

ANA-MAINE JOURNAL

Journal Highlights



Keeping Warm This Winter

Page 5



Voluntary Code of Ethical Conduct for Foreign-Educated Nurse Recruitment

Page 14

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Index

President's Message	1-3
The Economic Value of Nursing	1, 3, 4
Volunteering During an Emergency	5
Book Review	6
Confident Voices	7
CE Calendar	10
ANA News	11-13
Announcements	16



The Newsletter of the American Nurses Association—Maine

FALL 2008

President's Message

by Susan Henderson

The essence of the mission of ANA-Maine is to advocate for the nursing profession and for the health of Maine's people. This is our work.



Sue Henderson
President

ANA-MAINE MISSION AND PRINCIPLES

MISSION

The mission of ANA-Maine is to work for the improvement of health standards and availability of healthcare services for all Maine citizens, to foster high standards for nursing, and to stimulate and promote the professional development of nurses. We advocate for financial and environmental conditions that promote recruitment and retention of nurses in the healthcare systems of Maine. ANA-Maine supports the American Nurses Association's *Standards of Nursing Practice* and the *ANA Code of Ethics for Nurses*.

PRINCIPLES

We believe in:

Health care as a basic human right

Intent: Advocate for universal access to quality, affordable health care, regardless of ability to pay

Safe working environments

Intent: Promote financial and environmental conditions that support the recruitment and retention of nurses in the healthcare systems of Maine

Nursing in the state based on inclusiveness and collaboration

Intent: Develop the infrastructure of ANA-Maine that promotes inclusiveness and collaboration among Maine's registered nurses

Fiscal responsibility and support, operating within available human and financial resources

Intent: Promote fiscal responsibility in healthcare settings while using holistic theory and nurse-sensitive outcomes

Involvement of the registered nurse in health policy formation as essential to developing quality healthcare systems

Continued on page 2

The Economic Value of Nursing

by John M. Welton, RN, PhD

Ann dropped the last of her six charts back into the rack and reviewed the MAR to be sure she signed off on all her meds. Her last task of the long night shift was to complete the nurse billing sheet, allocating her time to each of her patients. She estimated she spent three hours with Mr. Smith, a pancreatic cancer patient who developed fever and chills with low blood pressure; he was transferred to the ICU with probable sepsis. Ms. Jones was a post-op laparoscopic cholecystectomy who was going home in the morning and needed very little care, so she assigned one hour to her. Ann then estimated two hours each for her remaining four patients, which was the standard of care for the unit. The form would be processed later in the day and the patient billed for the nursing care Ann delivered that night.

Billing for hospital nursing care may sound alien to most nurses. We are healers, not business people. However, the title we carry—registered nurse—has roots in a very entrepreneurial history. Trained nurses in the Nightingale tradition provided care to families and patients directly in the home during the late 1800s and early 1900s. The registries of nurses—upon which the RN title is based—were lists of nurses available for hire and could be found in physicians' offices, libraries, schools of nursing, and pharmacies. Our sisters who came before us were paid directly for their service. After World War I, acute care moved from the home to hospitals with the advent of modern surgery, laboratories, and radiology. Nurses followed their patients and, over time, became employees of the hospital rather than for the patient or family. Eventually hospitals began billing for nursing care using the model of room and board from the hotel industry.

Seventy-five years later, hospital nursing care remains invisible in the billing and payment system. Nursing care makes up between 40 percent and 50 percent of all direct operating costs. The actual hours of care any patient receives can be highly variable, yet this care is charged

Continued on page 3

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President's Message*Continued from page 1*

Intent: Promote RN involvement in state and national health policy formation

Treating nurses with dignity and respect

Intent: Advocate for supportive work environments including staffing patterns, workflow design, personal/social factors, physical environments and organizational cultures

Developing nursing knowledge essential to advances in quality patient care

Intent: Promote nursing care based on evidence, encompassing the ANA Social Policy Statement and Standard of Practice

The RN as an essential provider in all healthcare settings

Intent: Establish data that link positive patient outcomes to nursing interventions

Fostering trust, integrity and respect in all our relationships and activities

Intent: Utilize the ANA Code of Ethics with Definitive Statements as a guide for our behavior

Our Strategic Plan sets goals that reflect our Mission and Principles. This report will discuss how our activities over the past year met these goals.

In terms of establishing ANA-Maine as a voice for Maine nurses in nursing policy and healthcare issues, we have been involved in many important initiatives this past year. Last year's Annual Meeting and Conference was planned in conjunction with OMNE and its Magnet Collaborative Program. Striving to help agencies on their magnet journey is now part of our Strategic Plan. In terms of working for safe workplace environments, the conference agenda last year included a speaker from the American Nurses Association on muscular-skeletal injury prevention in nursing. At our conference this year, a speaker from ANA addressed staffing issues.

In relation to workplace advocacy and professional development of the nurse, ANA-Maine had maintained its membership in the Center for American Nursing; therefore, all members of ANA-Maine are members of the center for no additional charge. If you have forgotten your password to the members-only section of the Web site, please let us

know because there are very many valuable resources for you. Through the center, ANA-Maine was able to apply for and receive a grant geared to assisting nurses increase their knowledge of financial planning through the Nurses' Investor Education Project and WISER (Women's Institute for a Secure Retirement). We were one of six states to receive this grant thanks to the work of Marcie Maguire and Irene Eaton Bancroft. You will hear a lot more about this in the near future.

Bettie Kettell deserves thanks and praise for her continuing work on environmental issues. One of these issues has been the development of Nurse Luminaries, nurses who have worked to protect the environment in Maine. A luncheon was held to honor the Luminaries. Karen Ballard, internationally known chair of the Nurses Work Group of Health Care Without Harm, was a speaker.

ANA members have been apprised of state and national legislative issues in preparation for contacting legislators. Maine's entire congressional delegation was invited to visit the 2008 conference during morning registration to have an opportunity to meet attendees. Four ANA-Maine delegates attended the ANA House of Delegates this June and had a voice in national resolutions to be achieved over the year and in ANA Bylaws changes.

ANA-Maine was contacted to provide information about nursing for Jennifer Rook's Maine Watch. The entire program addressed issues of nursing and health policy such as quality care, the caring of nurses, the nursing shortage, the aging workforce, the need for healthcare reform and the plight of the underinsured and uninsured.

As President of ANA-Maine, I was invited, along with many others, to provide a brief response to the Maine Health Care Advisory Council concerning a report on cost-drivers in the Maine healthcare system. I responded to two (of several) items the report identified as increasing healthcare costs. I refuted nursing as a cost driver, and instead related nursing to positive patient outcomes and ultimately lower costs. I related high emergency room use to lack of access to care, addressed components of access as presented in ANA's 2005 Agenda for Health Care Reform and presented the group with the Executive Summary of the Agenda for Health Care Reform. When ANA-Maine heard that a task force of the Health Care Advisory Council was going to study emergency room use, we asked to have a nurse on the task force. Carol Minis, president of the Maine Emergency Nurses Association, has been accepted for this position. ANA-Maine was invited to fill the allocated seat for a nurse on the Advisory Council to the Maine Quality Forum. With the approval of the ANA-Maine Board of Directors, I have presented my name to the council chair for consideration.

The Impaired Nurse Task Force has been meeting regularly. ANA-Maine is represented on this multi-organization team

Continued on page 3

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President's Message*Continued from page 2*

to develop an alternative-to-discipline program for nurses struggling with alcohol and drug use.

Nancy Mattis continues to do her excellent job as editor and chair of our Editorial Committee, putting out a quality ANA-Maine Journal that is sent to all licensed nurses in Maine. Paul Chamberland continues to maintain our Web site, which gets increasingly sophisticated as time goes by. ANA-Maine had an article published in the Maine Sunday Telegram for Nurses Week. We held our annual Awards Dinner just before Nurses Week and honored excellent nominees in addition to naming winners of the Sister Consuela White Spirit of Nursing Award and the Agnes E. Flaherty Nursing Leadership Award. Our dinner in 2009 will be held at the Senator Inn in Augusta.

The ANCC COA informed the Continuing Education Committee in June, 2008, that it has again received accreditation as an approver of nursing continuing education. An interim report was sent to ANCC in September. The accreditation is for a four-year period. Karen Rea has been appointed as commissioner of continuing education after the resignation of Ellen Bridge.

Members of ANA-Maine and student nurses have the ability to blog through the ANA Web site. ANA has granted students free access to the members-only section. ANA-Maine has provided some financial support to the Maine Student Nurse Association to help members attend the national conference last year and also to attend the ANA-Maine Annual Meeting and Conference. We again honored Student Nurse Association Presidents at the annual meeting. Our scholarship fund from the annual silent auction is growing thanks to the work of Blanche Alexander and Penny Higgins. Policy and procedures need to be developed for allocation of this money.

The Board of Directors would like to develop a more interactive relationship with members. To that end, we will try having each board member be responsible for contacting a certain number of members to let them know they are available to hear member concerns and get feedback. We also seek members to join our membership committee and legislative committee. Meetings can generally occur via conference call.

I would like to thank ANA-Maine's dedicated Board of Directors: First Vice President Susan McLeod; Second Vice President Gail Dudley; Secretary Nancy Tarr; Treasurer Paul Chamberland; and board members Irene Eaton-Bancroft, Anita Hakala, Bettie Kettell, Lynne King, Paul Parker and Noreen Vincent for their knowledge, skill, time and dedication given to ANA-Maine this past year.

This may be a hard winter for everyone. We ask you to help out your local food pantries, and educate people about hypothermia, especially among the elderly, safe operation of heaters and stoves, and carbon monoxide. Help your patients and neighbors find community resources to stay warm and safe.

We invite you to walk with us in ANA-Maine. We are not an honor society, we are not an executive group, we are not a union, and we are not a specialty group. We are ANA-Maine: advocating for all nurses and for the health of Maine's people.

The Economic Value of Nursing*Continued from page 1*

as a single daily room rate—for example, a private room. There is no direct relationship between nursing intensity and reimbursement for a particular diagnosis. Hospitals receive the same payment for care regardless of staffing so there is an inherent bias in the payment system to keep staffing levels low to maximize hospital revenue. The raging debate about legislating nurse-to-patient staffing levels has an economic consequence. Raising staffing levels increases hospital costs without increasing payment for patient care. If the payment system were changed to reflect the actual hours and costs of nursing care, there would be an incentive for hospitals to improve staffing levels. For example, hospitals that have higher nurse-to-patient ratios, hence lower direct-care hours delivered to patients, would receive less payment than hospitals with better staffing ratios. In such a system, nursing would be a revenue source for the hospital rather than one of its highest cost centers.

