Nursing is Political

Florence Nightingale knew from the beginning that nursing practice is political as well as a calling, a science, and an art. She approached the Parliament for permission to bring her methods of nursing care to the soldiers in the Crimean War in 1853. She proved to the legislators her scientific approach to caring for the sick was better than any other methods of the day. Florence helped develop the healthcare system of England and transformed the practice of nursing forever.

Nursing students are taught that being a patient advocate is to be a political advocate. Becoming involved in legislation and seeking government regulation of health care facilities, nursing programs, and nursing practice is for the protection of patients’ safety and their need for quality nursing care. England’s Royal College of Nurses is the same organization as the American Nurses Association. Both organizations are the political arm of the nursing profession with similar purposes to protect the welfare of nurses and advance nursing practice through education and research. England established the Nightingale hospital system and the United States established the Magnet system of excellence in hospitals. All nurses should be able to work in a Magnet Accredited health care agency. This is an in-agency political issue that nurses must decide with their health care agency administrators.

Labor Unions fight over Nurses: A Political Issue

Both nursing organizations, the American Nurses Association and the Royal College of Nurses, have a labor union component that works to maintain excellence in nursing care for patients and a safe working environment for nurses. Unfortunately, in the United States over the past 20 years, instead of uniting under one labor organization, nurses have been divided by numerous unions, some of which are not run by nurses! Currently, there is a public fight between two of the major unions that organize registered nurses to win the agency contracts for staff nurses. This struggle has brought the nurses directly into their conflict and many nurses feel caught in the middle of the labor unions’ battles. The American Nurses Association is struggling to maintain its nurse-run labor unions. The ANA labor union is run by nurses who are lawyers and contract negotiators and understand the culture of nursing, the work environment, and are qualified to discuss patient safety, quality nursing care, and a safe working environment for nurses with health care administrators.

Staff nurses must become more political and decide for themselves which labor union can best help them in the workplace. Staff nurses must make the political decision to determine which labor union can best represent their issues of patient safety, quality nursing care, and a safe nurse work environment. This is a political decision.

Health Care Reform Bills: A Political Issue

The health care system is broken. Fifty million persons have no access to health care in the United States. Health care has become a major political campaign issue. For the first time in the history of this country, the legislators at the state and federal level are seeking nurses’ input into the political decision-making process. The Governor’s office has requested input from ANAC to review the Nunez bill, AB 1, Health Care Reform 200 page document. ANAC has responded to their request. At the 2008 ANA convention, Senator Hilary Clinton made a personal appearance to request feedback from nurses on the national health care plans currently being proposed by both political party candidates. In addition, both senators expressed the need to appoint nurses to key health care positions in the federal government. Numerous nurses are qualified with doctoral degrees in health care policy and other specialty areas of nursing and would be an asset to the many federal and state committees, task forces, and commissions on health care.

Joining the American Nurses Association: A Political Decision

The decision to join the American Nurses Association is a political choice. The ANA at the federal and state level is working directly with the President, Governor, and legislators to protect nursing education, nursing practice, the nurses’ work environment, and to ensure excellence in health care. This takes the volunteer work of thousands of nurses and thousands of dollars supported by nurses’ dues to run the offices and reimburse the travel expenses for the volunteer nurses. It takes monitoring of all bills, national and state, addressing nursing education, nursing practice, and health care for citizens. It takes nurses to provide research for the legislators, to testify before the legislative committees, to review all bills, and to run for political office.

