ANA-MAINE JOURNAL

The Newsletter of the American Nurses Association–Maine SUMMER 2008

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ANA MAINE
AMERICAN NURSES ASSOCIATION MAINE

President's Message

Susan Henderson

Sue Henderson
President

In June, Paul Chamberland, Bettie Kettell, Jacqueline Fournier and I attended ANA's House of Delegates (HOD), Constituent Assembly and state regional meetings in Washington, DC, as elected representatives of ANA-Maine. The House of Delegates is the governing body for the American Nurses Association. Each state is allotted delegates according to number of members in its constituent member assembly.

The week began with the regional meetings of state organizations. At these meetings, the presidents and executive directors of each state organization discuss state trends, successes and problems. Successes reported included safe staffing legislation, bills concerning safe patient handling, workplace violence and protection of the role of APRNs. Among the states, programs are being developed to assist the impaired nurse and mentor new graduates. Other states have addressed environmental initiatives including environmentally sound disposal of unused medications. ANA-Maine reported some of our successes as:

- The passage of two bills supporting environmental issues.
- The receipt of a grant from The Nurses' Investor Education Project sponsored by the Center for American Nurses and the Women's Institute for a Secure Retirement (WISER). The purpose of this project is to provide basic financial information to women to empower them to participate in financial planning.
- The Maine Student Nurse Association has a new president who is working hard to reactivate this organization of student nurse organizations from schools all over the state.
- Collaborative work with other nursing and healthcare organizations to develop an alternative to discipline program for impaired nurses.

The Constituent Assembly consisted of reports of officers and department heads. The directors of Governmental Affairs and Nursing Practice and Policy presented ANA's response to the American Medical Association resolutions on advanced nursing practice and use of the title "doctor." An update was given on ANA's role in the Coalition of Patient Rights (CPR) in seeking to protect patient access to a full range of healthcare providers. Information was provided related to the Doctorate of Nursing Practice. States that are promoting the attainment of a BSN within 10 years of licensure were asked to report their progress. The Center for Occupational and Environmental Health is offering three programs for chemical first-receiver training to "prevent work-related harm by training nurses on how to best protect themselves, their communities and the environment during first-receiver roles." For information, contact holly.carpenter@ana.org.

The House of Delegates session began with an address by ANA Pres. Rebecca M. Patton, who stressed the importance of nursing's role in health policy for both patients and nurses. She reported that ANA is working to develop healthy work environments, tangible recognition and empowerment for nurses and noted that ANA was the first healthcare organization to endorse Medicare. Pres. Patton asserted that safe staffing saves lives and that direct-care nurses should decide staffing needs. She addressed the importance of ANA's Handle with Care and Safe Patient Handling programs to the nurse in preventing back injuries and reported that research on Nurse Sensitive Quality Indicators not only can be used to prevent staff cuts, but used to increase nursing staff. In closing, Pres. Patton recalled Virginia Henderson's definition of nursing and, using that definition, envisioned the prevention and relief that could be provided by nurses with direct access to patients. Pres. Patton envisioned a nurse as director of the Department of Heath and Human Services. However, she noted that four out of five nurses belong to no professional organization and that "staying on the sidelines denies our strength."

Linda Stierle, ANA's Chief Operating Officer, pointed out the significance of ANA's safe staffing and scope of practice initiatives to the debate on healthcare reform. She referred the audience to www.safestaffingsaveslives.org and asked us to contact our congressional delegation in support of HR 4138, the Registered Nurse Staffing Act, which is now before Congress.

U.S Sen. Hillary Rodham Clinton addressed the ANA House of Delegates to thunderous applause and multiple standing ovations. Sen. Clinton said that "nurses are

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President's Message

Continued from page 1

holding together our society, unnoticed, undervalued and undermined." Calling the 47 million uninsured a rebuke to America's values, the senator declared that "nurses are a voice for the voiceless" who are unafraid to speak truth to power even though the price may be heavy. In her closing remarks, she asked the assembly to support U.S. Sen. Barack Obama for president. Sen. Obama addressed the House via speaker.

Dr. Hattie M. Bessent was honored for induction into Nursing's Hall of Fame. In her remarks to the House, Dr. Bessent said that every day she prays for food, peace and justice for the world. She asked nurses to "continue to do what is right, to be a nurse who cares."

The House of Delegates considered 14 bylaw amendments. Bylaws define each state organization's relation to the whole of ANA, and bylaws also define the role of affiliate organizations, including labor unions. Because bylaws help define who and what ANA is, debate was protracted and sometimes heated. In order to finish scheduled business, the House convened at 6 a.m. on Friday. Soon the revised bylaws will be published on www.nursingworld.org

The House of Delegates passed several reference reports and resolutions on important issues concerning health policy and nursing practice. The ANA Board of Directors works to implement the ideas contained in the resolutions. Any state constituent assembly can submit resolutions for consideration. Resolutions that passed addressed: criteria for organizational affiliates; revisions of HOD policies regarding hearings on bylaws and references; educational advancement for registered nurses; global climate change and human health; nursing's response to intimate partner violence; health care availability for veterans and their families; access to oral care for the elderly; healthy food in health care; residency programs for the new graduate; protecting and strengthening Social Security; protection and enhancement of Medicare; and human trafficking.

The House of Delegates closed after the announcement of elected officers and members of the Board of Directors, Congress of Practice and Economics, and Nominations. Members of ANA-Maine are eligible to run for national office. Terms are two years. Election results can be found on www.nursingworld.org.

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Improving Patient Care Through Research

by Debra Anscombe Wood, RN

Nursing blends the art of caring and investigating scientific best practices to discover new techniques that improve patient care.

"Everything a nurse does must be grounded in evidence," says Fran Roberts, RN, PhD, vice president of the College of Nursing and Health Sciences at Grand Canyon University in Phoenix. "We must have a proven reason for why we are doing what we are doing."

Long the purview of academia, nursing research presents opportunities for bedside nurses to discover answers to vexing questions in their daily practice.

"The best research comes out of day-to-day issues we face as we care for patients," Roberts says.

Nurses may turn to nursing literature or guidelines from specialty organizations to check for completed studies that have already addressed the situation, but they often find a lack of information and decide to tackle a project to find an answer that will let them enhance the quality of care, says Nicolette Estrada, RN, FNP, PhD, nurse researcher at the Phoenix VA Health Care System.

"We cannot improve patient outcomes and give the best care without it being research based," says Barbara F. Piper, RN, DNSc, AOCN, FAAN, professor and chair of nursing research at Scottsdale Healthcare/University of Arizona College of Nursing.

Nurses, typically, develop an area of expertise and build the scientific knowledge in that domain, whether end-of-life care, pressure ulcers, or another topic. Roberts considers it a good idea to follow one's passion and start exploring within that area of special interest. She says a place exists for both quantitative research, data driven studies, or qualitative research. She suggests investigating and exploring issues from the patients' perspective.

Research differs from quality improvement (QI) initiatives in that QI projects typically look at internal improvements within the hospital or health system while research involves an investigation that will contribute to the general knowledge.

Overcoming Barriers

Time, money, attitudes, and educational preparation present barriers to nursing research.

Nurses busy with high-acuity patients may find it hard to conceive taking on a research project, which involves designing the study, collecting the data, and writing the paper.

A mentor, within or outside the hospital system, often proves helpful to nurses new to the research process.

"Nurses can get together with doctorally prepared nurses to develop projects they can implement together," Piper says. She is working with an advanced practice nurse at the hospital on a study addressing cancer patients' fatigue.

Karen Cizek, RN, a staff nurse on a surgical unit at the Phoenix VA is collaborating with Estrada on a study evaluating the use of colored wristbands to warn caregivers about allergies or other conditions. Cizek says that fear of the unknown, failure to recognize the benefit of research, and the perception that only university-educated nurses can conduct research often prevent nurses from tackling a research project. She thinks change must begin in nursing schools to spark students' interest in research, Hospitals could also do more to educate nurses about the process and reward initiatives in tangible and intangible ways, such as pay incentives offered by the VA and praise from the nurse manager or a mention in the hospital newsletter.

Colleen Keller, RN, FNP, PhD, director of the Hartford Center of Excellence in Geriatric Nursing at Arizona State University in Phoenix, says nursing must overcome the stereotype that research is borimg and help nurses discover the excitement of asking the right questions and finding answers.

Money also often serves as a barrier to nursing research. However, Roberts says research need not be costly, but it does require time and support from the institution.

Publishing

Expanding the knowledge base requires informing fellow nurses of research results.

"You need to share with the world and get the evidence out there, so changes can be made," Roberts says. "As professionals, we have an ethical responsibility [to publish] for the greater good of all."

Keller agrees, saying that nurses must report results from all studies, even those that failed. She said analyzing the results and the reasons the expected outcome did not occur is an important part of furthering the knowledge base.

"A research project is not done until it is published, until we disseminate it to our colleagues," Keller adds. "The next person doing a study based on this work or like work can push the science further. It adds another piece to a puzzle."

Publishing typically requires obtaining approval of the study from the Institutional Review Board (IRB), which aims to protect human subjects. Cizek obtained IRB approval for her study, even though it did not require any interaction with patients. Hoping to advance the theory that uniform colors on the bands will improve patient safety, Cizek plans to publish her findings.

"You don't have to be a master's degree nurse or an administrator; staff nurses can do this and should be doing this," Cizek says. "Nursing research can have a direct, positive impact on patient care."

Debra Anscombe Wood, RN, is a freelance writer. To comment on this article e-mail editorSC@nurseweek.com.

BOOK REVIEW
When Life Changes in the Instant
The Year of Magical Thinking

by Joan Didion
Published by Knopf, 2005, New York
Reviewed by Penny Higgins, RN, EdD

Joan Didion is an established American writer, having produced five novels and seven books of nonfiction. However, her expression is unique in this true record of her life and behavior following the sudden and crushing death of her husband, and during cruel and devastating illnesses suffered by her daughter.

During the first illness of her daughter, she and her husband of nearly 40 years, writer John Gregory Dunne, return home from the hospital for dinner, and he suffers a fatal heart attack. Although he was no newcomer to heart disease, she spends the next year in a sort of shock reaction marked by irrational behavior. For example, she finds she has trouble giving away his shoes, convinced on some level that he will need them on his return. She realizes later that her wish for an autopsy was actually a disguised belief that some knowledge would be gained that would correct the cause and bring him back to health. She amuses her doctor several months later by saying, "I just can't see the upside of this." Joan tried to control self-pity by telling herself that she has been lucky all of her life, but was unable to define "luck."

Throughout the book she gives us a glimpse of their family life, their closeness, and the ability to express themselves to one another, help each other and on occasion criticize each other. The quality of their life together underlines her feelings of loss—and, sometimes, fears for her own survival and a wish to be available to her daughter (who, at age 39, succumbed to her illnesses after the book was published). She reflects upon their life together, their many moves about the country, and tries to decide if they had remained in one place or another, would her husband be alive and her daughter well.

It is an intimate memoir, and a story of a widow's effort to make sense of their life together, the loss of a husband, and her reaction to that loss.

The book is of interest to those suffering similar losses in their lives, even though their personal experiences may not be at all similar. One important point is that our reaction to the death of someone close to us is ours alone. There is no right or wrong way to navigate the first year or even succeeding years, and we cannot try to set standards for ourselves or others. We can seek supports that seem to fit our life, whether they be friends, groups or therapy. Nurses can use these ideas in accepting their own adaptation to loss, and in observing and helping their patients—no matter how odd or unwelcome the person's resulting behavior may become. Joan Didion opens her book with this short poem summing up the end of her life with her husband:

Life changes fast.
Life changes in the instant.
You sit down to dinner and life as you know it ends.
The question of self-pity.

