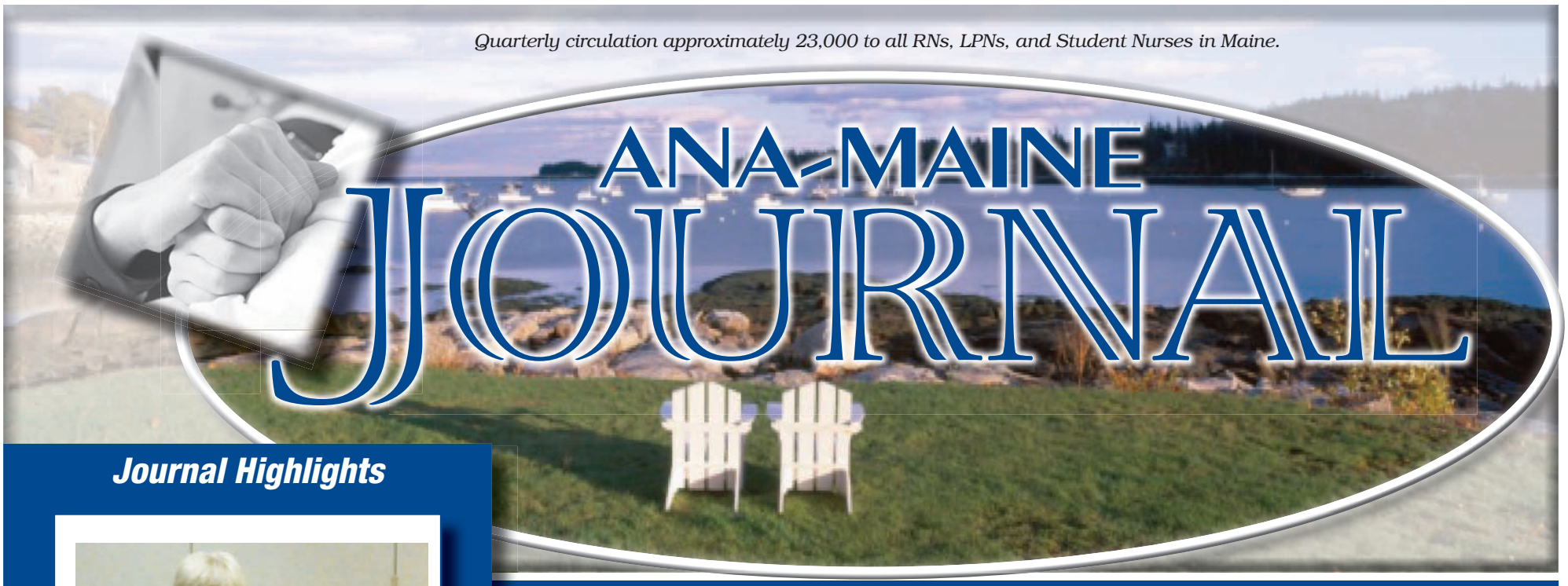
Quarterly circulation approximately 23,000 to all RNs, LPNs, and Student Nurses in Maine.



ANA-MAINE JOURNAL

The Newsletter of the American Nurses Association–Maine SUMMER 2010

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President's Message

Nurses Have Power

by Susan McLeod, BSN, RN, BC

Susan McLeod

The American Nurses Association biennial House of Delegates opened on June 16, 2010 in Washington, DC. ANA-MAINE sent three elected delegates: President Susan McLeod, First Vice-President Irene Eaton Bancroft, and Alternate Nicole Guilfoyle. The resounding message was, *nurses have power.* For over 100 years ANA has been tapping into the talent of nurses to advocate for patients and nurses. This week I finally "got it."

The week was highlighted by recognition of nurses' achievements over the decades. It is clear that today's successes reflect the determination and passion of the previous generations as our work will serve as a stepping stone for the next generation. A theme echoed through the speeches of award recipients, ANA President Becky Patton, past ANA presidents and guest speakers: *Nurses have power.* It is the core work of nurses from across this country—direct patient care, advanced practice, research, and mentoring—that molds our profession. It takes all of us to direct our future and advance our practice. Through ANA we have a resource to collect nursing data and develop standards that reflect and support the evidence of best practices. This allows all of us to meet the needs of the patients and nurses we serve.

Nurses are the untapped source of power that health care craves. This is not limited to congressional bills, or national nursing issues. It starts in your own work environment. We lobbied our Maine congressional leaders on three issues that affect the direct caregiver: safe patient handling, safe staffing, and chemical safety. We were welcomed and encouraged by everyone to return. They appreciated and noted our in-depth perspective of each bill's holistic benefit to nursing and cost-effectiveness to the healthcare system. Repeatedly, we were asked to encourage all nurses to speak up by calling or visiting them in their Maine offices or in Washington, DC. The underlying theme was again *nurses have power.*

The president of the U.S., Barack Obama, came before the ANA Houses of Delegates. Though he addressed the house, he spoke to all nurses. The underlying theme of his moving and sometimes light-hearted speech was, *nurses have power.* Their power comes from their competence of care, and their compassion for the people they care for. His attendance demonstrated his appreciation for the important work of nurses. This appreciation was displayed with every interaction we had this week. I had to wonder why the power of nurses is so clear to everyone else but not to most nurses. We hope to change this.

It was an honor for Irene, Nicole, and I to represent Maine nurses at the 2010 House of Delegates. We would, each of us, be happy to speak with you. Contact us at info@anamaine.org. Check our Web site for information and pictures of the House of Delegates. We will be planning education regarding lobbying and legislative issues. We welcome your thoughts and ideas to help direct our topics.

Sue McLeod, Becky Patton, Nicole Guilfoyle, and Irene Eaton Bancroft at the June 2010 House of Delegates.

Confident Voices

The Q & A for nurses facing difficult issues with communication, conflict, and workplace dynamics

Beth Boynton

Welcome back to the column that addresses the communication and conflict issues confronting nurses. In each issue, nurse trainer and consultant Beth Boynton, RN, MS, offers insights for nurses dealing with complex workplace dynamics. If you are a staff nurse, nurse leader, or if you work closely with nurses and have a challenging situation to share, please contact Beth at: bbbboynton@earthlink.net. Confidentiality and anonymity will be honored.

Dear Beth,

I'm hoping you can help me understand my own behavior and maybe offer some strategies for changing it. I work the 3-to-11 shift on a med-surg floor in a for-profit city hospital. Last night I was racing from the minute I got to the unit until I finally sat down for report to the night shift. I took a very brief lunch break to go to the bathroom and shove down half a peanut butter sandwich. I don't think there was anything I did that I could have delegated or ignored, and I cut some corners to get my priorities taken care of. I don't believe I caused any harm and in fact believe my patients were well cared for. If I had been under a microscope, I would have been reprimanded for not following protocol in a couple of places. In all honesty, this is the pace most evenings.

The real reason I am writing, though, is to share a conversation that I participated in that I don't feel very good about. Towards the end of the shift, one of the other nurses came up to me shaking her head and rolling her eyes. Our dialogue went something like this:

Laura (rolling eyes and speaking with a disgusted tone): *Oh brother, guess who's on tonight.*

Me: *Not Mary, I hope. I hate giving report to her. She always asks so many detailed questions.*

Laura: *She also gives me dirty looks if the med cart isn't set up. She is so annoying; I always get out much later when I have to report off to her.*

Me: *Yeah, then we'll get the phone call from HR wanting to know why we punched out late.*

Laura: *Last time HR woke me up at 8:30 because of Mary. I can't stand her.*

I would love to hear your thoughts on this.

Signed,

Just Couldn't Resist Talking About Mary

Dear Couldn't Resist,

I think you are touching on one of the most subtle, destructive, and complex forms of horizontal violence that is common among nurses. I appreciate your asking for some feedback and, despite the abusive nature of your conversation with Laura, I want to give you a lot of credit for reflecting on it and seeking a better way.

Here are some thoughts that I have for you to consider:

Skill in Direct Feedback

I think you have already come to the conclusion that you were somewhat of a co-conspirator in a negative conversation about a colleague without ever giving her direct feedback. Ultimately, giving Mary direct feedback using assertive language and ownership is the respectful way to address concerns you have with her. It is a skill and an art that can be helpful in this and many other situations. (In my book, *Confident Voices: The Nurses' Guide to Improving Communication & Creating Positive Workplaces,* I address the process of giving direct feedback and you can find a lot of resources online.)

Opportunity for Direct Feedback

Chances are that you and Mary don't cross paths very often except at times when you are likely to be exhausted and anxious to go home, and she is about to begin her shift. Also, it may be a while before you cross paths with her again. Since giving direct feedback may require some thought and privacy, the realities of the workplace make it challenging.

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100 Years of Influence: The Legacy of Florence Nightingale

by Kristen Goupille, Student Nurse
Jenny Radsma, PhD, RN

A depiction of Nightingale at Scutari, Istanbul, 1854.

This year, nurses around the world are remembering Aug. 13, 1910, as the 100th anniversary of the death of Florence Nightingale. This illustrious woman served as a leader in numerous ways, and her work was foundational to the development of nursing practice, education, administration, nursing reasearch, statistics, health reform, as well as public health. Not one to shy away from the challenges she encountered, Nightingale's influence continues to inspire nurses to be professional, forward thinkers in whatever roles and settings in which they work.

To honor the legacy of Florence Nightingale, 2010 has been marked as the International Year of the Nurse by Sigma Theta Tau International (STTI) as well as Nightingale Initiative for Global Health (NIGH) (see http://www.2010iynurse.net/Default.aspx). In acknowledgment of this year-long event, nurses are called upon to renew their commitment to meet the health and illness needs of individuals, families, and communities, both locally and abroad. Following in the footsteps of Florence Nightingale is no small challenge; it is one that requires nurses to care for all who come into their care, and to advocate for social justice, health policy, and healthy environments, all of which are needed to improve individual and public health. Nightingale was a bold, fearless woman living in a man's world, and she used her personal power and professional skill to achieve many accomplishments. In fact, her vision for nursing continues to call nurses and the nursing profession to think and act in ways that promote the health of the public.