Why would national health finance policy be of concern to a staff nurse? First and foremost, one of the main reasons patients are admitted to hospitals is for nursing care and should be considered one of the primary products within the business of caring. Not knowing how nursing care time and costs are expended for individual patients simply does not make good business sense. Making a business case for better staffing requires collecting data about how individual nurses affect the care of each patient. Collecting the hours of care, as Ann did in the opening scenario, is an important first step towards re-establishing an economic relationship with our patients. Second, without raising the visibility of nursing care in hospitals, ancillary services dominate billing and payment. As hospitals increase the technical sophistication of care, for instance, adding more drugs, invasive procedures, devices, etc., it places additional care burdens on nurses and increases nursing intensity. If this care is not directly linked to increased medical intensity there is a growing gap between patients' needs and available nursing resources, resulting in lags in staffing.

In 2006, the Centers for Medicare and Medicaid Services (CMS) began a series of reforms to the DRG-based inpatient payment system due mainly to how hospitals mark up ancillary charges. An internal CMS study found the lack of accurate nurse intensity and costing data was distorting Medicare hospital reimbursement and recommended hospitals separate nursing care hours and charges from room and board. In April 2008, CMS proposed new rules

for hospital payment and asked for public comment. Several national nursing organizations supported the previous recommendation of the internal report to allow hospitals to unbundle nursing care from room and board on a voluntary basis. ANA-Maine President Susan Henderson provided a supporting letter.

In the final ruling for Fiscal Year 2009 published in August, CMS agreed to let hospitals and nurses work together to reach a solution on how to identify the actual time and costs of nursing care for each patient (Centers for Medicare and Medicaid Services, 2008). CMS set a number of parameters for creating a solution. First, the use of acuity-based patient classification tools or fixed nursing intensity weights such as those used in New York would not be allowed. Second, they clearly identified the "hospital community" as the primary body responsible for making changes to accommodate nursing intensity and charges within existing billing systems. Finally, CMS is seeking an administratively feasible way of separating out actual nursing time and costs without burdening hospitals and especially nurses with additional data collection responsibilities. In the case of Ann, the nurse identified in the opening paragraph, she would expend extra time and effort to collect the nursing intensity data if done by hand.

The criteria that CMS set may seem daunting; however, there may be one data set that all hospitals are currently using that meet all the above criteria—the nurse/patient assignment. Every patient is assigned a nurse from admission through discharge and these assignments are collected in essentially the same way for each unit. The assignment sheet is also an enduring legal document that allows nurse managers to find which nurses were caring for a particular patient. The assignment data can be used to derive the hours of nursing care; for example, if a nurse were assigned four patients in a 12-hour shift; on average her patients would receive three hours of nursing care. More importantly, there is a direct link between individual nurses and patients. The existing nurse/patient assignment can be used to estimate nursing intensity and costs at essentially every hospital in Maine, as well as the rest of the country, without collecting additional and burdensome data.

If nursing intensity billing were implemented, how would this affect overall patient care and, more importantly, would this result in more nursing staff? The simple answer is yes and no. It is difficult to foresee how changes in reimbursement to better reflect nursing intensity will affect each hospital. The

Continued on page 4

The Economic Value of Nursing*Continued from page 3*

likely benefit will be having better nursing cost and intensity data for each patient. This could be a basis for understanding staffing patterns by DRG and adjusting staffing based on both case mix and severity of illness. Since daily nursing intensity and charge data will be placed into the national billing system, it will be available for further analysis. For example, nursing intensity for any DRG could be compared across many hospitals and performance benchmarks. Hospitals that fall well below the mean nursing intensity for a particular DRG may receive less payment or indicate a potential problem with quality and safety of care.

Collecting daily nursing data provides a long-term solution to the chronic issue of staffing shortages and cost containment. The staffing question is linked to individual patients and their experience at a particular hospital rather than using nurse-to-patient ratios that are not directly associated with a patient. The nurse/patient assignment data can be linked to the discharge data to ascertain whether any hospital-acquired adverse events occurred, such as pressure ulcer, nosocomial infections, or injury. On Oct. 1, 2008, CMS and other health insurance companies stopped paying for the additional costs of selected hospital-acquired adverse events (Kurtzman and Buerhaus, 2008). This presents a challenge to hospitals to better understand how nursing care is associated with adverse events. Cutting nursing staff may have a negative effect on the quality of care, resulting in lower reimbursement (Welton, 2008).

Having the ability to link individual nurses and the care they deliver to each patient will substantially improve our ability to define the appropriate level of nursing intensity and the potential decrease in revenue to hospitals when hospitals provide less than optimum nursing care. The assignment data are inherently valuable and can be used to guide local and national health policy by making nursing care visible at the financial levels of the healthcare system. Ultimately, if implemented, nursing intensity billing will provide a valid and reliable way to measure the economic value of nursing care.

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John M. Welton is an associate professor at the Medical University of South Carolina College of Nursing.

The College Experience of an International Nursing Student*by Ofonime Awakessien*

I am a native of Nigeria, a country in West Africa where I lived most of my life before coming to the United States to further my education. I have four siblings (three sisters and one brother) and many relatives present in my life. Nigeria has over 200 languages and so we are taught British English in our schools. The school system in Nigeria is completely different from what I have seen in the U.S. In Nigeria, we have nursery, primary and secondary school, and then university, whereas in the U.S. there are kindergarten, grade school and then college. I have grown to accommodate and appreciate this new American educational system in my time here.

Growing up in Nigeria, I always noticed that it was a male-dominated society, but in recent years, however, with the steady increase of female education, women are striving for social equality. It is essential in a family for the woman to have a male son, in order to carry on the family legacy. Male children are more likely to be educated first, depending on the family's financial status, before female children are considered. I consider my family to be nontraditional, as my father decided to educate all of his daughters in the U.S., so we could get a different perspective on life. This is a rare occurrence in my father's family as my sisters and I were the first females in the family to receive a college education in the U.S.; therefore, there is more pressure on my sisters and me to excel extraordinarily in our studies. The ideal majors for students who study abroad from my country include engineering, medicine and computer sciences. So when I came to America, I chose the major expected of me, engineering; little did I know that my focus in college was about to change completely.

It's hard to believe that four years have gone by so fast, and that my time here at the University of Maine is soon coming to an end. I remember vividly when I first arrived in the United States with the aspiration of getting a college degree in chemical engineering, but that dream quickly changed after I got my fall schedule at my summer orientation. I realized that engineering wasn't the field of study for me, so I spent the last months before the fall semester began searching for a major that would fit my personality and spark an interest. I had always been intrigued by the healthcare field; ever since I was a child, going to the hospital and interacting with the healthcare team, I wanted to make a difference in helping people lead healthier lives. I was fortunate to come across the prestigious nursing program offered at my university. It is amazing the changes and transformations I have encountered during my time at the university as a nursing student.

I had taken a two-year hiatus after graduation from secondary school in Nigeria (which would be the equivalent of a graduating senior in America). Although this break was relaxing, it posed a challenge when I started college. My first semester was hectic and it was tough to adjust to the new system I was presented with. I had over 100 people in my class and had no existing relationships with my peers at the time. The lecture style was very different from what I was used to; the professors used PowerPoint presentations and handouts for lectures. Everything seemed to be happening so fast, that I could barely keep up with my schoolwork. My general education classes such as biology and chemistry, as presented by the professors, were supposed to be a refresher from high school, but my high school years were long behind me. Although I faced multiple challenges in adjusting, one of my strengths was that I was able to read, write and speak English fairly well. Most of the papers required for my courses entailed the use of computers, and prior to college I had minimal exposure to the use of these computer programs. I had to educate myself on the use of Microsoft Word, PowerPoint, Excel, and my e-mail account to be able to stay on track. I received additional help from resources available to me, and gradually I was able to adjust adequately to the school system. Once I had my general education classes completed, my nursing classes posed new challenges.

In my country, nurses are not considered as valuable as physicians; my father was not as supportive, because his original dream was for me to become an engineer or maybe a physician, if I insisted on becoming a healthcare professional. Although I studied extremely hard, nursing did not come easily to me. I felt like I needed to study twice as much just to get to the same level as my nursing peers. Most students in my class had had some professional healthcare exposure, either from a family member, high school or through volunteer work. I did not have any close relatives in the healthcare field, so I went into this profession completely blindsided. Upon completion of my general education courses, I was eager to start my nursing classes and clinical courses. The next couple of semesters that followed posed the hardest challenges in my college career. Clinical courses served as my first experience and exposure to a healthcare facility in the U.S. I struggled with adjusting to the computer system, charting and the different functions of the hospital. The role of the nurse was completely different from my previous perceptions of the nurse being an aide to the physician. Another major challenge that I encountered was being able to communicate effectively with the nurses and clients. I had difficulty with pronunciation and understanding different accents that I came across in the hospital setting. However, over the years I have come to learn effective therapeutic communication techniques and I am able to feel more confident in conversing with people.

Overall, this has been a worthwhile experience. I have not only gained independence and more responsibility for myself, but I have also earned the education of a lifetime. I advanced from being completely lost in a foreign country, to being able to step into the role of the nurse and build confidence in my critical thinking skills. I have been able to connect with resources in the United States, and by December 2008, I will have graduated with a Bachelor of Science degree in nursing from the University of Maine. My plan is to gain experience in a cardiac unit, obtain a master's degree in nursing and hopefully visit or return to my country. I want to inspire other people in my country who have plans of pursuing a nursing career and convey the importance of the nurse as an advocate for the client and how nurses play a vital role in the plan of care for clients and their families. I want to help convey a positive perspective of the nurse as a valuable asset to the healthcare team.

Ofonime Awakessien is a senior nursing student at the University of Maine, Orono.

Keeping Warm this Winter: A Hypothermia Review

by *Bettie Kettell, RN*

The high cost of fuel is causing many people to undertake conservation measures for this coming winter. Our homes are better insulated and tightened up for the season. The thermostat is down from last year. According to the U.S. Department of Energy, for every degree you decrease the thermostat you can realize a 3 percent reduction in fuel costs. As we decrease the thermostat we need to prepare for cooler home temperatures and prevent possible hypothermia. Hypothermia is a condition that we associate with outdoor activities but it can occur when exposed to a cool indoor environment as well. Here are some facts and tips to help our families, our neighbors, our patients and ourselves.

Hypothermia occurs when the core body temperature falls below 95 degrees F. Hypothermia can happen in many circumstances but is most often seen in the winter months. The very young and elderly are more susceptible to a hypothermic response.

Symptoms

Hypothermia usually occurs gradually. Often, people aren't aware that they need help, much less medical attention. Common signs to look for are chills and shivering, which are your body's attempt to generate heat through muscle activity, and the "umbles"—stumbles, mumbles, fumbles and grumbles. These behaviors may be a result of changes in consciousness and motor coordination caused by hypothermia. Other hypothermia symptoms may include slurred speech, abnormally slow rate of breathing, cold, pale skin, fatigue, lethargy or apathy. The severity of hypothermia can vary, depending on how low your core body temperature goes. Severe hypothermia can eventually lead to cardiac and respiratory failure, then death.

