Nurses participating in the American Nurses Association’s House of Delegates (HOD) took action to update and streamline governance of the association to more quickly address pressing issues and better meet the needs of nurses. These decisions represent significant change in the association’s governance structure.

During the HOD sessions held on June 15 and 16 in National Harbor, MD., about 450 voting delegates from ANA’s constituent and state nurses associations (C/SNAs) and Individual Member Division (IMD) approved several measures that reflect the association’s focus on updating its governance structure and processes. These measures are part of a larger and continuing effort to position ANA and its C/SNAs to serve members and the profession at large. Changes will go into effect at various times.

National and state association leaders have been engaged in extensive dialogue for months about how to streamline policy development processes, clarify ANA’s purposes and functions, simplify governance, and revise ANA’s current membership model as well as how to better integrate state and national operations.

“I applaud the wisdom and leadership of the House,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN, who was elected to her second term during the meeting. “The transformational changes approved by the House demonstrate the strong commitment of a broad coalition of leaders who came together with unity of purpose and a focus on serving members and the profession,” she said.

“These changes are aimed at creating a preferred future for ANA and charting a new course that will make ANA a stronger advocate for registered nurses and create an organization that is relevant and responsive to members,” said Daley. During the HOD meeting, nurse delegates voted to:

• Retire the House of Delegates, Congress on Nursing Practice and Economics, and the Constituent Assembly and replace them with a Membership Assembly and Professional Issues Panels:

  Comprised of representatives from ANA’s constituent and state nurses associations, its organizational affiliates, and the IMD, the new Membership Assembly will serve as ANA’s governing and voting body. The Assembly will elect, advise, and direct the ANA Board of Directors on emerging environmental trends as well as determine policy and positions for the association. The new body will meet annually as opposed to the previous biennial HOD meeting schedule. Nurse delegates also voted to dissolve the Constituent Assembly, comprised of C/SNA presidents and executive directors, and effective March 2013, the 60-member Congress on Nursing Practice and Economics.

  • Create ad hoc Professional Issues Panels comprised of volunteer nurse subject matter experts: The new panels will help ANA respond more quickly to emerging policy and practice issues. The ANA board will create and dissolve panels as needed. The panels will be comprised of nurses whose specific areas of expertise are needed at a given time.

• Move to a smaller Board of Directors: The Board of Directors will be reduced from 15 members to nine members, including four officers and five directors-at-large, one of whom will be a staff nurse and the other a recent nursing graduate. The new board will ensure that ANA can quickly address the emerging needs of ANA members, prospective members, and the nursing profession. This change will go into effect in 2014.

• Update ANA’s language to better reflect the purposes and functions of the national association: Delegates voted to approve new language in ANA’s governing bylaws that says the association will “advocate for workplace standards that foster safe patient care and support the profession.” This change, along with a modification to a reference about advancing the “welfare” of nurses, updates language to better reflect ANA’s current broad programmatic work related to workplace standards and the advancement of nurses’ interests.

Nurse delegates also considered changing ANA’s membership structure from the 1982-adopted federated model, in which organizations, such as state nurses associations, are ANA’s “members” to a structure where individual nurses are the members. Delegates voted to refer this proposal back to the board for additional consideration and information gathering purposes. It is anticipated that the proposal will be brought to the Membership Assembly for consideration.
Successful lobbying depends on influencing legislators through persuasion and education. Successful nursing also relies on our ability to educate health care consumers and to persuade them, in all settings, to adopt routines, habits, and practices that improve their health and well-being.

Sen. Sam McCann (R-49th District) spoke to the group on the importance of grassroots lobbying to shape the views of legislators. He encouraged those attending to speak up as experts in nursing and health care to educate legislators on issues important to nurses.

The third speaker at the policy conference was Jim Duffett, Executive Director of Campaign for Better Health Care (Illinois). He spoke on the importance of coalition building, building on the power of one to create change in shaping health policy. The themes of all three speakers focused on the power of a united voice in creating change and shaping health policy.

On July 17, I attended the Illinois Organization of Nurse Leaders conference in Lombard: Nursing and Finance Workshop: Partnering to Improve the Value and Practices that Improve their Health and Well-being. Successful nursing also relies on our ability to educate health care consumers and to persuade them, in all settings, to adopt routines, habits, and practices that improve their health and well-being.

Karen Kelly, EdD, RN, NEA-BC

In June, I attended the American Nurses Association’s (ANA) House of Delegates with a group of colleagues from INA who volunteered and were elected to serve as delegates. At the House of Delegates, we began the process of re-inventing ANA’s structure and operations to create a more nimble organization that will attract a larger number of nurses to ensure that there is a voice for all nurses through INA and its state organizations. This is consistent with my recent message about nurses and nursing speaking with one strong voice.