Pursuit of Her Dreams

Florence Nightingale was born into a privileged family in Florence, Italy, on May 12, 1820. As a young woman, she felt called by God and thereafter indicated her interest in becoming a nurse. Nightingale's parents attempted to keep her from an occupation considered in those Victorian times to be suitable only for working class women, certainly not someone with the intellect and education of their daughter. While her parents worked to find her a husband, Nightingale strove to find a position as a nurse.

Her opportunity came when Nightingale was requested by the British Parliament to lead a team of nurses headed to the military hospital at Scutari, Turkey. When the nurses arrived, physicians at first refused their help. They also refused to listen to the nurses "babble" about the importance of cleanliness and proper nutrition. After many soliders were wounded in the Battle of Inkermann, the nurses were reluctantly allowed to lend their aid. Within months, the death rate fell dramatically, thanks to Nightingale's insistence on cleanliness in the hospital wards.

Florence Nightingale believed sanitation, including clean air, water, and food, were necessary for health, and her lesson in microbiology was responsible for the decreased infection rates among soldiers injured and ill during the Crimean War. While serving as a nurse in Scutari, Nightingale observed the care of soldiers and the environments in which they were kept in bed. She analyzed the data she collected, and observed that soldiers were less likely to die from infection if they were "well-fed, warm, comfortable, and above all clearn" (Gill & Gill, 2005, p. 1801). The 38 nurses under her supervision bathed their patients, washed their bed linens, dressed their wounds with clean supplies, and fed them.

Meanwhile, Nightingale attended to removing environmental contagion, including lice and raw sewage. She opened the windows to air out the wards, and with her own money she even paid for the procurement of the food and medical supplies the British military failed to supply, none of which endeared her to military bureaucrats. But she persisted. Nightingale maintained careful records and originated what are now called pie charts. In so doing, she demonstrated how her reforms reduced morbidity and mortality rates. She is now considered to have developed the field of statistics, infection control, and epidemiology. Gill and Gill (2005) also argue that Nightinagle initiated hospice care, ensuring that soldiers who died did so with dignity.

Nightingale used her intellect, resources, and spunk to improve health care not only for soliders but for the general public as well. Although Nightingale became ill while serving as a nurse in the Crimean War, she continued to provide education to patients and to nurses after the completion of the war (Polifko, 2010).

Her Work in Education

After Nightingale's return from the war, she established the Nightingale School and Home for Nurses in England. Nightingale started this one-year program consisting mostly of apprenticeship work. Her primary goal for starting a nursing school was to teach students so that they could one day teach other students. According to Polifko (2010), less than 20 years later, Nightingale nurses began their own nursing schools in the U.S.

Her Striving to Achieve

Nightingale said, "The most important practical lesson that can be given to nurses is to teach them what to observe—how to observe—what symptoms indicate improvement—what the reverse—which are of importance—which are of none—which are the evidence of neglect—and of what kind of neglect. All this is what ought to make part, and an essential part, of the training of every nurse" (Nightingale, 1860, p. 105). Nightingale outlined her goals very clearly—for nursing and for the health of the public—and she never stopped working to achieve those goals.

This nurse, humanitarian, writer, leader, visionary, advocate, mentor, and educator accomplished many things in her lifetime. She established standards for health care and nursing that were beyond anything ever imagined for health care at that time and for decades to come. As Nightingale aged, she became more involved in preventive care and political advocacy (Arseneault, 2010). Many of the concerns addressed by Nightingale addressed, for example, prevention and control of infectious diseases, are still discussed and updated for the benefit and well-being of society.

In Nightingale's (1860) *Notes on Nursing,* she reminded nurses that to take care of others, they must take care of themselves. Nightingale stated that a nurse who is devoted to nursing the sick could not be as effective as a healthy nurse even if only half-devoted to the nursing profession. Nightingale (1860) also touched upon nursing basics such as preventing bed sores (pressure ulcers), lowering beds to prevent patient falls, and providing the rooms in which patients were cared for with fresh air and adequate lighting. Nightingale's attention to these basics remains relevant today. With Nightinale's studied observations, her intellect, skill, and determination, the nursing profession made great strides in the development and application of nursing knowledge.

As nurses commemorate the 100th anniversary of Florence Nightingale's death this year, they can celebrate the many discoveries and accomplishments made during this remarkable woman's lifetime.

Respectively, Kristen Goupille and Jenny Radsma are student nurse and associate professor at University of Maine at Fort Kent.

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Confident Voices continued from page 2

Tension and Accountability

I think there is a tension here that creates accountability, but not necessarily the power to impact it. What I am getting at is that often the workloads we have leave us to cut corners or ignore less urgent responsibilities such as stocking the med cart. We end up so busy that we can't and then resent our colleagues when they expect us to. While you deserve the time and staffing support to make sure this is done, Mary deserves the cart to be ready for her to work from. The real problem here probably has little to do with Mary's 'annoying' questions, but rather staffing/workload issues. On the contrary, her questions may be great learning and professional development opportunities. Nevertheless, it may be much easier in the short run to discharge some emotional frustration by blaming someone behind his/her back and going home.

A related complicating factor is human resource's role in investigating overtime. HR personnel may be put in a position of asking you to defend your time without a lot of credibility in understanding it. Again, tension between staff and HR develop without fully appreciating each other's experience and little opportunity for developing it. Resentments thrive and collaboration suffers.

Individual Strategies for Change

There are two key things you can do to move towards respectful workplace relationships. First, as I have suggested, practice the art of giving direct feedback. Once you have done a little research on the skill, you'll be ready to have a professional conversation that might look like this:

Mary, I'd like to figure out a time and place when we can talk about some concerns I have about change of shift. Would you be willing to hear some feedback and help problem-solve with me? When can we come up with a few minutes that will work for both of us?

Then later:

Mary, I've been frustrated at times when you come on duty and have so many questions. Sometimes, I feel inadequate because I don't know the answers. Maybe I should, but I am so busy that some of the details fall by the wayside. For example, the other night you wanted to know some of Mr. Smith's baseline labs. I felt stupid because I had no idea and honestly I didn't have a chance to look at his admission information. Do you have any thoughts?

And/or:

Mary, I've been feeling resentful when you come on duty and roll your eyes after looking at the med cart. My sense is that you are angry that it is not all ready for you. I want you to know that I am doing my best and no matter what I do, I am always coming up short. I feel disrespected when you give me dirty looks that suggest I'm lazy or incompetent. What ideas do you have that might make our shift changes more professional?

Second, the next time Laura or any other colleague starts a conversation about another, you can kindly and clearly stop it and role model a healthy plan. Laura's approach, whether intentional or not, is set up to align you with her and against Mary. Here's what you might say:

Laura: *Oh brother, guess who's on tonight.*

You: *Hey Laura, let's not talk about Mary that way. I understand your frustrations and am thinking I should talk with her directly about my concerns. Any thoughts?*

Leadership Strategies for Change

If leadership has any sense that there might be resentments like this going on between staff, there could be some wonderful opportunities for interventions that will help build collaborative workplace relationships. Here are a few ideas to consider:

- Provide training on giving and receiving feedback.
- Devote some staff meeting time to brainstorming challenges and solutions for shift-change issues.
- Ask and listen to staff's concerns about expectations related to ending and beginning shifts. Leaders can add their own expectations to the mix and then communicate them clearly to staff. Follow this up with asking staff what they need to comply with expectations, doing what you can to provide support and being honest about limitations.
- Look for opportunities for building relationships between HR and staff.
- If getting out late is a problem, consider replacing HR phone calls with questions to staff that ask what they need in order to get out on time.

Ultimately, I believe the real power that nurses have for solving underlying problems such as workload and staffing will come from respectful conversations we have with each other.

Beth Boynton, RN, MS, is an organizational development consultant and author of ***Confident Voices: The Nurses' Guide to Improving Communication & Creating Positive Workplaces.*** *(Available at Amazon.com.) She is an adjunct faculty member with New England College and publishes the free e-newsletter: Confident Voices for Nurses. She is a featured columnist for ANA-Maine Journal, has published numerous articles, offers a variety of workshops, and can be reached at bbbboynton@earthlilnk.net or 207-752-0826. Or visit www.bethboynton.com*

2010 Awards Ceremony: Four Nurses Share the Agnes E. Flaherty Leadership and the Sister Consuela White Spirit of Nursing Awards

On April 29, 2010, the Senator Inn filled with nurses, friends and family to enjoy good food, good company and amazing stories in recognition of the best in nursing. Fourteen candidates from across the state of Maine eligible for nursing's top two awards were presented by the individuals who nominated them or by proxy if they were unable to attend. It was a difficult decision for the awards committee, as all agreed that all the candidates were remarkable and deserving in their own way. All the nominees received a bouquet of flowers and the winners received a plaque.

The **Agnes E. Flaherty Leadership Award** is given annually to a registered nurse leader who demonstrates leadership, courage and dedication in his or her interactions with patients and families, staff and coworkers, the profession and the community. The two winners of this award are:

- **Leigh Ann Howard, RN, MSN from the VNA Home Health and Hospice.** This past fall when the Maine CDC requested partners for pandemic planning and vaccine administration, Leigh Ann as health promotions nurse accepted the challenge of helping to organize vaccinations for high-risk populations in Maine's most populous county. Most communities were running a program, but Leigh Ann had researched and found that school-time clinics provided the highest rate of participation, and provided equal access to immunization for all children. She worked diligently to see that all children regardless of socio-economic circumstances, ethnicity, or family situations had access to seasonal and the H1N1 vaccines, provided written consent was received. She was responsible for the organization, implementation and supervision of over 115 school-based clinics that spanned six major school systems in Cumberland County, several private schools, island schools, and schools for special needs children. She agreed to coordinate efforts for the catholic school system in Maine and she networked with homecare providers and public health entities. After finishing the school vaccines, she sought venues and locations for clinics for high-risk populations and underserved people. She attended social and religious services. She would pack the cars with supplies and nurses. She traveled 60 miles outside of her service area to assure that children received their vaccines. The result of her efforts: 27,787 vaccinations for children and adults for the seasonal and H1N1. Maine leads the nation with 58 percent of childhood vaccinations for seasonal flu. When asked, Leigh Ann said she did it because it was just the right thing to do.

