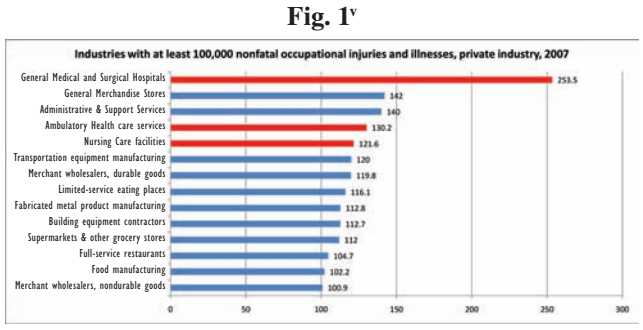
Last year, over 71,000 nurses suffered a back injury—but these are only the injuries that can be directly traced to work. 48% of nurses complain of chronic back pain, but only 35% have reported a work related injury.[i] Many of the injuries will simply be endured by nurses and health care givers, with no recourse to any compensation. The cumulative weight lifted by a health caregiver in one typical eight hour shift is 1.8 TONS.[ii] *Back injuries are incremental and pain often presents in unrelated circumstances.*

Cost of the problem

Nurses back injuries cost an estimated $16 billion annually in workers compensation benefits. Medical treatment, lost workdays, "light duty" and employee turnover cost the industry an additional $10 billion.[iii]

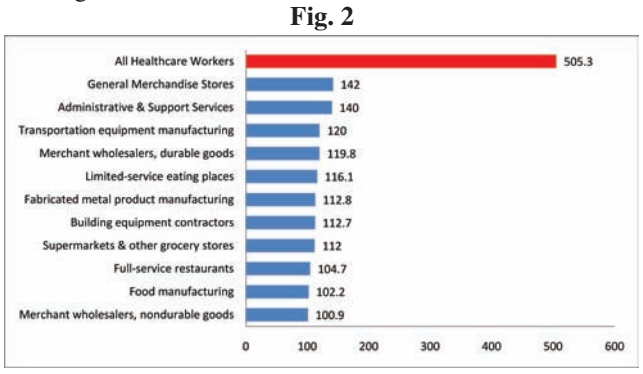
Bureau of Labor Statistics show an inexcusable situation. Fig. 1 is a 2007 Bureau of Labor Statistics chart of the industries with the highest numbers of worker injuries.iv The top category: hospitals. In addition, the fourth and fifth categories are also of health care workers. In total, over 505,000 health care workers were injured. We know that a large percentage of these injuries are due to patient handling.

Fig. 1[v]

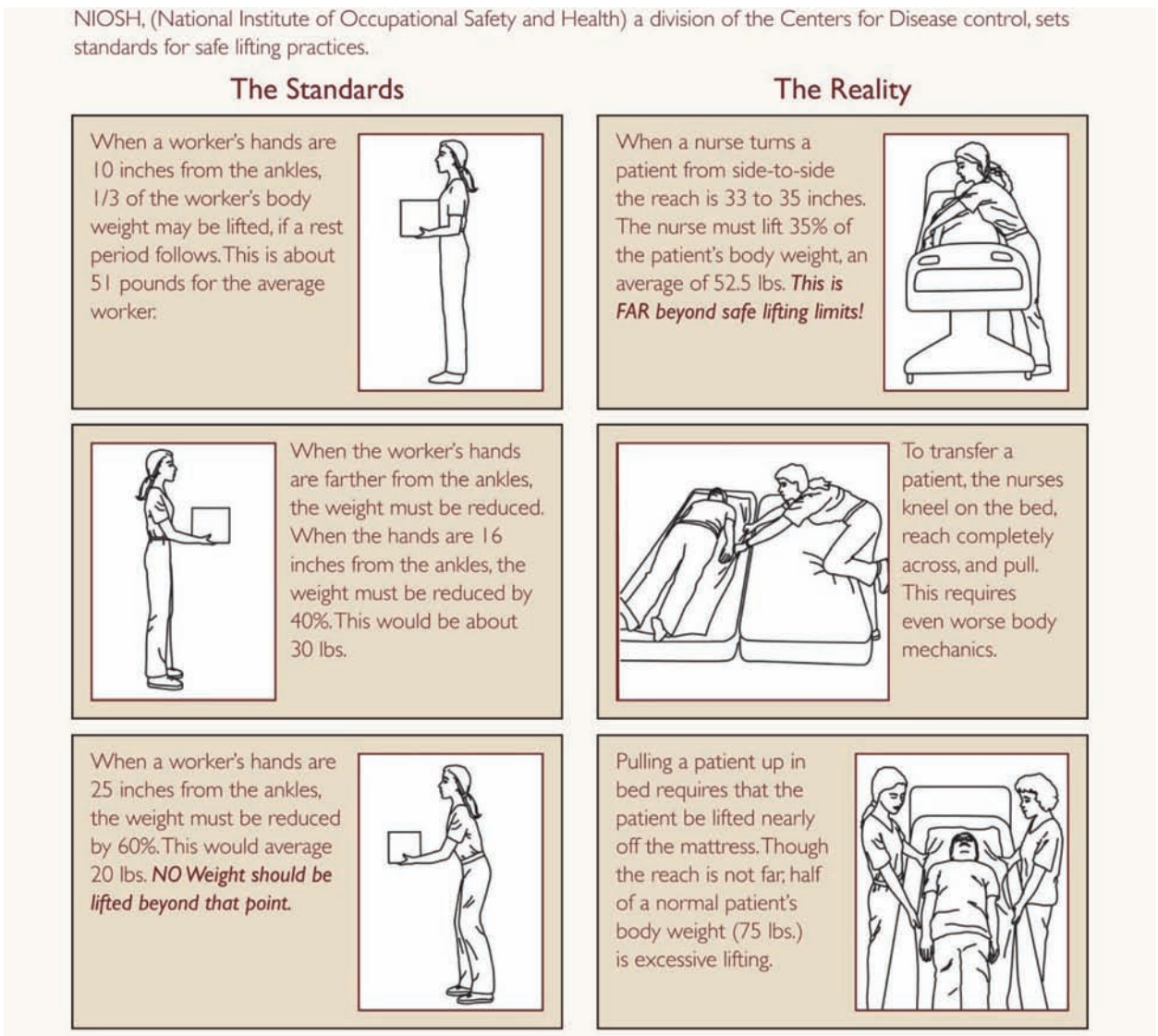


It is interesting that the Bureau of Labor Statistics divided health care into three categories, when they are really of one industry. A more accurate chart would look like Fig. 2:

Fig. 2



Healthcare worker injuries were **three times** the number of any other industry. Also, the **RATES** of injury are six times the rates of construction workers and dock workers. Why are we not angry? Perhaps it is because we are used to it, and figure that it can't be any other way. After all, patients must be cared for, right?