Two Maine Nurses Honored with Agnes E. Flaherty and Sister Consuela White Awards

Maine's top nursing awards were recently presented to two nurses in recognition of their superior skills and dedication to the nursing profession. The recipient of the 2008 Agnes E. Flaherty Leadership Award is April Giard, PMH-NP, CNS, CNAA, from Acadia Hospital. The recipient of the 2008 Sister Consuela White Spirit of Nursing Award is Denise Deschenes, RN, of Saint Mary's Hospital.

The American Nurses Association-Maine held its annual award dinner at the Martindale Country Club in Auburn on May 2, 2008. ANA-Maine presents these two awards annually in honor of two beloved and highly respected nursing leaders in Maine. During a lifetime of many accomplishments, Agnes Flaherty served as a flight nurse in the U.S. Army Air Forces during World War II and director of nursing at Maine Medical Center for many years. Sister Consuela White served as director of nursing at Mercy Hospital and founded the nursing program at Saint Joseph's College. Both women have served as president of their state nursing organization and are current members of ANA-Maine.

Guest speaker at the dinner was Joshua Gregoire, a fourth-year nursing student at the University of Maine at Orono. He is president of the Orono Student Nurses Association and the Student Nurses Association of Maine. The nomination committee for the awards included Patricia Boston, Paul Chamberland, Gail Dudley, Anita Hakala and Terri Mathew.

Other nominees for the 2008 Agnes E. Flaherty Leadership Award were: Joanne Chapman, RN, MSN, CNA-BC from Maine Medical Center; Deborah Dolan-Bachand, RN, BSN, CAN-BC, Maine Medical Center; Margaret McRae, CCRN, Central Maine Medical Center; Pamela Correll, RN, BSN from Maine Public Health Nursing; and Joan Oddy, RN from Southern Maine Medical Center.

The 2008 Sister Consuela White Spirit of Nursing Award nominees also included: Lindsay Austin, RN from Central Maine Medical Center; Terry Lacroix, RN, BSN, CCRN, Goodall Hospital; Carol Marino, RN, Penobscot Valley Hospital; and Cathy Rand, RN, Mercy Hospital.

Left to Right: Denise Deschenes and Susan Henderson

Left to Right: Marsha Bean, April Giard and Susan Henderson

Confident Voices

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

Welcome back to the column that addresses the communication and conflict issues that nurses often face. 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 work closely with nurses and have a challenging situation to share, please contact Beth at: ConfidentVoices@verizon.net. Confidentiality and anonymity will be honored.

Dear Beth,

I am the practice manager (also a nurse) for a primary care physician's office. We have five physicians and three nurse practitioners, with a nurse assigned to each physician. One of the nurses has a chronic health issue and calls in sick considerably more than the others. At first the staff was willing to help out, but over the last few months there seem to be signs of resentment. They have to cover for her when she is not in.

We tried hiring a per-diem nurse, but she left because we weren't using her enough. Upper management does not want to train anyone new based on the current frequency of sick calls. I am in charge of staffing, but am not sure what to do about this situation. I don't question the legitimacy of the nurse's condition, but am concerned about the toll it is taking on the team.

Signed,

Worrying About the Next Call

Dear Worrying,

Thanks for sharing this challenging situation with us. There are several thoughts that I have to share and a variety of perspectives to consider—yours, as a supervisor (and perhaps as an individual), the organization's, that of the customers or clients your group serves both directly and indirectly, and the employees'. Working toward an optimal balance will require insight into needs, wants, and limitations of all of these.

You have the complicated challenge of balancing this employee's limitations and availability with your organization's needs. Getting as much clarity as you can on both sides is a good place to start. As you've realized, this type of situation can lead to unproductive power struggles, resentments, morale issues and/or productivity problems. You are wise to pay attention to this situation early on. You must also be in compliance with the Americans With Disabilities Act (ADA)[i] which, although beyond the scope of this column, is an important employer obligation to be familiar with.

Regarding the employee: Is there any predictability in terms of sick calls? When the employee calls in sick is she totally disabled for the day or is there room for providing some support to the team? It might be helpful to look for solutions outside the box such as partial day, a scheduled TC for questions/support, off-site work that could be done at another time so that the employee can maximize availability when she feels OK. It may be surprisingly beneficial to ask the employee if she has any ideas about how to meet the goals associated with her job description despite frequent sick calls. Also, how clear are any work restrictions? Some physicians are more detailed than others and if the employee is willing to provide some level of support at work, she may be able to communicate this to her treating doctor and develop a new release.

For example, *Nurse Jones may work a reduced number of hours/day at a sedentary capacity as tolerated.* Although somewhat vague, this type of work release can allow for employee and employer to work together to maximize work capacity and can be very effective if the relationship between the two is mutually respectful.

Regarding the organization: How clear is the job description and are there areas where creative flexibility in response to physical limitations will result in increased opportunities for the employee to meet related goals? Is there a way to redistribute any aspects of the job that would create a better balance for the team? This will be tough if the employee is a direct care provider but it may be worth looking at the issue through this lens. Documentation support, phone calls and teaching materials may be potential tasks to consider.

Is there an HR resource to help you determine what would constitute reasonable accommodations? You need to be able to have some kind of a bottom line that helps you to define this and whether or not the employee's limitations create a burden (per ADA regulations) on the organization. It may be worth checking with your insurance company to take advantage of any short-term disability support available. If the relationship between employer and employee is positive, this will be less significant.

Regarding staff: Staff may also have some ideas and you would need to be very careful about privacy. The clearer the employee and PCP are about any limitations, the easier it would be to frame an invitation for input. A team meeting where you speak to the limitations without blame or judgment might proceed like this: "We know that Nurse Jones will be missing work from time to time without notice. What suggestions do you have for making sure we get the job done? What do you need for support? How can I help you, how can the organization help you and how can we help each other?" This type of intervention will be more effective if there is team support. And it is so important to use your judgment and frame it appropriately. Checking in with Nurse Jones about this would be the most collaborative process to follow. This may be intimidating or embarrassing and if she has concerns, I would suggest that you try to honor them. In an ideal situation she would feel welcome and safe to participate in such a meeting.

There are several judgment calls in this scenario and a great opportunity to see where building collaboration can lead to creative and effective problem-solving. I hope these ideas are helpful and wish you the best as you and your staff move forward. Feel free to let us know and share any feedback.

Sincerely,

Beth

Beth Boynton, RN, MS is a nurse trainer/consultant specializing in communication and conflict issues that impact nurses and other healthcare professionals. She is an adjunct faculty member with New England College's graduate program in Healthcare Administration. She publishes the free e-newsletter *Confident Voices for Nurses: The Resource for Creating Positive Workplaces.* She is currently writing a nurse's guide for improving communication and workplace dynamics. She can be reached at bbbboynton@verizon.net, www.bethboynton.com, or 207-363-5604.

Seeking Help With Impaired Nurses

Is there a need for an alternative-to-discipline program in Maine?

by Joanne M. Fortin, RN

Here's the scenario. You have a per-diem RN who has been working for you a couple of years. She is a mediocre performer, but it is so helpful that she is receptive to floating to different nursing units and even has a preference to work those hard-to-fill shifts like nights and weekends! But you start getting reports that her behavior is "weird" or "different." At first, there are no specifics other than variability in moods or complaints about being snappy. You start seeing a pattern of patients complaining of pain, though the patient records indicate they were recently medicated for pain. You have also received a couple of reports that there are periods during which this nurse cannot be found. When ask about this, she states very simply that she was in the bathroom. When you try to address any concerns, she gets very tearful. She shares with you that she is going through many issues in her personal life, such as divorce, difficult teenagers. And a few weeks ago, a reliable source reported possibly seeing her take something from the med cart, stuff it in her pocket, then go to her locker and back to the nurse's station. Oh yes, and did I mention that she is a relative of one of your organization's star performers?

If aspects of this scenario sound somewhat familiar and you are baffled about how to deal with it, you are not alone. There are many questions and potential pitfalls such as Americans With Disability Act (ADA) protections, how to conduct a proper investigation, whether and when to involve law enforcement, various levels of reporting requirements, and risk management considerations—such as, can you do a drug test, can you search her locker, and should you send her home with or without pay? The list just does not end!

It is with this background in mind that a special Impaired Nurse Steering Committee comprised of the Organization of Maine Nursing Executives (OMNE), Maine Society for Healthcare Human Resource Association (MSHHRA), and other healthcare professionals began to research what resources are available to employers and professional nurses in Maine. At the early stages of its work, the steering committee developed the following goals:

- **Heighten awareness and care for the caregiver**
  First and foremost, education is necessary along two different lines—how to recognize impairment and next, what to do with that information once impairment is recognized.
  In addition to programs previously offered, plans for this year's program are in the final stages of development. Thanks to the Coalition of Maine Nurse Organizations (COMNO) and Martha Rae Lane, CRNA, an event has been planned to bring a renowned speaker in the field of substance abuse and diversion to Verillo's in Portland on Nov. 7, 2008.
  The main topics include how substance abuse and diversion are currently handled and how the process could be different if Maine had an alternative-to-discipline program for professional nurses. The program will also provide information on how to identify behaviors of an impaired nurse as well as address attitudes of peers and approaches to use when faced with a potentially impaired peer.
  Program flyers will be available as the meeting date approaches.

- **Explore alternatives to discipline**
  The steering committee has done extensive work in this particular area. Maine is not one of the 37 states with an alternative-to-discipline program for professional nurses. During its work over the last two years, the committee studied approximately 30 of these programs.

  Myra Broadway, executive director of the Maine State Board of Nursing, has been very active from the beginning as a steering committee member and has offered valuable resources and guidance from the Board of Nursing perspective. The goal has been to learn from successful programs and to adopt portions of these plans that would be a fit for the professional nurses of Maine.

In the course of its research, the committee was referred by Anne Head, director of Licensing and Registration, to Maine's Physician Health Program (PHP), which was established in 1987. The successful program is conducted by the Maine Medical Association (MMA), which has a reported program completion rate of 85 percent of its participants. The PHP functions under protocols developed with the Maine Board of Licensure in Medicine, the Maine Board of Osteopathic Licensure, and the Maine Board of Dental Examiners.

As of last year, through legislation, the physician group accepted pharmacists into their program.

There has been much dialogue between the MMA Physician Health Program over the last two years. This has led to an acceptance that, with restructuring and expansion, professional nurses may also be eligible for the program. Legislation would be required as it was for Maine pharmacists and technicians.

Gordon Smith, attorney for the MMA; David Simmons, MD, FACP, clinical director, Committee on Physician Health; and Guy Raymond MD, PHP Advisory Committee chair, have been instrumental in supporting the work of the Impaired Nurse Steering Committee and recognizing the benefits of increasing the PHP's diversity. With increasingly varied disciplines eligible for the program, the Physician Health Program has been renamed the Professional Health Program.

Thanks to the dedication of Martha Rae Lane and Myra Broadway, the steering committee has had a presence on the PHP Advisory Board, providing a valuable opportunity to see first-hand how the program works and to determine how realistic it would be to include professional nurses in an alternative-to-discipline program.

- **Develop a tool kit to assist organizations in dealing with an impaired worker**
  Some of the feedback received from the healthcare community is a need for resources for employers and employees. For employers, the tool kit would provide information on how to connect employees with peer assistance programs. From the employee perspective, the tool kit would offer guidance in recognizing impairment in the workplace and the direction to take when encountering impairment. Nicole Morin-Scribner and Tammy Rolfe have taken the lead in the development of these resources. The tool kit currently exists in draft format with the intent to roll it out at the time of the Nov. 7, 2008 education seminar.

- **Expand reporting immunity**
  The impetus for this goal came from the nationally publicized Cullen case in New Jersey. At the annual OMNE–MSHHRA meeting, a loud and clear message was heard that organizations were looking for ways to facilitate the sharing of information when public safety may be at stake. MSHHRA is currently monitoring work being done by the national human resource group and the national risk management association. A standard process to support the sharing of information for work applicants is in the development phase. Nicole Morin-Scribner has been an active participant of the steering committee and has reported that in the next several months the MSHHRA board plans to discuss the probability of adopting such a process as a voluntary system for Maine.
  This goal of the steering committee is in the early stages of research and development. More dialogue is needed with Maine's healthcare professional organizations to gain insight into the challenges of sharing information within existing laws.

