ANA - The Voice for Nurses

ANA HOSTS EVENT AT DEMOCRATIC NATIONAL CONVENTION

The American Nurses Association (ANA), in association with The Creative Coalition, the American Association of Nurse Anesthetists (AANA), American Physical Therapy Association (APTA), American Health Care Association (AHCA), National Center for Assisted Living (NCAL), and AARP, hosted a special town hall meeting during the Democratic National Convention to discuss vital health care issues.

The event entitled “From Hollywood to the Hill: Speak Out on Health Care- If I had one minute with the Next President” brought together professionals from the fields of health care, policy, media, and entertainment to share ideas and views on health system reform.

Over 40 different national and international media outlets covered the event which was attended by several members of the U.S. House and Senate as well as state and local elected officials from across the country. Nurses who also serve as delegates were in attendance. The Association of periOperative Registered Nurses (AORN) and the Colorado Nurses Association attended and provided volunteer support.
ANA NATIONAL COUNCIL OF STATE BOARDS OF NURSING ANNUAL MEETING UPDATE

The American Nurses Association (ANA) just returned from the annual meeting of the National Council of State Boards of Nursing in Nashville, TN. Here is a brief summary of the proceedings:

** Adopted by the Delegate Assembly** - Although each of the models (1 and 2) described below received an overwhelming majority approval by delegates, it remains with each state as to when it will be implemented.

**The APRN Model Act/Rules and Regulations** were approved. This parallels the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education, which the ANA Board of Directors endorsed in June. The consensus model is posted on [www.nursingworld.org](http://www.nursingworld.org). The APRN Model Act/ Rules and Regulations, as edited during the Delegate Assembly are available and will be posted for your information. The approval of the model is the culmination of collaboration among multiple national nursing stakeholders’ organizations, including ANA who co-hosted meetings of the larger stakeholder community. State Boards of Nursing, including, NCSBN were similarly invested in this shared model. What is most remarkable about the model is the recognition of clinical nurse specialists (CNS) as advanced practice registered nurses (APRNs), which ANA has consistently promoted. It was believed the only way to achieve this by the NCSBN consensus group was by including provisions for prescriptive authority if the CNS is educated and deemed appropriate by the state statute. There is also recognition of the title “doctor” for nurses educated in doctoral programs, but with emphasis to continue to identify one’s self as a nurse.

**Future Faculty Qualifications & Roles** - Recommendations were approved following a study of evidenced-based nursing education findings and collaboration with nursing education groups during the past two years. Recommendations include: qualifications for faculty who teach in a program leading to licensure as a RN at a minimum setting of a master’s degree in nursing or a doctorate in nursing degree with justification for graduate preparation in nursing versus another discipline, such as education. Justification was provided for changing the minimum qualifications for faculty teaching in practical vocational nurse programs to mirror that of RN programs with a minimum of a master’s degree in nursing.
Two keynote speakers were engaging:

- Jeffrey Bauer, PhD, health care futurist, offered his beliefs about the future of health care and subsequent challenges within the regulatory arena. Bauer spoke before the Delegate Assembly 10 years ago and began his presentation by evaluating the accuracy of his previous predictions. "Health care will change more between 2006 and 2015 than it did between 1965 and 2005." In looking forward, he suggested we will not see true health care reform with a new administration, regardless of the election results. He believes that there will be resurgence in the regulatory arena with a greater need to defend the nursing model in health care with established measures and the ability to validate nursing competence, not necessarily the terminal degree. He also suggested that we have an opportunity to reshape the profession to the demands of the new marketplace with one example given; nurses need to be at the table when insurance products are being developed. Making predictions more challenging, he did reference what he referred to as “wild cards”: national and international economic conditions, international competition in health care and cataclysmic events. For more information, please visit his web site, www.jeffbauerphd.com.