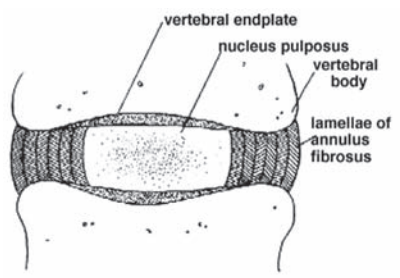


THE CAUSES OF NURSING BACK INJURY, or, YOU MUST NOT BE USING GOOD BODY MECHANICS

Hospitals and nursing homes are well aware of the risks of back injury resulting from patient care. Virtually all of us have had numerous "back injury prevention" classes over our work life. Why then, are the injuries so high? Is it because we just don't listen? Or, is it because *there is no safe way to manually lift and care for patients?* Just look at the diagram above for a comparison between the NIOSH lifting standards and everyday patient care reality.

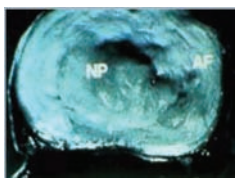
There are physiological reasons for this. William Marras, PhD, CPE, Honda Professor and Director of the Biodynamics Laboratory, Institute for Ergonomics at Ohio State University has made extensive studies on what happens to the human back under stress.vi

Basic anatomy lesson: the intervertebral disc is fibrous, dense tissue with a resilient gel filled center. The outer fibrous ring is called the annulus fibrosis, and the center the nucleus pulposus. It has no blood supply, and no nerve endings. It receives its fluid and nutrients by osmosis from the adjacent vertebrate bone through the end plate, which also attaches the disc to the vertebrae.

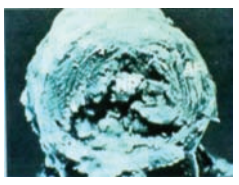


Pathophysiology, or, We all have our limits

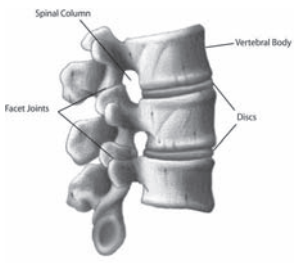
When lifting tolerances are exceeded, the end plate of the intervertebral disc is damaged with tiny tears called microfractures. No pain is felt, since nerve endings are not present in the disc or the end plate. These microfractures then heal with protein agglutinens and scar tissue which is thicker and less permeable than the normal tissue. Over time, with many microfractures occurring, most of the end plate of the vertebra converts to scar tissue. The disc can no longer absorb fluid and nutrients. It becomes weakened, porous, soft and dry, which is the condition we know as degenerated disc. The softer tissue then bulges into the spinal column causing pain and muscle spasm, or the gel in the center of the disc can even herniate through the soft porous outer tissue, causing much greater pain. With severe degeneration, the disc can collapse, which narrows the space available for the nerve root. This narrowed space puts pressure on the nerves, causing pain and muscle spasm.



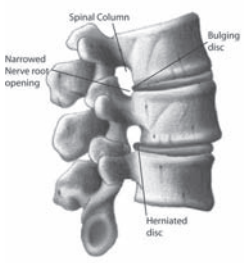
Normal disc



Degenerated disc



Normal spine anatomy, with healthy discs.



Disc degeneration causing bulging or herniated disc, resulting in back pain.

What are safe lifting pressures for the disc, or, Should you lift a "little 100 lb grandma"?

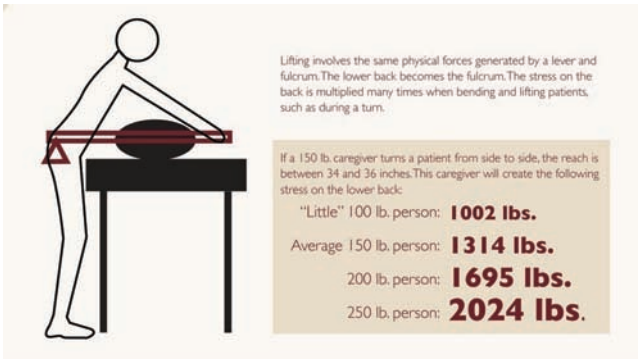
Downward pressure will cause damage to the disc end plate at pressures from 700 to 1100 lbs. Since many caregivers are physically small, the limits should be at the low end of this. However, most manual patient handling

Elephant in the Room continued on page 10

Nursing Practice

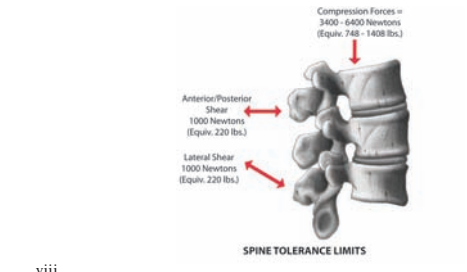
Elephant in the Room continued from page 9

includes pushing and pulling elements. With pushing and pulling, damage occurs at about 1/3 the force. Nurses understand shearing: shearing damage to the disc occurs at lower forces than pressure.



vii

This illustration shows only the downward pressure, and doesn't take into account the pulling (shearing) required to turn a patient on to his side. Nurses are the ONLY people who call 100 lbs *light*! Since there is no way to keep the weight bearing close to the body, no "good body mechanics" will compensate for the forces that damage your back.



viii

THERE IS NO SAFE WAY TO MANUALLY MOVE A PATIENT!!! EVER. You WILL be injured *every single time* you manually move a patient. This includes not only transfers, but turning, linen changes, rolling a patient on to a sling, boosting the patient up in bed, and assisting the patient to stand.

WHAT IS THE SOLUTION to manual patient handling? Patients must be cared for. Every nurse knows it is not an option to simply refuse to care for their assigned patients.

Lifting Teams? These teams are very expensive, though they have been shown to reduce injuries. But, what about the lifting team? They will be injured as well, inevitably. Also, no lifting team can be everywhere at once, and patients may need repositioning at any time, not just on the lifting team schedule.