In the upcoming months, it will be crucial to have the support of Maine's healthcare organizations and Maine professional nurses. Maine's professional nurses deserve an alternative-to-discipline program. As fall approaches, speak with your legislators. Ask how you can help today by contacting a member of the Impaired Nurse Steering Committee. Your voice will make a difference!

Impaired Nurse Steering Committee members:

Joanne M. Fortin RN, Co-chair, Director of Nursing, Northern Maine Medical Center
Nicole Morin-Scribner Co-chair, Director, Human Resources, St. Mary's Hospital System
Myra Broadway, JD, MS, RN, Executive Director, Maine State Board of Nursing
Tammy Rolfe, RN, Director of Quality Improvement and Regulatory Affairs
Martha Rae Lane CRNA, State Peer Advocate, MEANA
Margaret Hourigan, Chair, Department of Nursing, St. Joseph's College
Donna DeBlois, Executive Director, KNO-WAL-LIN Home Care & Hospice
Susan Henderson MA, RN, President, ANA-Maine
Kathleen Webster MSN, APRN-BC, Director of Nursing Practice, BHS, MGMC
Mary DiMascio RN, VP Clinical Services, St. Andrews Hospital
Jane Hersey, Employee Assistance, St. Mary's Hospital System
Sandra Parker, Attorney, Maine Hospital Association
Kathy Hoke, RN, Maine State Nurses Association
Anne Head, Director, Office of Licensing and Registration

The Luminary Project and Luncheon

Maine Nurses Strive for Environmental Health

by Bettie Kettle, RN, Director ANA-Maine

On June 4, 2008 eight of our nine Maine Nurse Luminaries and invited guests gathered for a Luminary Luncheon at Mae's Café in Bath. The goal was for all of these nurses and other Luminary candidates to meet and share their stories and goals. This event was the result of a collaborative effort between the Environmental Health Strategy Center (EHSC) and two RN No Harm-trained nurses and members of ANA-Maine. Kristine Jenkins, an EHSC organizer, Bettie Kettell, RN, pollution prevention coordinator at Mid Coast Hospital, and Sandra Armington, RN, of Maine General have been working for several months to engage and connect with Maine nurses who are interested in environmental health issues. This luncheon was our latest event and an opportunity to celebrate nurses and their accomplishments.

The Luminary Project: Nurses Lighting the Way to Environmental Health is an effort to capture the illuminating stories of nurses' efforts to improve human health by improving the health of the environment. The shining stories on the project's Web site (www.theluminaryproject.org) show how nurses are creatively and strategically addressing environmental problems and illuminating the way towards safe hospitals, communities with clean air, land and water and children born without toxic chemicals in their bodies.

The Luminary Project is a collaboration of the Nurses Workgroup of Health Care Without Harm, a nonprofit organization, and the nurses and nursing organizations that are the Guiding Lights and Beacons for this project. The Beldon Fund is providing financial support.

Maine's nine Nurse Luminaries represent many aspects of nursing from direct care in multiple areas, to educators, a state representative, a wellness coordinator and a community health educator. Their stories vary but remain similar. Maine Luminaries and organizations are working to involve more nurses in environmental health initiatives at the hospital, community, and state policy levels. The support to advance this effort comes from ANA-Maine and the EHSC. Together these organizations have sponsored several education sessions entitled RN No Harm-Maine. We are planning to hold a third similar event in the spring of 2009.

During the luncheon we had casual presentations form Kristine Jenkins and Steve Taylor from the EHSC, Bettie Kettell and Sandra Armington, Nurse Luminaries, and guest Karen Ballard, chair of the Nurses Work Group of Health Care Without Harm. Then the participants shared their stories or interest in environmental health issues. It is validating to know that there are others in our profession who share common goals and interests. It encourages advancement of this effort and provides a unified voice.

The voice we share is that of an increasing number of nurses who are concerned about the environment and the impact of health care on the environment. The evidence is growing that many healthcare policies and practices are detrimental to our patients, healthcare workers and the planet. We need to increase our awareness of these issues and work toward improvement of our profession. Health care is toxic. Many of the products needed to provide care have toxic moments in their lifetimes that can affect many along the way. What are the safest alternatives for providing that care? The person delivering that care must be considered in this process, as must the people who manufacture and dispose of the products. Together we can achieve this goal.

Maine Nurse Luminaries are Sandra Armington, RN, Maine General; Marla Davis, Mid Coast; Jeanne Goodrich, Mid Coast; Jana Hentz-McDorr, Mid Coast; Bettie Kettell, Mid Coast; Celeste Pascarella, Mid Coast; State Representative Anne Perry, Calais; Marcia Shafer, Mid Coast; and Ruth Tash, formerly of Pen Bay. We are proud of these nurses and others that they inspire.

For more information go to www.theluminaryproject.org. This Web site lists the stories of nurses across the country who are environmental advocates. A nurse can find resources and tools on this site as well as links to many other like-minded organizations.

The EHSC, founded in 2002, works to protect human health by reducing exposure to toxic chemicals, expanding the use of safer alternatives, and building partnerships that focus on the environment as a public priority.

The EHSC engages in strategic issue campaigns to reduce exposure and promote environmentally preferable alternatives to toxic chemicals. The EHSC targets hazardous products and materials, such as PVC plastic (vinyl), for replacement with safer substitutes. The center tracks leaders and laggards among polluters to discourage dirty technology in favor of clean production, and works through partnerships with others to improve environmental health. One example is working with Maine nurses with the support of ANA-Maine. This effort and its work with hospitals promotes environmentally responsible health care. For more information on the EHSC go to www.preventharm.org and its recently created link for nurses, http://www.preventharm.org/reso.nurs.shtml. The EHSC is also a Luminary Beacon.

The luncheon was a delightful and informative time. Participants were energized by the increasing number of nurses involved in similar environmental projects. It is exciting to share and collaborate in crucial projects for our patients, the community and nurses ourselves. Said Kristine Jenkins: "It is such a wonderful opportunity to let nurses know how they can get involved—at a national level through the Luminary Project, and locally, through the EHSC."

Saint Joseph's College Names Director of Online Nursing Programs

Dr. Lois Withey Hamel of Auburn, Maine, has been named the director of online nursing programs at Saint Joseph's College. A certified adult nurse practitioner, she holds a B.S. and M.S. in Nursing from the University of Southern Maine and a doctorate in Adult Health Education from the University of Maine-Orono. Previously, she was the director of education and gerontological consultant for SBS, Inc., providing gerontological services in contracted nursing homes for behavioral care problems. A nurse for 20 years, Hamel has taught for 10 years at the college level, including posts at the University of Southern Maine (where she pioneered several distance education health courses), the University of Vermont and Westbrook College.

Hamel will supervise undergraduate and graduate Saint Joseph's nursing programs for adult learners: the RN-to-BSN degree for nurses wanting to earn a Bachelor of Science in Nursing and the Master of Science in Nursing degree.

Nurses Take Action on Unnecessary Hormone RBGH in Dairy Products

The Nurses Work Group of Health Care Without Harm, recently released a rBGH-free Dairy Toolkit in conjunction with National Nurses Week, May 6th–May 12th. The rBGH-free Dairy Toolkit is a collection of resources to help nurses across the country advocate for rBGH-free dairy products in their hospitals, for their patients and in their homes.

Recombinant Bovine Growth Hormone (rBGH or rBST) is an artificial hormone given to dairy cows to increase milk production. "There are growing concerns that the use of rBGH may pose unnecessary risks to human health," stated Karen A. Ballard, MA, RN, the Nurses Work Group's Chair. "Precaution is a principle of our profession, so especially when our health is concerned, it is logical to avoid the use of dairy produced with this unnecessary hormone." The use of rBGH has been banned in Canada, Australia, New Zealand, Japan and all 27 nations of the European Union.

Hospitals and health systems that have reduced or eliminated their use of rBGH dairy include:

- The National Institutes of Health, Warren Grant Magnuson Clinical Center
- Catholic Health Care West Health System
- Fletcher Allen Medical Center, Vermont
- Oregon Health and Sciences University Medical Center
- Children's Hospitals of Minnesota
- St. Luke's Hospital, Minnesota

"The toolkit is a great collection of resources to help nurses promote healthy choices by encouraging our hospitals and our patients to purchase rBGH-free dairy," stated Barbara Sattler, DrPH, RN, FAAN, nurse and Director of the Environmental Health Education Center at the University of Maryland School of Nursing. "Since many of our hospitals are already purchasing rBGH-free milk, I hope that companies such as Dannon and Yoplait will support our interest in health by eliminating the use of rBGH in their products, especially yogurt."

HCWH encourages health care providers to purchase non-rBGH dairy products from suppliers. There are two categories of non-rBGH milk, organic and conventional. Organic is available in most parts of the country, usually at higher prices than conventional. Non-rBGH milk, often similarly priced to rBGH milk, may sometimes be labeled as containing "no artificial (or added) hormones." Buyers should ask their dairy suppliers for their policies on availability and verification methods for non-rBGH dairy products.

Across the country hospitals and healthy systems are adopting practices and policies to minimize the ecological health impacts from food production. Currently, 119 hospitals nationwide have signed Health Care Without Harm's Healthy Food in Health Care Pledge (www.noharm.org/us/food/pledge).

HCWH is an international coalition of more than 470 organizations in 52 countries, working to transform the health care industry worldwide, without compromising patient safety or care, so that it is ecologically sustainable and no longer a source of harm to public health and the environment. HCWH includes over 30 national and international nurse organizations.

The Nurses rBGH-free Dairy Toolkit is available at www.noharm.org/us/nurses/rbgh.

To learn more about HCWH's work on food and health see www.healthyfoodinhealthcare.org.

HCWH's position on rBGH can be found at: www.noharm.org/details.cfm?ID=1104&type=document.

Special Interests Challenge Dirigo Health Reform

by Trish Riley

In challenging economic times like these, more Maine families and businesses struggle to afford health coverage. Maine's Dirigo Health Reform was enacted in 2003 to assure all Mainers have access to affordable, quality health care. But achieving that noble goal has been challenging. Today about 18,000 Mainers receive health coverage through Dirigo; the DirigoChoice program is closed to new enrollment due to limits on available resources. Last year, the state legislature crafted a compromise to reduce the conflicts over how the subsidized insurance program, DirigoChoice, and coverage for low-income parents would be funded and to advance market reforms to make insurance more affordable for about 40,000 Mainers who buy insurance on their own. Unfortunately, that hard work is being challenged by a so-called People's Veto, spearheaded by special interest lobbyists.

DirigoChoice makes coverage available based on ability to pay for those whose income is less than three times the federal poverty level (about $31,000 for one person). Those eligible are individuals, self-employed and small businesses with fewer than 50 employees. More than 93 percent of the businesses participating in DirigoChoice have fewer than 10 employees, an important sector, as one-third of all new jobs created in Maine over the last several years were created by businesses of this size. The People's Veto, if successful, will put at risk coverage for hard-working Maine families and small businesses.

If successful, the veto will also eliminate important market reforms to make health insurance more affordable for those who do not have employer-sponsored coverage and buy health insurance as individuals. About 40,000 people in Maine currently buy health care in the individual market where prices are becoming increasingly unaffordable. Indeed, the most widely sold product in the individual market is one with a $15,000 deductible. While such a product can be a reasonable option for individuals with higher incomes, for average Maine families that kind of policy exposes them to many out-of-pocket costs they cannot cover. The reforms passed this year by the legislature will take a bite out of rising healthcare costs in that market, will provide lower-cost products to attract younger people to buy health insurance and will allow insurance carriers to develop insurance products that will be particularly attractive to younger people. When more younger people buy individual health insurance and the pool of those covered is expanded to include healthy, younger people, everybody benefits.