The decision to join the American Nurses Association is the responsibility of all registered nurses. The time to join is directly after graduation and the passage of the state board exam. The difference between a technical nurse and a professional nurse is membership in the professional nursing associations. To be qualified as a professional demands accountability and responsibility of members, including membership and participation in the discipline’s professional associations. Nursing cannot be qualified as a profession if only 20% of its members belong to and are active in the work of the discipline’s associations. Sadly, this is the current situation of the nursing profession today. A current ANA survey reported that only 80% of the 3 million registered nurses do not belong to any professional association. Two professional memberships all registered nurses must maintain throughout their nursing career are ANA and their nursing specialty association. The responsibilities of the professional nursing associations are to conduct research in evidenced-based nursing, develop the new standards and guidelines for nursing care, and to monitor the education and professional development of its members. Of all the health care professions (medicine, dentistry, physical therapy, social work, psychologists) nursing is at the bottom of membership (20%). All other health professions maintain 80% or higher membership. To maintain our professional status among our colleagues in health care is a political decision.
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Article Submittal to ‘The Nursing Voice’

ANA/CALifornia accepts and encourages manuscripts and editorials be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which sections and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA/CALifornia members will be given first consideration for publication. We welcome signed letters of 300 words or less, typewritten and double spaced and articles of 1,500 words or less. Articles printed in The Nursing Voice do not necessarily reflect the views of ANA/CALifornia, its membership, the board of directors or its staff.

ANA/CALifornia’s official publication, ‘The Nursing Voice’ editorial guidelines and due dates for article submittal is as follows.

Next Article Submission Deadline:
October 13, 2008 for the December 2008 Edition

1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com

a. Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

b. The Nursing Voice reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.

c. The Nursing Voice reserves the right to edit manuscripts to meet style and space limitations.

d. Manuscripts may be reviewed by the Editorial Staff.

2. Photographs should be of clear quality. Black and white photographs are preferred but not required. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, The Nursing Voice c/o ANA/CALifornia, 1121 L Street Suite 409, Sacramento CA 95814. Or email photographs in jpeg format to thenursingvoice@yahoo.com

3. E-mail all narrative to TheNursingVoice@yahoo.com
HEALTH CARE REFORM

The Governor and Former Assembly Speaker Nunez have made Health Care Reform a goal. Their initial plan was rejected by the Senate. The Governor has been meeting with stakeholders to get input about a potential health care reform package over the next two years. ANAxC advocated for (1) having a nurse on all committees and commissions, (2) CNS prescribing authority along with removing the barriers for all Advanced Practice Nurses to be able to provide health care, and (3) preventive health care programs and (4) funding for School Nursing.

The basis to start the discussion will be AB X1 Nunez. You can see the bill at: http://www.leginfo.ca.gov/index.html

The Governor’s proposal is to be implemented in two phases of health care reform. This year would be the parts of the health care reform that do not cost the state money. If these components are implemented then he will advocate for the remaining parts of health care reform that do not cost the state money. If these phases of health care reform are implemented then he will advocate for the health care reform that do not cost the state money. If these phases of health care reform that do not cost the state money. If these phases of health care reform that do not cost the state money. If these phases of health care reform that do not cost the state money.

Phase One Plan: To be implemented this year. The major policy premise is based on cost containment, prevention, and consumer protection.

Cost Containment

- 80%–85% of premium will go to patient care
- Transparency for employers and patients for Quality Standards and Cost of Care
- Creation of electronic records in Cal-Pers and Medi-Cal as a pilot program.

Remove barriers to less expensive health care access such as rural clinics, store clinics and the health care providers that work in these places.

- Electronic prescribing by 2012
- Implement a plan, as other states have done, to deny reimbursement for medical errors
- Twenty four hour coverage for Cal-Pers and Medi-Cal combining all health care services such as Workers Compensation and general health care
- A clear commitment not to support premium raising legislation. Once the plan is developed all language that adds services that cost additional money will be vetoed.

Prevention

- Healthy actions or incentives reward program
- Reduction of infections, medical errors, and surgery errors
- State of Art disease management
- Education of low income mothers about childhood immunity

Consumer Protection

- Outlaw bonus’s for rescinding patient care
- One uniform application for evaluation for insurance
- No balance billing
- Standards for Health plans to protect consumers
- 5 star rating options
- Give clear instructions about coverage and choices

ANAxC will continue to attend these meeting and provide input on behalf of nursing and our patients.