- “Self-Assessment, Self-Direction, Self-Regulation and Other Myths” was delivered by a member of the faculty of medicine at the University of Toronto, Glenn Regehr, PhD. His presentation, research based, began with “Self assessment works only for areas in which you are good.” This is based upon the presumption that reflection on practice is used to expose gaps, but reflection is often used to protect self-concept. The literature on self-assessment revealed that “self-assessment ability is generally poor. Self assessment is so bad because the skills required to know whether you are performing well are also the skills required to actually perform well. (You may have to read that last statement twice.) All this results in a perceptual deficit. He discussed the implications for self regulation and some of the flaws in the long-held theories on motivation and adult learning. He suggested that most feedback is personality based and cautioned that praise can be dangerous. Needed are better tools to identify data demonstrating performance strengths and weaknesses. Although, his presentation was geared to regulators, it has implications for leaders and managers.

For a detailed review or if you have any questions, please contact Janet Habler, associate director of State Government Affairs at the American Nurses Association at (301) 628-5111.

**CMS ADDS THREE NEW HOSPITAL-ACQUIRED CONDITIONS**

On July 31, 2008, 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); and 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. The rule is scheduled for publication in the Federal Register on August 19, 2008.

AMERICAN NURSES ASSOCIATION CALLS FOR THE FORMATION OF A UN WOMEN’S AGENCY

The American Nurses Association (ANA) urges its RN members, and all health care professionals to lobby their United Nations' representatives, heads of state and legislators about the critical need for a fully funded UN Women’s organization to address gender equality concerns globally. UN Member states are poised to adopt a resolution at the 63rd session of the UN General Assembly this September to establish a new agency.

“The fundamental principal of all nursing practice is a respect for the inherent worth, dignity, and human rights of every individual. The creation of this agency could have potential, over time, of improving the physical and psychological well-being of over half the world’s population. That is why ANA has been and will continue to be a vocal advocate on behalf of a UN agency focusing on gender equality and women’s empowerment,” said ANA President Rebecca M. Patton, MSN, RN, CNOR.

ANA has been a leader in campaigning for a dedicated women’s agency based on the belief that the current structures within the UN are insufficient in scope, coordination and resources to make the significant progress in those global problems that we, as nurses, recognize as having detrimental effects on women and girls. These problems include poverty, gender-based violence, poor access to health care and inadequate education.

You have the opportunity to have a significant impact on an issue of international importance, with repercussions for generations to come. As vocal advocates for the rights and health of women and girls, you can ensure their voices are heard. Please take a few moments to express your support for this agency. A sample letter can be found here, http://www.nursingworld.org/DocumentVault/NewsAnnouncements/UNWomensAgencyletter.aspx.

More information including background information, as well as additional model letters are available at http://www.icn.ch/waa.htm.

US Contact Information:
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.

What members of the Hospital Quality Alliance are saying about the new information:

Linda J. Stierle, MSN, RN CNAA,BC, CEO of the American Nurses Association: “On behalf of America’s 2.9 million registered nurses, the American Nurses Association strongly supports the inclusion of additional data into Hospital Compare to increase the public's knowledge of mortality rates for pneumonia and for pediatric asthma. ANA has a long history and commitment to advocating for the availability of meaningful, rich data which helps educate all Americans and better prepares them to make appropriate decisions about their health care needs.”

John Rother, AARP Executive Vice President, Policy & Strategy: “Information is the key to making smart health care decisions. Hospital Compare is a valuable tool to help patients find the best care and to encourage improvements in hospital quality. AARP is proud to work with the Hospital Quality Alliance to continually update and expand the information available from Hospital Compare and boost the quality of our nation’s health care.”

Gerry Shea, Assistant to the President for Governmental Affairs of the AFL-CIO: “Consumers clearly value the information on Hospital Compare, as the big jump in web site traffic demonstrates. The latest additions represent significant enhancements. We are especially pleased that the first measures of children's health are being posted and look forward to working with CMS to add more such measures.”