There are those who would like to replace ANA as the voice for nursing in Congress, in the media, and in the International Congress of Nurses. However, those organizations speak only for a segment of the nursing population, do not address the needs and issues of all nurses, and are often led by non-nurses. To speak with one strong voice, nurses need to be organized through their professional and specialty organizations that are led by nurses who see the “big picture” of nursing.

This need for unity in nursing and speaking with one strong voice was reinforced during two conferences which I had the pleasure of attending. On July 16, I attended the INA Leadership Academy session: Demystifying Policy, Politics, & Grassroots Lobbying. A group of about 50 nurses, including some of my graduate students, learned about the importance of grassroots lobbying on issues related to nursing and health care in an effort to shape public policy. Nurse-lobbyist Sue Clark spoke on the natural link between nursing and grassroots lobbying. Successful lobbying depends on influencing legislators about the importance of coalition building, building on the power of one to create change in shaping health policy.
The Illinois Nurse September 2012 Page 3

Supreme Court Upholds Affordable Care Act (ACA)

Pam Robbins, BSN, RN
Director, INA Government Relations

“A nation’s greatness is measured by how it treats its weakest members.” ~ Mahatma Gandhi

The Patient Protection and Affordable Care Act (PPACA), also known as the Affordable Care Act (ACA), was upheld by the Supreme Court as constitutional on June 28, 2012. The ACA was signed by President Obama on March 23, 2010. Dubbed “Obamacare,” the law resulted in 28 states filing lawsuits claiming it was unconstitutional. There have been many tenets of the law that have already changed how we manage insured, clients, fees and benefits are regulated in our country. The American Nurses Association (ANA) and INA maintain the guiding principle that health care is a basic human right and that all deserve access to essential health care services. Illinois has many stakeholders who have supported affordable, accessible health care for all, including the Campaign for Better Health Care.

This is a victory for patients and their families—especially for the 50 million adults and children who currently lack adequate health care coverage. Affordable, accessible health care is cost-effective for the entire healthcare system. The new health care law provides an opportunity for the public to purchase insurance through a state or federal model by 2014. Individuals and families living at or below 133% of the federal poverty level ($89,400 for a family of 4 or $43,560 for an individual) will receive subsidies to pay for their care. In 2014, millions with health insurance will be able to seek medical care earlier rather than wait until they are too ill for treatment!

Delays in treating illness lead to the development of serious and costly complications for individuals. ACA provisions will allow people to purchase insurance who previously could not afford to manage their health conditions. The law’s focus on preventative care and management of chronic illnesses will result in overall healthcare savings in our country. As registered nurses, we continually advocate prevention for our patients to improve their health care outcomes, their outcomes, teaching them how to manage chronic illness and disease. Healthy people enjoy a better quality of life and are more productive.

What has the 2-year old ACA already provided to the American public and specifically, Illinois residents?

Secured Healthcare Coverage: No longer can children from 0-19 years of age be denied healthcare coverage by insurance companies due to a pre-existing condition. For those between the ages of 19 and 64, this will begin on January 1, 2014. Also, individuals will not lose their coverage if they get sick and use their coverage.

Cost containment means that 80% of every dollar in insurance fees collected from policyholders must go to pay claims. (85 cents for big corporations do! In Illinois, 159,000 small businesses were eligible to receive a tax credit to provide health insurance for their employees.

2012 Fall Veto Session to Determine Insurance Exchange

Illinois legislators have not yet established a state Insurance Exchange which would allow residents to purchase health insurance by 2014. To receive certification for an exchange by January 1, 2013, Illinois must submit a plan to the U.S. Department of Health and Human Services by November 16. The Illinois exchange must be governed by a state-run board. Illinois state legislators have not passed the legislation necessary to form an Insurance Governing Board and time is running out. If this does not happen at the veto session this November, we may lose the federal matching funds needed to build a state-run exchange.

State Exchange or Federal Exchange Model? There is a federal default model available if a state chooses not to have a state-run exchange. However, there is much to lose if Illinois does not create its own Insurance Governing Board. State oversight through a Governing Exchange Board could set policy to coordinate a more seamless process between

Practice Corner continued on page 4

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FALL VETO SESSION TO DETERMINE INSURANCE EXCHANGE
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The Illinois Nurse September 2012 Page 3
The American Nurses Association (ANA) has released The Essential Guide to Nursing Practice: Applying ANA’s Scope and Standards of Practice and Education. Nurses who use the current editions of Nursing: Scope and Standards of Practice (2010), and Nursing’s Social Policy Statement (2010) will find The Essential Guide to Nursing Practice to be a valuable resource for understanding and applying these two foundational texts.