REGULATORY ISSUES

The Board of Registered Nursing is revising the education accreditation regulations. Drafts of these proposals have been shared with stakeholders over the last couple of years. This May the Board held two information hearings about the proposed regulatory package. ANAxC Board Member and Chair of the Education Focus Group, Dr. Dianne Moore, testified at the informal hearings. The actual regulatory package should be available sometime this fall.

LEGISLATURE

ANAxC has been actively involved in legislation that impacts the Aesthetic Nursing community. We have developed a task force and email database to share progress and information about the bills introduced this year to limit their practice. We were successful in amending AB 2968 Carter to include advanced practice nurses. SB 1454 Nalley Thomas initially required the Medical Board to write regulations about supervising nurses using standardized procedures. ANAxC and the BRN opposed this bill. It has been amended to require regulations about physician availability and extensive changes to tightening up outpatient surgery accreditation. AB 2398, a bill that would have eliminated nurses from aesthetic practice, has been amended to require penalties for existing law relating to the employment of physicians. ANAxC wants to thank all the individual nurses who wrote letters and called their legislators about this issue. We were successful.

Department of Public Health

Myrna Allen, MSN RN attended at least two stakeholder meetings about potential regulations concerning health care facilities readiness for internal or external disasters. ANAxC has provided testimony during these meetings and will continue to participate over the next year. Ambulatory Surgery regulation is a hot issue in the legislature as well as for the Department of Public Health. Stakeholder meetings were held to discuss future legislation concerning these facilities are ongoing.

ANAxC is always looking for policy experts or individuals who would like to participate in our legislative advocacy group. Most of the work is done by email. Your input is valuable! We would appreciate hearing from you.
The Importance of Belonging to Your Professional Organization

The American Nurses Association, along with over 80 specialty nursing organizations, serves a vital role in advancing the role of nursing and health care. ANA works to develop policies, set standards, advocate in government and private settings, provide education, maintain the Code of Ethics for Nurses and shape the future of the profession. It is the members who allow associations to accomplish what needs to be done. Member dues provide the necessary funding and member volunteers provide the guidance and expertise to move the profession forward. Members make the difference—in the nursing profession and the health care of the nation.

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Become a Leader in Your Professional Organization

Become a leader in the professional organization that represents all California nurses no matter scope of practice by running for office in the 2009-2011 election. By deciding to run for an ANA/C elected position, you make a choice to invest in your future and the future of health care. ANA leaders have the capacity to influence public policy, professional nursing standards, and the advancement of the association. As a leader, you will become a part of the history and tradition of ANA and ANA/C—forging the way for the health care system of the future and ensuring that nurses remain essential providers in all practice settings. You will help ANA/C and the nursing profession remains strong and united.

The benefits of being an ANA/C leader can be both personal and professional, and can provide you with skills that can be applied to many areas of your life. Here are just a few to think about:

• Increase your opportunities to mentor, to be mentored, to gain peer recognition, to share your expertise and ideas.
• Enhance your development as an individual and as a professional through strengthened communication and organizational skills.
• Be on the cutting edge of a new and better health care for the American public.
• Develop marketable campaign skills while articulating your views, engaging with a diverse membership and speaking publicly.

Any current ANA/C member, who does not concurrently serve in a leadership position of another professional organization if such participation might result in a conflict of interest with ANA/C, meets the criteria to run for an elected position. ANA/C expects the best from its leaders just as you have the right to expect the best from your association. As an association leader, you will:

• provide strategic directions for the association through participation in meetings, conference calls and electronic communications.
• prepare for each meeting and conference call by reviewing materials ahead of time.
• review mailings and respond to items requiring action between meetings.
• be available to serve on subcommittees.
• attend meetings of other health care organizations or organizational units as a representative of your structural unit.
• present reports or serve as a spokesperson for media-related activities.