Prevention

- Dress warmly in layers. Synthetic or wool fabrics are best. Cotton will hold moisture that can increase the rate of heat loss. Silk is lightweight and wonderfully warm. Each layer creates an airspace that increases the insulation. Wear heavy socks; wool is best. Turtleneck shirts help prevent the heat loss from the most vascular part of the body or head and neck. If you are really cold, add a hat, especially at night.
- Keep active. Clean house, run the vacuum or turn on the music and dance. Activity will increase circulation and make you feel warmer.
- Eat and drink for warmth. Regular hot meals and beverages warm you internally and are crucial to maintaining core temperature. Try new drinks like hot cider or mulled juices, teas of all sorts, hot chocolate, soups and even hot water. One treatment for hypothermia is hot, sweet beverages.
- Bedtime aids include flannel sheets, warm clothing and socks if you can stand them, multiple blankets for the layering effect. Comforters or puffs add lots of insulation without weight.
- Electric blankets or mattress pads are an option. They warm you and not the entire room. Use care with electric devices, following the manufacturer's directions exactly. They are not recommended for the very young and elderly because of the potential for burns. Replace electric blankets every three years. Do not fold them or place items on top that may damage the circuitry.
- Rice packs are available commercially or are easy to make in any size or shape. They can be heated in the microwave for up to five minutes depending on size and used to warm up your bed.

These are all tried and true facts and practices. Have a great, warm winter.

Take Care of Nursing

The Gift that Keeps on Giving Start a Nursing Scholarship Fund

by *Randy S. Steele*

As nurses and student nurses, we do an admirable job of caring for others. Not only do we apply our nursing skills for the benefit of patients, we also become socially involved and raise funds and awareness for worthy charities and causes. Keep up the good work!

We all know that we nurses and students are supposed to take care of ourselves first, so that we can give our patients the best care possible. But shouldn't we also take care of our profession? Nursing students are the future of nursing. Consider this—a donation to most charities helps them to work towards their goal, but once that money is spent, it is gone forever. A one-time-fix, if you will. A new nurse, however, will go on to care for many thousands of patients over the span of his or her career. A student nurse is an investment in the future that will pay dividends for decades. What if that investment could go on forever?

There seems to be a startling lack of nursing scholarships when compared to other courses of study. Yes, there are some wonderful national scholarships out there, but look at the field a student must compete against. Many schools of nursing have a few scholarships of their own, but we need more school-specific scholarships to help produce future generations of nurses. In this day and age of \$600 per-semester book bills and tuition rising by 5 1/2 percent per year, we students need all the help we can get. Just imagine a day when all of the students in a program could have a scholarship to help them on their way.

When my adoptive mother passed away this spring, I decided to do something worthwhile that would keep her name and memory alive forever, and also someday help other nursing students like myself. On Sept. 11, 2008, at the University of Maine, I started the Bernice (Bunny) Brooks Memorial Nursing Scholarship endowment fund. As an endowment, the funds stay in place and pay out a portion of the interest as a scholarship. Once fully funded,

this scholarship will provide financial awards to deserving nursing students at my school forever.

No, I'm not wealthy. But then again I didn't need to be. I set up the scholarship fund with a "seed" donation of \$100. It can be done with even less money up front. From this point on, I (and a whole lot of friends and family) will be raising tax-deductible donations for this scholarship. Once the endowment fund reaches \$25,000, it will begin paying out the interest to students in the form of scholarships. The process was quite simple. Believe me when I tell you that your school's department that handles scholarship donations will be thrilled to do the work for you. You need to provide the name of the fund and a basic idea of what award criteria you want to apply.

Nurses and nursing students are great at fundraising, so why not apply those skills to helping create new nurses? Let's take care of our own so that our future nurses may someday provide the best care available for our patients. If you are a student, start a scholarship at your school. If you are already an RN, find out if your alma mater has any scholarships that you can donate to. Get your nursing or student nursing organization to start scholarship fundraising drives or even start its own scholarship funds. Remember, no matter who we are, we will all need well-trained nurses to care for us someday.

For all of you UMaine graduates out there, or anyone willing to help a worthy cause, feel free to donate to our scholarship fund.

Tax-deductible donations can be made by check made payable to the University of Maine Foundation for the Bernice Brooks Memorial Scholarship Fund at Two Alumni Place, Orono, ME 04469-5792, online at www.umainefoundation.org or by calling 800-982-8503. Be sure to specify the Bernice Brooks Fund. Randy S. Steele is a sophomore in nursing at the University of Maine, Orono.

Volunteering During an Emergency

By *Karen Rea*

In the wake of several major disasters during the past few years, disaster relief organizations and the federal government have recognized the need to streamline the process for using volunteer healthcare professionals, especially those who volunteer outside of their own jurisdiction.

The federal government is in the process of rolling out the Emergency System for the Advance Registration of Volunteer Health Professionals, or ESAR-VHP. This initiative, organized on a statewide basis, is tasked with designing and implementing an electronic database to collect demographic and credentialing information from health volunteers who might be of assistance during a state of emergency. In particular, a national uniform set of credentials will be used so that volunteers can freely work across state lines without the time-consuming need of verifying credentials during a declared emergency. ANA-Maine is collaborating with the Maine Center for Disease Control and Prevention in this effort, along with a large number of other healthcare providers and professional organizations. Maine has decided to go beyond the federal mandate of just collecting the data, and plans to use it to develop deployment strategies in the event of an emergency. This need might be in a hospital, community setting, or public health situation. It would only be activated in the event of a state of emergency declared by the governor, or in the event of a national emergency. The committee is working on ways to safeguard the privacy of volunteer information, how to make best use of information already available in other databases, and how to best share information in the database with those agencies that have the greatest need during an emergency.

While specific details are still to be worked out, each of you might begin asking if you are willing and able to serve in some capacity during an emergency. This might be in your local jurisdiction, elsewhere in the state, or somewhere around the country. What skills do you have that might be of use? How much time do you anticipate being able to give? What constraints do you have that might impact on volunteering (family needs, health needs, etc)? The types of situations in which large numbers of health volunteers might be needed include natural disasters (flood, hurricane, fires) as well as public health emergencies (pandemic flu, anthrax, smallpox, other communicable diseases). Once the ESAR-VHP committee has worked out the details, ANA-Maine will put out a call for volunteers, so stay tuned for additional information.

If you have any questions, please feel free to contact the committee representative, Karen Rea, at Karen@mainelyrea.com.

Thoughts of Agnes Flaherty

by Susan Henderson

Agnes E. Flaherty died Sept. 20, 2008 at age 88; she was born in Portland, ME. Before attending Catholic University and Columbia University, she attended a diploma nursing school at the Maine Eye and Ear Hospital. She was dedicated to friends, family, the nursing profession and her country.

A few years ago, Agnes had been invited to Saint Joseph's College to speak with freshman nursing students about her nursing experiences. She said that she was in nursing school on Dec. 7, 1941, when she heard of the bombing of Pearl Harbor. With this news, a crowd of people poured out onto Congress Street. Almost immediately, Agnes enlisted in the Army, serving in the Pacific as an Army Air Force flight nurse. During the visiting hours at the funeral home, an article was displayed from the 1940s describing the life-saving care that Agnes gave to a pilot. The article describes the turbulent flight across the Pacific to a mainland hospital with Agnes working to keep the young man from going deep into shock. Her uniform from those days, along with pictures, were there at the funeral home and it was easy to visualize Agnes, knowing the danger the young man faced, working quietly and courageously as that propeller plane pitched and tossed across the ocean. I can visualize Agnes's strength then and got to see some of that strength during the time I knew her.

Many of you knew Agnes well through the years. The depth of your caring and love for her has been a reflection

of Agnes' greatness. When Sister Consuela White said that Agnes was her first friend in Portland, and that they remained friends through many long years, it was an honor to know of such friendship. Several years ago, a nurse remembered Agnes as director of nursing at Maine Medical Center: "Sometimes in the middle of the night Agnes would just show up. She did things like that; you knew she was there for you." Praise did not come lightly from this man. Another said, "She knew who you were." Agnes reached out to me when I was a young faculty member in a kind and supportive way, and I cherished it greatly because it was so genuine and generous. Throughout her life, Agnes worked with knowledge, skill, strength and courage but also kindness, compassion and insight.

Agnes was a leader for the nursing profession and she probably served the profession as much after she retired as before. She valued the role of the American Nurses Association as the professional organization setting standards of practice for the nursing profession. Agnes had many critical roles in many organizations but we love her not for the power of any position that she had, but for the person and nursing leader that she was.

We will remember Agnes when we think of:

Nursing leadership

Nurses serving courageously in the military

Serving our professional organization

A good friend

Strength, courage and kindness

We will remember Agnes E. Flaherty.

Book Review

Greater Expectations

**DON'T LEAVE ME THIS WAY:
Or When I Get Back on My Feet
You'll Be Sorry**

Julia Fox Garrison

Published by HarperCollins, 2006, New York

Reviewed by Penny Higgins, RN, EdD

Driving to work one morning, 37-year-old Julia Fox Garrison is reviewing her day, her work, her family, and her life unfolding ahead of her, and giving thanks for all that she has received. At work, she is suddenly stricken with a pounding headache; a co-worker immediately drives her to a hospital, where she gradually realizes that she is having a stroke. She eventually wakes up to find that her left side is seriously paralyzed from a severe brain hemorrhage.

The book recounts her struggle to recover from this unexpected, shattering blow: Who has a stroke of any kind at this age? There is a serious conflict between Garrison and one of her doctors, who continues to insist that her stroke was from vasculitis that requires continuing chemotherapy throughout the remainder of her life. Her neurologist is not convinced, but is unable to define the exact cause of her stroke.

The book also describes her conflict with various caregivers about both her eventual recovery and mode of treatment. Since she has the ability to speak, she is very clear from the beginning that she expects to recover completely, and will listen to nothing less. Her caregivers are not so sure, and try to convince her that she has to give up her "denial" and realize that rehabilitation means that she will regain only as much ability as is possible—not necessarily complete recovery.

Garrison has a wonderful and supportive family, and a husband who is with her every step of the way. She is the only daughter in a family of sons, with brothers who join forces to bring her non-hospital food every day of the week. Garrison also highlights the stresses that such an event places upon families, especially marriages, and upon her three-year-old son. She diligently works at every therapy offered, including chemotherapy for a time.

She does see progress, but it is slow and tedious work. Although no one believes she will be able to drive a car, she relearns this skill and many others. She is forced to admit that another child is out of the question, as is a return to her former work. One day she suddenly hears a broadcast about new findings of stroke in young people following the use of cold medication—the very one that she had taken the morning of her stroke to reduce cold symptoms. Her neurologist agrees; they finally have a precipitating factor and one that won't recur or require chemotherapy.