Kathleen M. White, PhD, RN, NEA-BC, FAAN, and Ann O’Sullivan, MSN, RN, CNE, NE-BC, developed the guide to facilitate teaching about these two books in the classroom and other professional development settings. Well-timed for the fall 2012 semester, this 240-page guide is designed and perfectly suited for classroom instruction.

The 16 Standards of Professional Nursing Practice are each presented in their own uniformly structured chapter, each of which provides:

- The underlying definitions, concepts, processes, and other information necessary for understanding the standard;
- Applications of the standard in the practice setting of education, administration, quality improvement, and research;
- One or more case studies and accompanying discussion topics;
- Power Point presentations to accompany text; and
- References and online resources.

Other chapters set the context with discussions of ANA’s scope of nursing practice, the nursing standards as a whole, and nursing’s social policy statement, each with case studies, discussion topics, and Power Point presentations.

O’Sullivan, who chairs INA’s Commission on Workplace Advocacy and is also the assistant dean at Blessing-Rieman College of Nursing in Quincy, IL, explains why the publication is important, “I think this will be a very helpful book for nursing faculty and administrators to help them teach students and nurses about the ANA Scope and Standards of Practice which are essential to nursing practice.”

In professional practice settings, this instructional guide also offers added value to health care facilities that are pursuing excellence. Any facility that encourages and empowers its nursing staff to emphasize autonomy, evidence-based practice, professional ethics, professional practice models, safe workplaces, and quality issues will find a valuable resource in this publication.

In any classroom and practice setting offering professional development, the guide can serve as a powerful, practical learning tool at any nursing level and setting.
Pharmacologic Abuse: A National Epidemic

Dee-Dee Patrick, MS, RN, CARN, CLNC

The goal of this continuing education offering is to explore why pharmacologic abuse is of concern for nurses and what can be done to prevent the onset or treat the disease of addiction. The objectives of this article are to:

1. Provide a general overview of prescription drug abuse including etiology, signs and symptoms.
2. Discuss the cause and prevalence of prescription drug abuse.
3. Explain how addiction affects the brain.
4. Identify methods of prescription drug abuse prevention.

Scope of the problem

While most people take prescription medication responsibly, an estimated 48 million Americans (20% of the U.S. population) have to use these drugs for “nonmedical reasons” in their lifetimes. Nonmedical reasons include taking a prescription that was intended for someone else or taking a medication more frequently or at higher doses than it was prescribed. It also includes taking the drug for the mood-altering effect it provides, e.g., euphoria, calmness, self-confidence. Narcotic analgesics, opioids, are the most abused class of prescription drugs. They are also the preferred drug for diversion by health care professionals.

Americans consume 80% of the world’s prescription opiates. Along with legitimate prescription usage, there has been an alarming rise in the abuse of illegally obtained controlled substances in the United States. Abuse of opioid analgesics has been described as the greatest epidemic in drug abuse since crack cocaine in the 1980s and 1990s. The consequences have, however, proved to be more fatal. Nearly 15,000 Americans died from unintended consequences of opioid analgesic use in 2008, according to the Center for Disease Control and Prevention (CDC). This accounted for more than 40% of all drug poisoning deaths that year. According to data from the Substance Abuse and Mental Health Services Administration (SAMHSA), the number of people seeking treatment for painkiller addiction jumped 400% from 1998 to 2008 (SAMHSA, 2009). Those individuals, however, remain in the minority and are the fortunate ones.

Cause of the problem

Why have prescription narcotics become so popular as the preferred mood-altering drug of abuse? The reasons are many. Pharmaceutical companies have aggressively marketed this class of drugs with retail pharmacies dispensing 257 million prescriptions in 2009, a 48% increase over the 174 million dispensed in 2000 (FDA). Some prescribers are enablers, even knowingly, by issuing prescriptions without a thorough assessment or face to face meeting. Pain, labeled the “fifth vital sign,” was perceived as undertreated and health care providers were encouraged to not only assess but alleviate patients’ complaints. According to the Drug Enforcement Administration, drug cartels began supplying Chicago street gangs with the drug for the mood-altering effect it provides, e.g., euphoria, calmness, self-confidence. Narcotic analgesics, opioids, are the most abused class of prescription drugs. They are also the preferred drug for diversion by health care professionals.

American’s consume 80% of the world’s prescription opiates. Along with legitimate prescription usage, there has been an alarming rise in the abuse of illegally obtained controlled substances in the United States. Abuse of opioid analgesics has been described as the greatest epidemic in drug abuse since crack cocaine in the 1980s and 1990s. The consequences have, however, proved to be more fatal. Nearly 15,000 Americans died from unintended consequences of opioid analgesic use in 2008, according to the Center for Disease Control and Prevention (CDC). This accounted for more than 40% of all drug poisoning deaths that year. According to data from the Substance Abuse and Mental Health Services Administration (SAMHSA), the number of people seeking treatment for painkiller addiction jumped 400% from 1998 to 2008 (SAMHSA, 2009). Those individuals, however, remain in the minority and are the fortunate ones.