The new funding passed this session also will allow us to get beyond the contentious financing for the important DirigoChoice program. Initially Dirigo was financed by a Savings Offset Payment (SOP), an assessment on paid claims (insurers and those who administer self-insured plans) that can be as high as four percent and requires the Dirigo Health Agency and the Superintendent of Insurance to document savings to justify the assessment. That process–to document savings–is an extraordinarily costly and contentious one. The new law replaces the SOP with a predictable surcharge of 1.8 percent on claims paid for health coverage in Maine, lower than the average SOP already paid. In addition, the legislature enacted new taxes on beer, wine and soda endorsed by the bipartisan Blue Ribbon Commission on Dirigo Health—taxes that result in approximately three cents on a can of beer or soda, and seven cents for a bottle of wine.

These combined revenue streams replace the unpredictability and the contentiousness of the Savings Offset Payment and, importantly, provide funding for individual market reforms, the continuation of DirigoChoice and the coverage of low-income parents through MaineCare. Dirigo will be able to move forward with its new partner, Harvard Pilgrim Health Care, ranked the nation's No. 1 health plan in consumer satisfaction by *US News & World Report*. Harvard Pilgrim shares a commitment to universal health coverage.

The Dirigo Health Reform from its inception was designed to address cost, quality and access to health care for all Mainers—not just those eligible for DirigoChoice. The DirigoChoice product is only one part of the broader Dirigo Health Reform. The Dirigo Health Agency is also responsible for the Maine Quality Forum, which is continuing its important work to address the variation in efficiency among healthcare providers and assure that providers deliver care based on cost-effective, high quality standards that result in appropriate healthcare outcomes. And the Advisory Council on Health Systems Development, through the State Health Plan, is addressing the high cost of health care in Maine.

With the stable funding and individual market reforms passed by the legislature and signed by the governor this year, we will be able to continue the important work of Dirigo Health. Thousands of Maine children and their hard-working parents are counting on us to continue to lead.

Trish Riley is the Director of the Governor's Office of Health Policy and Finance in Maine.

ANA MAINE
AMERICAN NURSES ASSOCIATION 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 Oct. 4 for the Fall issue**. Send items to publications@anamaine.org. Please use the format as 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

August 2008

21 Portland, PESI. **Wound Care Challenges**. $169. For additional discount information: 800-843-7763 or www.pesihealthcare.com.

September 2008

9 Portland, PESI. **Effective Physical Assessment Skills: Identify Cardia, Respiratory and Neurological Disorders.** $169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

10 Portland, PESI. **Patient Crisis: Identify the Signs and Symptoms Before the Patient Crashes**. $169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

11 Bangor, Eastern Maine Medical Center—Vascular Care of Maine. **2008 Eastern Maine Vascular Conference**. 8 a.m.-4:30 p.m., $99 includes materials, lunch, refreshments, and certificate; 7.0 contact hours for RNs, MDs. Location: Spectacular Events, 395 Griffin Road. Contact Ellen Beauchaine, BSN, 207-973-4652 or ebeauchaine@emh.org

19 Portland, PESI. **Sports Injuries**. $169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

19 Portland, USM/CCE. **Case Management: Strategic Planning and Discharge Innovations to Address the Challenges of 2009**. $175; 9:30 a.m.-3:30 p.m. Contact 207-780-5900 or www.usm.maine.edu

19 Portland, USM/CCE. **Certificate Program in Holistic Health Care, Session I**. Four days, Sept. 19-20 and Nov. 7-8 (Fridays and Saturdays). $725, includes morning refreshment and healthy lunches. **Session II** will be held in March, May and June 2009. Contact 207-780-5900 or www.usm.maine.edu

23 Portland, USM/CCE. **Somali: An Introduction to Culture and Language**. $155. Six Tuesdays, through Oct. 28, 7 p.m.-9 p.m. Contact 207-780-5900 or www.usm.maine.edu

25 Pittsburgh, PA, David L. Lawrence Convention Center, **2008 Women's Health & the Environment: New Science, New Solutions.** More details will follow in the near future, but mark your calendars. This is an event that you won't want to miss, and space will be limited.

29 Portland, USM/CCE. **Certificate Program in End-of-Life Care**. Five Mondays, through Nov. 10, 9 a.m.-4:30 p.m. $765. Contact 207-780-5900 or www.usm.maine.edu

October 2008

3 Bangor, Eastern Maine Medical Center. **16th Annual Cardiology Symposium**. $85, 8 a.m.-4 p.m., Bangor Civic Center. For more information: 207-973-7313.

4 Portland, USM/CCE. **The Art of Comforting**. $60; Cues available for additional $20. Contact 207-780-5900 or www.usm.maine.edu

6 Portland, PESI. **Gastrointestinal Conditions and Diseases**. $169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

6 Portland, USM/CCE. **Mindfulness as a Core Skill.** $135, 9 a.m.-4 p.m. Contact 207-780-5900 or www.usm.maine.edu

7 Portland, USM/CCE. **Communication and Conflict: A Lab for Nurses**. $135, 9 a.m.-4 p.m. Contact 207-780-5900 or www.usm.maine.edu

7-8 Portland, USM/CCE. **The Power of Groups Using Motivational Interviewing**. $265. Contact 207-780-5900 or www.usm.maine.edu

10 Portland, USM/CCE. **Certificate Program in Case Management**. Four Fridays: Oct. 10, Oct. 24, Nov. 21 and Dec. 5, 9:30 a.m.-3:30 p.m., $595. Contact 207-780-5900 or www.usm.maine.edu

ANA MAINE
AMERICAN NURSES ASSOCIATION MAINE

Continuing Education Calendar for Maine Nurses

11-13 Portland, USM/CCE. **Recharge, Regroup, Reflect: A Fall Foliage Retreat for Women**. The retreat will be held Columbus Day Weekend, Saturday to Monday. $425; $450 after Sept. 10. Fee includes meals, group cabin accommodations, and paddling equipment. Enjoy a 30-minute therapeutic massage for an additional $35 paid directly to the onsite massage therapist. Contact 207-780-5900 or www.usm.maine.edu

16 Portland, PESI. **Advanced Exercise Prescription for a Healthy Pregnancy**. $179. For additional discount information: 800-843-7763 or www.pesihealthcare.com

20 Portland, USM/CCE. **Certificate Program in Compulsive Gambling: A Hidden Addiction/A Treatable Disorder.** Five Mondays: Oct. 20-Nov. 17, 9 a.m.-4 p.m. $595. Contact 207-780-5900 or www.usm.maine.edu

21 Portland, PESI. **Advanced EKG Interpretation: Recognition Techniques and Treatment Protocols**. $169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

21 Portland, USM/CCE. **Certificate Program In Co-Occurring Conditions of Mental Health and Substance Abuse**. Five Tuesdays: Oct. 21-Nov. 25, 9 a.m.-4 p.m. $595. Contact 207-780-5900 or www.usm.maine.edu

22-23 Portland, USM/CCE. **Mindfulness Based Stress Reduction: A Two-Day Intensive**. $295, 9 a.m.-3 p.m. Contact 207-780-5900 or www.usm.maine.edu

23 Bangor, **ANA-Maine. ANA-MAINE CONFERENCE & ANNUAL BUSINESS MEETING. *MARK YOUR CALENDAR!*** Location: Spectacular Events, 395 Griffin Road, Bangor. This year's theme is "Maine Nurses Working Together: Improving the Nursing and Healthcare Environment." Keynote Speaker is Mary Jean Schumann, RN, MSN, MBA, CPNP, the ANA's Director of Nursing Practice and Policy, who will explore with us the topic, "Safe Staffing Practices." Other topics include how we as nurses can lead through the legislative process; how to not only survive but also thrive with physical and life challenges in the workplace; how the Women's Environmental Health Campaign can improve the larger community environment; and how to develop positive work environments. The ANA-Maine Annual Business Meeting will take place during the conference luncheon. Continuing nursing contact hours applied for: 4.75 hours. Registration fee: $60 (ANA-Maine members, $45; student nurses, $25). For more information, please contact 207-883-0981 or e-mail info@anamaine.org. For the conference flyer, go to the ANA-Maine Web site at http://anamaine.org.

23 Portland. **Sexual Assault Forensic Examiner (SAFE) Training**. The SAFE Program provides training and technical assistance for healthcare providers that care for patients who have experienced sexual assault, and in the use of the Maine sex crimes kit for collection of evidence. This national model utilizes an interdisciplinary, community-based approach for the dignified and compassionate care and treatment of sexual assault patients. $150. Total 48 hours of training over six days: Oct. 23, 24, 30, 31, and Nov.1 and 6.

For more information and a registration brochure, please contact:

Polly Campbell, RN
Director, SAFE Program
Office of the Attorney General
6 State House Station
Augusta, ME 04333-0006
207-626-8806
Polly.Campbell@Maine.gov

30-31 Portland, USM/CCE. **I.V. Therapy for Registered Nurses**. $265, plus $25 for materials. 9 a.m.-4 p.m. Contact 207-780-5900 or www.usm.maine.edu

30 Portland, USM/CCE. **Family Counseling: Working with Family Dyads**. $265. Two Thursdays, Oct. 30 and Nov. 6, 9 a.m.-4p.m. Contact 207-780-5900 or www.usm.maine.edu

November 2008

1 Portland, USM/CCE. **Reiki, Level 1**. $175. Limited to eight participants. Contact 207-780-5900 or www.usm.maine.edu

3-7 Portland, USM/CCE. **Certificate Program in Grant Writing**. $625, 9 a.m.-4 p.m. Contact 207-780-5900 or www.usm.maine.edu

4-5 Portland, USM/CCE. **Using Motivational Interviewing with Chronically Ill Patients**. $265, 9 a.m.-4 p.m. Contact 207-780-5900 or www.usm.maine.edu

14 Portland, USM/CCE. **Ethical Decision Making**. $135. Contact 207-780-5900 or www.usm.maine.edu

17-18 Portland, USM/CCE. **Treating Trauma and Addiction: A Therapy Challenge**. $265, 9 a.m.-4 p.m. Contact 207-780-5900 or www.usm.maine.edu

FDA Update About Heparin and Heparin-containing Medical Products

The Food and Drug Administration (FDA) has asked for help to spread the word to healthcare facilities and healthcare professionals about recalls of injectable heparin products and heparin flush solutions that may be contaminated with over-sulfated chondroitin sulfate (OSCS). Affected heparin products have been found in medical care facilities in one state since the recall announcement. Although product recall instructions were widely distributed, they may not have been fully acted upon at all sites where heparin is used. There have been many reports of deaths associated with allergic or hypotensive symptoms after heparin administration (see FDA link at www.fda.gov/cder/drug/infopage/heparin/adverse_events.htm).

They have asked that health professionals and facilities to please review and examine all drug/device storage areas, including emergency kits, dialysis units and automated drug storage cabinets to ensure that all of the recalled heparin products have been removed and are no longer available for patient use. In addition, FDA would like to inform health professionals about other types of medical devices that contain, or are coated with, heparin.

To read this update, and to learn how to report these problems to FDA, please go to: www.fda.gov/cdrh/safety/heparin-healthcare-update.html. Please report to FDA adverse reactions associated with these devices, as well as any reactions associated with heparin or heparin flush solutions. If you have questions or would like more information about this request, please contact the Division of Drug Information at 301-796-3400.

Source: The ANA Insider, 10 (20) at http://nursingworld.org/HomepageCategory/NursingInsider/FDAUpdateaboutHeparin.aspx.

Legislating Nursing Education Advancement; What Does It Mean?

New Jersey and New York are pursuing legislation that would require registered nurses to attain a bachelor's degree within ten years of initial licensure. This approach, first introduced in legislation by New York in 2005, is unlike any nursing education policy change attempted in the past. Both New York and New Jersey have introduced bills advancing the policy for the current, 2007-2008 legislative session, and interest in the initiative is growing in other states. So why are the state nurses associations behind this movement? And what will this mean for the registered nurses in those states if the law is passed?