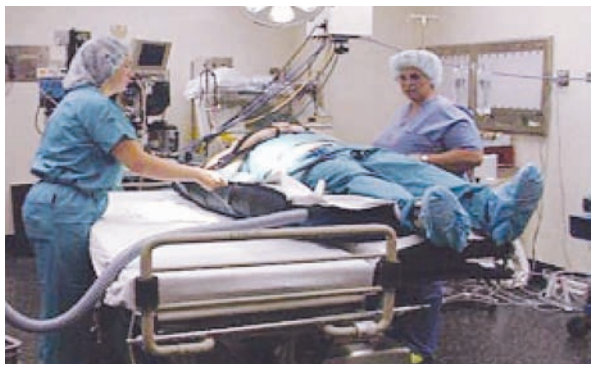
Patient Handling equipment is the only answer. There are multiple equipment solutions available on the market today. None does everything; but there is equipment available which will completely eliminate the manual lifting required for patient care.

We apologize to all makers of equipment which are not featured in this article. Care has been taken to present representative examples of equipment performing each task. Each facility should determine its own needs, and investigate each company and brand of equipment. We do not present the pros and cons of different types of equipment. A list of companies who manufacture and sell each type of equipment is provided, to give some place to start to those who might wish to begin. The list of companies is by no means exhaustive. No remuneration has been given by any company.

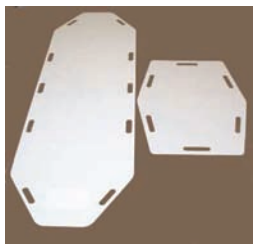
Tasks which exceed safe spinal loading, requiring Safe Patient Handling Equipment:

- **Transfers:** bed to bed, or gurney to bed
- **Transfers:** bed to chair, chair to shower
- **Bed repositioning:** Side to side turn, and pull away from the side rail
- **Bed repositioning:** Boosting to the head of the bed
- **Bed repositioning:** Linen changes and bathing
- **Sling placement:** Bending and lifting to roll a patient on to a sling
- **Assisting patient to stand**
- **Assisting a patient up from the floor**

Bed to bed transfer



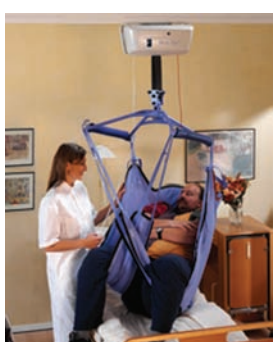
This is a mattress that uses a blower to inflate a mattress, which then slides on a cushion of air. The brand name is Hover Matt. It removes most of the friction so the force needed for transfer is minimal.



Slide Boards reduce friction; not entirely but they help. Some facilities use a slick fabric tube or even garbage bags to reduce the friction in a bed to bed transfer.

Bed to wheelchair transfer

A ceiling lift can facilitate transfers, after placing the patient on a sling. This is an Arjo lift.



An Arjo bariatric lift accommodates heavy patients.

This Liko mobile lift will lift in sitting, standing or horizontal positions.

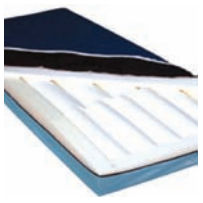
The Arjo 4-point spreader bar puts the patient in a comfortable semi-reclined position.

There are also vehicle transfer solutions. Liko has a video on its web site.

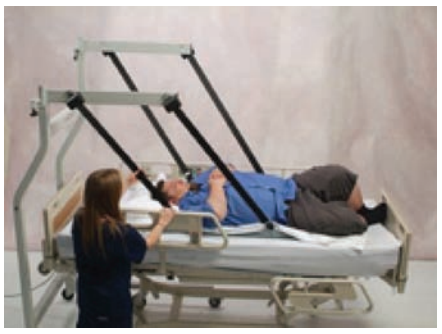
Bed Repositioning: Side to side turn

Advanced hospital beds have skin saving programs, and some abilities to reposition patients. This is the Hill-Rom Versa-Care bed. Some mattress overlays available will turn the patient by inflating the mattress on one side, then another.

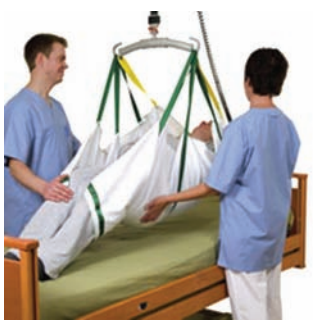
This is an advanced mattress by Joerne, for pressure reduction.

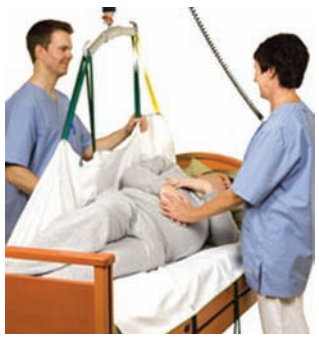


Bed Repositioning: Boosting patients up in bed



The ErgoNurse, designed for bed repositioning, boosts a patient using the sheets. It will also lift for side to side turns, linen changes and bathing.





A Liko ceiling lift repositions a patient using a loop sling. Linen can be changed while the patient is suspended.

Some specialty fabrics will allow boosting with minimal effort, then resist sliding again.

Linen changes and bathing of bedridden patients

Ceiling lifts can use repositioning slings to move the patient around for linen changes and bathing.

Placing the patient on a sling:

The ErgoNurse uses a sheet to suspend the patient, allowing sling placement without bending and lifting.

Elephant in the Room continued on page 11

Nursing Practice

Elephant in the Room continued from page 10

Assisting the patient to stand

This is a Barton Sit-to-Stand device.

Assisting a patient up from the floor

The HoverJack, from HoverTech, inflates to lift a patient from the floor.

Companies offering Safe Patient Handling equipment:

ArjoHuntleigh/Diligent Services
aXtraHand, LLC
Barton Medical Corporation
Dane Technologies, Inc.
Ergolet
ErgoNurse
ERGOtug, Division of NuStar, Inc.
EZ Way
Guldmann Inc.
Hill-Rom, Inc.
Horcher Lifting Systems, Inc.
HoverTech International
Jamar Health Products, Inc.
Joerns Healthcare, Inc.
LiftSeat
Medcare Products
Molift, Inc.
Optima Products, Inc.
Prism Medical
RecoverCare
Rehab Seating Systems
Rifton Equipment
Sizewise
Stryker
SureHands Lift & Care Systems
Technimotion Medical, a Division of Ergo-Asyst Technology
Vancare, Inc.