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Pharmacologic Abuse continued from page 5

Education—A crucial first step in tackling the problem of prescription drug abuse is to educate parents, youth, and patients about the dangers of abusing prescription drugs, while requiring prescribers to receive education on the appropriate and safe use, and proper storage and disposal of prescription drugs.

SAMHSA announced that it had selected the American Association of Addiction Psychi atrists (AAAP) to receive a three-year grant to develop the Prescription Clinical Support System. The purpose of this resource is to educate prescribers regarding the safe use of opioid analgesics in the treatment of chronic pain including training on how to recognize misuse, abuse, and addiction in those being treated with these medications.

Monitoring—Establish Prescription Drug Monitoring Programs (PDMPs) have been authorized in place. These assist with early shopping and diversion, and enhance these programs to make sure they can share data across states and are utilized by healthcare providers prior to writing prescriptions. PDMPs serve as surveillance systems that document and record prescription or dispensing details of prescriptions. PDMPs are effective in holding both the prescriber and consumer of prescriptions for controlled substances. PDMPs have been identified as a means to reduce drug availability by improving intelligence-driven enforcement task forces aimed at addressing the problem.

Proper Medication Disposal—Develop convenient and environmentally responsible prescription drug disposal programs to help decrease the supply of unused prescription medications kept unsecured in the home. The Drug Enforcement Administration periodically holds “Take Back” programs with nearly 4,000 state and local law enforcement agencies collecting more than 774 tons of pills since its inception two years ago (DEA). Consumers, including those who are not able to safely store medications, are advised to dispose of these medications in coffee grounds or used kitty litter prior to disposal in the garbage.

Enforcement—Provide federal, state, and local law enforcement with the tools necessary to eliminate improper prescribing practices and stop pill mills. High intensity drug trafficking areas (HITDAs) have been identified as a means to reduce drug availability by creating intelligence-driven enforcement task forces aimed at coordinating drug trafficking control efforts. Rock Island County, located within northwest region of Illinois, has received this notoriety.

Addressing the Problem—Part II

Educating all healthcare providers about substance use disorders is paramount in addressing the appropriate and effective prescribing and administration of opioid analgesics. ADMDs in every discipline need to reduce “use of the brain.” Current research postulates that developing the disease requires two variables:

1. a genetic vulnerability, whose variables may include the number of dopamine receptors in the brain. Those with too few receptors experience taking the drug as not the brain rises alarmingly, while those with too many dopamine receptors find it is outright unpleasant.

2. repeated assaults to the spectrum of circuits regulated by dopamine, including attention, expectation, memory and learning appear to fundamentally alter the brain’s workings (NIDA).

The input between the dopamine circuits continues to inform the habits of the human brain. Genetic factors account for about 50% of the likelihood that an individual will develop a substance use disorder. Environmental factors i.e., parental involvement, peer pressure, physical and sexual abuse, interact with the person’s biology and affect the extent to which genetic factors exert their influence.

Addiction changes the brain circuitry, making it difficult to stop detrimental behaviors. In the non-addicted brain, the capacity to constantly assess the value of stimuli and the appropriateness of the planned response, applying inhibitory control as needed. In the addicted brain the dopamine system becomes impaired or diminished due to drug abuse, losing much of its inhibitory power over the circuits that drive stimulus response. Changes in the dopamine system also cause the brain to become more sensitive and relatively less tolerant of stimuli. As the result, even when the same dose is administered, the drug effects last longer, and after repeated administrations of a drug, the same dosage will not produce the desired effect. This may explain the intense difficulty addicts have staying clean long term.

The areas of the brain that are affected by drug abuse all contain circuits that underlie feelings of reward, learning and memory, motivation and drive, and inhibitory control. All addictive substances send dopamine levels surging into the brain’s central core, the nucleus accumbens, which is also known as the main reward center. Central nervous system depressants such as alcohol and narcotics suppress the nerve cells that inhibit the release of dopamine. Aids act on several areas of the brain and nervous system including blocking pain messages transmitted by the spinal cord, depressing brain stem function including decreasing the respiratory rate, and increasing feelings of pleasure by changing the limbic system which controls emotions.

If there is concern on the part of the prescriber that the patient may be at risk of abusing the opioid analgesic, he/she should request an opioid contract be signed by the patient. This agreement establishes an understanding that the patient will only receive opioids from that prescriber and obtain them at only one pharmacy. The patient may be asked to submit to random urine drug screening and told that if the medication is lost, it will not be replaced. Under this contract, reportedly stolen medication will only be replaced if the person provides a police report.