- **Stephanie Lanham, PMHNP-BC from Acadia Hospital.** Stephanie is an associate professor at the University of Maine and works with veterans and their families who are struggling with post-traumatic stress disorder, PTSD. She is committed to our military community and values veterans, and views their mental struggles as a result of selflessly serving their country. Her work with PTSD veterans has not only empowered other nurses to contribute to a larger community, but her self-help book, *Veterans and Families' Guide to Recovering from PTSD,* has empowered veterans to identify a possible diagnosis and seek the help they need from the medical community. The book has been published in four editions by donated resources and is made available to veterans at no charge. It is provided all over the country to returning veterans. She has finished the fifth edition of her book and is actively seeking publication to get it to our troops. Her commitment has changed the lives of many of our military men and women for the better.

The **Sister Consuela White Spirit of Nursing Award** is given annually to a registered nurse who demonstrates the spirit of nursing by the care, concern, respect and knowledge that he or she demonstrates in interactions with patients and families, coworkers, students, the profession and the community. The two winners of this award are:

- **Catherine Lorello-Snow, RNC from the Portland Help Center.** The Portland Help Center was a six-month pilot project that has turned into a 20-year mission to provide clinically excellent compassionate outpatient psychiatric services for patients suffering from serious and persistent mental illnesses, in order to help them enjoy a fulfilling, independent and stable life in the community. Early on there were no referral systems in place, so Catherine would go to soup kitchens and the county jail (where the gym served as a makeshift homeless shelter) in order to connect with people in need of mental health services. She established relationships with hospital emergency departments and began attending collaborative community meetings. She built a strong partnership with other public and private organizations that were being established to serve the homeless population. Over time, Catherine established licensure, professional relationships, stable billing streams and a board of directors for the Portland Help Center. Through creativity and collaborative means, she acquired the funding for one fulltime psychiatrist, then another, eventually building up to four board-certified psychiatrists. The result: She saw her patients improving, achieving their goals, and becoming stabilized within the community. Catherine was a student of Sister Consuela White at St. Joseph's College. Many of Sister's traits are very evident in Catherine.

- **Christine Robbins, RN, BSN, OCN from the Maine Medical Center.** Christine was the original nurse navigator. Maine Medical Cancer Care Institute modeled the Thoracic Oncology clinic and developed a full-service navigator program that serves patients and families through the processes associated with the dreaded diagnosis of cancer. Christine guides patients and families through the complex oncology workups. She also assists in meeting their physical and emotional needs. Many patients commented, "I was made to feel like a person and not a number." One patient said, "Chris was particularly important to me. She answered all of my questions clearly, thoroughly. I was diagnosed with both lung and breast cancer. She calmed my fears and made herself available to me whatever my concerns were. She was able to make an immediate, compassionate and respectful connection with me. This is the spirit of nursing."

Among those nominated but not eligible for the top nursing awards because they currently hold seats on the ANA-MAINE Board of Directors included past president Susan Henderson, current president Susan McLeod and Noreen Vincent, a director at large as well as an alternate to both the House of Delegates and the Center for American Nurses.

Other important nursing honors were awarded as well. The Student Nurse Scholarship was presented to Jay Groesbeck. He is a nursing student in Eastern Maine Community College's associate degree program.

ANA-MAINE President Susan McLeod presented the President's Award to member Nancy Tarr for her work on the ANA-MAINE Web site. She was instrumental in the development of the new Web site that was launched last December. As Web site director, Nancy continues to work many volunteer hours to maintain the ANA-MAINE Web site and keep the information current and relevant. This is important when nurses are searching for accurate and timely information.

Among those present at the ceremony was the keynote speaker Becky Patton, president of ANA. She spoke on the healthcare reform bill and the major role played by ANA that was recognized and appreciated by President Obama. Becky was present in a front-row seat at the signing of the bill. She also talked about the nursing students of today and how amazing they are at using current technology to speak intelligently on health issues using the most up-to-date scientific research and evidence-based practices.

Catherine Lorello-Snow of Portland Help Center

Leigh Ann Howard, RN, MSN from the VNA Home Health and Hospice

Christine Robbins, RN, BSN, OCN, Maine Medical Center

From left to right: Becky Patton, ANA President with ANA-Maine board members Anita Hakala, Susan Mcleod, Bettie Kettell, Irene Eaton Bancroft, Paul Parker, and Rebecca Quirk at the Awards dinner.

Book Review: Living a Life With Meaning

Reviewed by Penny Higgins, RN, EdD

Letter to My Daughter by Maya Angelou
(Published by Random House, 2008, New York

This spring we were fortunate enough to have Maya Angelou speak at the University of Maine at Augusta. She was amazingly informal and able to communicate on a highly personal level even in a full civic center. In preparation, we read *Letter to My Daughter*, a collection of essays or thoughts about the author's life and important influences, and a sharing of the wisdom and fortitude she has drawn from her many experiences.

Letter to My Daughter is a slim, very readable volume that led me to read further into her poetry and memoirs. Although Dr. Angelou has a son and not a daughter, she directs the book to "all of her daughters worldwide." The book jacket describes it beautifully as a "path to living well and living a life with meaning....part guidebook, part memoir, part poetry—and pure delight." She describes her upbringing by her indomitable grandmother, her travels and speaking tours, her joy in her son and his life. She speaks to black and white people alike, offering a description of her visit with a mixed group of college students seeking her advice: Talk directly to each other, not about each other. Dr. Angelou speaks about the poison in our current political atmosphere, and how it is inhibiting our country's progress—a country she dearly loves despite its many issues. This book is certainly worth reading at least once, and then to keep at hand as an ongoing inspirational resource.

Penny Higgins, RN, EdD is a nursing adjunct faculty at St. Joseph's College, Maine

University of Maine at Fort Kent's Student Nurses Organization

Standing among several of her student nurse colleagues is Kelsey King (second from the left, front row), President of UMFK's SNO.

by Kelsey King, Student Nurse

At the University of Maine at Fort Kent, the Student Nurses Organization (SNO) is a team of students devoted to action in our school and community. In addition to two faculty liaisons, our SNO executive committee consists of six members, and we have approximately 150 active members, all of whom have helped at local fundraisers and events. In fact, part of our course grade depends on our particpation in SNO events. Our pre-professional participation allows us to learn the importance of being involved as professional nurses after we graduate.

Some of the events we host include raising money for community causes. Over the past year, we donated $1,800 to the Eagle Lake Fire Department towards purchase of a Jaws of Life.™ In addition, all proceeds from a food drive held at the university were given to a local food pantry; a quilt raffle allowed us to sponsor a nurse to Haiti to help in the relief efforts after the devastating earthquake in January of this year; and students also participated in the Relay for Life promoting cancer awareness held in Caribou.

Because we're student nurses, we know the importance of health education. So every month, we host educational booths and bulletin boards on campus centered around health themes, such as breast cancer awareness, nutrition, environmental issues, and cardiovascular health. At many of these booths, we try to involve the UMFK students and the Fort Kent community; for example, as part of an environmental health booth we held a prescription drug drop-off whereby unused medications could be disposed in an environmentally legal way.

Being part of SNO also gives the nursing students a sense of family. Through our work as members of SNO, students get to know one another outside of the classroom. Our campus is small and the faculty makes it a point to learn every student's name. It gives us a great sense of honor and pride to be a part of the nursing program at University of Maine at Fort Kent and to contribute to our community in the many ways we do.

*Kelsey King, Student Nurse, is SNO President, University of Maine at Fort Ken*t

ANA-Maine Website is a Vital Source of Information

by Susan Henderson, MA, RN

The ANA-MAINE Web site at www.anamaine.org is an excellent "destination Web site" for nurses. The site's design is an entirely new concept for ANA-MAINE. Information is constantly updated and there are vast resources on the site. For example, there are references to the Maine Alternative to Discipline program for nurses with substance abuse concerns; a link to the Physicians for Social Responsibility Web site, resulting in access to many of their continuing education programs on topics such as domestic violence; reports on recent environmental programs in Maine (recently ANA and AMA sponsored an event on climate change); information about financial planning and about workplace safety, a new section to this area had been added with links to many excellent sources on workplace violence.

The ANA-MAINE Web site is definitely worth exploring to become familiar with the depth of knowledge it contains. There is an opportunity to give feedback on the opening page. You can let us know what you like and what suggestions you have for additions.

In the Members Only section, please take the time to log in and write down your username and password so that you can easily re-enter the site. There are many helpful aspects to this area. Two are interactive capabilities that are so exciting and can be really helpful to individual members and to our organization. One is the opportunity to blog on a topic of your choice. This affords members an opportunity to interact and share thoughts about issues. It also provides a mechanism for members to communicate with each other. Members Only is password protected so only ANA-MAINE members are able to see the content. Members can also search for other members, by town, last name or district. We have assigned members to Maine Health Service Areas (Public Health District) based on their place of residence. These districts are also related to Emergency Management Planning. Now each member has the opportunity to link with other members in their geographic area.

Maine is a rural state spread over a vast geographic area. Thus, the ability to link online has tremendous potential for helping Maine nurses to provide for the health of the public, for the advancement our profession, and for the continued education and development of the individual nurse.