Help is on the horizon. Nationally, the Nurse and Health Care Worker Protection Act of 2009 has been introduced in both houses of Congress. In brief, these bills (identical at the present time) require OSHA to establish a safe patient handling standard, require health care facilities to establish safe patient handling programs, and allow health care workers to refuse to perform any lifting task which exceeds the standards or for which they have not been trained. The House bill is HR 2381, and the Senate bill is S 1788. It is certain that the wealthy and powerful hospital lobby will oppose the bill. However, we nurses have numbers on our side. Since there are about 2.5 million nurses, and about 1 million nursing aides, if we were all to contact our legislators, we could ensure the passage of these bills.

HOW TO CONTACT YOUR REPRESENTATIVES IN CONGRESS:

For the House of Representatives: Go to: House.gov, and put in your zip code. The website will tell you who your representative is, and contact information for them.

Note! The volume of emails is now so great that less attention is paid to them. They will get it, but it might take a while. It is better to send a hard copy of your letter.

COST EFFECTIVE

Safe Patient Handling equipment is very cost effective. When associated factors such as lost work days, modified duty, worker retraining, employee turnover, and even bedsores are factored in, the hospital recoups its investment in less than two years!

Those who have instituted Safe Patient Handling programs have learned that not only is equipment needed, but training, education and surprisingly, enforcement. Though it may seem a paradox, many times caregivers resist change. They've been doing it one way for their entire working careers as caregivers, and feel that it takes too much time, or is inconvenient. Yet, they continue to incur injuries at high rates. However, when a no-lift policy is implemented (and if necessary, enforced), the staff will adopt the safe patient handling equipment especially as they realize their back pain and injuries diminish. Oregon SAIF, the State Worker Comp Company, instituted pilot Safe Patient Handling programs, and has seen injury rates and costs plummet.ix Harris Methodist Ft. Worth, in Ft. Worth Texas, also instituted a pilot program, and went to zero injuries.x Their pilot unit has had no injuries in 2 ½ years. We know that these injuries are entirely preventable. Let's work together and solve this problem.

i "Safe Patient Handling: A Report", by Peter Hart & Associates, March 2006

ii Tuohy-Main, Kate, "Why manual handling should be eliminated for resident and carer safety," *Geriaction, 1997, 15(10)*

iii Eldlich, Richard F., Kathryne L. Winters, Mary Anne Hudson, L.D. Britt, William B. Long, "Prevention of disabling back injuries in nurses by the use of mechanical patient lift systems," *Journal of Long-Term Effects of Medical Implants,* 2004, 14(6)

iv Bureau of Labor Statistics, Department of Labor, *Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work, 2007,* Nov. 2008

v Bureau of Labor Statistics, 2008, op cit

vi Marras, W. "A Comprehensive Analysis of low-back disorder risk and spinal loading in patient handling," *Ergonomics,* 1999, 42(7) 904-906

vii Bloswick, Donald, Professor of Ergonomics at the University of Utah, "Manual Material Handling"

viii Marras, 2009 op cit

ix Oregon SAIF, report, http://www.saif.com/medical/medical_571.aspx

x Dougherty, M, "Handle With Care," *Strategies for Nurse Managers,* April 2008

Professional Advocacy

RN Lobby Days—2010

by Michele Townsend

I have to start off by saying; those of you who were thinking about coming to ANA\C's RN Lobby Days 2010 and didn't, really missed out! As an ANA\C staff member, I was very excited about the convention this year. We had a new place of venue (the Capitol of California!) and the program itself was updated and refreshed. Until you've gone to this convention and listened to the speakers and what they have to say, you really have NO IDEA how exciting and important this information is! As I've said in the past, I never thought that medicine and politics had anything to do with each other. I had never thought about the fact that there are only a hand full of people, comparatively, making all of the decisions regarding any and all laws pertaining to the nursing profession (and *any other issue you believe is important*). Because of this, medicine and politics do, in fact, unite. As many of you know, that's where ANA\C comes in. ANA\C ***is*** the legislative connection between the nursing profession and the political body that makes the final decisions on safety, personal rights for both patients and health care personnel, liability, and all other aspects of this honorable profession. RN Lobby days is the educational connection that teaches the nurses of California not only **why** politics is important that they be involved, but **how** to do it effectively.

This year we had some great surprises. Monday's event was held in a beautiful committee hearing room within the capitol. The turnout was great and the house was packed! Tricia Hunter, the Executive Director of ANA\C, former Assemblywoman, and a nurse was the keynote speaker. She did a fantastic job expressing the importance of our involvement and how much of an influence each nurse can be, both individually and as a group. In addition to Tricia, Senator Negrete-McLeod, and Brian Stieger – The Director of Consumer Affairs for the State of California, spoke. Both discussed SB1111 (details of this Bill can be found on the legislature website), and did so very eloquently. Mr. Stigler brought in, and introduced, his staff. All of the staff are Governor appointed positions. He explained why each of them was selected for their jobs and where they came from. It was yet another example how everyone can make a difference and that we all possess skills that matter.

As part of Monday's presentation, Tricia explained ANA\C's position on AB 1802. AB 1802 was the bill the American Diabetes Association, in conjunction with others, were attempting to have passed regarding the administration of insulin to diabetic elementary school children by non-medical school personnel (details of this bill can also be found on your legislature website). The bill was to heard first thing Tuesday morning. Our nurses learned a very important lesson that nurses must be present at all Committee hearings to provide expert testimony for all health care bills.

Electricity was in the air Tuesday morning! After a quick registration sign in with a continental type of breakfast, which was sponsored in part by SAFE Credit Union, everyone dispersed to the hearing of their choice. AB 1802 was scheduled to be first up, but due to the massive attendance of nurses supporting one side of the argument (ours), they postponed it for a short time to allow the opposition to have a fair amount of supporters present. Finally, the hearing began and the real excitement started. Tricia did an outstanding job testifying, along with several others. In the end, not only did they defeat AB 1802, but it failed because 2 of the Assemblymen/women changed their vote due to testimony given by the nurses. This is something that is an uncommon occurrence. By the time the classroom portion of the day began, we had received the news and the excitement level skyrocketed! We were so happy that our attendees were able to see first-hand the reinforcement of the political lessons taught on Monday.