Potential signs of prescription drug abuse include:

- increase or decrease in sleep
- poor decision making
- appearing to be “high”—unsuasly energetic or uncoordinated
- taking higher doses than prescribed
- stealing, forging or selling prescriptions
- continually losing prescriptions, so more prescriptions must be written
- seeking prescriptions from more than one prescriber

Addiction in Nursing

Nurses’ familiarity with medications and their mastery of dispensing drug doses and giving injections is less likely to allow them to self-administer opioids without harm. They assume that they will know when they have crossed that fine line between using the drug as a means of coping and becoming psychologically and physically addicted to it. Nurses have directly observed the ability of pharmacological agents in diminishing pain and alleviating suffering in their patients. High levels of job stress related to higher patient acuity and increased workload in combination with having access to powerful narcotics makes nurses at risk for the heightened risk of nurses taking these drugs for nonmedical reasons. Many nurses are adult children of alcoholics with a legacy of addiction. The support system which controls emotions requires two variables:

1. a genetic vulnerability, whose variables may include the number of dopamine receptors in the brain, the nucleus accumbens, which is also known as the main reward center.

2. repeated assaults to the spectrum of circuits regulated by dopamine, including attention, expectation, memory and learning appear to fundamentally alter the brain’s workings (NIDA).
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Evalutaion- CE 0912-68

Learner achievement of objectives:

1. Provide a general overview of prescription drug abuse.
2. Discuss the cause and prevalence of prescription drug abuse.
3. Explain how addiction affects the brain.
4. Identify methods of drug abuse prevention.

How many minutes did it take you to read and complete this program?

Strongly Agree (5)  Strongly Disagree (1)

Method of Payment

- INA Member ($7.50)  - INA ID:
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Test Questions

1. Americans consume what percentage of the world’s prescription opiates?
   a. 70%
   b. 50%
   c. 80%
   d. 25%

2. Retail pharmacies dispensed how many prescriptions in 2009?
   a. 510 million
   b. 257 million
   c. 93 million
   d. 174 million

3. According to DEA data, the most abused opioid analgesics are:
   a. Vicodin® and Percocet®
   b. Tylox® and Norco®
   c. Dilaudid® and Lortab®
   d. OxyContin® and Fentanyl®

4. PDMPs assist with early detection by effectively tracking descriptions for controlled substances.
   a. True
   b. False

5. An opioid contract is
   b. An agreement to obtain opioids from one prescriber at one pharmacy.
   c. A written prescription for opioids.
   d. A written agreement among pharmacists.

ANSWER FORM

CE #68: Pharmacologic Abuse: A National Epidemic

Please circle the appropriate letter

1. A  B  C  D
2. A  B  C  D
3. A  B  C  D
4. A  B
5. A  B  C  D

(Please PRINT clearly)

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Strongly Agree (5)  Strongly Disagree (1)

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How many minutes did it take you to read and complete this program?

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Suggestions for improvement? Future topics?

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School Nurses’ Grassroots Efforts Result in Positive Change

Cameron Traut, RN, MS, ILSNCSN and IASN Representative to INA

A recent legal victory for Illinois school nurses represents the power and strength that all nurses in Illinois have in effecting change, and improving care for clients in all settings. It began with a grassroots effort this past winter to correct a legislative rules change made within the Illinois School Code, which threatened to remove the expert care students with special needs deserve. Subsequently, this rules change would effectively eliminate the need for Illinois school nurses to become certified, diminishing expert nursing care for students.

This rules change required school nurses, without any specialized training in special education practices or procedures, to now be able to make recommendations to the educational teams and develop health-related accommodations (services and interventions) for the student’s individualized educational plan (IEP). While all registered nurses are well-trained in obtaining health histories, only certified school nurses have the additional training on the special education process, educational evaluations, and developing IEP recommendations pertaining to health issues of students with special needs. In other words, this change now allows nurses who have not received training in special education processes to perform special education services. This education and training are an integral part of the school nurse certification coursework and internship in Illinois.

This ruling was also inconsistent with other educational mandates requiring school nurses to develop systems to bill for nursing services while working with the Centers for Medicare and Medicaid Services to shape policy to make such reimbursement possible.

The speakers at the nursing and finance workshop also reflected this theme of nurses speaking with one strong voice in their presentations and discussions with the participants. Dr. Weitzman echoed the same challenge he issued this spring at the annual meeting of the American Organization of Nurse Executives, encouraged the nurses and nursing organizations work with policy makers to make reimbursement for nursing services a possibility, emphasizing that gov't is an integral part of the school nurse certification coursework and internship in Illinois.

The Illinois Nurse
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Social workers, psychologists, and speech therapists working in schools are all required to have training in the special education process and appropriate areas of specialty in the educational setting. The recent rule change will keep nurses at the same standards as other school professionals.