Efforts to advance nursing education are not new. In 1964 the American Nurses Association (ANA) House of Delegates adopted a motion that "ANA continue to work toward baccalaureate education as the educational foundation for professional nursing practice" resulting in the 1965 position paper on *Educational Preparation for Nurse Practitioners and Assistants to Nurses*. In subsequent years, the House of Delegates continued to revisit advancing nursing education by agreeing to recommend and seek ways to ensure the baccalaureate in nursing degree as the minimal educational qualification for entry into professional nursing practice. Only one state enacted such a law, North Dakota, and the nation watched as that one state overturned the law several years later. Essentially, failure of the nursing community to unite in support has resulted in the inability to achieve a baccalaureate degree in nursing for entry into practice.

So why consider another approach now? There is extensive evidence linking educational levels and safe patient care. The U.S. Department of Health and Human Services, the National Advisory Council on Nursing Education and Practice urged that two thirds of the basic nurse workforce hold a bachelor's or higher degree in nursing by 2010. The increasing complexity of medications, treatments, technology, and chronic health conditions along with a change in consumer expectations underscores the need for nurses to continue their education. A strong foundation in liberal arts and sciences (attained through baccalaureate education) strengthens the analytical and critical thinking skills needed for safe, culturally competent care. These skills, further developed through baccalaureate education, better prepare nurses to engage in process improvements and meet the demands in the evolving health care environment. An increase in baccalaureate prepared nurses would also provide a ready pool of candidates to pursue master's degree education for assuming faculty positions; thwarting the crisis we now face.

And while nursing has debated educational preparation, other health professions have advanced their minimum education requirements: doctoral education for physical therapists and pharmacists, master's degree for social workers and more recent attempts to elevate respiratory therapist education to a bachelor's degree. All of these requirements have occurred during a time of shortage for each of these health care professions.

This approach for advancing nursing education is different. It is not baccalaureate education upon entry into the profession. This model recognizes the value of multiple entry points, but with baccalaureate education as the ultimate goal for all registered nurses within ten years of initial licensure. The nurse gains experience and satisfies education requirements simultaneously. The NY and NJ bills exempt those licensed RNs and students enrolled in nursing programs at the time the law is enacted from the baccalaureate degree requirements.

For this model to be successful there is much to do. Critical is education of nursing colleagues and post-secondary education administrators that this model is different from "entry." This approach continues to recognize diploma and associate degree in nursing education as an option for entry into the profession. Nurses currently licensed would be exempt from the new requirement. Paving the way for nurses to attain the baccalaureate degree requirement will also require articulation agreements between nursing schools, colleges and universities as well as employers assuring work schedules, release time and other types of support to enable nurses to pursue the degree requirements. Much is already happening. Employers are providing tuition assistance, even creating on site classrooms. There has also been a growth in distance learning programs over the past two decades.

As our nursing colleagues, certified nurse practitioners, are also seeking educational advancement with doctoral preparation, perhaps now is the time to unite as a profession: time to seek educational advancement for registered nurses.

Source: Janet Haebler, MSN, RN (2008). *ANA Capital Update, 6* (5), May 30, 2008 at http://www.capitolupdate.org/Newsletter/index.asp?nlid=205&nlaid=991.

Michigan House Overwhelmingly Passes Restrictions on Dangerous Pesticide Lindane

Bi-Partisan vote (72-35) to protect Michigan children' s from pharmaceutical lindane

Health professionals and environmentalists praised the Michigan House of Representatives for overwhelming passing (72-35) important legislation protecting children's health today.

In a bipartisan vote, members of the House approved common sense restrictions on the use of lindane, a hazardous pesticide used in pharmaceuticals for the treatment of lice and scabies.

"This is an important vote for children's health. We applaud legislators for supporting this measure, and urge the Senate to quickly pass the bill," said Jon Fliegel M.D., chair of the legislative committee of the American Academy of Pediatrics (Michigan Chapter).

"This is an important vote to help reduce a persistent, bioaccumulative toxic chemical from entering the Great Lakes," said Tracey Easthope, MPH, of the Michigan Network for Children ' s Environmental Health and the Ecology Center. "Many thanks to the sponsor of the legislation, Rep. Ted Hammon, and for the leadership of House Committee on Great Lakes & Environment Chair Rebekah Warren for prioritizing children ' s health."

In 2003, the Food and Drug Administration issued a public health advisory for lindane. The agency recommended lindane-containing products be used with caution for infants, children, the elderly, and those who weigh less than 110 pounds, as they may be at risk of serious neurotoxicity.

In 2006, lindane was voluntarily withdrawn from agricultural uses.

Lindane is also no longer used in the U.S. in the military or on livestock. Yet, lindane is regularly applied to the scalps of Michigan children.

The bill passed today (HB 4569) would require lindane be used only under a physician's direct supervision. Major health organizations support the bill, including the Michigan Chapter of the American Academy of Pediatrics, the **Michigan Nurses Association, the American Nurses Association, the Michigan Association of School Nurses,** the Michigan Pharmacists Association, and the Wayne County Medical Society of Southeast Michigan. Major environmental organizations also support the bill, including the Michigan Environmental Council, Clean Water Action, Ecology Center, Sierra Club and Michigan League of Conservation Voters. The Michigan Department of Community Health does not recommend lindane use for either head lice or scabies and supports the legislation.

"The state ' s prestigious medical authorities are calling for a restriction on the ingredient lindane," said Molly Polverento of the Michigan Environmental Council. "We thank the House and urge swift action in the Senate to protect the public from this toxic pesticide."

The Michigan Network for Children' s Environmental Health is a coalition of health professionals, health-affected groups, environmental organizations, and others dedicated to a safe and less toxic world for Michigan's children.

Members include: * American Academy of Pediatrics (Michigan Chapter) * Arab Community Center for Economic and Social Services (ACCESS) * Association for Children ' s Mental Health *Citizens for Alternatives to Chemical Contamination * Clean Water Fund * Detroiters Working for Environmental Justice * East Michigan Environmental Action Council * Ecology Center * Healthy Homes Coalition of West Michigan * Learning Disabilities Association (LDA) of Michigan * Local Motion * Michigan Coalition for Children and Families * Michigan Council for Maternal and Child Health * Michigan Environmental Council * Michigan Nurses Association * Science and Environmental Health Network

Older Adults and Environmental Health

The American Nurses Association (ANA) was recently notified of many new materials developed by the **U.S. EPA Aging Initiative**. This extensive array of materials deals with environmental issues and how they affect older adults' health. Per the EPA, by 2030 seventy million Americans will be 65 years of age or older, which is one in five Americans. Fact sheets are now available for older adults and those that care for them. These fact sheets focus on how to protect this population's health and reduce their exposure from environmental hazards.

The following is a list of the fact sheets along with a short description of what each one contains. They are available in 15 different languages and larger print for the visually-impaired.

- **"Age Healthier, Breathe Easier"** This sheet advises what to do to control and reduce exposure to environmental hazards that affect older adults' breathing ability.
- **"Diabetes and Environmental Hazards"** This sheet advises what to do control and reduce exposure to environmental hazards (such as air pollution and extreme heat) that can negatively impact the health of older adults that have diabetes.
- **"Environmental Hazards Weigh Heavy on the Heart"** This sheet advises what to do control and reduce exposure to environmental hazards (such as air pollution, arsenic, lead, and extreme heat) that affect older adults' cardiac functioning.
- **"It's Too Darn Hot: Planning for Excessive Heat Events"** Older adults are more vulnerable to excess heat events. This sheet explains how extreme heat affects the body and what adverse health symptoms to look for. Tips to reduce exposure to excessive heat are also given.
- **"Safe Steps to Rid Your Home and Garden Of Pests"** This sheet explains why older adults can be more susceptible to pesticide chemicals health-wise. It lists safety precautions to use at home.
- **"Water Works"** This sheet lists water-related hazards and contaminants and how to avoid them.
- **"Women and Environmental Health"** This sheet explains how women over 50 can be negatively impacted by a polluted environment. Examples of specific types of pollution are given along with the possible side effects and how to avoid these hazards.
- Look for the above at http://epa.gov/aging/resources/factsheets/index.htm#fs.

The EPA's Aging Initiative is receiving applications for their **Building Healthy Communities for Active Aging Awards**. These reward excellent community planning and strategies that encourage active aging. Environmental and health benefits of each project submitted are also evaluated. The **deadline** to enter is September 12, 2008. For more information, visit www.epa.gov/aging/bhc/awards.

The **2008 Older Americans, Key Indicators of Well-Being** chart book is available on-line at www.agingstats.gov. This book summarizes American older adults' health and well-being, including information on air and food quality.

Finally, the EPA has a website that contains news, grant opportunities and information on the environment and aging, as well as a subscription list serve. For more information, see: www.epa.gov/aging.

Please take the time to review this important material. This information affects all of us in some way through ourselves, our families and/or our patients. Thank you for your interest in health and the environment.

Source: The Nursing Insider, 10 (21) at http://nursingworld.org/HomepageCategory/NursingInsider/AdultsandEnvironmentHealth.aspx.

Medicare Adding New Hospital-Acquired Conditions, Nursing-Sensitive Quality Reporting Measures

The Centers for Medicare & Medicaid Services (CMS) recently issued its annual update of the Medicare inpatient hospital reimbursement system (Inpatient Prospective Payment System, or IPPS) for fiscal year 2009. In keeping with recent efforts to reward quality of care versus quantity of care as seen in the Value-Based Purchasing and Pay for Performance initiatives, CMS is proposing substantial additions to its current list of "hospital-acquired conditions" and hospital quality reporting measures.

CMS proposes adding nine new diagnoses to the current list of eight "hospital-acquired conditions" (HACs), which trigger a lower Medicare reimbursement rate unless medical records clearly show the conditions were "present on admission." This policy is intended to increase efforts to prevent patients from contracting infections and other secondary conditions while they are in the hospital. The new HACs would be: (1) surgical site infections for certain elective procedures; (2) Legionnaire's disease; (3) hypoglycemic coma and other complications of diabetes mellitus; (4) delirium; (5) iatrogenic (treatment induced) pneumothorax; (6) DVT (deep vein thrombosis)/PE (pulmonary embolism); (7) ventilator-associated pneumonia; (8) Staphylococcus aureus septicemia; and (9) clostridium difficile associated disease (CDAD). In addition, CMS is creating new diagnosis codes to identify two previously selected HACs: foreign object retained after surgery, and pressure ulcers.

CMS is also adding 43 new hospital quality reporting measures, which hospitals must monitor and report upon, in order to receive full payment for services. Four of these measures are considered "nursing sensitive," that is, related to the quality of nursing care. They are: (1) failure to rescue; (2) pressure ulcer prevalence and incidence by severity; (3) patient falls prevalence; and (4) patient falls with injury. The inclusion of these measures could provide critical information about patient outcomes and how they relate to nurse staffing. This, in turn, could focus greater attention on the crucial role that nurses play in ensuring quality of care for their patients, and lead to heightened awareness of the need for safe and adequate nurse staffing.

The proposed rule would apply to more than 3,500 acute care hospitals which receive payments for their Medicare patients. It would also increase Medicare payments to acute care hospitals by nearly $4.0 billion for fiscal year 2009. It appeared in the Federal Register on April 30, and public comments will be accepted through June 13. CMS plans to respond to comments in a final rule on or before August 1, 2008.

ANA recognizes that these measures will have a significant impact upon nurses employed in hospitals, many of whom play a major role in the development and implementation of data compilation and reporting, and nursing interventions to prevent patients from contracting complications. We hope that, in turn, these efforts could lead to a greater recognition of the importance of safe and adequate nurse staffing in ensuring quality of care for our patients. Consequently, ANA staff are reviewing the proposed rule in detail for possible comments, and will keep ANA members apprised of new developments.