Your level of commitment to the association will depend upon the position to which you are elected. You may need to request your employer’s support for the time commitment you make. Most employers will view your leadership role as a benefit to them—through your increased knowledge and distinction as an ANA/C leader.

ANA/C Board of Directors

The Board of Directors (BOD) is the corporate body of ANA/C composed of four officers (President, Vice-President, Secretary and Treasurer) and four directors elected by the general membership. Refer to ANA/C bylaws, Article VII for a complete description of the responsibilities of the Board of Directors. Bylaws are available at www.anacalifornia.org or through the office at 916-447-0225.

Duties of Officers

The President of ANA/C shall serve as the Official representative of the association and its spokesperson on matters of association policy and position; as the chairperson of the General Assembly, the Board of Directors and the Executive Committee of the Board; an ex-officio member of all committees except the Ballot Committee; and a delegate to the House of Delegates of ANA/C.

The Vice-President shall assume duties of the President in the President’s absence and shall oversee any necessary review of bylaws, strategic pathways, and Organizational Process and Appeals. The Vice-President shall also oversee planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

The Secretary shall be responsible for ensuring that all records are maintained from the meeting of the General Assembly and the BOD, and notifying members and chapters of meetings of the General Assembly.

The Treasurer shall be responsible for supervising the fiscal affairs of the association and providing reports and interpretations of the financial condition of ANA/C to the membership, General Assembly and the BOD.

The Director, Nursing Practice shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing practice.

The Director, Nursing Education shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing education.

The Director, Legislation shall focus on understanding, interpreting and advocating for legislative, regulatory and policy issues relating to health.

The Director, Membership and Communications shall focus on membership recruitment, retention, and resources. This director’s responsibilities will include oversight of the newsletter, website, list-serves (Yahoo groups), archives, chapter development, and public relations.

Contact ANA/C if you have further questions or if you would like to receive the necessary documents for the 2009-2011 elections. Deadline for completed consent to serve packets is September 30, 2008.
SNAPLE: Nursing Faculty Load Assumption

The State Nursing Assumption Program of Loans for Education for Nursing Faculty (SNAPLE NF)—This program is intended to encourage students to complete a baccalaureate or graduate degree and teach in a nursing program at a regionally accredited college or university in California. It will pay up to a total of $25,000 over the course of 3 academic years on a full-time basis, or on a part-time basis for the equivalent of three full-time academic years, on outstanding student loans for nursing faculty. A person must be a student enrolled in or admitted to a program, in which they will be enrolled at least half-time each academic term, making satisfactory academic progress, and be nominated for participation in the program by their institution.

For more information please visit www.csac.ca.gov or call (888) 224-7268.

Nursing Education
Division of Education Looking for Interested Members

The Division of Education is interested in members from all areas of nursing to discuss what is happening in nursing education and practice. The Education Division performs many functions including speaking engagements about ANA/C and proposing solutions for the education needs of nursing students and practicing nurses. The Division develops resolutions for the ANA/C Board of Directors to address issues important to nursing education. This past year, the Education Division wrote four resolutions that were approved by the 2007 General Assembly. The resolutions related to faculty salaries, the availability of support for students who wish to attend private schools, and the development of support systems within nursing education to help reduce the attrition rates. The resolutions include recommendations that will be implemented by the ANA/C Board of Directors this coming year. The resolutions will be developed into position statements for the membership and the public and are available on the ANA/C website: www.anacalifornia.org.

The Education Division works closely with the Legislative Division to support and monitor legislation related to nursing education. Members work with legislators to help draft bills and provide the necessary information to support or amend legislation that has been initiated. The Education Division also works closely with the statewide student nurses association, CNSA, and assists them with scholarships, speakers, and various other forms of mentoring and support.