Last winter, members of the Illinois Association of School Nurses (IASN) proposed a rules change to ensure special education students received health-related evaluations and recommendations by nurses trained in this process. This action resulted in over 1800 messages (the most in the Illinois State Board of Education’s history) ISBE and Illinois legislature during the formal comment period on the proposed rules change. The rules change proposal passed through ISBE and then recently passed through the Joint Committee on Administrative Rules (JCAR). The new rule, effective July 1, 2013 (to allow districts to have time to comply), will allow that the medical review portion of the IEP (health history) be performed by a medical doctor, APN, certified school nurse, and registered nurse with a bachelor’s degree. However, all accommodations and modifications to the IEP must be made by a certified school nurse. The back-to-back changes were determined by ISBE, reflecting the consistent minimal standard of practice for educational settings in Illinois.

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President’s Message continued from page 2

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The speakers at the nursing and finance workshop also reflected this theme of nurses speaking with one strong voice in their presentations and discussions with the participants. Dr. Weitzman echoed the same challenge he issued this spring at the annual meeting of the American Organization of Nurse Executives, encouraged the nurses and nursing organizations work with policy makers to make reimbursement for nursing services a possibility, emphasizing that the ultimate safety and welfare of our clients in any setting.

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Nurses Gather in Springfield to Discuss Public Policy

On July 16, more than 40 nurses attended the workshop, “Demystifying Policy, Politics and Grassroots Lobbying.” Held at Erin’s Pavilion in Springfield, the session, the third program of the INA Leadership Academy series, featured Sue Clark, a registered nurse and INA lobbyist; Sam McCann, Illinois State Senator, 49th District; and Jim Duffett, executive director, Campaign for Better Health Care. Attendees learned how nursing values develop policy, the role political action committees play in politics, the do’s and don’ts of grassroots lobbying and importance of coalition-building. A nurse shared her thoughts about the program, “I have never had an opportunity before to attend workshops like this. This was an eye-opener. It was helpful to know that the legislators do try to listen to their constituents.”

While previous programs have awarded 3.0 or 3.5 contact hours, the next Academy program will be an expanded session, featuring delegation, communications and staffing by patient acuity and will provide 6.0 contact hours. The all-day session will be held at the Southern Illinois University’s Edwardsville campus on Monday, October 22, from 9:00 am until 4:30 pm.

Nurses who attend four Academy sessions will be recognized at a special reception hosted by INA President Karen Kelly and also acknowledged in an upcoming issue of Illinois Nurse.

Labor News

INA members were well represented at the Pride Parade in Chicago held in July.

Chicago Department of Public Health Recalls Four Nurses

Earlier this spring, the Chicago Department of Public Health announced it was laying off 19 Public Health Nurses and three nurse practitioners due to the city’s move to privatize the public health clinics.

INA had been in negotiations with the city prior to the announcement, but the organization stepped up its efforts and on June 22, 2012, were notified about its success in getting two nurse practitioner positions and two public health nurse positions saved.

“We will continue to fight for nursing positions in the Chicago Department of Public Health for those who rely on primary and preventative care given at these clinics by nurses,” said Alice J. Johnson, labor attorney for INA.

NLRB Forces Settlement at Provena

Last July, the INA filed several Unfair Labor Practice Charges against Provena St. Joseph Medical Center for breaking federal labor law. The charges included Provena failing to recognize the INA as the union by using the Clinic Leadership Council (CLC) to direct deal with the nurses, retaliating against a member for exercising his union rights and union activities.

The National Labor Relations Board (NLRB) found merit in the charges, and a hearing was set to take place in February 2012. However, a few days before the hearing, rather than continuing to fight the complaint, Provena chose to back down and take a forced settlement from the NLRB.

As a part of the settlement agreement that went into effect May 31, 2012, Provena has to:
1. Post the settlement agreement (see image below) in public places in their facility and on their website for 60 days
2. No longer use the CLC to circumvent the INA and direct deal with the nurses
3. Remove the discipline from the INA member’s record that they retaliated against
4. Acknowledge that they will no longer violate any labor laws

INA Wins Office in Provena Arbitration Settlement

In another victory for INA and the nurses at Provena, INA won the right to conduct union business in an office at Provena Medical Center and receive continued access to common areas such as the cafeteria and the winter garden.

“The union office will be invaluable in conducting business. This is an important step in establishing a strong union presence at the hospital,” said INA Labor Attorney Alice J. Johnson.

“We fought smart, we fought hard, and we fought for the Provena nurses,” she said.

The settlement grew out of a grievance the INA filed for denying INA Representative John Fitzgerald access to Provena St. Joseph Medical Center. In June, the matter was heard at arbitration. During the process of the hearing, Provena offered a settlement agreement, in which INA accepted.