As always, at the end of each day we had a very informal discussion with the participants across the street, at the ANA\C office, as they came to turn in their evaluations. This was when we welcomed any and *all* comments and concerns regarding the legislative process, as well as a question and answer session. The general mood of the participants seemed to be very content and satisfied. However, we welcome all comments, negative or positive so that we can make adjustments to our program to better serve you. A very big Thank You to all who attended; those who testified and supported our event! It was a smashing success!!

Golden State Nursing Foundation (GSNF)

The following four scholarships/awards are available through the Golden State Nursing Foundation.

The *Jo Anne Powell Innovation in Nursing Award* provides monetary recognition to Registered Nurses who have been creative in their practice.

The *Betty Curtis Career Advancement Award* provides funds for Registered Nurses embarking on an activity that will result in significant career advancement within nursing.

The *Catherine J. Dodd Health Policy Scholarship* provides funds for Registered Nurses enrolled in a graduate level academic program who have demonstrated some experience in government relations or health policy activities and express an intent to pursue health policy issues and activities in the future.

The *Tony Leone Scholarship* provides funds for Registered Nurses seeking a Bachelor's degree in nursing.

Membership Form for the Golden State Nursing Foundation

Yes, I would like to become a Friend of the GSNF and receive emailed and mailed updates as to the foundations projects and events.

Individual Sponsorship

Name: _____

Address: _____

City/State/Zip: _ _____

Phone: _____ Email: _____

❑ Please accept this one-time donation of _____

❑ I would like to make a yearly recurring donation of_____

Please make checks payable to:

Golden State Nursing Foundation
1121 L Street Suite 409
Sacramento, CA 95814

Credit Card #: _____ Ex. Date: _____

Signature of Card Holder: _____

❑ I would prefer that my donation be used for _____

Contributions to the Golden State Nursing Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.

CNSA

Crossing the Street

by Stephanie Hohmeister

As nursing students we are often so concerned with memorizing the signs and symptoms of this disease or the side effects of that drug to pay much attention to anything going on outside the lecture hall or patients room. However, April 19th through the 23rd a fellow nursing student and myself were able to tear ourselves from our studies and spend some time learning about, and participating in, the fascinating world of healthcare politics.

The RN Lobby days are held in Sacramento every April, during which nurses travel from all over the state of California in order to educate themselves on the legislative process and how it influences us as nurses. Each year the Association of California Nurse Leaders (ANCNL) sponsors two students for the Nursing Student in Sacramento Internship. The recipients of this internship are given the amazing opportunity to go to shadow Dr. Louise Timmer during the RN Lobby days, as well as remain in Sacramento for two days afterwards in order to continue learning about how politics influence the nursing profession.

During the first few days of the internship "crossed the street" (which is a general term used in Sacramento for going to the capitol) to attend lectures hosted by former California Assemblywoman Tricia Hunter. Ms. Hunter went into detail describing how legislative bills are introduced, debated, revised, debated, revised, debated, and eventually either passed or thrown out. We were also given the opportunity to witness a committee meeting in which the ANA/C testified against the Senate Bill 1111, which addresses how medical professionals will be disciplined.

We also attended a committee meeting in regards to Assembly Bill 1802, which would have allowed unlicensed professionals to administer insulin to school children. The ANA/C stood firmly against this bill and thanks to over a hundred testimonies against this bill by nurses and school workers the bill did not pass!

Perhaps the most amazing thing that I learned during this internship was the fact that we can stand up for what we want. Most students and young people in general, do not feel that they can have an influence in the political arena; but after spending just a few days in the capitol I learned just how accessible politics are to *everyone*. Although it may not be possible for us to travel to the capitol in order to dispute every bill that we disagree with (or on the contrary to support a bill that we like), it may be a simple matter of calling, emailing or sending a letter to our representative. The senators that we had the opportunity to meet stated that they receive so few letters and emails from their constituents, that they actually do pay attention to them all.

Overall this experience was invaluable to me. I have a new found respect for politics, and I now realize that I can be an active participant in the government. I encourage each of you to pay attention to what is going on in Sacramento. I was shocked to learn that thousands of bills are presented to Congress and Senate each year; an unforeseen number of which are passed into law without the average person knowing.

Take the initiative to educate yourself, do not stand idly by and allow laws to be passed, laws that could quite possibly impact our lives and careers. An easy way to keep track of what bills may be of interest to you, visit the ANA/C website at http://www.anacalifornia.org/leg.htm; here you will find a list of bills that the ANA/C, through the efforts of the Legislative Committee, monitors all bills and regulatory changes on the behalf of ANA\C members. If a bill on the list is of concern to you, write to your senator or assemblyman.

Also, keep in mind that this internship will be offered again next year; visit the CNSA website to learn how to apply!

Nursing Student in Sacramento Internship (NSSI)

Submitted by Laura Barron, ADN student, Antelope Valley College

Like other professionals, nurses have a special responsibility with respect to legislation affecting them. Because nurses are extensively trained, have a tremendous impact and responsibility to the communities in which they live and work, they can and should exert great influence on legislative efforts affecting their professional conduct. Nurses are respected and educated community members, with powerful voices carrying weight in legislative development. Lawmakers are wise to heed nurses' council when crafting legislation; their decisions will affect all aspects of the nursing profession, and that profession directly impacts each and every member of any lawmaker's community because of the large role played by nursing professionals. Public safety is protected and enhanced through careful application of laws covering all aspects of nursing; from staff nurse, through clinical specialist, teaching faculty, or even a research nurse.

I have a positive opinion regarding some of the proposed actions with respect to Pre-licensure Nursing Programs/ Policy Statement Overview Regulations of Nov. 9, 2009. I'm especially in favor of these two; "6) set forth requirements for granting students credit for previous education or other acquired knowledge in the field of nursing; and 7) add a preceptorship course section." (http://www.rn.ca.gov/pdfs/regulations/noticeprograms.pdf).

I am currently studying with several students who previously practiced as LVNs, let their licenses go for a few years, and are now studying to become RNs. They have knowledge and confidence I am only slowly gaining, as I study nursing for the first time. This confidence is quickly perceived by patients and fellow students they interact with. I can see that patients react positively when they are in the capable hands of these previous professionals. These students should be given credit for their prior education and experience.

I also believe the preceptorship course should be a requirement. Rounding clinical is an important and critical part of my education, but having an opportunity to apply this knowledge on a regular basis during my course of study, but outside the academic term, with its class schedules and regular exams, allows students to gain valuable knowledge and experience from a "working" nurse perspective, prior to assuming that first position as a licensed, registered nurse.