Remember that in 2014 we will celebrate 100 years of ANA's presence in Maine. Please let us know of people and events that have historical significance to our nursing history. What was nursing like in the past? Who has information to share?

Susan Henderson, MA, RN, is past president of ANA-MAINE

Infection Control and Hand Hygiene: A Simple, Cost-Effective Solution

by Ann King, RN

Hand hygiene is the simplest, most important measure that can be taken to avoid hospital-acquired infections (HAIs). HAIs are considered preventable. The most common HAIs are pneumonia, and those infections at surgical sites and from urinary and central line catheters. Adding to the challenge of preventing HAIs is a multi-drug resistant strain of microorganisms such as MRSA and VRE. HAIs result in longer hospital stays, loss of work, pain, isolation from family, painful tests, and can be responsible for death. The financial costs to U.S. hospitals from HAIs is enormous, and estimates range as high as $35.7 billion to $45 billion each year (Scott, 2009). Healthcare providers' hands are the most common reservoir for the microorganisms that cause HAIs.

According to Scheithauer, Haefner, Schwanz, Schulze-steinen, Scheifer, Koch, Engels, and Lemmen (2009), hand hygiene compliance needs to be assessed on a continuing basis by direct observation. An assessment of access to supplies and understanding of when to perform hand hygiene needs to be completed before measuring compliance. If supplies are not easily accessible, compliance will decrease.

The five "Hand Hygiene Moments" are as follows: Before patient contact, before an aseptic task, after exposure to body fluids—even if gloves are used—after patient contact, and after contact with the patient's surroundings (World Health Organization, 2009). Soap and water are recommended if hands are visibly soiled, after using the restroom, and if you have been exposed to spore-forming organisms such as C-Difficile. The rationale for these specific moments is to prevent medical personnel from introducing germs that can be carried into the patient's environment or body, to prevent transferring organisms from room to room, or site to site, and to protect the healthcare worker and the other patients. Personal protective equipment (PPE) does not affect the need for hand hygiene. Studies have proven that healthcare personnel routinely contaminate themselves when PPE is removed (Centers for Disease Control, 2008).

Measuring compliance is a nationwide challenge. Observers must be trained to observe in a standard fashion and should be empowered to "redirect," as this is a patient safety issue. Scripting and role-playing have been helpful, as well as reminders for everyone to give and receive the directions graciously. Infection control organizations in Maine have been working toward making hand hygiene compliance measurements uniform.

Hand hygiene is the simplest, most cost-effective action that healthcare providers can take for their patients to prevent infection.

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Ann King, RN, is Infection Control Nurse at Cary Medical Center, in Caribou.

University of Southern Maine Student Nurses Association

by Emma S, Boucher, Student Nurse

We are a student-run team, which strives to grow our student nurses and the connection to the community of Maine. We have participated in a number of local events and supported charitable causes. We are learners, high achievers, and highly motivated students. A few examples of the causes we have helped support are as follows:

- Operation Christmas Child: raised money to send toys in holiday-wrapped shoe boxes to children in our community and to other countries.
- Susan G. Komen Breast Cancer walk on Oct 18th 2009: raised over a hundred dollars to support breast cancer research. We will continue to help raise awareness for the Susan G. Komen cause and the importance of total health as well as breast health.
- Hannaford Food-Boxes: raised money to purchase eleven Hannaford Food-Boxes for the food pantry.
- Linus Project: gathering resources to participate in the Linus project where we will make blankets for traumatized or ill children. We have currently donated 6 blankets, and have written a grant for another $100 to be used for materials.
- USM Student Nursing Association Webpage: a resource site on "Blackboard" where nursing students can find a bulleted list to aid them in preparation for clinicals and the USM nursing experience. Also, on the site are announcements of our local and upcoming involvements.
- Additional involvements: health fairs; partnerships in the Portland community in places such as Sagamore Village, Parkside, Bayside, as well as partnerships in the Dominican Republic. These partnerships broaden our learning experience as future nurses and as citizens in this diverse society of homeless, impoverished, and otherwise underserved communities.

The USM Nursing Students are a group of traditional, non-traditional, accelerated and options students, all with different timeframes for completion of the program. USM provides opportunities and resources to students from many walks of life to successfully complete the nursing program. We are looking forward to being a part of the professional nursing association, ANA-Maine. A goal of the Student Nurse Association is to connect to the nurse community, and we are proud to be active members.

Emma S, Boucher, Student Nurse, is SNA President, University of Southern Maine

Continuing Education Calendar for Maine Nurses

- Although we attempt to be as accurate as possible, information concerning events is published as submitted. We do not assume responsibility for errors. If you have questions about any event, please call the event planner directly.
- If you wish to post an event on this calendar, **the next submission deadline is Sept. 17 for the Fall issue.** Send items to publications@anamaine.org. Please use the format you see below: date, city, title, sponsor, fee and contact information. There is no charge to post an educational offering.
- Advertising: To place an ad or for information, contact sales@aldpub.com.
- ANA-Maine is the ANCC-COA accredited Approver Unit for Maine. Not all courses listed here provide ANCC-COA credit, but they are printed for your interest and convenience. For more CE information, please go to www.anamaine.org.
- To obtain information on becoming a ANCC-COA CE provider, please contact anamaine@gwi.net
- USM/CCE indicates the class is offered through University of Southern Maine/Center for Continuing Education. For course descriptions, visit www.usm.maine.edu/cce or call 207-780-5900 or 800-787-0468 for a catalog. Most classes are held at the new Abromson Community Education Center in Portland, conveniently located just off I-295. Free parking nearby.
- CCSME indicates class is held by the Co-Occurring Collaborative Serving Maine.
- PESI HealthCare seminars in Maine, visit http://www.pesi.com

Opening for CE Program Reviewers

Are you passionate about nursing education? Do you have experience in adult learning and nursing education, as well as a baccalaureate or graduate degree in nursing? If so, ANA-Maine has a spot just for you on its Continuing Education Committee! ANA-Maine is an Accredited Approver of Nursing Continuing Education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA). Make use of this wonderful opportunity to facilitate the ongoing education of your peers, and to become involved in your nursing organization. For more information, contact Dawn Wiers at 207-938-3826, or anamainece@gwi.net.

RN to Bachelor of Science Degree. Blended online and classroom program, University of Southern Maine, College of Nursing and Health Professions. Contact Amy Gieseke, Program Coordinator for USM's Online/Blended Programs, 207-780-5921 or agieseke@usm.maine.edu.

August 2010

18 Portland, PESI. **Patient Crisis: Identify the Signs and Symptoms Before the Patient Crashes.** $179. 8:30 a.m.-4:30 p.m. at the Holiday Inn Portland West. For additional information: http://www.pesihealthcare.com

September 2010

14 Bangor, PESI. **Challenging Geriatric Behaviors.** $179. 8 a.m.-4 p.m. at the Four Points Sheraton Bangor Airport. For additional information: http://www.pesihealthcare.com

15 Portland, PESI. **Challenging Geriatric Behaviors.** $179. 8 a.m.-4 p.m. at the Four Points Sheraton Bangor Airport. For additional information: http://www.pesihealthcare.com

18 Brunswick. **2010 Wound, Ostomy and Skin Symposium.** $20 for Mid Coast Health Services employees; all others, $50 before 9/1/10, $75 after 9/1/10. Optional box lunch available for $10. 7:30 a.m.-3:30 p.m. at Mid Coast Hospital Café Conference Rooms. For more information: (207) 373-626.

20 Portland, USM/CCE. **Introduction to Holistic Health Care Practice.** Four Mondays: Sept. 20-Dec. 13, 9 a.m.-4 p.m. $525. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

22 Portland, PESI. **Gestational Diabetes: Diagnosis to Delivery.** $179. 8 a.m.-3:30 p.m. at the Holiday Inn Portland West. For additional information: http://www.pesihealthcare.com.

24 Portland, USM/CCE. **LOS Reduction and Readmission Prevention in 2010: An Advanced Course.** $185. 9:30 a.m.-3:30 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

29 Portland, USM/CCE. **Natural Therapies: Clinical Diet and Nutrition/Botanical Medicine and Homeopathy.** $135. 9 a.m.-4 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

29 Portland, USM/CCE. **Certificate Program: Business Skills for Private Practitioners in the Healing Arts.** Four Wednesdays, Oct. 29-Nov. 10, 9 a.m.-5 p.m. $525. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

October 2010

1 Portland, PESI. **Nursing Documentation and Malpractice: Defend Your Practice through Written Clinical Evidence.** $179. 8 a.m.-4 p.m. at the Holiday Inn Portland West. For additional information: http://www.pesihealthcare.com

1 Portland, PESI. **Current Management Strategies for Neuromuscular and Neurodegenerative Disorders.** $179. 8 a.m.-3:30 p.m. at the Embassy Suites Hotel. For additional information: http://www.pesihealthcare.com

4 Portland, USM/CCE **Certificate Program in Advanced Assesment of the Older Adult.** Four Mondays: Oct. 4-Nov. 15, 9 a.m.-4:30 p.m. $575. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

5 Portland, PESI. **Orthopaedic Care: It's Not Just Broken Bones.** $179. 8 a.m.-4 p.m. at the Holiday Inn Portland West. For additional information: http://www.pesihealthcare.com

5 Portland, CCSME & USM/CCE. **Certificate Program in Co-Occuring Conditions of Mental Health and Substance Abuse.** Five Tuesdays: Oct. 5-Nov. 2, 9 a.m.-4 p.m. $625. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

8 Portland, USM/CCE. **Certificate Program in Case Management.** Four Fridays, Oct. 8-Dec. 3, 9:30 a.m.-3:30 p.m. $625. Provides a comprehensive discussion of components of case management in any healthcare setting and promotes the development of case management best practice. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