Congratulations are in order for Roxanne Goyette, a nurse at East Moline Correctional Center. Roxanne was named Employee of the Month at the facility!

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INA MEMBER PRICE: $25.60
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From left: Sarah Katula, PhD, APN; Glenda Morris Burnett, PhD, MUPP, RN; Bertha Paul, DNP(c), MSN, RN; Jay Stewart, Director; Michele Bromberg, MSN, APN, ICN Chairperson; Matthew Sorensen, PhD, RN; Shamin Huda, MSN, RN; Doris Van Byssum, PayD, MS, RN.

SAVE THE DATE
Nurse Educators of Illinois Presents Seminar in September

All nursing professionals and students are invited to attend “Cultural Attitudes, Knowledge and Skills: The Keys to Unlocking Cultural Competence,” on September 28, 2012. The seminar is sponsored by the Nurse Educators of Illinois and will feature a keynote address by Dr. Beverly Malone, CEO, National League for Nursing. The program has been submitted for four credit hours and will be videoconferenced between NIU-Naperville and SIU-Springfield. For registration details, please contact A.J. Labunski at 847-983-0954 or via fax, 847-972-1268.
Membership Information and Employment Status Change Form

It is the responsibility of each nurse to notify the Illinois Nurses Association of any change in work status which may include, but is not limited to: name, address, phone number, FTE increase or decrease, leave of absence, medical leave, maternity leave, leaving or joining a bargaining unit. This change must be done in writing either by using a Change of Information Form (mail to INA office) or sending an email to update@illinoisnurses.com.

INA-PAC
Illinois Nurses Association Political Action Committee

Nurses want to provide quality care for their patients. The Illinois Nurses’ Association Political Action Committee (INA-PAC) makes sure Springfield gives them the resources to do that.

The work of INA-PAC is supported through the generous contributions of its members. In the coming years, some of the most significant nursing issues could be decided legislatively—making it crucial to maintain a powerful position among lawmakers in Springfield. Help PAC, help YOU!

So . . . . . . . . if you think nurses need more visibility . . . . . . . . if you think nurses united can speak more effectively in the political arena . . . . . . . . if you think involvement in the political process is every citizen’s responsibility

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Faculty shortages at nursing schools across the country are limiting student capacity at a time when need for professional registered nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition are contributing to the faculty shortage problem. To minimize the impact of faculty shortages on the nation’s nursing shortage, the American Association of Colleges of Nursing (AACN) is leveraging its resources to secure federal funding for faculty development programs, collect data on faculty vacancy rates, identify strategies to address the shortage, and focus media attention on this important issue.

Scope of the Nursing Faculty Shortage

According to AACN’s report on 2011-2012 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 75,587 qualified applicants from baccalaureate and graduate nursing programs in 2011 due to an insufficient number of faculty, clinical sites, classroom space, clinical and nonclinical budgets, and academic program capacity. The pipeline into baccalaureate and graduate nursing programs are turned away each year. In 2011, 11,198 qualified applicants were turned away from master’s programs, and 1,156 qualified applicants were turned away from doctoral programs. Reasons cited by schools having difficulty finding faculty include the shortage of potential critical care nurses. In addition, many schools are limiting student capacity at a time when the need for registered nurses is growing. To minimize the impact of faculty shortages on the nation’s nursing shortage, the American Association of Colleges of Nursing (AACN) is leveraging its resources to secure federal funding for faculty development programs, collect data on faculty vacancy rates, identify strategies to address the shortage, and focus media attention on this important issue.

Strategies to Address the Faculty Shortage

In September 2010, AACN announced the expansion of Nursing CAS, the nation’s centralized application service for RN programs, to include graduate nursing programs. One of the primary reasons for launching NursingCAS was based on “Expanding Access” in schools of education. Faculty shortages are frustrating nurses by the fact that thousands of qualified applicants to baccalaureate and graduate programs are turned away each year. In 2011, 11,198 qualified applicants were turned away from master’s programs, and 1,156 qualified applicants were turned away from doctoral programs. The need for not accepting all qualified students was a shortage of faculty.

For more information, visit www.aacn.edu/IDS.

Master’s and doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand.

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Investment by Obama Administration Will Eliminate ADAP Wait Lists

Funding also expands care and treatment to 14,000 new patients

Today, Health and Human Services (HHS) Secretary Kathleen Sebelius announced nearly $80 million in grants to increase access to HIV/AIDS care across the United States. The funding will ensure that low-income people living with HIV/AIDS continue to have access to life-saving health care and medications.

“The entire Administration is dedicated to fulfilling President Obama’s goal of an AIDS free generation and today’s announcement is one step in that ongoing effort,” Secretary Sebelius said. “These grants will help make a real difference in the lives of Americans living with HIV/AIDS, especially those in underserved communities.”