To accomplish the important work of the Education Division, the Director is a member of the ANA/C Board of Directors; attends meetings, and participates in board activities. The Education Division membership has a list serve and periodically has conference calls to discuss education needs and make recommendations to the Board of Directors on actions the division feels should be taken in the best interest of the membership. ANA/C exists to serve the education and professional needs of nurses in California. This is a member-driven organization and we really want to hear your thoughts about the needs for education and practice in this state.

To have your voice heard, please join ANA/C and designate your interest in the Division of Education. We will put you on our list serve, so an e-mail address is important. Email use is our main means of communication for getting the division work accomplished. If you have any questions, please feel free to contact me at my office 323-315-1489 or by e-mail dmoore@westcoastuniversity.edu. Thank you, I look forward to a productive 2008.

Dianne S. Moore Ph.D.,R.N.,C.N.M.,M.N.,M.P.H.
Director of Education ANA/C
President CACN
Executive Dean of Nursing
West Coast University

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The 2008 ANA House of Delegates was held at the Hilton Hotel, Washington, D.C. More than 600 delegates from the 50 states attended the convention. Nine delegates from ANA\C attended the convention. The work of the House of Directors included 14 Bylaw changes and 11 resolutions introduced this year. The highlights of the convention included an appearance from Senator Hillary Clinton and a phone call from Senator Barack Obama (Senator McCain was invited but did not respond). Both senators congratulated the nurses on the wonderful nursing care they provide to the nation and promised to have nurses assume a significant role in their party's new health care system proposal. Each ANA\C delegate selected one resolution or bylaw amendment for an article in this newspaper. The following articles describe the outcomes of the bylaw amendments and resolutions.

First of all, I want to thank ANAC members for the privilege of participating in this year’s ANA House of Delegates. My report is a summary of the report of the ANAC treasurer.

Both 2006 and 2007 were great years for ANA. The Board of Directors and staff insured successful programs while achieving operational surpluses in both years. ANA finished 2007 with reserves of nearly 60% of expenses, topping the desired level of 50%. Reserves are used to sustain the organization during economic downturns or other unexpected events. The 2008 operating budget was approved by the BOD in December 2007. Overall, it has a modest deficit for the year. Revenues are projected to be up modestly in 2008. The Journal of Nursing Administration new graduate RN turnover ranges between 35% and 60% within the first 12 months of employment and 57% at two years of hire. In March 2008, Versant hospitals reported a 5.1% average 12-month turnover rate and an 11.2% rate at 24 months. Surveys conducted by the Versant Residency Program reports accelerated confidence and competency levels for nurses completing the program. At the end of the residency, participants demonstrate competency levels equal to nurses with 17 months experience. The resolution passed the House of Delegates with an overwhelming 97% vote.

**Summary of the 2008 ANA House of Delegates Treasurer’s Report**

by Cathy Melter, ANAC Treasurer

First of all, I want to thank ANAC members for the privilege of participating in this year’s ANA House of Delegates. My report is a summary of the report of the ANAC treasurer.

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Overall, ANA is in good shape, but our continued support is imperative to ensure that nursing will have a strong voice in impacting the national healthcare agenda.

Tell a friend!

In June 2008 the American Nurses Association House of Delegates met in Washington DC and conducted a great deal of business related to by-law changes, new members for the Board of Director for ANA, and they passed eleven references, aka resolutions. Three were submitted by California and all were approved. A resolution in particular that was the value of all nurses was entitled “Educational Advancement for Registered Nurses” submitted by New York and New Jersey.

This resolution is of interest to a large number of California ADN graduates. The ANA has supported the baccalaureate degree in nursing as preparation for entry into nursing practice since 1965. There are many groups within nursing who believe this should be the only entry point into professional nursing, i.e. the BSN from the outset. This is further supported by the fact that no other profession has an entry point lower than a bachelor’s degree. Furthermore, on the changing health care environment and consumer expectations of the care they receive lend support to the BSN as an entry into nursing. However, in the midst of the nursing shortage other solutions need to be considered so this new reference/resolution is a reasonable compromise because it recognizes the value of all entry levels into nursing and does not propose to eliminate them.