Source: Eileen Shannon Carlson, JD, RN (2008). ANA Capital Update, 6 (5), May 30, 2008 at http://www.capitolupdate.org/Newsletter/index.asp?nlid=205&nlaid=992.

ANA Protects the Public Through Formal Recognition of Specialty Nursing Practice

The American Nurses Association (ANA) Congress on Nursing Practice and Economics (CNPE) has formally recognized its designated oversight responsibility for developing and maintaining the scope and standards of nursing practice and areas of practice as nursing specialties. This program reaffirms ANA's leadership role in protecting the public by addressing the assurance of quality in the clinical, administrative, education, and research domains of nursing practice.

"The rapidly changing healthcare environment's demands, including the call for certification of nurses for specialty practice, created the need to develop consistent, standardized processes for recognizing specialty areas of nursing practice, approving specialty nursing scope of practice statements, and acknowledging specialty nursing standards of practice," remarked ANA President Rebecca M. Patton, MSN, RN, CNOR.

During the late 1990s the ANA convened representatives from various specialty nursing groups to address the need for consistency in standards of practice and to identify a formal mechanism to confirm professional recognition of specialty practice based on 14 designated criteria for specialty recognition. This resulted in the ANA Congress on Nursing Practice and Economics becoming the neutral reviewing body of specialty nursing scope of practice statements and standards of practice.

In recent years several nursing specialties have completed the rigorous multi-level ANA review process and received formal recognition: plastic surgery nursing and vascular nursing in 2004, nephrology nursing in 2005, and legal nurse consulting, HIV/AIDS nursing, and holistic nursing in 2006. As nursing and the healthcare environment evolve, ANA expects other specialties will emerge and seek formal professional recognition.

The American Nurses Association continues to advance the nursing profession by fostering high standards of nursing practice, projecting a positive and realistic view of nursing, and by informing regulatory agencies on healthcare issues affecting nurses and the public.

ANA Urges Congress to Increase Funding for Nursing Workforce Development

Position

ANA urges Congress to significantly increase funding for the Nursing Workforce Development Programs contained in Title VIII of the Public Health Service Act. This immediate investment is needed to address the growing shortage of registered nurses. We are asking for $200 million in fiscal year (FY) 2009, which would be an increase of $44 million over the FY 2008 funding level.

Background

The Title VIII Nursing Workforce Development programs administered by HRSA are the primary source of Federal funding for nursing education. Title VIII was expanded and improved by the Nurse Reinvestment Act. The major grant programs areas are:

- *Advanced Education Nursing*—Provides grants to nursing schools, academic health centers, and other entities to enhance education and practice for nurses in master's and post-master's programs. These programs prepare nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, and public health nurses.
- *Workforce Diversity Grants*—Provides grants to increase opportunities for individuals who are from disadvantaged backgrounds, including students from economically disadvantaged families as well as racial and ethnic minorities underrepresented in the nursing profession.
- *Nurse Education, Practice, and Retention Grants*—Supports schools and nurses at the associate and baccalaureate degree level. Grants are provided to schools of nursing, academic health centers, nursing centers, state and local governments and other public or private nonprofit entities. Some grants (such as grants promoting the Magnet Hospital best practices for nursing administration) are also available to health care facilities.
- *National Nurse Service Corps*—The Nurse Education Loan Repayment Program repays 60 to 85 percent of nursing student loans in return for at least two years of practice in a facility designated to have a critical shortage of nurses. The Nursing Scholarship Program supports students enrolled in nursing school. Upon graduation, scholarship recipients are required to work full-time for at least two years in a facility designated to have a critical shortage of nurses.
- *Nurse Faculty Loan Program*—Establishes loan programs within schools of nursing to support students pursuing masters and doctoral degrees. Upon graduation, loan recipients are required to teach at a school of nursing in exchange for cancellation of up to 85 percent of their educational loans, plus interest, over four years.
- *Comprehensive Geriatric Education Grants*—Provides grants to train nurses who provide direct care for the elderly, to support geriatric nursing curriculum, to train faculty in geriatrics, and to provide continuing education to nurses who provide geriatric care.

Rationale

The growing nursing shortage is impacting every aspect of the U.S. health care delivery system and contributing to diminished patient care. The Bureau of Labor Statistics reports that registered nursing will have the greatest job growth of all U.S. professions in the time period spanning 2006–2016. HRSA projects that, absent aggressive intervention, in the year 2020 the shortage will grow to more than 1 million RNs–representing a shortage of 36 percent. Title VIII holds the promise of addressing many of the challenges facing nursing. But, this promise can not be met without a significant increase in funding for HRSA's Nursing Workforce Development programs.

Source: ANA Government Affairs at http://nursingworld.org/MainMenuCategories/ANAPoliticalPower/Federal/Issues/NursingWorkforceDevelopment.aspx.

52 Senators Sign Letter in Support of Increased Nursing Workforce Development Funding

In mid March, Senators Barbara Mikulski (D-MD) and Susan Collins (R-ME), circulated a letter in the U.S. Senate supporting $200 million in FY 2009 appropriations for the Title VIII Nursing Workforce Development programs. A bipartisan group of 52 Senators signed the final Mikulski/Collins dear colleague letter, which was delivered to the Senate Appropriations Committee on April 4.

52 signers is a strong number that wouldn't have been possible without your calls and e-mails to your Senators. Thanks to all who contributed your support! Your outreach made the difference.

In late March a similar letter to the House Appropriations committee sponsored by Reps. Lois Capps (D-CA) and Steven LaTourette (R-OH) garnered 156 signers. (This demonstration of bipartisan support for nursing workforce development in both chambers will be vital to ANA's efforts to secure a funding increase for FY 09.)

About Dear Colleague Letters

These House and Senate letters, commonly referred to as "Dear Colleague" letters because they are sent from one Member of Congress to another, are used to demonstrate support for federal programs. The more Representatives and Senators who sign the letters, the more likely the programs are to receive funding increases.

The Dear Colleague letters circulated by Capps/LaTourette and Mikulski/Collins support ANA's request for a $44 million increase in funding for the Title VIII Nursing Workforce Development Programs administered by the Health Resources and Services Administration.

Title VIII programs are currently funded at $156 million. While we were able to achieve a $6 million increase in funding for Title VIII last year, these programs which include the provisions of the Nurse Reinvestment Act, are not funded at the level necessary to realize their potential and meet the need presented by the nursing shortage. For example, in FY 2007, HRSA was forced to turn away 93% of the eligible applicants for the Nurse Education Loan Repayment Program (NELRP) and 96% of the eligible applicants for the Nursing Scholarship Program due to lack of funding.

Disturbingly, President Bush recommended a $46 million decrease in funding for Title VIII programs in his proposed budget. ANA is working to educate Members of Congress about the impact of the nursing shortage, and the need to invest in nursing.

ANA will continue to advocate for increased Title VIII funding as the Appropriations process continues.

Congressional Nursing Caucus Holds Briefing on Safe RN Staffing

On May 8, the American Nurses Association joined the Congressional Nursing Caucus to co-host a luncheon briefing for Congressional staff on Nurse Staffing. The Briefing, titled "RN Safe Staffing: States Prove Solutions are Possible" featured speakers from Illinois, Washington, and Ohio–all states that have recently seen great success in moving safe staffing legislation through collaboration and coalition building among stakeholders.

Established in 2003, the Congressional Nursing Caucus provides Members of Congress an excellent, non-partisan forum to address issues affecting the nursing community. It also serves as a clearinghouse for information and a sounding board for ideas brought forth by the nursing community. The current co-chairs of the caucus are Reps. Lois Capps (D-CA) and Steven LaTourette (R-OH). All Members of the House of Representatives are eligible to join and invitations to briefings and events are sent to the offices of all members of Congress.

ANA President Becky Patton, opened the event by reading a personal story shared by Barbara, a nurse from her home state of OH that described in real terms the challenges that the current staffing crisis poses for both nurses and their patients. Here are a few excerpts from Barbara's story:

I work fulltime, 12 hour nights, on a 14 bed Oncology unit. Typically at night, we have 2 RNs for the unit with no other supportive staff, although we do call for an Aide but, with none on our unit staff, we usually go without. The patients range from very high acuity, dying or total care patients to "walkie-talkies" and often require blood or blood product transfusions and/or chemotherapy as well as other treatments.

The nights can be intense and hectic and, often times, basic patient care falls to the wayside as we tend to the necessary nursing tasks. With only two of us on the floor, we can't always maintain turning schedules, adequate incontinence care, proper education or the emotional support which is so necessary for Oncology patients. It is very frustrating and I often feel I've been negligent even though all of my expected 'work' is completed...

I can honestly say I have no worries of making errors or having 'near-misses' medically or technically, but I often DO worry or feel guilty that I couldn't provide the kind of patient care I always hope to and that is, far and away, the worst feeling. It is a great injustice to the patients who so need my compassionate care when I don't have the time to provide it.

I often think about leaving nursing altogether but my love of the patients, particularly Oncology patients, keeps me there...And I continue to hope for the day when staffing is such that I CAN give the kind of patient care I so deeply desire and the patients so richly deserve.

Following this powerful introduction to the issue, speakers Anne Tan Piazza, Director of Governmental Affairs & Communications for the Washington State Nurses Association (WSNA); Sue Clark, RN, Lobbyist for the Illinois Nurses Association (INA), and Jan Lanier, RN, JD, Deputy Executive Director of the Ohio Nurses Association (ONA) each shared their experiences and described the groundbreaking work taking place in their states on staffing. Each discussed the provisions of their states law or legislation and the collaborations and strategies that led to their success.

Washington and Illinois have both enacted laws that are grounded in ANA's Principals for Safe Staffing and that would require hospitals to set staffing unit-by-unit staffing levels in coordination with direct care nurses based on each unit's characteristics and needs. Ohio's staffing legislation which takes the same approach is still making its way through the legislature. As of May 22nd, slightly different versions had been passed by both chambers, with only one dissenting vote in the House and unanimously in the Senate! Pending the expected House agreement to Senate changes, the bill could move to the Governor's desk to be signed into law in the coming weeks.

ANA believes that the examples set by these states offer an important perspective as federal lawmakers consider the implications of safe RN staffing for patient safety and nurse retention. The briefing offered an opportunity to highlight both the importance of safe staffing and the potential to advance real change.

Small Steps—Big Rewards at Maine Coast Memorial Hospital

Maine Coast Memorial Hospital is offering a new class for people who are at risk of developing diabetes or have been told they are "pre-diabetic." Small Steps-Big Rewards is a 2-hour course, given by the Diabetic Education Team to teach people the positive steps they can take to help them avoid or postpone the onset of diabetes. The course which is open to the public will be offered on July 29th from 5:30-7:30pm in the Medical Office building classroom. Jan Watson, RN, CDE, will lead a lively session on physical activity and Melissa Frye, RD, will present ways to improve diet.

"Ten years ago, we only knew how to treat diabetes. Now, we know it can be prevented." Mary Jude, Registered Dietitian and Certified Diabetes Educator at Maine Coast Memorial Hospital, is passionate about letting people know they can reduce the risk of developing diabetes by making small changes in their lives.

"The results of the Diabetes Prevention Program demonstrated that simple lifestyle changes can have a big impact. Participants were able to reduce their risk of developing diabetes by 58% through changes in diet and increased exercise. It's so important to get this information to people," says Jude.

Maine's Bureau of Health estimates that 40% of people age 40-74 have pre-diabetes. Obesity, one of the major risk factors for diabetes, is Hancock County's biggest health problem.

People with pre-diabetes have blood sugar levels that are higher than normal, but not high enough to be diagnosed as diabetic. Pre-diabetics have a 50% greater risk of cardiovascular disease. About 33% of pre-diabetics will develop the full condition within 3 years.