Approximately $69 million will be sent to 25 states and territories through the Ryan White AIDS Drug Assistance Program (ADAP), and based on estimates provided by the states, will eliminate any waiting lists. The more than $10 million remaining will be distributed to Ryan White HIV/AIDS Program and the Health Resources and Services Administration (HRSA), an agency within HHS, in states that demonstrate ongoing need.

After these awards are made, an additional $6 million in funding also expands care and treatment for Americans living with HIV/AIDS. A community-based health clinics nationwide to expand $10 million remaining will be distributed to Ryan White Program (ADAP), and based on estimates provided by the states, will eliminate any waiting lists. The more than $10 million remaining will be distributed to Ryan White HIV/AIDS Program and the Health Resources and Services Administration (HRSA), an agency within HHS, in states that demonstrate ongoing need.

The grants are funded by the Health Resources and Services Administration (HRSA), an agency within HHS, through the Ryan White HIV/AIDS Program and the Bureau of Primary Health Care.

A list of grantees and awards is available at: http://www.hrsa.gov/awards/grants/2012/20122448.html

To learn more about the Affordable Care Act, visit: www.healthcare.gov.
North Park University Introduces New Graduate-Level Nursing Curriculum

To better equip nurses to work with an aging population and changes in the health care arena in the United States, the School of Nursing at North Park University, Chicago, will initiate a new master’s level curriculum this fall. The changes are in response to new master’s-level competencies approved by the American Association of Colleges of Nursing, which sets accreditation standards for schools of nursing. The changes will affect most students already in the master’s program, as well as incoming students.

The new curriculum, which includes revised core and clinical courses, includes concentrations in leadership and management, plus family nurse practitioner and adult-gerontology nurse practitioner specialties. Other revisions include an increased emphasis on interdisciplinary and interprofessional communication and care, said Dr. Janice M. Zeller, professor of nursing and graduate program director. For example, Zeller said every student will take a course in professional communication and collaboration, focusing on group work, how to lead within a team, and how to bring up difficult and challenging topics for discussion.

Zeller explained that the focus on the adult gerontology nurse practitioner prepares graduate nurses to care for the growing number of elderly people and their diverse health care needs. “The spectrum of care has intentionally been broadened,” she said. “Although nurse practitioners have been caring for older adults, now there is a need for greater emphasis because of the aging population.”

Behind the nursing education changes is the 2010 report, “The Future of Nursing,” issued by the Institute of Medicine of the National Academies, said Dr. Linda Duncan, professor and dean, North Park University School of Nursing. It states that nurses should practice to the fullest extent of their education and training, achieve higher levels of education and training through an improved education system, and be full partners with physicians and other health care professionals in redesigning the U.S. health care system. It also states that nursing education programs should prepare nurses for leadership positions in health care.

Nurse practitioners are key players in front-line, primary care in hospitals, clinics, schools, community centers, and workplaces. “What is clear is that we need, as a society, to be better poised to be able to provide primary health care to the people out there that need it, whether it’s the vast increase of people who will be on the Medicare rolls or the increase in the number of underinsured,” she said. Duncan added that the University’s nurse practitioner curriculum is already focused on primary care.

Chicago-area health professionals say the University’s new master’s concentration to train nurses to work with older populations is significant. Christine Bertrand, intergenerational coordinator, Little Brothers Friends of the Elderly, Chicago Chapter, said North Park nursing students work with the organization’s elders while elders are on vacation, visit them in their homes, or volunteer throughout the year. Students see first-hand the health-related concerns of elders, and learn how to communicate with them effectively, she said.

“North Park has realized there is a big need for gerontology classes,” Bertrand said of the new curriculum. “Anyone who has the opportunity to be trained for this population will be ahead of other nursing students or professionals down the road.” There are not many trained adult gerontologist nurse practitioners now, she added.

Lawndale Christian Health Center serves older adults and patients with lower incomes and no health insurance on Chicago’s west side. Lawndale has hosted North Park students in community health rotations, and University faculty have helped train Lawndale staff on changes in geriatric nursing. The University’s new master’s curriculum, including the adult gerontology nurse practitioner track, is an important step, said Jewel Scott, a family nurse practitioner and director of nursing, Lawndale Christian Health Center.

“If you look at the changing trends in our country, it makes sense that North Park is training nurses to be able to care for the aging population,” she said. “People are living longer with more complex medication regimens, and we want nurses to be prepared to care for this population.” There is also a positive career outlook for trained geriatric nurses, with more and more primary care settings developing geriatric specialties, Scott added.
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“I came prepared to change lives and left having changed my own.”
– Mary, Chamberlain BSN Student, International Nursing Service Project