The belief of the need for the BSN as entry level preparation is supported by reports from the U.S. Department of Health and Human Services and the National Advisory Council on Nurse Education and Practice. The reports conclude it is important that nurses have upper division level education in the liberal arts, sciences and critical thinking not only to practice safely and culturally competent care, but, to address process improvement issues in our challenging health care environment. This additional education is not considered a hardship since there are so many avenues to obtain the BSN. One could go directly into such a program as is offered in all the CSU, UC and many private schools throughout California. One could obtain the AS degree in nursing and then go on to an RN to BSN or RN to MSN program offered in many of these same schools. There are on-line programs and many hospitals have classes on campus that are sponsored by local colleges. Ten years is certainly an adequate amount of time to obtain the BSN degree. If there are hardships the resolution allows the Board to make exceptions.

Another reason for having a BSN is to be able to teach in a nursing program. Currently the faculty shortage is negatively impacting the ability to educate future nurses. Increasing the number of RNs with a BSN helps increase the pool of potential nursing faculty. Over 60% of qualified applicants in California who apply to nursing programs are not accepted due to space and faculty limitations. New schools, like West Coast University, are opening new campuses and programs that offer a fast track three year BSN, are in serious need of faculty to teach in their programs. Many nursing programs are developing a
It has been more than 20 years since I have served as a delegate to the American Nurses’ Association House of Delegates and even longer ago since I have been in Washington DC. I was very honored to be part of the California delegation this year. Our delegation truly represented the nurses of California. The ten delegates spanned four decades in age and included the experience of nurses who graduated less than 4 years ago up to those who graduated more than 40 years ago. Our delegation represented many different roles in nursing including direct bedside care givers, educators, administrators, researchers and health policy makers in both private and public arenas. It seemed that many different specialties were represented too: Med-surg, psych, obstetrics, operating room, critical care, etc. The California delegation caucuses were so informative and interesting with many different points of view. It was especially enjoyable to hear the views of our newest nurses.

The discussions and voting on the many and complex bylaw proposals took a lot of the time in the HOD sessions. Some of the other delegates are reporting on the big issues such as mandated membership in external organizations, changes in the make-up of the board of directors, individual and organizational affiliate membership in ANA and I will write about some of the less discussed issues. For instance, there was no controversy about allowing multi-state nurses associations to be recognized as Constituent Membership Affiliates (CMAs aka “the state member”) in “labor union” states to belong to ANA. ANA has a very strong history in support of these issues and continues to encourage and support all nurses in all workplace environments. The ANA Board requested to change the by-laws to allow each CMA to select their own group(s) to represent their nurses (RNs and LVN/LPNs) in the “labor union” states without mandatory membership and dues support to UAN. This passed. Amendment #4 was sent back to the ANA Board for further discussion and clarification. This request had to do with the timeline of “b” above as it relates to the membership dues not going to UAN as had been done in the past and still allowing “labor union” states to provide and to fund collective bargaining contracts.

I would encourage all ANAC members to attend a House of Delegates (HOD) at least once by applying to be a delegate. The HOD meets every other year and it is exciting to see the dedication and hard work that is being done on the national level, the state level, and the individual nurses’ networks amongst the members. Of the ten delegates this year who attended on behalf of ANAC, four plus the alternate were “newbies” and want to go again. The three days were long and busy, but our organization is seeing growth and interest as we all go forth in our profession. Come join us.

(Continued on page 6)

(Continued on page 8)

Report from ANA on 2 House of Delegate Resolutions:

1. Protecting and Strengthening Social Security

ANA was visibly active at the recent ANA House of Delegates and was successful in all three of their resolutions as submitted. “The continued threats to protecting Social Security was submitted by President Timmer on behalf of members Mary Foley and Catherine Dodd. ANA Vice-President Mary Foley took the lead in speaking to this important issue and it was overwhelmingly approved by the ANA House of Delegates.”