Rich Umbdenstock, President and CEO of the American Hospital Association: “For the past three years, hospitals have openly shared information on the quality of care provided to their patients. As part of the Hospital Quality Alliance, hospitals have been working in partnership with doctors, nurses, federal agencies, quality experts, and consumer and
business groups to bring to light data on important steps taken to treat heart attack, heart failure, pneumonia and surgical patients, as well as mortality data for heart attack and heart failure patients. We have added information on patients’ experience of care and, in today’s release, pediatric asthma data and mortality data for pneumonia patients. Hospitals are committed to sharing this report with the public and to using this information to improve the care they provide.”

Robert Dickler, Senior Vice President of the Association of American Medical Colleges Division of Health Care Affairs: “Teaching hospitals, as part of their mission to support education, are continuously working to integrate and promote health care quality within the educational process for new physicians. Likewise, as care-providers, teaching hospitals are working to use meaningful national quality measures to improve care and to assist patients and their families in making informed decisions about the care they receive. As Hospital Compare adds new and better data, the Web site assists teaching hospitals in meeting those goals.”

Peter V. Lee, Consumer-Purchaser Disclosure Project co-chair and CEO of the Pacific Business Group on Health: “The Consumer-Purchaser Disclosure Project is pleased that Hospital Compare is being updated to increase the publicly reported data that consumers can use to assess hospital performance.”

Debra Ness, Disclosure Project Co-Chair and President of the National Partnership for Women & Families: “We look forward to continued progress that will make the Hospital Compare web site a truly user-friendly tool that advances consumers' ability to select providers based on quality.”

Chip Kahn, President of the Federation of American Hospitals: “The new pneumonia mortality information, along with the pediatric asthma and updated heart attack and heart failure mortality data, showcase the Hospital Quality Alliance’s ongoing commitment to consumer education and high-quality care. This information, along with existing and forthcoming information on HQA’s Hospital Compare web site, strengthens Hospital Compare as a powerful resource for consumers and patients and helps hospitals to continue to improve health care delivery.”

Lawrence McAndews, President and CEO of the National Association of Children’s Hospitals and Related Institutions (NACHRI): “On behalf of the nation's children's hospitals, which are committed to excellence in providing care to children and their families, the National Association of Children's Hospitals and Related Institutions is very pleased that Hospital Compare will now include information for parents seeking care for their children. This is an important first step, and NACHRI looks forward to working with the Hospital Quality Alliance to expand over time the types of information available to parents and others seeking information on the quality of children's health care.”

Larry S. Gage, President of the National Association of Public Hospitals and Health Systems: “The National Association of Public Hospitals and Health Systems is pleased that CMS is updating Hospital Compare data to enable the public to see information on how hospitals perform in their communities. Public hospitals are committed to working with CMS and HQA to improve the quality and quantity of meaningful data for consumers.”

Andrew Webber, President and CEO of the National Business Coalition on Health: “Today’s update provides businesses and individual consumers with new information about hospital quality. This will help people be more informed as they make care decisions based on quality and price. We’re proud to be part of this public-private group that’s bringing meaningful information to the public about hospital quality.”

Janet Corrigan, President and CEO of the National Quality Forum: “Public reporting is a critical part of our efforts to encourage and reward the achievement of higher levels of
performance. We applaud HQA’s Hospital Compare for its commitment to empowering consumers and practitioners with meaningful comparative data, so we can all learn and move toward a system that provides higher quality and affordable care.”

**BIALKE NAMED EXECUTIVE DIRECTOR OF MINNESOTA NURSES ASSOCIATION**

After a nationwide search, James Bialke has been appointed Executive Director of the Minnesota Nurses Association (MNA). In assuming his duties on September 11, 2008, he will lead a strong and growing membership representing 20,000 of the state’s registered nurses.

Mr. Bialke returns to the Association after serving eight years with the Service Employees International Union; the last two and one half years as Assistant to President Julie K. Schnell at SEIU Healthcare Minnesota (Local 113). During his prior tenure at MNA as Director of Labor Relations Programs, Mr. Bialke forged a legacy of helping nurses expand their influence in the workplace and positioning MNA as a leader in the formation of the United American Nurses.