Nurses, as a minimum, need to meet required standards and often to exceed them, in order to meet the needs of all people in all walks of life. I know legislation defines the professional standards required for the Registered Nurse, and helps maintain the integrity of the nursing profession. I would like to better understand how this process takes place and am available to take advantage of this opportunity.

Recently, I took the initiative lead in establishing a California chapter of the National Student Nurses Association here at Antelope Valley College. Here is part of our mission statement:

> *The development of a NSNA chapter will elevate the nursing program at AVC and is consistent with the priority to prepare students for the challenges of the health care workplace. It is also part of the college's vision to create a diverse and service oriented learning community that builds partnerships and provides a culture of professionalism, excellence in standards, skills, and success. Taking the steps of instituting a NSNA chapter, providing additional education through chapter projects and programs, will generate a direct sphere of influencing the nursing education each student receives.*

I strive to think critically, behave respectfully, and communicate clearly. While solving those problems we encounter during our nursing training, both those created for us by our teachers for our education, as well as the ones we encounter in our daily lives and regular interpersonal experiences, I honestly encourage my peers to behave in a similar fashion. I am learning a lot about my own strengths and weaknesses as I develop skills to enter the health care profession.

The additional knowledge I can gain through this opportunity will make me a better professional nurse. Please accept my application for the Nursing Student in Sacramento Internship.

From Patients Rooms to Capitol Hill

Stephanie Hohmeister, BSN student San Diego State University

As nurses we have the capability *and* the responsibility to administer the best evidenced based, up to date and compassionate care possible to every patient that we care for. While this is not an easy task it is one that every potential nurse should look forward to with excitement and eagerness. In the United States the Healthcare field is about to undergo massive changes that could forever change the way that patients are cared for; therefore it is the responsibility for every nurse to be well informed and to pay close attention to what is happening with the new legislation.

If we educate ourselves on and be active in the development of healthcare legislation we will have a positive influence on future changes; and hopefully work towards legislation that will be beneficial for our country, the field of healthcare and most importantly our patients.

The Health Care Reform Act that passed through the house in December of 2009 is a step toward a positive change. If enacted the act will take great steps towards ensuring affordable and quality health *insurance* to millions of Americans who currently do without, it does little to change the way that medicine is practiced, and therefore I do not see how it will serve to quell the skyrocketing price of healthcare in our country. Instead we need legislation that will prevent abuse of the healthcare system; by physicians, by organizations or by patients.

Another vitally important bill (S. 1031: National Nursing Reform and Patient Advocacy Act) was introduced on May 13, 2009. This bill sets guidelines for nurse/patient ratios and would allow nurses to serve more effectively as patient advocates without fear of repercussion. While this bill is not nearly as widely publicized as the Presidents Health Care Reform; to nurses it is just as important. I support this bill fully and truly hope that its significance is recognized and it is passed. We must stay involved in legislation in order to ensure that we are given the resource necessary to provide safe and effective care for our patients.

In attending the RN lobby days I hope to gain a greater understanding of how the legislative process works, as well as further my knowledge of the current and pending legislation that will influence my practice as a nurse. It is my responsibility not only as a nurse, but also as an American citizen to involve myself in the practice of the government. Have an in depth understanding or the legislation that will affect me personally as a RN will allow me to care for my patients to the best of my capabilities and hopefully influence others around me to do the same.

ANCC

Nursing Float

The Tournament of Roses® 120th parade is now a memory of holidays past. We are embarking on a new decade with the completion of the Nurses' Float just a short four years away.

Bare Root, Inc. has interviewed five float builders, narrowed down the choice to two builders and then made the final decision—Phoenix Decorating Company. The Board of Directors of Bare Root, Inc. were able to view the actual construction of parade floats and as the 2010 parade was nearing a reality, the actual placement of the flowers on the floats. The pride the volunteers took in their jobs was extremely edifying. The Board believes Phoenix will have a conceptual drawing available soon for all to view which will bring the reality of the Nurses' Float even closer.

Keeping the reality of the project in mind, Bare Root, Inc. is encouraging nurses nationwide to support the project through financial donations and spreading the word about the project.

Bare Root, Inc. would like to introduce you to a nurse working at the grassroots level and what she has been able to accomplish for the Nurses' Float. She is:

Sylvia S. Estrada, RNCWHCNP, MSN, MSHCM, BSN
Breast Research Nurse Coordinator
Samuel Oschia Comprehensive Cancer Institute
Cedars-Sinai Medical Center, Los Angeles, CA

Sylvia read an article in *Advanced Nurses* about the Nurses' Float and thought what a great way to feature nurses and the profession of nursing to the world. Sylvia chooses to work at the grassroots level and has convinced the three Nursing Associations she belongs to to support the Nurses' Float project. As a result there has been a three year commitment to fundraise for the Nurses' Float by:

- California Nurse Practitioner—Chapter 17 (CANP)
- Greater Los Angeles Area Oncology Nurses
- Los Angeles Chapter of Hispanic Nurses (LA NAHN)

Sylvia has succeeded in placing Sally Bixby RN on the agenda for each Association's meetings to present the project and has obtained exhibit space at the Los Angeles Hispanic Nurses conference. Sylvia's love of nursing, commitment and zeal toward the Nurses' Float project is an example of the Bare Root, Inc. dream come true of what a grassroots movement can be—one that keeps growing and giving.

It is with love of our profession and of being a nurse that we invite you to join Bare Root, Inc in making this event a reality in 2013.

Monica Weisbrich, RN, President Bare Root, Inc.
Judy Dahle, RN CEO
Paul Wafer, RN, Vice President Marketing

Pat Spongeberg, RN.,Secretary
Suzanne Ward, RN, Treasurer, www.flowers4thefloat.org

CAPNAP

CAPNAP an affiliate of ANA\C

CALIFORNIA ASSOCIATION OF PSYCHIATRIC/MENTAL HEALTH NURSES IN ADVANCED PRACTICE

Application for Membership

Last Name	First Name	MI	Credentials	Date of Application
			( )	☐ Join CAPNAP
Mailing Address		Apt. / Unit Number	Home Phone	Join ANA – ANA\C
			( )	☐ & CAPNAP
City	State	Zip Code	Home Fax Number	
E-mail Address			Basic School of Nursing	
Place of Employment			License Number	Year Graduated
			( )	
Title/Building/Department			Business Phone	
			( )	
Address			Business Fax	
City	State	Zip Code		

Join/Renew CAPNAP Membership	$ 50.00	Membership in CAPNAP only
Join ANA through ANA\C and renew CAPNAP Membership	$255.00	Full Membership
	$127.50	Student Membership
	$ 63.75	Retired Membership

_____ I WOULD like to join ANA through ANA\C at this time. By joining ANA-ANA\C today, I understand I do not owe an additional $50.00 for my membership in CAPNAP.