CE Calendar continued on page 9

CE Calendar continued from page 8

8 Portland, USM/CCE **Wound Healing: Putting Research-Based Concepts into Practice.** $85. 9 a.m.-1 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

13 South Portland, PESI. **Creative Teaching Strategies for the Nurse Educator.** $179. 8 a.m.-4 p.m. at the Wyndham Portland Airport Hotel. For additional information: http://www.pesihealthcare.com

18 Portland, USM/CCE. **The Life of the Body: Movement and Bodywork.** Alternative and holistic exercise and movement designed to facilitate your health, development, and therapeutic unfolding. $135. 9 a.m.-4 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

21 Portland, USM/CCE. **Developing Empathy: An Intensive Training.** Oct. 20 and Oct. 21, 9 a.m.-4 p.m. $265. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

22 Portland, PESI. **Effective Physical Assessment Skills: Identify Cardiac, Respiratory and Neurological Disorders.** $179. 8 a.m.-4 p.m. at the Holiday Inn Portland West. For additional information: http://www.pesihealthcare.com

22 Portland, USM/CCE. **I.V. Therapy for Registered Nurses.** Two Fridays, Oct. 22 and Oct. 24, 9 a.m.-4 p.m. Abromson Center. $275; $25 materials. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

25 Portland, USM/CCE. **Certificate Program: Improving Life at End-of-Life.** Four Mondays, Oct. 25-Nov. 15, 9 a.m.-4 p.m. $695. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

25 Portland, USM/CCE. **Coaching for Lifelong Change: Heart Rhythm Meditation.** $135. 9 a.m.-4 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

27 Portland, USM/CCE. **Pilates-Based Rehab: A Foundation Course for Physical Rehabilitation Professionals.** Oct. 27 and Oct. 28, 9 a.m.-4 p.m. $265. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

28 Portland, USM/CCE. **Dementia Care- Basics and Beyond.** $150. 9 a.m.-4 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

29 Portland, USM/CCE. **The Art of Comforting.** 9 a.m.-1 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

November 2010

1 Portland, USM/CCE. **Beginning Nursing Leadership: Tools and Practical Strategies.** Nov. 1 and Nov. 2, 9 a.m.-4 p.m. $325. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

3 Portland, USM/CCE. **Mindfulness-Based Stress Reduction: A Two-Day Intensive.** Nov. 3-4, 9 a.m.-3 p.m. $295, includes healthy lunches. Class limited to 12. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

5 Portland, PESI. **Childhood Neurology Seminar.** $179. 8 a.m.-3:30 p.m. at the Holiday Inn Portland West. For additional information: http://www.pesihealthcare.com

5 Portland, USM/CCE. **Addiction Biology: Like It, Want It, Need It**. Explores the brain chemicals and brain areas affected by alcohol and other mind-altering drugs. $135. 9 a.m.-4 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

11 Portland, PESI. **The Ultimate One-Day Diabetes Course.** $179. 8 a.m.-4 p.m. at the Holiday Inn Portland West. For additional information: http://www.pesihealthcare.com

17 South Portland, PESI. **The Ultimate One-Day Seminar on Cardiac Medications.** $179. 8 a.m.-4 p.m. at the Wyndham Portland Airport Hotel. For additional information: http://www.pesihealthcare.com

19 USM/CCE. **Lab Analysis: A Systems Approach to Understanding Lab Values and Nursing Implications.** $135. 9 a.m.-4 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

December 2010

2 USM/CCE. **Managing Multiple Priorities and Your Time.** $150. 8:30 a.m.-4:30 p.m. Abromson Center. For more information, contact www.usm.maine.edu, 207-780-5900 or 1-800-787-0468.

ANA-MAINE Continuing Nursing Education Committee News

by Ruta Jordans, MS, RN-BC

The ANA-MAINE Continuing Nursing Education (CNE) Committee has been hopping! We have two new provider units approved this year (Spring Harbor Hospital and Southern Maine Medical Center), two re-approved (Maine General Medical Center and Eastern Maine Medical Center), three in the process of being re-approved, and three more due to reapply in the fall—as well as the full calendar of individual activity applications. To make the applications more user- and reviewer-friendly, we are still tweaking last year's application revisions. The new online application process for individual educational activities has been streamlined and now allows credit card payment. We've set up a reviewers' corner on www.anamaine.org to allow committee members to communicate and find references in one place.

With all this activity, it is time to orient additional reviewers. If you have expertise in continuing nursing education, please consider joining the ANA-MAINE CNE Committee to promote quality professional development in Maine. When you join the CNE Committee as a volunteer reviewer, you will be able to maintain your currency regarding the latest ANCC criteria by performing reviews from home or work and attending meetings electronically. To qualify, a reviewer must be an RN with at least a BSN and experience or education in continuing nursing education, and be a member of ANA-MAINE. Come share the camaraderie of your professional peers in a supportive, progressive environment! For more information, contact Karen Rea (karen.rea@anamaine.org) or Ruta Jordans (CEChair@anamaine.org).

Ruta Jordans, MS, RN-BC, is Chair, ANA-MAINE Continuing Nursing Education Committee

The Patient Protection and Affordable Care Act: What's in It for Nurses?

by Doug Schlichting, RN

On Mar. 23, 2010, President Obama signed into law The Patient Protection and Affordable Care Act (H.R. Res. HR 3590-2, 2010), also known as the healthcare reform bill. This new law, in combination with the reconciliation bill (H.R. Res. 4872, 2010), makes many changes to the current healthcare and healthcare insurance landscape. The aim of this review is not to provide a detailed review of the entire law, but rather to highlight the impact on nurses and nursing. Interested readers can go to this Web site: http://dpc.senate.gov/dpcdoc-sen_health_care_bill.cfm (Dorgan, 2010) for a concise, yet complete overview that includes a section-by-section analysis and time line for implementation of this law.

This article reviews excerpted sections of the new law that mention nurses or nursing that creates new programs, or introduces new grants or contracting opportunities for care delivery or education, or reimbursement and quality issues. Many of the topics are directives for the secretary of the U.S. Department of Health and Human Services to act. Implementation will be through rule-making and specific program announcements. The reader may be looking for detail about certain aspects of this law that are not available yet. Monitoring of the *Federal Register* and specific program announcements may provide details as they are unveiled. The reader is also cautioned that no attempt has been made to interpret the legal implications of the wording of the law's text. Qualified legal advice should be sought to answer specific questions or to provide interpretation of meaning or intent.

Subheadings are included divide the text into related topics. The sections referenced are from the main law (H.R. Res. HR 3590 -2, 2010) and page numbers refer to those found on the full text bill downloaded from the Web site above. Mention of the Social Security Act is the way the Medicare law is referenced in the healthcare reform law. References to the state do not reference the state of Maine, but rather any state that adopts the relevant changes to Medicare and Medicaid. Topics are grouped into the following subheaders: Reimbursement, Changes to Medicare Administration, Patient Centered Care—home- or school-based, Nursing Education, Reimbursement and Quality.

Reimbursement

Section 2301 p. 174 amends the Social Security Act (42 U.S.C. 1396d) to require payments made to providers, such as nurse-midwives, during the provision of care during childbirth at freestanding birth centers.

Section 3114 is titled "Improved Access for Certified Nurse Midwife Services" and amends the Social Security Act by inserting ''(or 100 percent for services furnished on or after Jan. 1, 2011)'' after ''1992, 65 percent'' which implies a higher rate of reimbursement for nurse-midwives.

Changes to Medicare Administration

Section 3107, p. 300 amends the Social Security Act to add physician assistants to the existing clinical nurse specialists as practitioners who can prescribe post-hospital extended care services.

Section 3132, p. 314 proposes changes to hospice programs. Medicare-funded hospice programs will require a face-to-face encounter with an individual receiving hospice care prior to recertification for hospice care lasting longer than 180 days.

Patient Centered Care

Section 2703 p. 204 includes nurses in the definition of the team of healthcare professionals who can be reimbursed by the state for care provided in health homes, provided that the recipients of such care meet the general definitions of suffering from chronic conditions as specified in subsection (h) as individuals who have at least two chronic conditions, or one chronic condition at risk for a second or have serious and persistent mental health conditions. Examples of chronic conditions are a mental health condition, substance use disorder, asthma, diabetes, heart disease, or obesity (BMI > 25).

Section 2951 p. 220 also includes nurses within the definition of "well-trained and competent staff, as demonstrated by education or training, such as nurses, social workers, educators…" who can be included in a maternal and child health service that provides home visits which can be established after a needs assessment by the state assessing communities with concentrations of premature birth, low birth weight infants and infant mortality, poverty, crime, domestic violence, high rates of high-school dropouts, substance abuse, unemployment or child maltreatment.

Section 1866D directs the secretary of the Department of Health and Human Services to conduct a demonstration program called Independence at Home to test a payment incentive and service delivery model that utilizes physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes in the provision of items and services under this title to applicable beneficiaries. This program will start no later than Jan. 1, 2012. The demonstration program shall test whether a model is accountable for providing comprehensive, coordinated, continuous, and accessible care to high-need populations at home and coordinating health care across all treatment settings, results in reducing preventable hospitalizations; preventing hospital readmissions; reducing emergency room visits; improving health outcomes commensurate with the beneficiaries' stage of chronic illness; improving the efficiency of care, such as by reducing duplicative diagnostic and laboratory tests; reducing the cost of healthcare services covered under this title; and achieving beneficiary and family caregiver satisfaction.

Additional requirements include being able to provide care as part of a team that includes physicians, nurses, physician assistants, pharmacists, and other health and social services staff as appropriate who have experience providing home-based primary care to applicable beneficiaries, make in-home visits, and are available 24 hours per day, seven days per week to carry out plans of care that are tailored to the individual beneficiary's chronic conditions and designed to achieve the results listed above.