Mr. Bialke earned his Bachelor of Arts Degree in Economics from the University of Minnesota, and his Masters in Industrial Relations from Carlson School of Management, University of Minnesota. He is a member of the Labor and Employment Relations Association and serves as the labor co-chair of the Health Care Industry Council.

“James has an immediate understanding of the challenges facing nurses and health care delivery,” said MNA President, Linda Slattengren, RN. “We are confident he is ready to do the work necessary for MNA to succeed, and to meet the expectations of our members and the community.”

Mr. Bialke is eager to support and implement plans set in place by MNA members to make sure the voices of patients and frontline nurses are heard. “I am inspired by the courage and strength shown by nurses everyday. I want to see the Minnesota Nurses Association continue to play a critical role in shaping the agenda for nurses, for labor unions, for health care and for our communities. As we can find new ways to engage our 20,000 members and unleash their creativity, Minnesota Nurses Association will expand its leadership role and create power for its members,” he said.

**ANA ORGANIZATIONAL UPDATES**

**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 Bachelors of Science in Nursing from the University of Cincinnati and a Master of Science in Nursing Administration from Georgetown University.

Past 2nd Vice President of the American Nurses Association (ANA) Named GCU President

Kathy Player, EdD, RN, who served as ANA’s second vice president from 2006-2007, has been appointed president of Grand Canyon University (GCU) in Phoenix, AZ, taking over the reins from Donald Andorfer, who has served in the interim role for the past two years. Player has played a key role in the growth of GCU since she came to the university 10 years ago. Her move into this position will be pivotal as GCU continues to grow as a leader and innovator in higher learning.

Player was named provost and chief academic officer last year. During her time in this position, she has made significant strides in connecting to the GCU student body on a personal level. She has been a visible presence on campus, meeting individually and in groups with both online and on-campus students to gather feedback on how to enhance their experience. Player’s strategic vision and leadership will be key as the university continues its focus on enriching the experiences of all GCU students.

Prior to her position as provost, Player was dean of the Ken Blanchard College of Business. She oversaw the expansion and reaccreditation of the college and was instrumental in the establishment of the highly regarded Ken Blanchard Executive MBA program. Player also is a well established leader in health care education, and has authored several publications on the nursing profession, including her most recent books, *Words of Wisdom from Pivotal Nurse Leaders* (September 2008) and *Pivotal Moments in Nursing: Leaders Who Changed a Path of a Profession*, Volume II (March 2007). She lobbies actively at both the local and national level on behalf of nurses and nursing issues and has made a significant contribution to the image of nursing, including serving as second vice president of the American Nurses Association (2006-2007). She currently serves as an advisory board member for St.Luke's Behavioral Health Hospital, as a board member on the Arizona Nurses Foundation and was
past president of the Arizona Nurses Association. She was awarded the RWJ Executive Nursing Fellowship in Leadership (2002-2005) and is an invited member of the Global Nursing Exchange.

Player graduated with her doctoral degree from Argosy University (formerly the University of Sarasota) in Counseling Psychology and holds a Master of Business Administration from Grand Canyon University, Master in Nursing Leadership in Health Care Systems, Master of Science degree in Counseling from Nova Southeastern University, and a Bachelor of Science degree in Nursing from St. Joseph's College.

**ANCC WANTS PEDIATRIC CLINICAL NURSE SPECIALISTS**

Volunteers are needed to help write our Clinical Nurse Specialist in Pediatric Nursing Exam by serving on our Content Expert Panel (CEP). We are looking for nurses who are ANCC certified in their specialty area and are active in practice (working at least 21 hours a week). We encourage volunteers from a variety of geographical locations, diverse ethnic/racial backgrounds, all age groups, and with varied career experience to apply to ensure that the exams accurately reflect each specialty. Preference is given to those who have been practicing in their certification specialty for less than 12 years, since we are writing entry level exams.

**Why volunteer?**

All volunteers make invaluable contributions to their specialty and are recognized by the nursing community for their contributions. ANCC recognizes the efforts of our volunteers by: paying for all travel expenses for in person meetings, providing your employer with a letter of recognition, and allowing active volunteers an award of contact hours in continuing education toward career development which is required for recertification. Meetings and conference calls are a great way to meet fellow nurses in your specialty from all over the country.