Once diabetes sets in, the problems mushroom and lead to much higher rates of cardiovascular disease, amputations, blindness, and kidney disease.

"Our hope is that if people know what they can do to avoid diabetes, they will take those proactive steps. This is one simple step that people can do to improve their health and protect the quality of their lives.

Pre-registration for the class is required. There is a fee of $10 which covers instruction and take-home program materials. For more information, contact the Diabetes Education Program at 664-5475.

Nevada RNs Prevent Pressure Ulcers

Preventing and treating pressure ulcers has long fallen within nurses' scope of practice. More recently, skin breakdown has become a quality indicator by which hospital care is judged. And come October, Medicare will cease reimbursing for care associated with hospital-acquired decubitis ulcers and seven other conditions as a means of trying to spur quality improvement.

Aware of the Centers for Medicare & Medicaid Services' (CMS) payment reform, clinical educators at St. Rose Dominican Hospitals–Rose de Lima Campus in Henderson, Nev., began working with nurses to improve the facility's care.

"As the healthcare environment changes, nurses need to stay aware of cost, care, and reimbursement issues that affect how we deliver care," says Janette Moss, RN, MSN, NE-BC, clinical educator for critical care services at Rose de Lima, a 145-bed facility.

Reimbursement Concerns

Third-party payers, such as Medicare and Aetna; hospital associations, including the Oregon Association of Hospitals and Health Systems and the Delaware Healthcare Association; and quality-improvement organizations, spearheaded by The Leapfrog Group, hope to put financial pressure on hospitals to improve patient safety and quality. Many facilities have agreed not to bill for treatment related to serious adverse events, and insurers have notified providers they will no longer reimburse for such care.

Medicare will stop paying for eight preventable, hospital-acquired conditions: removing an object left in during surgery, air embolism, blood incompatibility, catheter-associated urinary tract infection, pressure ulcers, vascular catheter-associated infection, mediastinitis after coronary artery bypass graft surgery, and hospital-acquired injuries, including fractures, dislocations, and burns.

"The point is that implementing this type of provision will give hospitals a financial incentive to take steps to prevent hospital-acquired conditions that are reasonably preventable," says CMS spokesperson Ellen B. Griffith.

Not only can treating pressure ulcers cost hospitals money, decubiti pose risks and can cause discomfort for the patient.

"An open sore causes the body to lose heat and vital fluids and electrolytes. It can become a portal for infection, which a debilitated patient may have trouble fighting," says Denise Zabriskie, RN, RN-BC, WCC, clinical educator for medical-surgical services at Rose de Lima.

Zabriskie is certified in gerontology and has earned a certificate in wound care (WCC).

In fact, the Institute for Healthcare Improvement (IHI) estimates nearly 60,000 U.S. hospital patients die annually from complications due to hospital-acquired pressure ulcers.

Focusing on Pressure Ulcers

Rose de Lima launched the Wound Warrior program in January, teaching a core group of nurses interested in learning more about wounds how to identify skin conditions early, stage wounds, assess risk for skin breakdown, and intervene to prevent pressure ulcers from developing.

These champions round weekly to assess and photograph any wounds, discuss the plan of care, and collect prevalence data. As resources for other nurses on their units, they teach staff how to measure and document pertinent facts about a wound.

"I didn't want the wound care team to come around and do treatments. I wanted to make sure the staff nurses learned and were able to assess and treat the wound themselves," Zabriskie says. "To have champions to teach everybody in the long run will raise the standard in the entire facility."

On admission and once every shift, the patient's primary nurse assesses the patient's skin and uses the Braden Scale to flag a patient at risk for breakdown.

"The whole point of completing a head-to-toe assessment with picture taking is so we are aware of any redness, soreness or breakdown as the patient first enters our facility," Moss says. If the nurse records that the patient came in with the pressure ulcer, Medicare and other payers will reimburse for its treatment.

"If they don't document it, we own it," Zabriskie adds.

The nurse would begin prevention measures on any patients at risk for skin breakdown. These might include turning them every two hours, placing the patient on a special mattress, elevating the heels, offering high-protein snacks, and calling the dietician to complete a nutritional assessment. Nurses check calorie intake and laboratory values, evaluating albumin and prealbumin levels.

"Protein will help build new tissue and new cells, and that is important in wound healing," Zabriskie says.

Rose de Lima nurses round hourly on patients. At that time, they reposition an immobile patient, check that the patient is clean and dry, and apply barrier cream or film if necessary.

Dieticians, nurses and physicians participate in an interdisciplinary approach to care to make sure the patient's skin stays intact.

Outcomes

Rose de Lima's program incorporates all of the steps the IHI recommends for preventing pressure ulcers. It is too soon to know if the actions will decrease the hospital's pressure ulcer rates long term; however, Zabriskie says she has already found a drop in hospital-acquired pressure ulcers but an increase in patients admitted with a decubitus, which may be attributed to better documentation.

St. Rose Dominican Hospitals plans to roll out the Wound Warrior program to its other hospitals. Nurses from Rose de Lima will work with nurses at the sister facilities to teach them about wound assessment and care.

"We've very happy the nurses here are embracing this program," Moss says. "They're becoming more aware and improving their practice. The standards have risen. It's exciting to see that growth."

Debra Anscombe Wood, RN, is a freelance writer. To comment on this article e-mail editorSW@nurseweek.com.

Shortage of Teachers Means Shortage of Nurses

The nation's shortage of nurses continues to worsen, and the trend shows no signs of reversing—not because too few young people want to become nurses, but because there aren't enough nursing teachers to train them, medical researchers and administrators say.

Medical administrators have warned for years that the crunch was coming. As the shortage reaches crisis levels—estimated at a quarter-million by the U.S. Department of Health and Human Services, on its way to half a million by 2025—the impact on mortality is stark.

The Joint Commission, a national hospital accrediting agency, calculated that the shortage of nurses contributes to a quarter of the country's nearly 100,000 preventable hospital deaths each year.

But the consequences can be dire even for less critical patients. HHS's Agency for Healthcare Research and Quality found last year that adding just one patient per registered nurse per shift in U.S. hospitals raised the risk of all hospital-acquired complications by 17 percent, including pneumonia (7 percent) and "unplanned extubation," which is doctor-speak for when a breathing tube is knocked out by accident (45 percent).

The study found that the risks fell by similar rates when nurses' patient loads were reduced.

At least 20 states have passed or are considering legislation to lower the number of patients per nurse. The ideal proportion differs from specialty to specialty, but researchers at Baystate Medical Center in Springfield, Mass., and the University of Pennsylvania School of Nursing concluded that 4:1 was generally the best ratio.

At hospitals across the country, the reality is nowhere close.

At the Ohio Statehouse in Columbus last month, nurses organized a rally to urge legislators to relieve average patient-to-nurse ratios of 14:1 in some hospitals.

Betsy Morville, a registered nurse at St. Mary's Hospital in West Palm Beach, Fla., joined a similar campaign to persuade Florida legislators. "I had 22 patients on the weekend" at a previous job in Pennsylvania, she said.

Too many students, not enough teachers

The problem is not, as many people assume, that no one wants to go into nursing. In fact, enrollment at nursing schools was up in 2007 for the seventh straight year.

Instead, the problem is that there aren't enough qualified teachers.

More than 30,700 qualified applicants were turned away, according to figures compiled by the American Association of Colleges of Nursing.

"It's the nursing faculty shortage that's exacerbating the nursing shortage at the bedside," said Susan Otto, chief of the Nursing Division at Thomas University in Thomasville, Ga. "We simply don't have enough nursing faculty to teach all of the people that want to become nurses."

In a survey of chief executives of medical, dental, nursing and other health-related teaching institutions last year, the Association of Academic Health Centers found that 81 percent said the lack of qualified nursing teachers was a problem at their schools, ranking first on the list of their biggest concerns. Nearly half said it was a severe problem.

In Oklahoma, officials said state colleges start out by assuming they will have to reject a third of fully qualified applicants to bachelor's-degree nursing programs because there aren't enough instructors to teach them.

Last year in Hawaii alone, "we had 524 qualified nursing applicants who could not go to school—not accepted into nursing schools—because we didn't have the faculty to support that," said Suzann Filleul, chief nursing executive at Kaiser Permanente Hawaii in Honolulu.

It's hard to find the teachers. Nurses and administrators said teaching nursing at the college level requires an advanced degree—50 percent require an earned doctorate, the American Association of Colleges of Nursing found—and proven achievement in the field. Those nurses are the same ones who are in the highest demand in hospital emergency and operating rooms.

"Part of it is that faculty salaries are much lower than clinical salaries, so a nurse with a master's degree can probably more in general out in clinical practice than she'll make teaching," said Carolyn Yucha, dean of the School of Nursing at the University of Nevada, Las Vegas.

That means that every year, as more nurses retire or leave because of burnout, there are fewer newly minted nurses to replace them, even as the enormous baby boom generation reaches retirement age and puts more demands on the health care system.

"I think the ramification is the quality of care that is provided to our patients in the setting here at the medical center," said Cindy Kamikawa, vice president of nursing at the Queens Medical Center on Oahu in Hawaii. "We need nursing care 24 hours a day, seven days a week, to care for our patients, and we know that nursing makes a difference."

Too many openings, not enough supply

Another ramification is cannibalization. Hospitals with severe shortages are casting wide recruiting nets, luring nurses from other hospitals and causing resentment among fellow administrators.

In May, Beth Israel Medical Center in New York caused an uproar in Indianapolis when it placed an ad in The Indianapolis Star offering senior registered nurses $15,000 signing bonuses to pack up and move north.

Similarly, St. Joseph's Hospital in Syracuse, N.Y., raised eyebrows last month when it held a recruitment drive offering a buffet table and free $25 gas cards just to get experienced nurses to walk in.

St. Joseph's administrators said they needed nurses in the operating room, the dialysis unit and other departments, and they are offering hefty signing bonuses in a city where competition for nurses is fierce among four major hospitals with significant staffing shortages.

Hospitals and nursing schools are also pursuing nurses with untraditional backgrounds. An especially attractive market is men, who make up only 6 percent of the nation's nurses, according to figures from the federal Bureau of Labor Statistics.

Case studies by the University of Virginia School of Nursing uncovered recruitment efforts by some Southern hospitals at NASCAR races and among men with technical skills or service-oriented backgrounds, such as Boy Scouts or military corpsmen.

George Rouse, a father of four in Cleveland, left his career as a computer programmer to go to nursing school.

"It's very, very, scary switching careers. It's very scary going into the unknown," Rouse said. But with a large family, he was attracted by the promise of job stability in a field where his skills will be in demand.

"There's so much opportunity," he said. "It's a career of what you make of it."

AMERICAN NURSES ASSOCIATION–MAINE
Presents

MAINE NURSES WORKING TOGETHER: IMPROVING THE NURSING & HEALTHCARE ENVIRONMENT

Thursday, October 23, 2008

Spectacular Event Center
395 Griffin Road
Bangor, Maine
(207) 941-8700

DIRECTIONS: From the North: Take I-95 South to Exit 184 (Airport/Union Street). Off ramp, turn right onto 222/Union Street. Go to the 5th street light, turn left onto Griffin Road. Spectacular Event Center is 500 feet on the right.

From the South: Take I-95 North to Exit 184 (Airport/Union Street). Off ramp, turn right onto 222/Union Street. Go to the 6th street light, turn left onto Griffin Road. Spectacular Event Center is 500 feet on the right.

Annual Meeting

The **Silent Auction Committee** is seeking help from a member in the Bangor area, who would be willing to solicit donations for our Annual Meeting. Not being familiar with the Bangor area this would be very helpful to us. Also, we would ask all of our members, if they have items that are new or nearly new, to consider a donation. All of the money collected will go in the Student Nurse Scholarship Fund.