Section 3201, p. 330 includes nurses, nurse practitioners and physician assistants as being eligible to participate in and receive care coordination and management performance bonus payments under the Medicare Advantage program. Examples of programs provided are those focused on patient education and self-management of health conditions, including interventions that help manage chronic conditions, reduce declines in health status, and foster patient and provider collaboration.

Section 3502 p. 395 directs the secretary to provide grants or contracts used to establish health teams to provide support services to primary care providers and provide capitated payments to primary care providers as determined by the secretary. To be eligible to receive a grant or contract, an entity shall be a state or state-designated entity or be an Indian tribe or tribal organization, submit a plan for achieving long-term financial sustainability within three years that incorporates prevention initiatives and patient education and care management resources into the delivery of health care that is integrated with community-based prevention and treatment resources. The health team established by the entity includes an interdisciplinary, interprofessional team of healthcare providers, as determined by the secretary; such team may include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral and mental health providers (including substance use disorder prevention and treatment providers), doctors of chiropractic, licensed complementary and alternative medicine practitioners, and physicians' assistants.

Section 4101, p. 428 provides for grants to establish school-based health clinics (SBHC). Significance to nurses is that applications for these grants are required to assure that the SBHC is integrated into the school environment and coordinates health services with school personnel, nurses, counselors and support personnel and other providers co-located at the school. The grant funding may be used to pay salaries for personnel of the SBHC.

Section 5208, p. 494 establishes grants for Nurse Managed Health Clinics (NMHC) and appropriates $50 million for fiscal year 2010. The purpose is to fund primary health services in a nurse practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency. The secretary will award grants for the cost of the operation of nurse-managed health clinics that meet the requirements. To be eligible to receive a grant under this section the awardees must be a NMHC; submit an application containing assurances that nurses are the major providers of services at the NMHC and that at least one advanced practice nurse holds an executive management position within the organizational structure of the NMHC; and ensure that the NMHC will continue providing comprehensive primary healthcare services or wellness services without regard to income or insurance status of the patient for the duration of the grant period. The NMHC has to provide assurance that the NMHC will establish a community advisory committee, for which a majority of the members are individuals served by the NMHC.

Nursing Education

Section 5509, p. 556 establishes a graduate nurse educational demonstration fund of $50 million beginning in 2012 though 2015 for hospital and schools of nursing to partner in providing clinical training to advanced practice nurses. The grant funding can be used to reimburse for the expenses of the schools and hospitals for providing the clinical training.

Likewise, section 5316, p. 877 creates a demonstration program for family nurse practitioner training programs to employ and provide one-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in federally qualified health centers (referred to as FQHCs) and nurse-managed health clinics (referred to in this section as NMHCs). The purpose of the program is to enable each center to provide new nurse practitioners with clinical training and to enable them to serve as primary care providers in FQHCs and NMHCs. Additionally, new nurse practitioners will work under a model of primary care that is consistent with the principles set forth by the Institute of Medicine and the needs of vulnerable populations and create a model of FQHC and NMHC training for nurse practitioners that may be replicated nationwide. Three-year grants to eligible centers will be awarded. Funding amount is not specified, but appropriations are made in years 2011 to 2014.

Section 5303, p. 504 directs the secretary to award grants to schools that offer a program for advanced practice nurses to be trained in geriatric care. Other healthcare practitioners and educational programs are eligible, such as pharmacists or doctorate-level psychology studies too.

Section 5308, p. 511 re-authorizes grants to support educational programs which are accredited by the American College of Nurse Midwifery Accreditation Commission for Midwifery Education through 2014. Similarly, grants to schools of nursing are also re-authorized through 2014.

Title VII of the Public Health Service Act is amended to include grants and contracts, "to enhance the nursing

Patient Protection Act continued on page 14

Climate Change and Human Health: The Impact on Maine, and What We Can Do About It

by Juliana L'Heureux

Two scientists presented data about the negative impact of climate change on Maine's health, environmental security, and the economy at the "Climate Change and Human Health" workshop, held on May 20, 2010, in Portland.

The forum was hosted by the Maine Medical Association's (MMA) Public Health Committee and co-sponsored by the Center for Health and Global Environment at Harvard Medical School, the American Medical Association, the Maine Medical Association, the American Nurses Association, and the University of Maine.

Paul Epstein, M.D., M.P.H, associate director of the Center for Health and Global Environment at Harvard Medical School, and Paul Mayewski, Ph.D., explorer, director and professor at the Climate Change Institute at the University of Maine, presented data to support the trends toward rapidly warming temperatures caused by human activities, primarily the burning of fossil fuels.

While some people welcome milder Maine temperatures caused by climate change, the impact on public health and the state's economy might not be desirable, said Professor Mayewski.

Since 1850, global climate change has progressed more rapidly than scientists anticipated. The rate of increase has been accelerated by the use of and reliance on fossil fuel for energy. Abrupt climate changes can quickly alter the environment, sometimes within just a year or two. Although the impact is quick, the long-term effect might last for decades, said Dr. Epstein.

Maine is sensitive to climate change because the increasing temperatures in a cold state will shorten winters and increase the growing season. Nonetheless, warming brings about more insect-borne diseases while, at the same time, negatively impacting tourism and winter sports activities caused by the shorter ski and snowmobile seasons.

Nurses will need to track data to identify new and unforeseeable consequences caused by climate change, particularly as the impacts emerge in their communities.

Human health is hugely impacted by environmental and weather changes. Indeed, climate influences everything from where disease-spreading animals live to the increase in sunburn-caused skin cancers. Higher average temperatures result in increased sea levels and the amount of carbon dioxide in the atmosphere. Both of these changes are happening right now in Maine.

Maine's public health and epidemiology officials say reports of West Nile Virus, Eastern Equine Encephalitis and Lyme disease are increasing and occurring earlier than usual. In 2010, Lyme disease reports started coming in February. Rainfall increases can cause water-borne e-coli to spread.

Asthma has doubled in the U.S. since the 1980s. Scientists attribute the increase in pollen leading to asthma to the rising carbon dioxide associate with global warming. Ragweed grown in an atmosphere with double the current carbon dioxide levels produced 61 percent more pollen than normal (*Daily University Science News,* March 2002; http://www.unisci.com/stories/20021/0321022.htm). Pollen is also food for disease-carrying mosquitoes.

Weather changes will require organized community responses from public health officials. Emergency preparedness will need to provide for education of the public during weather anomalies like ice storms, frequently occurring hurricanes and poor air quality caused by environmental hazards like ground level ozone, allergens and pollutants.

An article published May 16, 2009 in the journal *Lancet* reported that the effects of climate change on health would affect most populations over the next decades and put the lives and well-being of billions of people at increased risk.

The *Lancet* article was reviewed by the MMA Public Health Committee. As a result, a resolution was adopted that supports several healthy alternatives to the causes of rapid climate change and it recommends ways to educate the public about the negative health effects of global warming on the environment.

Julie L'Hereux and past president Sue Henderson at the Climate Change and Public Health Conference held in Portland, ME, May 20, 2010.

Unfortunately, the words "climate change" and "global warming" have become embroiled in political debates. Instead, the science should be presented with data demonstrating how climate change affects people. "We must focus on the science of climate change," said Professor Mayewski. "Avoid sound bites. Let's move the discussion about climate change away from politics. Rather, we need to focus on how the environment impacts our security, health and the economy," he said.

Norma Dreyfus, M.D., is a retired pediatrician and the co-chair of the MMA Public Health Committee. She looks to local and state health plans to include a response to the health risks associated with climate change.

"We're using all the wrong buzzwords to educate people," said Dr. Dreyfus. "We need credible voices to take a lead. We must pay attention to global climate change and weigh in on it as medical professionals," she said.

Climate change is a trend identified by averaging five years of weather data. In other words, one relatively cold or warm season does not change the trend. In fact, the trends are toward environmental instability caused by warmer climates.

Climate change is warming Maine. A report titled "Maine's Climate Future: An Initial Assessment," published in February 2009 by the University of Maine, provides a comprehensive analysis of climate change specific to the state's three distinct weather regions: northern, southern and coastal. The report finds:

- For the past century, the rate of warming in Maine has increased throughout the state.
- Regional sea surface temperatures have increased almost 2 degrees Fahrenheit since 1970.
- Since 1912, tide-gauge records in Portland show a local relative sea-level rise of approximately 8 inches.
- Maine's five-year average temperature has become warmer, increasing 1.4 degrees Fahrenheit annually and by 3.5 degrees Fahrenheit in the winter.
- Warming water caused by climate change will reduce the distribution of cold-water fisheries and the ice fishing season will be shorter.

Two facts contributing to Maine's rapid climate warming are related to the state's heavy reliance on fossil fuels, which increases greenhouse gas:

- Imported fossil fuels account for nearly three-quarters of all energy currently used in Maine.
- Over 80 percent of Maine households heat with fuel oil, the largest percentage of any state in the U.S.

Epstein and Mayewski say reversing the impact of rapidly increasing warming may not be as daunting as some might think. For example, reducing hydrocarbons in the atmosphere has been successful in closing the ozone hole over Antarctica, thus reducing the temperature of the continent and preventing melting of the ice cap. Scientists documented an unexpected reversal in atmospheric carbon

Dr. Paul Mayewski and Julie L'Hereux at the Climate Change and Public Health Conference held in Portland, ME, May 20, 2010.

dioxide during the few days after Sept. 11, 2001, while air traffic was grounded for three days.

They call for climate sustaining technology using "no-regrets" renewable alternatives to fossil fuel, like wind, solar, geothermal and biofuels for energy.

Stabilization wedges to protect the environment include use of public transportation rather than private automobiles, improving proper waste management systems and using clean methane gas for heating.

These initiatives could reduce, by 1 billion tons, the carbon outlet currently spewed into the atmosphere each year by human activities.