Garrison feels that the stroke has made her a better person, given her insights that she may not have otherwise had, and caused her to grow spiritually and understand her life purpose. The final part of the book is directed at doctors and their attitudes towards patients. There is little about nursing in this book, as her issues were mainly with the physicians. However, there is much for nurses to learn from this young woman, especially about listening to your patients, and allowing them to set their own goals. Perhaps they won't make their goals, but what is the recovery about but goals and more goals? Also, most of the ideas addressed to physicians apply to medical personnel across the board, especially those ideas that urge consideration of the person in front of you as unique, with unique thoughts, experiences, and aspirations.

Confident Voices

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

Welcome back to the column that addresses communication and conflict issues that nurses 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 you 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 a staff nurse on a med/surg floor. I'm trying to develop my assertiveness and am hoping you will have some ideas for this situation. There is one physician who is very difficult to deal with. He has yelled at me a number of times during phone conversations and sometimes in person. I dread taking care of his patients because I don't want to deal with him. I'm not the only one, either. We all cringe when we hear him get off the elevator. One example is that I never know what kind of betadine solution he wants to use for procedures (we have five options), and when he calls in to get things set up he mumbles. I don't dare interrupt him, and so I try really hard to make sure I understand him. It seems like I'm always prepared with the wrong solution.

He and I have both worked in the same area for many years, and I wish things were less stressful and more collaborative between us. Any suggestions?

Signed,

Wishing for More Collaboration

Dear Wishing,

Thanks for a super topic to explore and a wonderful wish.

You know, I'm always amazed at how powerful some toxic behaviors are. In my classes or workshops on organizational conflict, communication, leadership, etc., there always seems to be one or two notorious people. Everyone in the organization knows them. They may be physicians, nurses, or administrative leaders. They have a tendency towards aggressive or passive-aggressive behaviors, and no one knows quite what to do. They comprise a small number of people with a large amount of power. Let's consider some potential opportunities for assertiveness in this scenario.

Addressing the Mumbling

Assertiveness is a valuable skill and, when we are adept and supported in being assertive, there are many opportunities for personal growth.

For instance, during the call:

Dr. Smith, I'm having trouble understanding you. Please slow down and speak more clearly without yelling. We have the following five betadine options; which one would you like?

Addressing the Yelling

Yelling is usually an aggressive and ineffective way to communicate. It is hard to be assertive in an aggressive situation, especially if there is an unequal power dynamic, such as with a physician or supervisor. Nevertheless, we are undergoing a sea change in health care and difficult steps are necessary to eliminate this form of communication.

For instance, during the call:

Dr. Smith, stop yelling at me. It is inappropriate and I can't understand you. Please lower your voice and tell me what you would like to do for our patient.

A similar approach could be adopted during a face-to-face incident:

Dr. Smith, stop yelling at me. It is inappropriate. Please lower your voice and tell me what you would like to do for our patient.

In addition to using a clear and firm voice in all of these examples, your body language for such a face-to-face confrontation can make a difference. One type of body posture that I find helpful if someone is invading my personal space is called the "mediator's stance." To do this, pivot slightly to the side and bring both arms up, elbows slightly bent and palms at an angle as if to say, "Stop." This defines your personal space without blocking the aggressive person. In a sense you get out of their way and still maintain a non-defensive, non-threatening, and strong posture.

Addressing the Chronic Dynamic

Depending on how safe you feel, there is an opportunity to provide some feedback to this physician, build a relationship, and set limits for future interactions. I think you have all of the information you need to initiate the process and, with a little reflection, could offer a lifelong gift to the doctor.

You might start out a conversation like this:

Dr. Smith, I have a concern that I would like to talk with you about regarding our communication. Would you be willing to sit down with me privately for five or 10 minutes later today?

I've been reading about assertiveness and am developing that skill. In the process, I've realized that some of our interactions over the years have had an unhealthy tone. I'm talking about phone and face-to-face conversations where I have perceived you to be yelling

at me some times and not speaking clearly at others. I find now that I dread having to communicate with you and know that this is not professional. I'd like us to be communicating more respectfully. What thoughts do you have?

He may or may not be receptive to this, and only you can gauge whether you feel safe enough to take any of these steps.

It is important to note that the organizational culture plays an extremely important role in creating and sustaining a safe environment in which nurses can develop their assertiveness. The Joint Commission's new requirement for addressing bad behavior goes into effect Jan. 1, 2009 and will help create cultures that support assertive intervention. (For more information about this, visit the TJC Web site and look under "Sentinel Event Alert" for issue # 40). In the meantime, learn all you can about assertiveness and look for opportunities to observe, practice, as well as role model-related behaviors.

Thanks for working on this tough skill. Good luck!

Sincerely,

Beth

Beth Boynton, RN, MS, is a nurse trainer/consultant/speaker 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 and 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@earthlink.net, www.bethboynton.com, or 207-363-5604.

ANA-MAINE CE Approver Unit Update

ANA-MAINE successfully underwent an ANCC-COA site visit for ANA-MAINE's reapplication as an accredited ANCC-COA Approver Unit for continuing nursing education. ANA-MAINE was accredited through August 2012. The Board of Directors of ANA-MAINE applaud the work of the Continuing Education Committee leadership and members for the excellent work they have done to maintain the ANCC's Commission on Accreditation's standards for the nurses of Maine.

Based upon the recommendations of the site visitors, changes have been made to several of the application forms. These are now up on the ANA-MAINE web site (www.anamaine.org) and in effect as of October 1st.

Due to the increased cost of administering these programs, the ANA-MAINE Board of Directors approved increasing the fee schedule for applying for individual educational activities. The following application fees will be in effect starting December 1, 2008:

Contact Hours	Postmarked or emailed <u>more than</u> 45 days prior to activity	Postmarked or emailed 30–45 days prior to the activity (includes \$50 late fee)	Postmarked or emailed 22–29 days prior to the activity (includes \$75 late fee)	Emailed 21 or less days prior to the activity <u>ONLY WITH PRIOR APPROVAL</u> (includes \$150 late fee)
1.0–5.0	\$90.00	\$145.00	\$180.00	\$275.00
5.1–10.0	\$100.00	\$155.00	\$190.00	\$285.00
10.1–20.0	\$115.00	\$170.00	\$205.00	\$300.00
20.1–30.0	\$130.00	\$185.00	\$220.00	\$315.00
30.0 +	\$160.00	\$215.00	\$250.00	\$345.00

ANA-MAINE is Accredited as an Approver of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation

What's New at ANA-MAINE Continuing Education?

Provider Unit Committee Meets New Commissioner Karen Rea

At the bi-annual ANA-MAINE Approved CE Provider Unit meeting held at Mercy Hospital in October, Karen Rea was introduced as the new Continuing Education Commissioner. She replaces Ellen Bridge, who faithfully served in that role for the past eight years. Karen has recently moved to Portland from Northern Virginia, where she was active for over 20 years in nursing continuing education and was the Chairman of the Virginia Nurses Continuing Education Committee. In addition to Karen, the Continuing Education Committee is blessed with several new reviewers: Kim Balzanelli, Carol Brocker, Jane O'Malley, and Denise Potvin. We appreciate the ongoing work of members Diana Crowell, Janet Durgin, Irene Eaton-Bancroft, Rochelle Findlay, Barbara Hildreth, Carla Randall and Paula Theriault. The new members have come on board just in time to help the committee with the increase in educational activity applications.

This has been a busy year for the Continuing Education Committee. We went through the reaccreditation process in the spring, and were approved to continue as an Accredited Approver of Continuing Education by the American Nurses Credentialing Center (ANCC) for the next four years. Based upon recommendations from the reaccreditation, revisions have been made to the application forms. These are now up on the Web Site; please be sure to use these new forms (October 2008) when submitting an individual education application for a program. We welcome the opportunity to coach and support applicants through the process. Please don't hesitate to contact us if this is the first time you have submitted an application or are having difficulty completing the required forms. Our role is to help you succeed in providing quality continuing nursing education. You may contact the committee through Dawn Wiers at anamainece@gwi.net or 207)938-3826.



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 Dec. 29 for the Winter 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@zwi.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>

about cost or to obtain an event brochure, please contact Tammy Poissonnier at (207) 861-3392 or tpoissonnier@emh.org. Inland Hospital is a member of EMHS.

December 2008

3 South Portland, PESI. **Cardiac Diagnostics and Interventions.** \$169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

12 South Portland, PESI. **Through the Eyes of a Child: Forensic Strategies to Violence-Proof Kids.** \$169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

15 Bangor, PESI. **Nursing Documentation: Legally-Proven Strategies to Keep You Out of the Courtroom.** \$175. For additional discount information: 800-843-7763 or www.pesihealthcare.com

16 Portland, PESI. **Nursing Documentation: Legally-Proven Strategies to Keep You Out of the Courtroom.** \$175. For additional discount information: 800-843-7763 or www.pesihealthcare.com

January 2009

20 Bangor, PESI. **Strategies for Excellence in Stroke Care.** \$175. For additional discount information: 800-843-7763 or www.pesihealthcare.com

21 Portland, PESI. **Strategies for Excellence in Stroke Care.** \$175. For additional discount information: 800-843-7763 or www.pesihealthcare.com

28 Portland, PESI. **Life-Threatening Pediatric Emergencies.** \$169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

November 2008

7 Portland, PESI. **Challenging Geriatric Behaviors.** \$169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

7 Bangor, Brain Injury Association of Maine—Eastern Maine Medical Center. **4th Annual Professional Conference: Connecting the Dots After Brain Injury—Vision.** \$100. Location: Spectacular Events, 395 Griffin Road. 8 a.m.-4 p.m. Application for CEUs has been made. To register: 207-861-9900 or 1-800-275-1233; or e-mail to info@biame.org

12 Portland, PESI. **Advances in Orthopedic Care: It's Not Just Broken Bones.** \$169. For additional discount information: 800-843-7763 or www.pesihealthcare.com

13 Waterville, Inland Hospital. **Community Flu Shot Clinics.** Appointments are now being scheduled; pneumonia vaccinations are also available upon request. 5

p.m.–8 p.m. All clinics will be held in the Medical Arts Building adjacent to Inland Hospital at 180 Kennedy Memorial Drive. Pre-registering for appointments is required. Please call 207-861-3332.

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

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

20 Waterville, Inland Hospital. **5th Annual Wound Care Conference.** Elks Club, 76 Industrial Road, 7 a.m.–3 p.m. Hosted by Inland's Wound Care Clinic staff. An opportunity for medical staff to learn the latest in wound care techniques and the most updated assessment tools available. Pre-registration required. For more information

ANA News

ANA Partners with 21 National Nursing Organizations to Commission a Study of Advanced Practice Registered Nurses on Safety, Effectiveness and Quality Care

The American Nurse Association (ANA) is collaborating with nearly two dozen national nursing organizations to commission the first comprehensive study of its kind in 20 years addressing the positive impact the 240,000 Advanced Practice Registered Nurses (APRNs) have on health care quality and patient outcomes.