Many thanks,
Blanche Alexander and Penny Higgins,
Co-chairs

MAINE NURSES WORKING TOGETHER

07:45–08:20	REGISTRATION & CONTINENTAL BREAKFAST
08:20–08:30	Presidents' WELCOME & OPENING REMARKS Susan Henderson, RN, MA–ANA-MAINE Joshua Gregoire–Student Nurses' Association of Maine
08:30–09:30	**Mary Jean Schumann,** RN, MSN, MBA, CPNP ANA Director of Nursing Practice and Policy. >> "Safe Staffing Practices"
09:30–10:30	**Lisa Harvey-McPherson,** RN, MBA, MPPM Director of Health Policy & Continuing Care, EMMC. >> "Nursing Leadership through the Legislative Process"
10:30–11:00	BREAK–REFRESHMENTS, VENDORS, SILENT AUCTION
11:00–12:00	**Carol McKinzie,** LPN MGMC Dialysis Unit. Member of the Amputee Coalition of America. >> "Surviving and Thriving with Limb Loss"
12:00–13:45	LUNCH, VENDORS, SILENT AUCTION ANA-MAINE Annual Business Meeting
13:45–14:30	**Sandra Armington,** RN, BSN MGMC Clinical Education Specialist. Member of the MGMC Green Team. >> "Improving Community Environment: Women's Environmental Health Campaign"
14:30–14:45	BREAK–REFRESHMENTS, VENDORS, SILENT AUCTION
14:45–15:45	**Ed Latham,** RN, FNGNA Coordinator of Dynamic Solutions at St. Mary's d'Youville Pavilion in Lewiston. He is Past President of the National Gerontological Nursing Association. >> "Developing Positive Work Environments"
15:45	Program Evaluation

A request of 4.75 continuing nursing education hours (based upon a 60-minute hour) has been submitted to the Commission on Continuing Education of the NEW HAMPSHIRE NURSES ASSOCIATION which is an approver of Continuing Education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation.

MAINE NURSES WORKING TOGETHER

REGISTRATION

Name: _____

Credentials: _____

Address: _____

_____

Phone: _____

Employer: _____

Email: _____

ANA-Maine Member: ❑ YES ❑ NO

TYPES OF REGISTRATION:	FEE
NON-MEMBERS REGISTRATION:	$60 _____
MEMBER REGISTRATION:	$45 _____
STUDENT NURSE REGISTRATION:	$25 _____

[Excludes RN-to-BSN and graduate nursing students.]

ANNUAL BUSINESS MEETING ONLY OR LUNCHEON ONLY: *	$25 _____
TOTAL PAYMENT ENCLOSED:	$ _____

** Those members attending only the ANA-MAINE Business Meeting and the luncheon need to register.*

Please make checks payable to:
"ANA-MAINE"
[Registration fee is non-refundable]

Please Complete Registration Form and Return with Fee by October 13th to:

ANA-MAINE Annual Meeting
83 Brown Street
Raymond, ME 04071

ANA Statement of Senator John McCain's Health Care Plan During Cover the Uninsured Week

SILVER SPRING, MD–Senator John McCain unveiled his health care policy during a speech in Tampa, Florida Tuesday, April 29th. The American Nurses Association (ANA) believes it is more important than ever to recognize health care is a basic human right, and that everyone in the U.S. should have access to high quality, affordable care. While the ANA concurs with Senator McCain's emphasis on the importance of increasing quality and controlling costs, his health care platform is based on the idea that our health care system can be reformed through competition in the marketplace.

ANA contends that two decades of market based reform has only resulted in a health care system that continues to be fragmented and costly. While some individuals have access to a sophisticated system of care, for many others this same system is characterized by high costs, inconsistent quality, and unequal distribution of services.

"Nearly 50 million Americans are without health insurance, and many millions more are under insured, with plans grossly inadequate for their needs. With this week marking Cover the Uninsured Week; it is the perfect time for Senator McCain to recognize these facts and to address them in his health care plan. Senator McCain's emphasis on Health Savings Accounts would shift more of the costs onto the individuals. These plans ignore individuals and families who do not already have health insurance, and discourage primary and preventative care," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

ANA has long advocated that many pressing health care needs go unmet or underserved due to restricted consumer access, an overemphasis on acute care, and an orientation toward treatment, at the expense of prevention and wellness. ANA believes that too much money is spent on expensive secondary and tertiary care and not enough is spent on primary care.

The nursing profession is the largest group of health care providers in this country, as such, we are well positioned to advocate on behalf of and in concert with, individuals, families and communities who are in desperate need of a well-financed, functional, and coordinated health care system that provides safe, high quality care in a cost effective manner. Working together- policy makers, industry leaders, providers and consumers- we can build an affordable health care system that meets the needs of everyone.

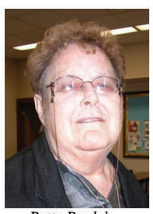
At a time when this country is facing a critical nursing shortage, one that threatens to impact the quality of health care, it is imperative that lawmakers address the need to improve working conditions for nurses. Congress must resolve to pass legislation that will support the education, recruitment and retention of more registered nurses to serve America and its expanding health needs.

The ANA supports The Registered Nurse Safe Staffing Act (HR 4138/S. 73), which would hold hospitals accountable for the development of valid, reliable unit by unit nurse staffing plans to assure patient safety. A coordinated plan, requiring input from direct patient care registered nurses (RNs) would be based on each hospital unit's unique characteristics and patient needs. The bill also would make nurse staffing information available to the public, and includes whistle blower protections for RNs and others who want to file a complaint regarding potential harm to patients as a result of inadequate staffing.

Research demonstrates that appropriate registered nurse staffing–requiring both the number and skill level of nurses to provide safe care–improves patient outcomes. More RN hours per patient day are associated with decreased length of patient stay. Cost savings resulting from decreased length of stay would largely benefit the payer.

ANA also supports the Medicaid Advanced Practice Nurse (APN) and Physician Assistant (PA) Access Act (H.R. 2066/S. 59) which removes legal barriers that prevent Advanced Practice Registered Nurses (APRNs) from fully participating in the Medicaid program. ANA believes this legislation is vital to increasing access to care for low-income Americans. APRNs provide cost-effective, high quality care, and are often willing to provide services in rural and inner city areas where access to physicians is limited. ANA affirms that passing this legislation would go a long way toward providing the affordable and available health care the President himself insists is 'required' for a future of hope and opportunity.

NMCC To Be Home to Aroostook County Health Care Professionals Wall of Distinction


Betty Baulch


Kris Doody


Jane Matilla


Dianne Raymond

Four leaders in the health care profession that either currently work and live in The County or have ties to the region will comprise the inaugural class of the Aroostook County Health Care Professionals Wall of Distinction.

The wall of honor, the concept for which was developed by faculty in the nursing and allied health department at Northern Maine Community, will be unveiled to the public for the first time during a reception and induction ceremony on Monday, May 5, at 4:00 p.m. The event will be held in the mezzanine area just above the lobby of the Christie Building, which serves as the entry to the nursing and allied health wing at the College. It will mark the start of National Nurses week, which officially begins each year on May 6 and ends on May 12, which is Florence Nightingale's birthday.

"The nursing and allied health department faculty desires to honor persons who have been associated with the healthcare programs of study and have made vital contributions to the education of students and to the healthcare profession at large. It is an opportunity to publicly thank those individuals who have given back to the community through their many acts of professional service," said Betty Kent-Conant, chair of the nursing and allied health department at NMCC. "Honorees are role models to emulate for both students and practitioners alike. In the spirit of completing accomplishments, they bring pride to the profession and to those with whom they work."

The first individuals to be inducted include Betty Baulch of Washburn; Kris Doody of Caribou; Jane Mattila of Pinewood, Minnesota; and Dianne Raymond of Mapleton.

Betty Baulch, formerly Betty Clark, led the nursing and allied health department at NMCC for more than 12 years before her retirement in 1994. It was during her tenure as department chair that the associate degree nursing program was approved as a pilot program. Prior to that, the College had offered only a diploma-level program for practical nursing.

She was presented the Director's Award (forerunner of the President's Award) partly as a result of her efforts in making the program a reality. Baulch began her employment at the then Northern Maine Vocational Technical Institute in 1968, teaching and providing clinical supervision to practical nursing students in Houlton. When the Houlton program closed in 1973, she moved to the Presque Isle campus. Baulch earned her BSN from Bates College in 1957, in a five year program that included two years of clinical experience in Boston hospitals. She additionally earned a masters in education degree in 1980 from the University of Maine. While at NMCC, she served on the Maine State Board of Nursing for more than 10 years, taking on the role of president three times, and the National Council of State Boards of Nursing for eight years.

Kris Doody is the CEO of Cary Medical Center in Caribou. She earned a master of science in business from Husson College in 1997, a bachelor of science degree from the University of the State of New York in 1994, and an associate of science degree in nursing from the University of Maine in 1983. Doody is well known throughout Maine as a leader in the healthcare industry. She currently serves on the executive committee of the Maine Hospital Association and as a trustee on the Maine Community College System Board of Trustees.

Jane Matilla is a lieutenant commander with the United States Public Health Service Commissioned Corps. She currently works as senior staff nurse at the Red Lake Indian Health Service Hospital in Red Lake, Minnesota. A native of Minnesota, Matilla lived in central Aroostook for several years and during that time earned her associate degree in nursing from Northern Maine Technical College, a forerunner of NMCC, in 1997 and a bachelor of science in nursing degree from the University of Maine at Fort Kent in 1999. She also worked as both a psychiatric and float nurse for The Aroostook Medical Center between 1997 and 2000.

Dianne Raymond is a partner in Central Aroostook Psychiatric Services, LLC (CAPS), which offers psychiatric services to residents throughout northern Maine. She earned a certificate from Husson College in April 2003 in the psychiatric mental health nurse practitioner program, a doctor of science in nursing from the University of Alabama at Birmingham in 1996, a master of science in nursing from the University of Texas at El Paso in 1987, a bachelor of arts in behavioral science from the University of Maine at Presque Isle in 1983, an associate of science in nursing from the University of Maine at Augusta in 1982, and a diploma in practical nursing from Northern Maine Vocational Technical Institute, a forerunner of NMCC, in 1976. Raymond has worked for The Aroostook Medical Center in several capacities and as a faculty member at both NMCC and UMFK.

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"The inaugural honorees have been selected for their exemplary service to nursing, nursing education, the profession, and the healthcare recipients of their care. Whether in nursing service or education, they have risen above the bar and worked to make many dreams a reality. These four individuals have been positive change agents and have worked tirelessly for the nursing program, the college, the region, state, and at a national level to improve nursing and healthcare," said Kent-Conant. "It is both fitting and appropriate that they be given the proper recognition for their roles in fostering professionalism and lifelong contributions. We are proud to honor the first four honorees to the Healthcare Wall of Distinction at NMCC."

Family members and friends of the inductees, College and community officials, and representatives of health care organizations throughout Aroostook County, many of whom serve on the advisory committees for NMCC nursing and allied health programs, have been invited to participate in the official opening and inaugural induction ceremony for the Aroostook County Health Care Professionals Wall of Distinction.

Baulch, Doody, Matilla and Raymond will be honored through tributes prepared and presented by NMCC nursing faculty. Afterwards, photos of each of the inductees will be unveiled.

Criteria for selection to the Health Care Professionals Wall of Distinction include demonstrated commitment to health care, commitment to health care education, and contribution to the larger community of health care.

Plans are to honor new inductees annually each May around the time of National Nurses Week. The class of inductees will also be recognized each year at the Nursing Pinning Ceremony, which is held in the week leading up to commencement and signifies the entry into the nursing profession for the graduating class of associate degree nursing students at NMCC.

For more information on the Aroostook County Health Care Professionals Wall of Distinction or the upcoming reception and induction ceremony, contact Conant at 768-2749.



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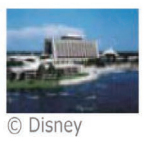
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Graduation (Month/Year)

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(___)_____-_____
Home Fax Number

Home Address

Work Fax Number

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