A healthy solution to reduce carbon emissions calls for electric power to replace the fossil fuel energy used for cars, trucks, trains, buses, ships and garden tools.

Meanwhile, Epstein and Mayewski called on the medical community to be engaged in deleted reducing the high volume of energy used to provide high technology health care. Currently, health care spends about $8.5 billion on energy and is responsible for 8 percent of the carbon dioxide emissions in the U.S. One-third of these emissions can be cut without an impact on quality care, they say. Europe, by comparison, uses about half the energy of the U.S. healthcare system.

Medical professionals should be engaged in surveillance about how climate change impacts public health. Health professionals must know what is going on with regard to global health because climate change is hazardous to our health, said Dr. Epstein.

Response to the climate change forum exceeded expectations, said Kellie Miller, director of public health policy for MMA and the organizer of the program with Harvard. Fifty medical professionals attended the Portland forum.

Contact Kellie Miller at kmiller@mainemed.com for more program information.

House of Delegates—Seeds of Action

In her first address as chief executive officer of ANA on Friday, Marla Weston, PhD, RN, praised the contributions of past, visionary nurse leaders who planted the seeds that established ANA and state nurses associations as influential advocacy organizations. And she told nurse participants of this year's House of Delegates (HOD) that they are now planting seeds that will further contribute to the profession of nursing.

Weston also outlined some of ANA's wide-ranging work, including its recent and ongoing efforts around health care reform; safe staffing; the building of nurses' political skills through its newly established American Nurses Advocacy Institute; and its strong quality initiatives, such as the National Database of Nursing Quality Indicators®, a resource which will only continue to help nurses demonstrate nursing's ability to make a difference in patient outcomes.

Weston spoke of ANA's health promotion efforts, such as its "Bringing Immunity to Every Community" education campaign, as well as its rapid response to events, such as the H1N1 epidemic and the Haiti earthquake.

"This all doesn't happen in Washington, DC, or Silver Spring, MD," Weston said. "It happens because of you—and all of us working together."

In closing she quoted Florence Nightingale, who once advised: "So, never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard seed germinates and roots itself."

In other events, more nurses were recognized by ANA for their significant contributions. On Friday, five nurses were inducted into ANA's Hall of Fame: Nettie Birnbach, EdD, RN, FAAN; the late John F. Garde, MS, CRNA, FAAN; Claire M. Fagin, PhD, RN, FAAN, FRCN; Ada K. Jacox, PhD, RN, FAAN; and the late John Devereaux Thompson, MS, RN.

And, delegates approved several measures, including one that addresses advance practice registered nurses' ability to sign and certify home care plans and others related to changes in ANA's bylaws.

More detailed information will appear in the upcoming issue of *The American Nurse*.

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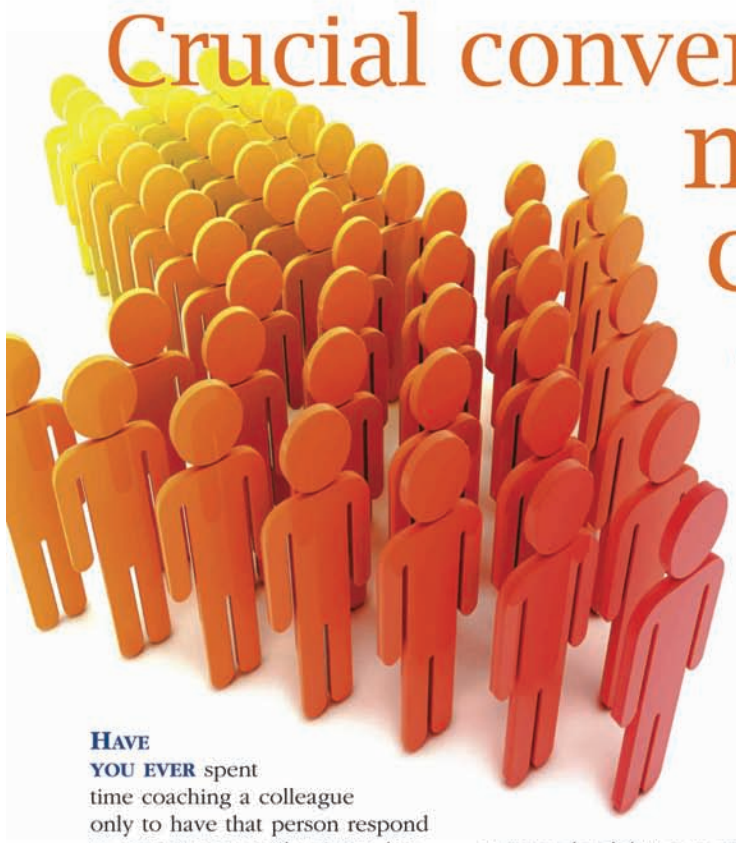
Crucial conversations for motivating colleagues and patients



The authors describe best practices for motivating others effectively.

By David Maxfield, BA, Holly Harmon, BSN, RN, and Connie McDonald, BS, LNHA

HAVE YOU EVER spent time coaching a colleague only to have that person respond to your request with, "Sorry, but that isn't a priority for me"? Most likely, her response would make you wonder, "How do I motivate someone who isn't motivated?"

The answer is easier than you might think. Well researched and noncontroversial, it relies on neither manipulation nor magic. The study "Silence Kills: The Seven Crucial Conversations for Health Care" (conducted by VitalSmarts in conjunction with the American Association of Critical-Care Nurses) showed the ability to motivate others is one of a handful of skills that separate the most effective people from the rest.

Is motivation really the problem?

When people fail to meet our expectations, our gut instinct is to blame it on lack of motivation. But this can be dangerous. People commonly face obstacles we aren't aware of. Say your teenager doesn't come home by curfew. You might assume she didn't care enough or try hard enough to make it home on time. But the truth may be that she spent half an hour trying to convince her ride to leave the party early; she was adequately motivated but may need help with her negotiating skills.

Or consider a healthcare team that fails to meet quality-of-care goals; perhaps their unit has an unusually high pressure-ulcer incidence. The unit manager might assume team members are more reactive than proactive in their practice and insufficiently motivated to prevent skin breakdown. But the reality may be that each caregiver diligently completed all assigned tasks for his or her patients, and the team's failure doesn't stem from low motivation but from ineffective systems or routines, poor communication, or insufficient education on preventing pressure ulcers.

Human beings have a perceptual bias so pervasive it's been labeled the *fundamental attribution error*: When we miss a deadline, we see only the obstacles we faced; we don't consider that our own motivation might have played a part in the outcome. On the other hand, when others miss a deadline, we see only their lack of motivation as the cause of their failure; we don't consider that the obstacles they faced could have played a role.

BEST PRACTICE Take the time to diagnose whether the problem at hand resulted from low ability, low motivation, or both. Ask such questions as "Why are you late?" and "What could you have done differently?" or ask the person to take you through what happened. As the person responds, listen for obstacles, barriers, priorities, and values. Ask follow-up questions to learn more.

Is motivation the *only* problem?

Some problems result from both lack of motivation and lack of ability. If a team member disappoints you, ask yourself, "If I'd given him a million dollars or held a gun to his head, could he have done it?" If the answer is yes, the problem involves lack of motivation.

Crucial Conversations continued on page 13

Crucial Conversations continued from page 12

Best Practice Ask yourself a subtler question: "How big an obstacle is he facing?" Is it an inconvenience, a difficulty, or an impossibility? If it's an inconvenience block, you'll want to motivate him to overcome it. If it's an impossibility block, motivating him won't help. If the obstacle is somewhere in between—what we term a *difficulty block*—use a combination of methods. For instance, you might try to motivate him in the short term but also seek a long-term solution that removes the difficulty block.

For the rest of this article, we'll assume the problem involves a significant lack of motivation. In this case, the person most likely will answer your questions by responding, "You're making too much of this," "I don't see it as that important," "I hate doing this," "I had other priorities," or "I shouldn't have to do this."

What does it mean to be motivated?

It's common to think of people as either motivated or lazy, but this dichotomy doesn't have much traction. Labeling someone makes it harder to help that person achieve the desired outcome.

A better practice is to assume people are always motivated, but not always motivated to do what you want them to do. For example, you might be motivated to go home and take a nap, and might work hard and ingeniously to make your nap happen. It's best to view a motivation problem as a difference in priorities.

People who choose health care as their calling consistently say they want to make a difference by helping people in need. Their values are constant, but their priorities may veer off course due to the demands of our healthcare culture.

Best Practice If your priorities differ from a colleague's, explain yours in a convincing way and try to understand the basis for the other person's priorities. Try to determine which set of priorities is best for the organization or for your relationship with that colleague. Be aware, though, that unless your priorities are more inspiring than the mere need to win an argument, the other person will sense your motive and resist.

People are motivated by consequences

On the surface, most people want to achieve the good stuff and avoid the bad stuff. They anticipate the consequences of their actions and act accordingly. That's the basis of motivation.

The differences we see in motivation stem from differences in the outcomes people consider, the outcomes they believe are likely, and the values they place on different outcomes. For example, a nurse in training might not consider how failing to don a gown could lead to an infection. A more experienced nurse might consider it, yet decide the risk of infection is too low to make gowning up worthwhile. Still another nurse might place such a high value on avoiding infection that she'll gown up even when no risk exists.

Savvy people use natural consequences to motivate others

Consequences fall into two broad categories—natural and imposed. Natural consequences stem from the behavior itself, without another person's intervention. Imposed consequences are those that someone else intervenes to create; these consequences are either rewards or punishments.

The following statement describes a *natural* consequence: A patient who's left too long on a pressure point will develop a pressure ulcer, causing pain, a higher infection risk, and a lower quality of life.

In contrast, this statement describes an *imposed* consequence: If the patient develops a pressure ulcer, you'll be written up.