_____ I am CURRENTLY a member of ANA through ANA\C and plan to renew my membership in ANA-ANA\C when due. I understand that I do not owe an additional $50.00 for my membership in CAPNAP because of my current membership in ANA-ANA\C.

_____ I am NOT a member of ANA through ANA\C at this time, nor do I wish to join this year. I am therefore paying $50.00 for a one year membership in CAPNAP only.

_____ Yes, add my email address to the CAPNAP/ANA\C (if applicable) list serve so that I will receive email notification of current legislation that CAPNAP/ANA\C (if applicable) is following.

I am interested in or would like to serve on a CAPNAP committee: (please check all that interest you);

____ Legislative Committee ____ Bylaws Committee ____ Policy and Practice Committee

____ Continuing Education Committee ____ Membership Committee ____ Finance Committee

____ Nominating Committee

ANA

Legal Victory for ANA, School Nurses, and the Patients We Serve as California Appellate Court Upholds Decision To Recognize California Nursing Practice Act

SILVER SPRING, MD—The American Nurses Association (ANA), the nation's largest nursing organization, is pleased to announce a significant victory on the issue of allowing unlicensed personnel to administer insulin in California schools. The California Court of Appeal, Third Appellate District upheld the decision of the trial court that allowing unlicensed school personnel to administer insulin violated California laws, including the California Nursing Practice Act.

"This is a victory for patient safety. ANA and our state member, ANA/California, undertook this case with the California School Nurses Organization, to assure that the schools provide safe health care by licensed nurses to diabetic students, which is what the law requires. Budget woes cannot excuse compliance with the nurse practice act and the student's right to a public education in a setting that accommodates their health needs," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "We are gratified the higher court has affirmed the lower court's ruling. ANA remains deeply committed to ensuring safe, quality healthcare for students and our continued support for the California Nursing Practice Act in its intent to protect the public."

In its decision, the appellate court stated, "While we can guess that funding of the required services may be difficult for schools in these economic times, we have no evidence that such difficulties cannot be overcome in order to meet the requirements of federal [disability] law."

In his ruling of December 2008, Judge Lloyd Connelly made it clear that the State Board of Education does not have the authority to decide who is qualified to administer medications, nor can it supersede the current Nursing Practice Act, which defines administration of medication as a nursing function that cannot be performed by unlicensed individuals, except in certain circumstances. The appellate court agreed with that analysis. In addition, the appellate court stated that "California's legislative choice to protect the health and safety of the state's children who suffer from diabetes by limiting the administration of insulin injections at school to licensed individuals" cannot be preempted.

The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations, its organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Membership and Communication

2010 Bylaw and Ballot Calendar

EVEN YEAR

APRIL - JUNE

Ballot Committee—First notice to members of offices open. Publish ballot committee names/phone numbers.
Bylaws Committee—Publish request for Bylaws amendments to membership and ANA\C Structural Units.
Resolutions maybe submitted at anytime

AUGUST - SEPTEMBER

Ballot Committee—Second notice to members of offices open. Publish ballot committee names/phone numbers.
Bylaws Committees—Publish request for Bylaws amendments to membership and ANA\C Structural Units.
Resolutions maybe submitted at anytime

OCTOBER - NOVEMBER

Bylaws Committees—Deadline for submission of amendment proposals.
Bylaws Committee—Committee receives, proposes and prepares amendments.
Resolutions maybe submitted at anytime

DECEMBER

Ballot Committee—third notice to members of offices open. Publish ballot committee names/phone numbers.
Bylaws Committee—ANA\C Board of Directors notified of proposed amendments.
Resolutions maybe submitted at anytime

ODD YEAR

JANUARY

Ballot Committee—Preliminary slate notice to board and members mailed to members.
Bylaws Committee—ANA\C membership notified of proposed amendments mailed to members.
Resolutions maybe submitted at anytime

FEBRUARY

Ballot Committee—Votes Counted for next term officers and directors.
Resolutions maybe submitted at anytime

MARCH

Ballot Committee—Install next term officers and directors.
Resolutions maybe submitted at anytime

AUGUST

Deadline for Resolutions to be submitted to ANA\C Office

OCTOBER

Bylaws Committees—General Assembly meets and votes upon proposed amendments and resolutions.

ANA

ANA AMERICAN NURSES ASSOCIATION

ANA Sponsors Rose Bowl Nursing Float 2013

The American Nurses Association has committed to a $5,000 sponsorship (at the Rose Christian Dior level) of the **Flowers 4 the Float (F4TF)** initiative at the 2013 Tournament of Roses Parade.

As the largest nursing organization in the U.S., ANA is delighted to participate as a financial sponsor of this historic initiative. The Nurses Float is a once-in-a-lifetime opportunity to showcase and celebrate—on a grand national stage—our noble profession and the millions of talented, dedicated individuals who provide outstanding nursing care for our nation's citizens every day. Nurses have truly earned this spotlight, and ANA is proud to be a part of this unique event.

As your organization continues to build awareness, momentum, and excitement for this event, we look forward to collaborating with you to help make the F4TF initiative an unqualified success!

Membership and Communication

2010-2012 Consent to Serve

Elected Position Descriptions for the American Nurses Association \ California

Board of Directors
The Board of Directors (BOD) is the corporate body of ANA\C composed of four officers (President, Vice-President, Secretary and Treasurer) and four directors elected by the general membership. To be eligible to serve on the BOD, a person shall hold current membership and must not concurrently serve in a leadership position of another professional organization if such participation might result in a conflict of interest with ANA\C.

Refer to ANA\C bylaws, Article VII for a complete description of the responsibilities of the Board of Directors. Bylaws are available at www.anacalifornia.org or through the office at 916-447-0225.

One position for each officer listed and four positions for director available.

Duties of Officers
President of ANA\C shall serve as the Official representative of the association and its spokesperson on matters of association policy and position; as the chairperson of the General Assembly, the Board of Directors and the Executive Committee of the Board; an ex-officio member of all committees except the Ballot Committee; and a delegate to the House of Delegates of ANA.