Social Security is an essential income protection program for older Americans, and it is especially important to women. In 2007, more than 49 million people will receive approximately $546 billion in Social Security benefits: 34 million retired workers and their dependents, seven million survivors of deceased workers, and nine million disabled workers and their families. During the year, an estimated 162 million people had earnings covered by Social Security and paid into the Social Security Trust Fund. By 2030, Social Security beneficiaries receive over half their income from Social Security. For nearly 20 percent of retirees, Social Security is their only source of income. Without Social Security, nearly half of the elderly would fall into poverty. Social Security provides a sound, basic income that lasts throughout one’s life. Today, barely half of all workers have access to retirement plans at work. And, as more reach retirement age without enough private savings to provide an adequate living in retirement, nursing was long considered a “women’s” occupation” with the male wage earner holding a pension. Not until the last 30 years had ANA’s state bargaining units begin negotiating retirement plans into the collective bargaining agreements. The majority of these are 401(k) or IRAs (which place the investment risk on the worker).

As stated in the resolution, ANA members approved language to further encourage the ANA House of Delegates to support this important social program as had been stated in a 1999 position. In this additional action, ANA added three critical planks:

1. To urge Congress and the U.S. president to use any new revenues to repay and strengthen Social Security and extend the solvency of the Social Security Trust Fund. Congress must modify the historical Social Security trust fund investment account, and as amended, to not allow for the diversion of any funds to support privatization of social security; and

2. To urge Congress and the U.S. president to retool Social Security to ensure its solvency beyond 2042 and to include in the reformed Social Security Benefit package a “caregiver earning year benefit” of 10 years for workers who left the workforce to care for children and aging/impaired relatives; and

3. URGING ANA members to include protecting Social Security as part of their advocacy agenda participating in coalition with other organizations working to protect, leverage, and extend the Social Security Benefit package a “caregiver earning year benefit” of 10 years for workers who left the workforce to care for children and aging/impaired relatives; and

ANA member and delegate Catherine Dodd is one of the two nurses who sit on the board of the National Committee for the Preservation of Social Security. To protect Social Security and Medicare can be found at their website, http://www.cpss.org.

Thank you for all ANAC members who worked to make this a successful action item and to the ANA House of Delegates for their strong support.
Global Climate Change and Human Health

Mary Foley, PhDc, RN, Delegate

The ANA Board of Directors and the Delaware Nurses Association called this meeting a form of*A
critically important thinking report that connects
the socially responsible statements by the American Nurses
Association regarding the environment. ANA has been a
visible leader in health care as an early founder of Health
Care Without Harm, which is now a global coalition of 473
organizations in more than 50 countries working to protect
health by reducing pollution in the health care sector. Health
Care Without Harm (first title was Hospitals for a Healthy
Environment) celebrated its 10th anniversary in 2006 and
those early efforts have propelled ANA as a leading advocate
for the environment and the globe.

Essential background was stated in the introduction to this
report. Global climate change jeopardizes the health of
populations and the integrity of the planet. Scientists warn that
as global warming increases, the world will experience more
air pollution and heat-related illnesses; accidents and injuries
from increased extreme weather events; potentially decreased
quantity and quality of water supplies; and an increase in
vector-transmitted diseases. ANA has acknowledged the
critical threat posed by these changes in its 2007 publication
*Principles of Environmental Health for Nursing Practice with
Integration Strategies*. This report is intended to highlight
the public health imperative created by global climate change,
discuss the role of the nursing profession in addressing this
threat, and propose policy and decisive action to slow, stop,
and, even reverse the current crisis.

In addition to the environmental statements made by ANA,
the members of this report reminded us all that in the revised
Code of Ethics for Nurses it clearly states in Provision 8 that:
“The nurse collaborates with other health professionals and
the public in promoting community, national, and international
health policies to promote social justice.”