Whenever possible, savvy people avoid using imposed consequences to motivate others. Using natural consequences is less likely to put a spotlight on you, which can turn you into the villain. It doesn't require you to catch the person making a mistake or to have power over that person. Natural consequences enhance understanding, allow people to make informed choices, and produce greater commitment. They focus team members on what's right, not on who's making the request. This appeals to the core motivation of healthcare providers, resulting in better outcomes. (See *How to find natural consequences.*)

Best Practice The "Silence Kills" study showed most of us begin our attempts to motivate others by explaining a natural consequence. But we often explain only one consequence—and if that doesn't motivate the person, we tend to repeat it again, louder. If that doesn't work either, we feel justified in moving to an imposed consequence.

But people who are good at motivating others take the time to seek out three or four natural consequences that might motivate someone. They conduct a "consequence search." The key is to find natural consequences the other person cares about. Begin by explaining the consequences you find convincing, but don't assume everyone shares the same knowledge and preferences.

The subtle side of natural consequences

All nurses know that unless patients are rotated often, pressure ulcers will develop. Yet this consequence may do little to convince a particular nurse. Why? Perhaps she reasons that the patient can move himself or is in too much pain and doesn't want to move. Another nurse might think pressure ulcers take longer to develop than the few days the patient has been on her unit. This type of response, which we term a "Nope!", is a disagreement over the facts—over whether the consequence is likely to occur. When you hear a "Nope!" response, work with the other person to examine the facts and try to determine how likely the consequence truly is.

Suppose a colleague tells you, "Pressure ulcers aren't that big of a deal. We treat them all the time." This is a "So what?" response. It's a disagreement over the value of the consequence—over how good or bad the consequence would be. When you hear a "So what?" response, explain why the consequence is important.

Best Practice Listen. Explain one natural consequence at a time; don't pile them on. After you've explained each one, take the time to listen for a "Nope!" or "So what?" response. If you hear "Nope!", explain the facts. If you hear "So what?", explain the value you place on the consequence.

Why we should avoid imposed consequences

We recognize that threats and promises sometimes are needed to motivate others. You may not always have time to explain or be willing to live with others' choices.

But imposed consequences always come with costs. So make sure your threats and promises are realistic and within your control—and you're willing to carry them out. Hollow threats and broken promises rapidly undermine your ability to hold people accountable.

Also understand that the best you can achieve with imposed consequences is compliance—which may not be good enough. In health care, people need to take independent and informed actions, and you can't buy such initiative with threats and promises. Instead, healthcare providers are motivated intrinsically to seek positive outcomes through the empowerment of education and understanding.

Finally, using imposed consequences undermines both your reputation and your relationship with the other person. Saying "Do it because I say so!" damages your hard-won reputation, dumbs down the other person, creates a culture void of personal accountability, and fosters discontent.

Conversely, each time you use natural consequences in a convincing way, you add to your reputation for expertise and trust. Mutual purpose and respect promote high-quality care, as it takes a team to accomplish these goals. Others realize you know what you're talking about and have their best interests in mind.

Best Practice Avoid imposed consequences whenever possible. If you absolutely must use them, explain your reasons. Then circle back later to work on rebuilding the relationship.

When words aren't enough

So far we've addressed conversations you might have when trying to motivate someone. But verbal persuasion is the weakest form of influence. The gold standard for influence is personal experience. It overcomes the toughest skeptics. It feels real because it is real. And it's hard to deny because it's happening to that person. What's more, it combines information and emotion into a convincing package: The person truly *experiences* the consequences.

Best Practice Whenever possible, use personal experience to motivate others. Organize a field trip or another way that allows the person to walk in someone else's shoes for a meaningful period. If you've ever read an account of a healthcare professional who has become a patient, you'll recognize the power of personal experience. Health care abounds with examples of bad outcomes related to complications and, conversely, about the positive effectives of good care. ★

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How to find natural consequences

The tips below can help you find natural consequences that motivate others.

- Consider long-term consequences the other person might not be aware of.
- Look for "hidden victims"—people who are affected by the other person's actions.
- Identify current problems the person's actions may be causing for himself or herself.
- Think of consequences that might affect the person's sense of self.
- Make links to existing rewards the person hasn't considered.

Assume people are always motived, but not always motivated to do what you want them to do.

Online Journal of Nursing

Did you know the American Nurses Association publishes an online scholarly journal, titled the *Online Journal of Nursing?* **OJIN is a peer-reviewed, online publication that addresses current topics affecting nursing practice, research, education, and the wider health care sector.**

The intent of the journal is to present different views on issues that affect nursing research, education, and practice, thus enabling readers to understand the full complexity of a topic. The interactive format of the journal encourages a dynamic dialogue resulting in a comprehensive discussion of the topic, thereby building up the body of nursing knowledge and suggesting policy implications that enhance the health of the public. The journal is indexed by Medline, CINAHL and Scopus.

Each issue begins with a collection of initial, invited, peer-reviewed articles written by national and international experts in a particular topical area. An advantage of electronic journals over print journals is that unsolicited, voluntary articles can be added over time to the topic, thus updating the topic and increasing our understanding of the topic. All articles, invited and unsolicited, undergo a blind peer-review by at least three of our national and international OJIN Editorial Review Board members who recommend acceptance, resubmission, or rejection of the manuscript.

The topic for the current issue is Delegation Dilemmas: Standards for Skill and Practice. The six initial articles in this topic address a variety of considerations that are important in successful delegation. These considerations include traditional and emerging thought about the common skills necessary for delegation and the unique challenges across practice settings. A number of common themes emerge in this topic.

The journal is available at http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN.aspx. ANA members have the first opportunity to access the most recent OJIN topic. When each new topic is posted, the previous topic becomes available to all viewers.

ANA House of Delegates: Lobby Day

Another key event on the first day of the HOD was ANA's "Lobby Day," and an estimated 1,400 nurses took part—some meeting with their policymakers on Capitol Hill, while others participated online.

One of their major messages was to ask policymakers to support the "Registered Nurse Safe Staffing Act," which calls for hospitals to follow ANA's *Principles for Nurse Staffing,* among other provisions. The measure was introduced this week in the U.S. Senate by Sen. Daniel Inouye (D-HI) and in the U.S. House of Representatives by Reps. Lois Capps (D-CA), Steven LaTourette (R-OH) and Ginny Brown-Waite (R-FL).

ANA-Maine delegates meeting with Chellie Pingree and Mike Michaud at HOD Lobby day, 2010

House of Delegates: Obama is in the House

Against the backdrop of more than 1,000 cheering nurse delegates and other RNs, President Obama took the stage at ANA's House of Delegates (HOD) last Wednesday June 16th to thank ANA and nurses for their strong commitment to ensuring access to health care and system reform.

"After a long and tough fight, we succeeded in passing health care reform—and [it] will make a big difference in the lives of people," Obama told the nurses, who waved signs saying, "Yes We Did."

Obama noted that ANA's advocacy around access is nothing new and singled out Past President Jo Eleanor Elliott, BSN, RN, FAAN, who led ANA to become the first health care organization to support the creation of the Medicare program

President Barack Obama and ANA President Rebecca Patton

He also spoke about the failures of the health care system, which often favored insurance companies over patients, nurses and other providers.

"Because you know our health care system so well, that is why you have become such fierce advocates for reform," he said.

He also pointed to changes that are occurring or will occur as a result of the historic measure, including those that affect nurses, such as boosting federal funding for nurse-managed clinics to meet the nation's primary care needs.

"My task is to ensure a health care system that is worthy of your efforts," Obama said.

Patient Protection Act continued from page 10

workforce by initiating and maintaining nurse retention programs …" (p. 512). These grants can be used by schools of nursing or healthcare facilities to promote career ladder programs and programs that enhance patient care delivery systems.

Section 5311, p. 513 increases the amount of loan forgiveness to faculty at accredited schools of nursing from $30,000 per year to $35,000 with additional increases through 2014 subject to other restrictions.

Part D of the overall law establishes a public health sciences track to be established at existing accredited schools. Nursing and nurse practitioners are among the disciplines guaranteed spaces in this proposed track. The surgeon general will oversee and administer this program, which also includes faculty and continuing education development. Programs for stipends and tuition abatement will be included. Section 5404 of part D also directs collaboration with the National Advisory Council on Nurse Education and Practice to provide for diversity grants.

Reimbursement

Section 5501 includes nurse practitioners and clinical nurse specialists as eligible to receive up to a 10-percent bonus payment by Medicare for certain primary care service codes subject to certain limitations for care provided during the period of Jan. 1, 2011 to Dec. 31, 2016.

Quality

Section 6102, p. 584 is titled, "Accountability Requirements for Skilled Nursing Facilities and Nursing Facilities." This section aims to increase transparence in skilled nursing facilities by mandating specific reporting requirements on public Web sites to allow direct comparison between facilities. Of note to nursing is the requirement that facilities report staffing, by types of preparation as well as "the relationship between nurse staffing levels and quality of care and an explanation that appropriate staffing levels vary based on patient case mix." Section 6113 relates to skilled facilities reporting by creating an independent monitoring board to review the data submitted. Such review includes a requirement to analyze nurse staffing levels in relation to census, staff turnover rates and tenure. Nurses are also protected from retaliation related to lawful whistleblower activities.

The Social Security Act is amended to require face-to-face encounters—which can include telemedicine encounters before a practitioner, including nurse practitioners and clinical nurse specialists—receive payment for prescribing any durable medical equipment through Medicare. Section 10605, p. 888 also amends Medicare to include nurse practitioners and clinical nurse specialists in conducting face-to-face encounters for home health services so long as the advanced practice nurse is working in collaboration with a physician in accordance with state law.

To conclude, nurses and nursing issues are incorporated into a wide range of topics within this new law. While many details are forthcoming, opportunities appear to exist for nurses to improve the practice of nursing, improve access and quality of care to our patients, and search out creative and reimbursed methods of basic and advanced nursing education.

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