"An Assessment of the Safety, Quality, and Effectiveness of Care Provided by Advanced Practice Nurses, for the first time, when implemented by January 2009, will standardize each aspect of the regulatory process for APRNs, resulting in increased mobility, and will establish independent practice as the norm rather than the exception. This will support APRNs caring for patients in a safe environment to the full potential of their nursing knowledge and skill," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

Substantial challenges to educational expectations and certification requirements for APRNs, and the proliferation of nursing specializations have sparked debates on appropriate credentials, scope of practice, and state-by-state regulation of nursing scope of practice. To that end, the consensus model for APRN regulation focuses on the regulation and credentialing of nurses.

Though APRNs have been linked to improved access to health care services, enhanced patient safety, and cost-effective care, a contemporary systematic review is needed to gauge the overall impact these providers are having in today's health care system.

Researchers will examine research-based evidence connected to care provided by nurses in the four APRN roles—certified registered nurse anesthetist (CRNA), certified nurse-

midwife (CNM), certified clinical nurse specialist (CNS), and certified nurse practitioner (CNP). Additionally, APRNs focus on at least one of six population foci: psych/mental health, women's health, adult-gerontology, pediatrics, neonatal, or family.

The American Nurses Association (ANA) has been an active participant in both the APRN Consensus Work Group and the subsequently formed Joint Dialogue Group. In addition to ANA, members of the Joint Dialogue Group are the: American Academy of Nurse Practitioners Certification Program, National Association of Clinical Nurse Specialists, American Association of Colleges of Nursing, American Association of Nurse Anesthetists, American College of Nurse-Midwives, American Organization of Nurse Executives, National Organization of Nurse Practitioner Faculties, National Council of State Boards of Nursing, National Council of State Boards of Nursing APRN Advisory Committee, National League for Nursing Accrediting Commission and nursing compact administrators.

Peterson Named Director of Nursing Practice and Policy for American Nurses Association

The American Nurses Association (ANA) is pleased to announce Cheryl Peterson, MSN, RN has been named Director of Nursing Practice and Policy. As Director, Peterson will influence professional practice issues and nursing policy covering a broad range of health care settings, specialties, nursing roles and practice challenges.

"Cheryl Peterson has provided invaluable input to ANA on many nursing issues. She has coordinated ANA's participation as a representative on several national advisory committees on subjects as diverse as disaster preparedness and foreign educated nurses. I am certain she will continue to be a strong advocate for nurses and nursing in her new role," said ANA Chief Executive Officer Linda J. Stierle, MSN, RN, CNAA,BC.

In her role as Senior Policy Fellow in the Department of Nursing Practice and Policy, Peterson was responsible for policy development on issues related to the nursing workforce, and nursing workforce planning including disaster preparedness, bioterrorism, labor issues, international issues, and health and human rights. She has served as the U.S. representative to the International Council of Nurses.

Prior to coming to ANA, Peterson served as a captain in the Army Nurse Corps on active duty during Operation Desert Shield/Storm at the King Khalid Military City, Saudi Arabia. She also held positions in the 350th Evacuation Hospital, Canton, OH, and as Head Nurse of a Cardiac Step-Down Unit at Walter Reed Army Medical Center. She has a Bachelor of Science in Nursing from the University of Cincinnati and a Master of Science in Nursing Administration from Georgetown University.

ANA News

International Council of Nurses

The International Council of Nurses (ICN) is pleased to announce the appointment of David Benton as the new Chief Executive Officer. David takes over from Judith A Oulton who is stepping down after 12 years at the helm of ICN.

“We look forward to working with David in his new role as CEO, as he continues and advances the tremendous work of Judith Oulton, leading nurses and the populations they serve to quality health care for all,” stated ICN’s President Hiroko Minami. “His broad management experience, special expertise in professional regulation and education are key assets for ICN as we continue to strive towards our vision of leading societies to better health.”

CEO designate David Benton remarked, “This is an exciting and challenging time for nurses everywhere, as governments, health systems and international agencies address the human resource crisis and global health priorities. The nursing role is pivotal. Worldwide nurses are responding with innovative solutions which need to be shared, recognized and replicated. I look forward to working with all our partners to generate synergies of innovation and effort that will improve health outcomes for all and strengthen our profession.”

David has held the post of Consultant in Nursing and Health Policy at ICN since 2005, specializing in regulation, licensing and education. Prior to coming to ICN he filled senior management roles across a range of organizations over the past twenty years. These roles have included Executive Director of Nursing in posts in Scotland and England; Chief Executive & Accounting Officer at the National Board for Nursing Midwifery & Health Visiting of Scotland; Regional Nurse Director, Northern and Yorkshire Region, UK. David qualified as a general and mental health nurse at the Highland College of Nursing and Midwifery in Inverness, Scotland, and has a post graduate degree focused on the application of computer assisted learning to post basic nurse education.

David is the recipient of several awards and honours. He is particularly proud of being awarded the inaugural Nursing Standard Leadership award in 1993. He was presented with Fellowship of the Florence Nightingale Foundation in 2001 and awarded Fellowship of the Royal College of Nursing of the United Kingdom in 2003 for his contribution to health and nursing policy. He was selected as ICN’s Chief Executive among highly qualified candidates from around the world.

The **International Council of Nurses (ICN)** is a federation of 131 national nurses’ associations representing the millions of nurses worldwide. Operated by nurses for nurses since 1899, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

The International Council of Nurses is a federation of national nurses’ association, representing nurses in more than 128 countries. Founded in 1899, ICN is the world’s first and widest reaching international organization for health professionals. ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce. ANA is one of the founding members of the ICN and serves as the National Nursing Association (NNA).

American Nurses Association and **HEALTHeCAREERS NETWORK** Offers Thousands of Nurses Expanded Career Services

The American Nurses Association (ANA) and HEALTHeCAREERS Network have partnered to launch a new career column ‘Dear Cindy,’ which is a member benefit available on ANA’s social network, ANA NurseSpace <http://ananursespace.org/news/browse/?clusters=1434>.

The column, titled ‘Dear Cindy,’ is already published on Network Web site www.MedHunters.com and in HEALTHeCAREERS eNewsletters. ‘Dear Cindy’ is written by MedHunters editor Cynthia M. Piccolo and offers readers opportunities to ask questions and provide feedback surrounding medical news, career tips and other relevant topics within the healthcare industry.

“The ‘Dear Cindy’ feature on ANA’s Web site will offer the association’s 200,000 active members direct access to career resources,” said Bob Kumagai, HEALTHeCAREERS Network senior vice president of marketing. “The column is one of many online resources available through the ANA Nurse’s Career Center, including thousands of searchable postings, personalized Web pages, an opportunity to build or upload up to six résumés, and much more!”

“The American Nurses Association is proud to present an online platform for all nurses to collaborate and engage with other ANA members to advance the cause of nursing, said ANA President Rebecca M. Patton, MSN, RN, CNOR. “We are looking forward to competing for the hearts and minds of a new generation, which will be one of online social interactivity—coupled with new media, sharing knowledge and interactive technology in the years to come.”

About **HEALTHeCAREERS** Network

HEALTHeCAREERS Network (www.healthcareers.com) is the largest online community specifically for healthcare job seekers and employers. For more information, please visit www.healthcareers.com, call 888.884.8242 or e-mail info@healthcareers.com.

ANA News

The American Nurses Foundation and the American Academy of Nursing Announce 2008-2009 Nurse Scholar-in-Residence Program Award

The American Nurses Foundation (ANF) and the American Academy of Nursing (AAN) are pleased to announce the 2008-2009 ANF/AAN Institute of Medicine (IOM) Scholar-in-Residence Award appointee.

Mary E. Evans, PhD, RN, FAAN, a professor and associate dean for research and doctoral study at the University of South Florida will participate in a year long program of orientation and work at the Institute of Medicine at the National Academies. Evans plans to examine the factors which could lead to more effective implementation of IOM recommendations on mental health into legislative policy.

The Scholar-in-Residence Program is designed to assist nurse leaders in playing a more prominent role in health policy development at the national level.

"Examining social, political and economic factors related to the implementation of preventive mental health strategies is important for the development of health policy," remarked ANF president Margarete Zalon, PhD, RN, ACNS, BC. "Dr. Evans' focus on the development of a taxonomy of issues to be addressed in implementing the Institute of Medicine's recommendations for mental health has the potential to provide a framework for the subsequent translation of scientific findings into sound health policy that will benefit our nation."

Evans, a professor of nursing at the University of South Florida's School of Nursing, also serves as a member of the National Advisory Committee at the University of Massachusetts Medical School Center for Mental Health Services Research. She was awarded the American Public Health Association's Carl A. Taub Award for Lifetime Achievement in Mental Health Services Research. She earned her PhD in Sociology at the State University of New York at Albany, and was the lead researcher in several studies on systems of care in the field of mental health. She was awarded the American Public Health Association's Carl A. Taub Award for Lifetime Achievement in Mental Health Services Research. Dr. Evans also served on the Nursing Research Review Committee for the American Nurses Foundation.

The American Nurses Foundation and the American Academy of Nursing are corporate affiliates of the American Nurses Association. The Institute of Medicine is a corporate affiliate of the National Academy of Sciences.

The American Nurses Association Advances the Prevention of the Unethical Recruitment of Foreign-Educated Nurses

Business, Labor, Educators and Advocates Unite, Release Code of Conduct for the Ethical Recruitment of Foreign Educated Nurses to the United States

The American Nurses Association (ANA) along with representatives of unions, health care organizations, educational and licensure bodies, and recruiters joined forces today by publicly releasing the *Code of Ethical Conduct for the Recruitment of Foreign Educated Nurses*. The Code provides voluntary guidelines that aim to ensure the growing practice of recruiting foreign-educated nurses to the United States is done in a responsible and transparent manner.

"Recruitment of foreign-educated nurses (FENSs) to the United States is growing in response to the U.S. nurse shortage. While there is disagreement over the causes of the nursing shortage and whether international nurse recruitment is part of the solution, there is widespread agreement that if it is occurring it should be conducted in an ethical manner that balances diverse stakeholder interests. Adoption of this Code will safeguard the rights of FENs and enhance high-quality patient care, both domestically and abroad," remarked ANA President Rebecca M. Patton, MSN, RN, CNOR.