Vice-President shall assume duties of the President in the President's absence and shall oversee any necessary review of bylaws, strategic pathways, and Organizational Process and Appeals. The Vice-President shall also oversee planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

Secretary shall be responsible for ensuring that all records are maintained from the meeting of the General Assembly and the BOD, and notifying members and chapters of meetings of the General Assembly.

Treasurer shall be responsible for supervising the fiscal affairs of the association and providing reports and interpretations of the financial condition of ANA\C to the membership, General Assembly and the BOD.

Director, Nursing Practice shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing practice.

Director, Nursing Education shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing education.

Director, Membership and Communications shall focus on membership recruitment, retention, and resources. This director's responsibilities will include oversight of the newsletter, website, list-serves (Yahoo groups), archives, chapter development, and public relations

Director, Legislation shall be the chairperson of the legislative committee. Responsibilities include establishing the legislative committee, reviewing legislation, moderating email communication and votes for the committee, and supporting RN Lobby Days.

Ballot Committee: Responsible for developing and ensuring the integrity of the ballot and election process. (Three positions available)

ANA Delegate will attend and participate at the ANA House of Delegates in conjunction with the ANA biennial convention in Washington, DC, June/ July biannually. There are eight to twelve seats available (depending on current membership). One position is automatically filled by the ANA\C President. All persons who choose to run for this category and who are not elected by vote, serve as alternates in the event space becomes available.

Terms of Elected Positions
All terms are for two years, ending upon election of successors in 2011.

If elected or appointed, I consent to serve.

Print Name: _____

Signature: _____ Date:_____

Please submit a short paragraph or two about yourself and your qualifications for the position you are running for, include any current or past positions that will assist you and any future ideas that you would like to see implemented during your service on the board or other positions. This information will be included in the candidate information packet sent to all voting members of ANA\California.

All consent to serve forms must be post dated and received by the ANA\California office by the posted date. Fax to: 916-442-4394 or mail: ANA\C, 1121 L Street, Suite 409, Sacramento, CA 95814, email: anac@anacalifornia.org. Questions please call 916-447-0225.

PLEASE PRINT OR WRITE LEGIBLY IN BLUE OR BLACK INK

Applicant Information

Applicant Name: _____ Date:_____
Last First M.I.
Position/s Applied for: _____

_____

Address: _____
Street Address Suite /#

_____
City State ZIP Code
Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Employment

Employer: _____

Title:_____ Phone: (_____) _____

Address: _____
Street Address Suite / #

_____

_____
City State ZIP Code

Nursing Education

Basic Nursing
Education: _____
School of Nursing Year Graduated
Other Nursing
Education: _____
School of Nursing Year Graduated
Other Nursing
Education: _____
School of Nursing Year Graduated

Brief paragraph addressing why you want to serve as an Officer, ANA Delegate, Director of the Board or Committee Member:

_____
_____
_____
_____

Organizational Experience that would be beneficial or helpful to the association or the position you are running for. (ANA\C and other organizations)

_____
_____
_____
_____

Membership and Communication

American Nurses Association \ California Membership Application

Last Name/First Name/Middle Initial _____ Credentials _____ Date of Application _____

Mailing Address _____ Apt. / Unit Number _____ Home Phone Number _____

City / State _____ Postal Code 'Zip' _____ Home Fax Number _____

Basic School of Nursing _____ Year Graduated _____ License Number / State _____

Employer Name _____ Business Phone _____

Title/Building/Department _____ Business Fax _____

Address _____ Postal Code _____

Employer City / State _____ E-mail Address _____

Referred By:

MEMBERSHIP DUES VARY BY STATE

Membership Category (Check one)

M Full Membership Dues–$255
- ❍ **Employed–Full Time**
- ❍ **Employed–Part Time**

R Reduced Membership Dues–$127.50
- ❍ Not Employed
- ❍ Full Time Student
- ❍ New graduate from basic nursing education program, within six months after graduation (first membership year only)

Grad. Date _____
- ❍ 62 years of age or over and not earning more than Social Security allows

S Special Membership Dues–$63.75
- ❍ 62 years of age or over and not employed
- ❍ Totally Disabled

Note:
$7.50 of the SNA member dues is for subscription to *The American Nurse*. A percentage of your dues may or may not be applied to an SNA/DNA subscription. State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

Payment Plan (Check One)
- ❍ **Full Annual Payment**
  - ❍ Check
  - ❍ Master Card or VISA Bank Card (Available for Annual payment only)

_____
Bank Card Number and Expiration Date

_____
Signature of Card Holder

Payment Plan (continued)
- ❍ **Electronic Dues Payment Plan (EDPP)**

Read, sign the authorization, and enclose a check for first month's EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA)
This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

_____
Signature for EDPP Authorization

Mail with payment to:
American Nurses Association\California
1121 L Street, Suite 409
Sacramento, CA 95814

TO BE COMPLETED BY SNA

Employer Code _____

_____ _____ _____
STATE DIST REG

Approved by_____ Date _____

Sponsor, if applicable _____

Expiration Date _____ / _____
Month Year

$ _____
AMOUNT ENCLOSED CHECK #

SNA membership # _____

Help us stay in touch:

Do you have a new address or e-mail address?

You can help American Nurses Association\California 'stay in touch' by updating your contact information. Call ANA\C at 916-447-0225, e-mail us a anac@anacalifornia.org or return this form to:

The *'Nursing Voice'*
c/o ANA\C
1121 L Street, Suite 409
Sacramento, CA 95814

ANA\C Member Identification No. (if applicable)

_____

Name: _____

New Address: _____

_____

_____

Old Address: _____

_____

_____

New E-mail Address: _____

***** This is not to update your license information with the Board of Registered Nursing. Go to www.rn.ca.gov**

AMERICAN NURSES ASSOCIATION \CALIFORNIA
AN AFFILIATE OF THE
AMERICAN NURSES ASSOCIATION

ANA\C Calendar of Events

2010

June
- 5 Board Meeting and 2 hour Delegate Meeting Sacramento
- **16-19** **2010 ANA House of Delegates**
  Washington Hilton and Towers
  1919 Connecticut Ave., NW
  Washington, District of Columbia, 20009

August
- 10 Nursing Voice Newsletter Deadline
  Publish Consent to Serve
  Publish Bylaw and Resolution Request

September
- Board Meeting San Diego

October
- 30 Ballot Committee Submits Ballot to Office

November
- 10 Newsletter Deadline
  Include Bio's of candidates
  Publish Resolution and Bylaw Request