**How much time is involved?**

Up to three in person meetings are held per year at the headquarters in Silver Spring, MD. ANCC pays for all travel expenses for these meetings. Additionally, volunteers may be asked to participate in occasional conference call. CEP members serve four-year terms. There is a two-term limit for appointments, and all applicants must reapply prior to being reappointed. There is no guarantee of being reappointed due to the criteria the panel must meet for exams to maintain accreditation.

**Interested?**

Please visit our web site for more information, including an application: www.nursecredentialing.org/certification/volunteer.aspx.

All applications must include a curriculum vitae and a job description (if available). They may be returned in PDF or Word 2003 format (containing .doc extension) to: ANCCVolunteer@ana.org.

**MANAGEMENT OF HEPATITIS B: AN NIH CONSENSUS DEVELOPMENT CONFERENCE**

October 20–22, 2008
Natcher Conference Center | NIH campus | Bethesda, Maryland  
www.consensus.nih.gov

**Cost:** Free
This activity has been approved for AMA PRA Category 1 Credit(s)™
Hepatitis B is a major cause of liver disease worldwide. In the United States, about 1.25 million people are chronically infected with the virus, resulting in several thousand deaths each year. This disease occurs more frequently in high-risk groups, including Asian Americans, emigrants from areas of the world where hepatitis B is common, injection drug users, and recipients of blood and blood products before enhanced screening procedures were implemented in 1986.

A major impediment to diagnosis is that many infected individuals are either asymptomatic or experience only nonspecific symptoms. For approximately 90 percent of adults, acute infection with the hepatitis B virus is resolved by the body’s immune system and does not cause long-term problems. The infection seems to worsen to a chronic state when the immune system does not effectively destroy virus-infected cells. Management of this disease is challenging because its natural history is not well understood.

Specific recommendations for hepatitis B therapy, such as which patient groups benefit from therapy and at which point in their disease, are limited by a lack of reliable long-term safety and efficacy information. This is a difficult decision for physicians and patients, as treatments are expensive and may have adverse effects on patients; left untreated, however, chronic hepatitis B can lead to serious liver problems.

An impartial, independent panel is charged with reviewing the available published literature in advance of the conference, including a systematic literature review. At the conference, subject matter experts will present current findings related to the management of hepatitis B, and several open discussion periods will allow attendees to interact with the speakers. On the conference’s final day, the panel will present a statement of its collective assessment of the evidence to address six predetermined conference questions relevant to hepatitis B management; these are listed at [www.consensus.nih.gov](http://www.consensus.nih.gov).

This conference is intended for physicians, researchers, and allied health personnel interested in the management of hepatitis B, as well as interested members of the public.


**Can’t attend?**

**Presented by:** The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and The Office of Medical Applications of Research (OMAR) of the National Institutes of Health (NIH) and The Johns Hopkins School of Medicine, Educational Provider.

### ANA RESOURCES

#### CONTINUING EDUCATION CREDITS

**Title:** Caring for Chronic Wounds: A Knowledge Update

**Author:** Patricia A. Slachta, PhD, RN, ACNS-BC, CWOCW, is a clinical nurse specialist at the Queens Medical Center in Honolulu, Hawaii, and a nursing instructor at the Technical College of the Lowcountry in Beaufort, SC. The planners and author of this CNE activity have disclosed no relevant financial relationships with any commercial companies pertaining to this activity.

**Purpose:** To provide registered nurses with information to manage wounds better.
Objectives:

1. Explain how to assess a chronic wound.
2. Identify factors that affect wound healing.
3. Describe how to prepare the wound bed.

Description: Wound care is a lot more sophisticated than it used to be. Here’s what you should know about assessing and managing chronic wounds.

Accreditation:

1.5 contact hours contact hours are provided by ANA.

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

ANA is approved by the California Board of Registered Nursing, provider number CEP6178.