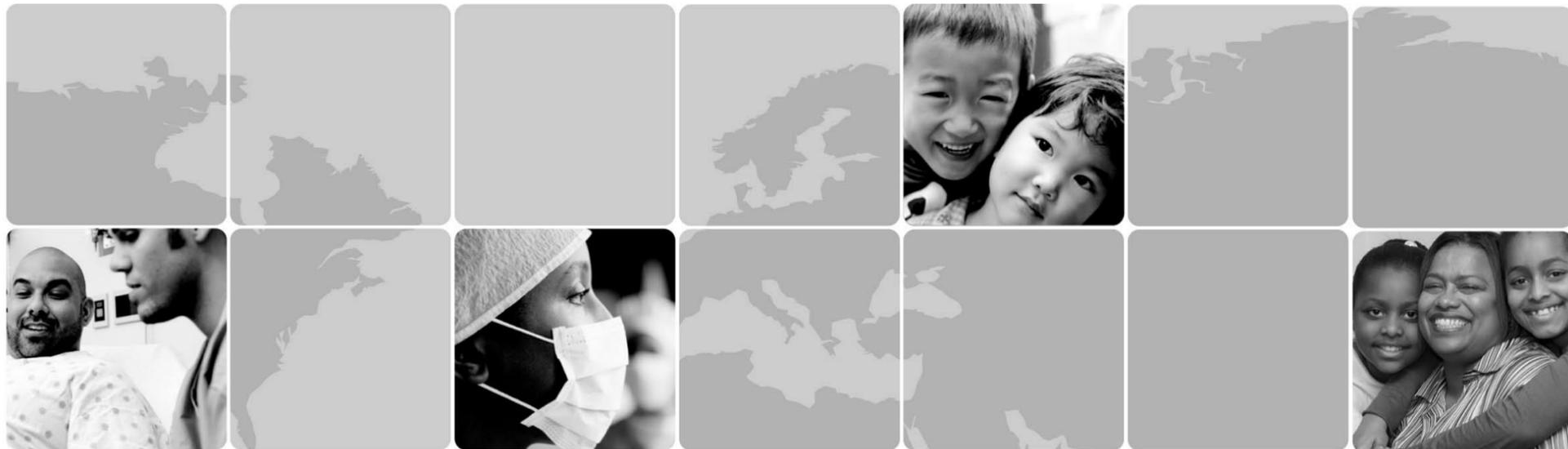
ANA has long advocated for the ethical recruitment of foreign-educated nurses. In April 2008, the association filed an amicus brief in New York supporting a motion to drop criminal charges against the group of Filipino

registered nurses charged with patient endangerment after resigning their positions. These nurses have come to be known as the "Sentosa nurses."

The nurses had been recruited by the Sentosa Recruitment Agency to work at specific nursing home facilities on Long Island. When they arrived in the U.S., they discovered they actually were working for a staffing agency, Prompt Nurses Employment Agency. Over a period of months, the nurses said, the agency refused to pay them according to the terms of their contracts. They also said they were not properly trained for their new jobs and were required to care for more patients than they believed were safe.

The Code is designed to increase transparency and accountability throughout the process of recruitment and provides guidance to health care organizations and recruiters on ways to ensure recruitment is not harmful to source countries.

In addition to the ANA, the Code has also been endorsed by numerous groups, the American Association of International Healthcare Recruitment, the National Council of State Boards of Nursing, the National Association for Home Care and Hospice, several large recruiters, and multiple associations of foreign educated nurses.



Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Nurses to the United States

Introduction

The following Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Nurses to the United States (the Code) reflects the mutual recognition of stakeholder interests relevant to the recruitment of foreign educated nurses (FENs) to the United States. It is based on an acknowledgement of the rights of individuals to migrate, as well as an understanding that the legitimate interests and responsibilities of nurses, source countries, and employers in the destination country may conflict. It affirms that a careful balancing of those individual and collective interests offers the best course for maximizing the benefits and reducing the potential harm to all parties.

While the Code acknowledges the interests of these three primary stakeholder groups, its subscribers are the organizations that recruit and employ foreign educated nurses, e.g., third party recruiting firms, staffing agencies, hospitals, long-term care organizations and health systems. For the purposes of the Code, "Recruiters," refers to those who contract with an FEN in a source country in order to facilitate their migration to the United States and their placement in health care employment. "Employers" refers to those health care organizations that employ FENs in the United States. Some entities provide both services, i.e., a health care employer may engage in direct recruitment and a recruiter may employ FENs under a staffing agency model in which the agency employs and contracts nurses to healthcare organizations on a short- or long-term basis. Where recruitment and employment services are the shared responsibility of two or more entities, each will be responsible for ensuring ethical conduct throughout the process. Recruitment and employment organizations that subscribe to the Code voluntarily agree to comply with specific minimum standards, as specified in Part I of the Code, and to strive to achieve the best practices, as described in Part II of the Code. Subscription to the Code also implies full cooperation with the monitoring system that will be developed by a representative Board of Directors¹.

Part I: Minimum Standards

Subscribers to the Code agree to:

- I. Comply with the laws of any foreign country in which they operate, whether through a permanent office, an agent relationship, or on an occasional basis, and comply with the laws of the United States, including relevant employment and immigration laws when operating in the United States. Examples of these laws include the following :

- **Fair Labor Standards Act (FLSA)**

Also known as the "Wage/Hour" law, the FLSA provides minimum wage requirements, overtime requirements, child labor regulations, and equal pay provisions for most employees.

- **Title VII of the Civil Rights Act of 1964**

Title VII prohibits discrimination on the basis of race, color, religion, sex (gender), and national origin in hiring, employment (all terms, conditions and benefits), and termination.

- **Age Discrimination in Employment Act (ADEA)**

The ADEA prohibits discrimination in hiring, employment or termination against applicants and employees age 40 and over with certain very limited exceptions.

- **Equal Pay Act (EPA)**

The EPA applies to all employers covered by the FLSA, and prohibits discrimination based on gender in the payment of wages for jobs of equal skill, effort and responsibility that are performed under similar working conditions. Exceptions are provided for pay differentials based on seniority, merit, or some other bona fide factor other than sex (e.g., education, training, specialized skills, and experience).

- **Family & Medical Leave Act (FMLA)**

The FMLA provides up to 12 weeks of unpaid leave when an employee or covered family member has a serious health condition that requires medical care or treatment and a physician certifies that an employee's leave is necessary.

- **Americans with Disabilities Act (ADA)**

The ADA prohibits employment discrimination against individuals with a disability if they can perform the essential functions of the job with no special accommodations, or if they can perform such functions with special accommodations which are "reasonable" based upon the size of the company; the nature of the job; and the costs of the accommodations.

- **National Labor Relations Act (NLRA)**

The NLRA prohibits most employers from discriminating against employees who choose to engage in (or to decline to engage in) any union-related activities. Protected activities include joining a union or asking others to join, banding together collectively for "mutual aid and protection" (whether or not a union is involved), seeking to deal on a group basis with the employer about working conditions; and engaging in other concerted activities for the purpose of negotiating more favorable employment terms.

- **Occupational Safety & Health Act (OSHA)**

OSHA applies to most employers and imposes a general duty to maintain a safe place to work.

- **Immigration and Nationality Act (INA)**

The INA makes it unlawful for any entity to employ any individual who is not authorized to work in the US.

- II. Communicate and make representations to applicants in an honest, forthright, and accurate manner based upon available information.

Current Labor Demands and Education Requirements

- a. Avoid the use of knowingly false or deliberately misleading information in all forms of communication.
- b. In recruitment advertising, clearly and specifically indicate the occupational level for which healthcare professional applicants are sought (e.g., RN vs. LPN vs. nursing assistants) and include the minimum standards or qualifications required for each of those occupational levels.

Specific Employer, Employment Location, and Service Duties

- b. Explain in writing the steps involved in the migration and licensing process and keep FEN applicants informed (by periodic written notice, for example) about their progress throughout the process and upon an applicant's request.
 - c. Specify the nature of employment (e.g., direct hire by a hospital or nursing home or employment by a staffing agency) as soon as such information is known. Provide a clear explanation and secure the FEN's written consent prior to making any change to the nature of employment.
 - d. Identify the geographic location of the future worksite at the time of recruitment whenever such information is known. If third-party recruiters and staffing agencies have not yet determined the future worksite location, this should be fully and clearly disclosed to the FEN at the time of recruitment. The precise place of employment (specific health care facility, set of facilities owned by a system or other worksite, e.g. home health agency) must be specified in writing prior to the FEN's travel to the United States.
- III. Adhere to general principles of fair contract, immigration, and labor practices.

Contract Practices

- a. Provide sufficient opportunity for FEN applicants to review and consider written contracts before signing is required (e.g., at least 48 hours).
- b. Make reasonable effort to ensure that the contract terms are explained and understood by the FEN recruits. The FEN is free to consult with an attorney for contractual terms that they do not understand before signing.
- c. Provide a copy of the signed employment contract for FEN applicants to keep.
- d. Provide a clear explanation of any contract changes and secure the FENs written consent whenever modifying an executed contract—either at contract signing or subsequently, except when required by law to accommodate and reflect changes in relevant regulation.
- e. Secure written consent from the FEN applicant to sell or transfer their contract to another agency or employer, either in the language of the original contract or prior to consummation of any transfer or sale.

Continued on page 15

Voluntary Code of Ethical Conduct . . .*Continued from page 14*

- f. When contracts are signed in advance of visa issuance, permit the termination of contracts by FENs if deployment is delayed for more than three years from contract execution and a) said delay is not attributable either to the FEN (e.g., failing to pass the NCLEX in a reasonable amount of time) or to changing regulatory environment (e.g., visa retrogression²), and b) all recruitment costs are reimbursed by the FEN to the Recruiter or Employer.
- g. Charge no fees to FENs for recruitment services when payment for the same services (e.g., fees solely for placement and/ or recruitment of healthcare professionals) is already being provided by an Employer. This provision shall not apply to fees paid solely by a FEN (e.g., additional services beyond mere placement and/or recruitment).
- h. Include clear identification of financial responsibilities of all parties in contracts among FENs, Recruiters and Employers, especially as they relate to the period of transition between countries, including but not limited to transportation terms and specification of provisions upon arrival, such as housing.
- i. Establish an internal administrative process to facilitate review of disputes regarding the alleged breach of contracts by either party (e.g., employee complaint policy, explicit employee notice procedure, etc).
- j. Rely upon good faith and reasonableness to guide recruiters' and employers' pursuit of breach fees, where they are appropriate. In general, breach fees should not be pursued against FENs where the Recruiter or Employer can confirm with certainty that the contract termination was in good faith.
- k. Give a copy of the Code to the FEN when the contract is provided to the FEN under section iii(a).

Immigration Practices

- l. Green cards, passports, certifications, permits, visas, or other official documents shall not be withheld from FEN applicants or employees for any coercive purpose. Custody of such documents should be transferred to the FENs as soon as the management of the certification, immigration and licensure processes reasonably allows. Recruiters and Employers shall not threaten or use immigration enforcement mechanisms to exercise control over FENs. However, if it appears that there may be fraud in procuring any of these documents (such as in cases of apparent imposter use of documents, or initial no-shows, or early abrupt departures that suggest intentional misrepresentation in employment commitments) Recruiters and Employers are free to forward such documents to issuing authorities with appropriate information about the suspected misuse.

Labor Practices

- m. Provide compensation for work performed by FENs based on characteristics related to performance such as experience (both in the U.S. and in source countries), tenure, level of practice, and relevant skills, rather than the country in which they were trained. Employers may not base such compensation decisions solely on national origin or gender.
- n. Respect the right of FENs to join professional associations and unions.
- IV. Support FENs' transition, after arrival in the United States, into the U.S. work force so that the FENs are free to concentrate on their work.

Practical Support for Daily Living

- a. Make reasonable efforts to ensure that the "basic needs" of FENs (e.g., safe and clean housing, health care, and transportation when public services are not available) are available during an initial transition period as part of a negotiated employment package.
- b. Provide or assist in the provision of orientation and placement policies and practices to educate FENs about basic facts regarding living and working (e.g., living arrangements, banking, post office, etc.) in the

United States.

Professional Support

- c. Provide or assist in the provision of clinical orientation to ensure appropriate delivery of care, particularly with regard to clinical practices and procedures that may not be familiar to FENs.
- d. Provide or assist in the provision of sufficient training of FENs in cultural/linguistic appropriateness.

Part II: Best Practices

While Part I of the Code describes the minimum standards and requirements for the ethical treatment of FENs by Recruiters and Employers, Part II outlines some of the aspirational goals that should be sought by subscribers to the Code. "Best Practices" are those that are possible and achievable, but perhaps not by all Recruiters and Employers all of the time.

Examples of best practices by Recruiters and Employers include:

- I. Working jointly with local authorities in source countries to identify innovative and meaningful ways to ameliorate the impact of recruitment to local health care organizations and ensure the sustainability of qualified healthcare professionals in those communities. Some of the ways that this has been done are:
 - Establishing relationships with the departments of human resources in local hospitals, so that the training and departure processes have an agreed upon time frame.
 - Pursuing health facilities partnership agreements (e.g., between schools of nursing and hospitals in the U.S. and source country schools and hospitals). Such partnerships, often called twinning, provide source country facilities with visiting faculty, and in some instances medical supplies. They may also allow recruited healthcare professionals to return for temporary periods (two weeks or more) to work in source country health facilities.
 - Matching a portion of the remittances sent by recruited FENs and channeling the funds directly to source country health care organizations.
 - Offering the FENs the option of periodic home leave to provide technical assistance to their home communities. This option is especially appropriate where there is a critical lack of human resources for health in the source country.
 - Establishing scholarship funds in source country nursing schools.

II. Respecting agreements in which the FENs have contractual obligations to serve their home country health system in return for public education or scholarships provided in the source country. Encourage healthcare professionals to honor these obligations. Where appropriate, require that a FEN applicant provide evidence that his or her public obligations have been satisfied.

III. Avoiding active overseas recruitment in those countries or areas within countries that are experiencing either a temporary health crisis during which health professionals are in dire need, or a chronic shortage of health workers.³ Chronic shortages have been defined by the World Health Organization as nations in which there are fewer than 2.5 health workers (nurses, midwives and physicians) per 1,000 population. Additional factors to consider include nurse vacancy rates, nurse unemployment levels and Among the many sources of information that Recruiters can use to inform their decisions include the following:

- The World Health Organization's Global Atlas of the World Health Workforce: (www.who.int/globalatlas/default.asp)
- The World Health Organization's map highlighting countries experiencing health crisis ([www.reliefweb.int/rw/fullMaps/Wd.nsf/luFullMap/136D397D22D0A878852573BB005A467F/\\$File/who_HLT_wrl071220.pdf?OpenElement](http://www.reliefweb.int/rw/fullMaps/Wd.nsf/luFullMap/136D397D22D0A878852573BB005A467F/$File/who_HLT_wrl071220.pdf?OpenElement))
- The Kaiser Family Foundation's table of nurse and physician to population ratios (www.globalhealthfacts.org/topic.jsp?i=54)
- The Doctors Without Borders Annual Report with descriptions of specific country situations (www.doctorswithoutborders.org/publications/ar/i2007/MSE_ActivityReport.07.pdf)

Endnotes

- 1 The conformation and governance of a Board of Directors will be developed during 2008. In 2009, the Board will develop a charter and guidelines for the monitoring of compliance with the Code. The Board will subsequently contract with a neutral third party to implement the monitoring function.
- 2 Visa retrogression describes the delay in obtaining an immigrant visa when there are more people applying for immigrant visas in a given year than the total number of visas available.
- 3 This recommendation relates to active overseas recruitment. As indicated in "Part I, iii, m" the Code clearly states that "Employers may not discriminate solely on the basis of national origin or gender."

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Announcements

Director of Rosscare Accepted into National Geriatric Nursing Leadership Academy

Rosscare is proud to announce that Amy E Cotton, MSN, FNP-BC, FNGNA, has been accepted into the Honor Society of Nursing, Sigma Theta Tau International's first national Geriatric Nursing Leadership Academy. The academy, funded by the John A Hartford Foundation and in partnership with the Hartford Foundation's Centers for Geriatric Nursing, was developed to prepare, position, and recognize the ability of nurses to influence practice and patient outcomes in geriatric healthcare. During the training, the academy will develop the leadership skills of 16 nurses at key healthcare institutions to improve the care of older Americans.

Lisa Harvey-McPherson, RN, MBA, MPPM, vice president of Continuum of Care at EMHS commented, "I am delighted by Amy's acceptance into the Geriatric Nursing Leadership Academy. Geriatric nursing leadership is essential as we care for older adults in Maine. Preparation through the leadership academy will

ensure that we fulfill our obligation to support nurses in developing skills to provide excellence in care to our aging baby boomers."

During the academy, participants work with mentors to develop a project that cultivates the participant's leadership competency and skills. Marilyn R Gugliucci, PhD, F-AGHE, F-GSA, F-AGS, director of the Geriatric Education and Research, Department of Family Medicine, New England College of Osteopathic Medicine has agreed to be Amy's mentor. As part of the vision to become the best rural healthcare system in America by 2012, EMHS is striving to eliminate all preventable errors from medical care. Amy will be working with EMHS long term care providers to meet this goal on her Geriatric Nurse Leadership Academy project, *The Long Term Care Zero Defect Project: Improving Geriatric Health Care Outcomes Utilizing Gap Analysis*.

Faculty from an established clinical or academic geriatric center will oversee each participant's project. In more than 18 months, each academy class will offer a national workshop, monthly online learning opportunities, facility site visits, project implementation and evaluation, and national project presentation.

"Nurses are pivotal to the delivery of quality care to geriatric patients," said Mary Rita Hurley, RN, MPA, honor society International Leadership Institute director. "Yet many nurses do not have the necessary skills to lead in geriatric clinical settings. The Geriatric Nursing Leadership Academy will build leadership capacity in healthcare settings serving older adults across the United States."

CMS Adds Three New Hospital-Acquired Conditions

This summer the Centers for Medicare & Medicaid Services (CMS) added three new hospital-acquired conditions (HACs) in the final rule for the Medicare acute care inpatient prospective payment system (IPPS):

- Surgical site infections following certain elective procedures, including certain orthopedic surgeries and bariatric surgery for obesity;
- Certain manifestations of poor control of blood sugar levels; and
- Deep vein thrombosis or pulmonary embolism following total knee replacement and hip replacement procedures.

These conditions will incur a lower Medicare reimbursement rate unless patient records show the condition was present on admission (POA). The eight previously selected HACs are:

- object left in surgery
- air embolism
- blood incompatibility
- catheter-associated urinary tract infection
- pressure ulcers
- vascular catheter-associated infection
- surgical site infection—mediastinitis after CABG (coronary artery bypass graft)
- falls (and additional injuries)

Hospitals began reporting on these in October 2007, for payments starting October 2008.

ANA has provided comments to CMS on HACs and POA reporting, and all ANA comments will soon be available on www.nursingworld.org under Government Affairs/Regulatory Affairs.

More information about this decision can be found at www.cms.hhs.gov/HospitalAcqCond

HQA Adds New Hospital Quality Information to Hospital Compare Web Site

The Hospital Quality Alliance (HQA) announced the addition of new hospital quality information to the Hospital Compare Web site (www.HospitalCompare.hhs.gov). The new quality information will allow the public to see for the first time hospital mortality rates for pneumonia patients and information on the care provided to pediatric asthma patients. The new mortality information for pneumonia patients joins existing information on Hospital Compare about hospital mortality rates for heart attack and heart failure patients, both of which are being updated for the first time since their original publication. For mortality rates, hospitals are placed in one of three categories based on their performance in relation to a national rate—"no different than the U.S. national rate," "better than the U.S. national rate" or "worse than the U.S. national rate"—to provide results that are clear and understandable to patients and consumers. Each hospital's mortality rate also is available as a single number, along with a confidence interval that indicates the degree of certainty regarding the accuracy of the mortality rates.

The methodology used to calculate both the hospital-specific and national mortality rates uses one year of medical billing history and is risk-adjusted to account for certain patient characteristics. However, the mortality information does not take into account patients' personal care preferences, such as a patient's wish not to be resuscitated if he or she has a medical emergency. Hospitals are seeking to provide the right care at the right time, and an important part in reaching this goal is listening to patients and respecting their preferences and wishes.

In addition to the mortality data, hospitals also are sharing information on how many times they took the appropriate steps in treating pediatric asthma patients. The new clinical information represents the first time the Hospital Compare Web site has contained data specifically about children.

The new updates join a growing collection of clinical care information on the Hospital Compare Web site as part of a public-private effort to improve consumer education about quality of care. The HQA will continue to build the Web site with an expanded range of information, including the following:

- Expanded information about surgical care, including steps taken to prevent blood clots and surgical site infections
- Hospital readmission rates
- Care received in hospital outpatient settings

The HQA chooses measures that have been endorsed by the National Quality Forum and assess the care provided to patients suffering from common conditions that are the primary causes of hospitalization. More than 4,000 hospitals—including virtually all acute-care hospitals—have voluntarily submitted quality information to share with the public through the Web site.

The HQA is a voluntary public-private initiative that includes hospitals, physicians, nurses, federal agencies, quality experts, consumer and business groups. HQA members collaborate to improve the quality of care provided by the nation's hospitals by measuring and publicly reporting information about this care. The goal of the HQA is to collect and report data on a robust set of standardized and easy-to-understand hospital quality measures. The HQA is continuing its efforts to determine useful information to include on the Hospital Compare Web site in the future.

ANA-MAINE MEMBERSHIP

MEMBERSHIP BENEFITS

The American Nurses Association-Maine (ANA-Maine) is part of the federation of Constituent Member Associations (CMAs) of the American Nurses Association. Therefore, your membership in ANA-Maine becomes part of an influential and effective national network of registered nurses who impact the nursing profession.

When you JOIN ANA-MAINE, you join with nurses around the country in speaking with one strong voice on behalf of your profession and health care. Together we can make a difference! As a full member—you are a full voting member in ANA-Maine and the American Nurses Association and entitled to valuable products and benefits that help you:

Be heard: Advocating for nurses where it matters

- Federal lobbying on issues important to nursing and health care—issues such as safe staffing, nursing workforce development, overtime pay and access to care.
- State-wide phone or e-mail campaigns on issues vital to your scope of practice and support of your efforts as a Legislative Buddy with your Maine State Legislator.
- Representing nursing where it matters on a national level, including the Environmental Protection Agency, Department of Labor, the U.S. Department of Health and Human Services and many others, right up to the White House.
- Speaking for nursing through the media including stories in the Wall Street Journal, Chicago Tribune, USA Today, 60 Minutes, NBC Nightly News, CNN, and NPR to name a few.
- Speaking for U.S. nurses as the only U.S.A member of the International Council of Nurses and attending meetings of the World Health Organization.

Guide the Profession: Ensuring nursing quality and safety

- Maintaining the Code of Ethics for Nurses which was first developed by ANA in 1926.
- ANA develops and publishes the Scope and Standards of practice for nursing and many of its specialties.
- Through the National Database on Nursing Quality Indicators, ANA is collecting data that link nurse staffing levels to quality nursing care.
- Addressing workplace hazards such as back injuries, latex allergies, safe needles and workplace violence.

Influence Decisions: Becoming involved

- Join one of the many committees and boards at the national, state and local level that are shaping the direction of the association and the profession.
- Participate in member surveys that let you influence the association's agenda.

Promote yourself: Professional development tools and opportunities

- Members save up to \$140 on certification through ANCC.
- Online continuing education available at a discount or free to members.
- Conferences and educational events at the national and local level offered at a discount to members.
- Member discounts on nursesbooks.org—ANA's publications arm.
- Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
- Find a new job on Nurse's Career Center—developed in cooperation with Monster.com.

Stay informed: Publications that keep you current

- Free subscription to The American Nurse—a \$20 Value.
- Free online access to OJIN—the Online Journal of Issues in Nursing.
- Free subscription to The Journal, ANA-Maine's state newsletter.

Continued on page 18



Financial Knowledge Survey and Educational Opportunity for Nurses

Dear Nurse Leader,

We seek your participation in the following nursing survey as well as distribution of this article to the nurses in your organization.

ANA-MAINE is proud to announce a financial education opportunity for all nurses in Maine. We are one of six (6) ANA constituent member associations to receive a **Nurse Investor Education Project (NIEP)** grant to offer workshops at no or very minimal cost. The other five states to receive a grant are: Nebraska, Virginia, South Dakota, Arizona and Missouri.

The curriculum for training and workshops will be developed to meet the financial literacy needs SPECIFIC TO NURSES IDENTIFIED THROUGH A NURSING SURVEY. **We encourage you and your nursing staff to complete the survey at the following Website:** <http://www.anamaine.org>.

The more responses to the survey by Maine nurses, the more individualized the workshops to meet their investment needs. We will update you on the availability

of these workshops in your area this coming January of 2009, after the completion of the final curriculum. If you would consider hosting a workshop for your staff at your facility please contact either Irene Eaton-Bancroft (irene.eatonbancroft@anamaine.org) or Marcy McGuire (pmcguire1@suscom-maine.net).

This a program created for nurses by the Center for American Nurses in partnership with WISER and funded by the FINRA Investor Education Foundation. You can learn about these organizations by clicking on the links below:

- <http://www.centerforamericannurses.org/>
- http://www.wiserwomen.org/portal/index.php?option=com_frontpage&Itemid=
- <http://www.finrafoundation.org/>

With appreciation,

Irene Eaton-Bancroft, RN, MSN, CS

Marcy McGuire, RN, MSN

ANA-MAINE NIEP Project: <http://anamaine.org/news/2008/wisergrant.pdf>

ANA Maine Membership. . .

Continued from page 17

- Free access to ANA's Informative listserves including—Capitol Update and Members Insider.
- Access to the new Members Only web site of NursingWorld.org.
- Save money: Discounts and privileges for members
- Professional Liability Insurance—a must have for every nurse, offered at a special member price.
- Introducing ANA Nursing Rewards+, the rewards credit card that designed just for nurses. Developed by the American Nurses Association and National City Bank, the ANA Nursing Rewards+ Visa earns points with every purchase you make—and those points can be redeemed for travel, cash and rewards unique to the nursing profession! Combine that with a low interest rate—0% for the first six months—and you have a credit card that fits in anyone's wallet. Apply Now.
- Marsh Affinity Group Services—Major Medical, Dental Insurance and Best Benefits—Marsh Affinity Group Services can help you find and compare major medical plans, and tailor a plan to your needs. Our new Dental Insurance program covers not only the cost of routine care, but also special services. And the Best Benefits program provides discounts on such services as eyewear, prescription drugs, chiropractic and hearing services.
- Dell Computers—ANA is pleased to announce a new member benefit. ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133—refer to code HS45927362, or visit Dell's web site.
- CBCA Life and Health Insurance Plans—Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
- Walt Disney World Swan and Dolphin Hotel
- GlobalFit Fitness Centers—Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
- Nurses Banking Center—free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule.
- Avis and Budget Car Rental—Discounts on auto rental through Avis and Budget: Call Avis 1-800-331-2212 and give ID# B865000 Call Budget—1-800-527-0700 and give ID# X359100
- VPI Pet Insurance Pet Insurance helps you take care of the other members of your family—your pets. A VPI Pet Insurance policy provides affordable health coverage to help you pay the treatment costs for your pet's accident, illness and routine medical care. As a member of the ANA, you are eligible to receive a discount off the base premium, which makes a VPI Pet Insurance policy even more affordable.
- Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
- Online discounts on all your floral needs through KaBloom.

WAYS TO GET INVOLVED

Your Participation is the Key to Higher Standards of Nursing Practice

Members of ANA-Maine have the power to influence nursing practice in Maine by their involvement in a number of ways within the association, which include:

- **ATTEND THE ANNUAL ANA-MAINE BUSINESS MEETING.** Many decisions are made at the annual meeting. This is a great time to learn about the work of your organization and meet other members from across the State as well as pick up a few contact hours.
- **SERVE ON ONE OF ANA-MAINE'S MANY STANDING COMMITTEES.** This is a great way to influence the direction of the organization and nursing practice in Maine.
- **BECOME POLITICALLY ACTIVE.** Share your e-mail address with us (send it to info@anamaine.org) and become an active part of the many legislative e-mail campaigns. In this way you can have an opportunity to influence legislation impacting on nursing practice,

Membership



ANA-MAINE MEMBERSHIP APPLICATION

P.O. Box 3000 • PMB #280 • York, ME 03909 • www.anamaine.org
info@anamaine.org

Last Name _____ First Name _____ MI _____

Credentials _____

Home Address _____

Home Address _____

Home City _____ State _____

County _____

Employer Name _____

Employer Address _____

Employer City _____ State _____

(____) _____ - _____
Home Area Code/Phone

(____) _____ - _____ Ext. _____
Work Area Code/Phone

(____) _____ - _____
Home Fax Number

(____) _____ - _____
Work Fax Number

Home Zip Code _____

Home E-Mail _____

Work E-Mail _____

Employer Zip Code _____

____/____/____
Date

____ - ____ - ____
Social Security Number

Basic School of Nursing

____/____
Graduation (Month/Year)

RN License Number

License State

ANA-MAINE MEMBERSHIP DUES

Membership Category (check one)

- M Full Membership Dues**
- \$240—Employed Full Time
 - \$240—Employed Part Time
- Available to any registered nurse in a US state, territory or possession and whose license is not under suspension or revocation in any state.
- R Reduced Membership Dues**
- \$120—New Graduate of a basic nursing education program provided the application is initiated within 6 months after graduation.
 - \$120—62 years of age or over and not earning more than Social Security allows.
 - \$120—62 years of age or over and not employed.

ANA-Maine dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by ANA-Maine/ANA is not deductible as a business expense and changes each year. Please contact ANA-Maine for the correct amount.

"NOTE" *By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA-Maine/ANA to change the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA-Maine/ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA-Maine/ANA will charge a \$5 fee for any returned drafts or chargebacks.

Choice of Payment (please check)

- E-Pay (Monthly Electronic Payment)**
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-Maine/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.
- Checking:** Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.
- Credit Card:** Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

Automated Annual Credit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA-Maine/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

ANNUAL CREDIT CARD PAYMENT AUTHORIZATION
Signature SEE "NOTE" BELOW

Please mail your completed application with payment to:

ANA-MAINE
c/o American Nurses Association
Customer & Member Billing
P.O. Box 17026
Baltimore, MD 21297-0405

Or you may fax this completed form with your credit card payment to:

ANA-MAINE
c/o American Nurses Association
Fax: (301) 628-5355

MONTHLY ELECTRONIC DEDUCTION AUTHORIZATION SIGNATURE
SEE "NOTE" BELOW

- FULL ANNUAL PAYMENT**
 - Check payable to "ANA-MAINE"
 - Visa MasterCard
- CREDIT CARD INFORMATION**

Bank Card Number _____ Expires: Month/Year _____

Signature for Bank Card

Printed Name _____ AMOUNT \$ _____

TO BE COMPLETED BY ANA-MAINE		Employer Code _____	8/31/2005
Maine	STATE	DISTRICT	REGION
Expiration Date _____/_____/_____		Approved by _____	Date _____
Amount Enclosed _____		Check # _____	

the nursing profession and the people receiving health care in this great State. Learn how to go about being a legislative buddy and let your legislator know how his or her decisions impact nursing care in Maine. Get involved with the ANA Political Action Committee. Follow candidates for political office and discover their views on issues that affect nursing in Maine.

- **COMMUNICATE YOUR VIEWS AND THOUGHTS TO NURSES WHO ARE OFFICERS OR COMMITTEE MEMBERS.** ANA-Maine can only speak for the nurses of Maine if Maine nurses speak up. Contact one of the officers or committee members you know or e-mail us at info@anamaine.org.
- **RUN FOR ELECTED OFFICE.** Member participation in leadership positions is essential for the success of ANA-Maine.

ANA-MAINE MEMBERSHIP CATEGORIES

There are two categories of membership (full and reduced membership categories) in ANA-Maine and three types of memberships to choose from:

Full Dues Membership: Available to any registered nurse in the State of Maine whose license is not under suspension or revocation.

- **Active Member**—Dues \$240

Reduced Dues Memberships:

- **Active Member Retired**—Available to any registered

nurse, 62 years of age, not earning more than the maximum Social Security system allows, or 65 years of age and not employed. Dues \$120.

- **Active Member New Graduate**—Available to any graduate of a basic nursing education program provided the application is initiated within six months after graduation. Dues \$120.

ANA-Maine dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.

JOIN ANA-MAINE ONLINE

To join ANA-Maine online go to the online membership form.

ANA-MAINE MEMBERSHIP APPLICATION [PDF]

Download Application—If you don't want to join online, you may download a PDF file of membership application form, complete and return by mail with a check.

COMPLETE APPLICATION AND MAIL WITH PAYMENT TO:

American Nurses Association-Maine, c/o American Nurses Association
 Customer & Member Billing, P.O. Box 17026, Baltimore, MD 21297-0405

Or fax completed form with credit card payment to: (301) 628-5355.