The ANA has been a leader in the formation of public
policy that affects human health and patient advocacy and has
advocated for measures which anticipate and act to counteract
potential threats to human health.

Given this background, the report was enthusiastically
supported by the ANA House of Delegates with the following
actions:

1. Recognize and publicly acknowledge that the challenges
we face as a result of global climate change are unprecedented in human history and it is critical that
nurses speak out in a united voice and advocate for change on both individual and policy levels;
and
2. Encourage constituent nurses and member associations to support
local public policies that endorse sustainable energy
sources and reduce greenhouse gas emissions; and
3. Support initiatives to decrease the contribution to global
warming by the healthcare industry.

House of Delegates Report

Delegate Report Joani Hubbard Keller, RN, BSN, PHN

I attended my first ANA House of Delegates, as an elected
delegate, and it was very exciting and exhausting. This article
describes a proposed bylaw change that would have allowed
the LVN Associations to be an affiliate of ANA and permitted
individual LVNs to be individual ANA members with limited
membership.

As you might imagine, the discussion of the pros and cons
of LVN membership were energetic and heartfelt. I gained
new information on 46 states that include both technical
(LVNs) and professional (RN) nurses under the same licensure
board. California is one of the four states that have a separate
LPN (LVN) and professional (RN) nurses under the same license.

The ANA has been a leader in the formation of public
policy that affects human health and patient advocacy and has
advocated for measures which anticipate and act to counteract
potential threats to human health.

Given this background, the report was enthusiastically
supported by the ANA House of Delegates with the following
actions:

1. Recognize and publicly acknowledge that the challenges
we face as a result of global climate change are unprecedented in human history and it is critical that
nurses speak out in a united voice and advocate for change on both individual and policy levels;
and
2. Encourage constituent nurses and member associations to support
local public policies that endorse sustainable energy
sources and reduce greenhouse gas emissions; and
3. Support initiatives to decrease the contribution to global
warming by the healthcare industry.

Resolution on Protection and Enhancement of Medicare

Catherine Dodd, PhD, R.N

The American Nurses Association reaffirmed its support
for Medicare protection and enhancement for social insurance
prescription drug coverage. The “Medicare Modernization
Prescription Drug, Improvement and Modernization Act”
was given its name by President Bush to some of prescription drug costs to the
elderly and disabled as part of the “Medicare Modernization
Prescription Drug, Improvement and Modernization Act”
over the opposition of the American Nurses Association and
a broad array of healthcare organizations. The Medicare
Modernization Act has already weakened the Medicare
program by increasing costs to Medicare beneficiaries and the
government, and, failed to improve coverage for needed health
care.

The ANA resolution supports the elimination of the parts
of the MMA described above. It also urges that Medicare be
strengthened by (1) ensuring that the essential care provided
by nurses and nurse practitioners be adequately reimbursed,
(2) ensuring that palliative and hospice care are adequately
reimbursed and (3) urging that commonly prescribed drugs in
the elderly population such as benzodiazepines not be excluded
from Part D.

The resolution passed by the House of Delegates advocates
expanding the Medicare program to include beneficiary-
provided coordinated models of care, that focus on primary
health care, prevention, wellness, and early intervention
for beneficiaries and ensures that Medicare is able to both
deliver high quality of care and remain financially sound.

The resolution advocates revision of Part D prescription
drug benefit to allow choice during the year, competitive,
limited drug company profits, and provide coverage for all
necessary drugs.

Legislation making these essential corrections and
improvements passed the House of Representatives as the
Children’s Health and Medicare Protection Act (HR 3162) but
was amended in the Senate under threat of veto by President
Bush. Next year there will be a new President and a new
Congress and it is hoped that the bipartisan effort to protect
Medicare from the dangerous provisions of the MMA that are
scheduled for implementation in 2020.

2008 ANA Elections ...

Rundown on the Running

by Ellissa Brown

ANA Delegate to 2008 ANA HOD

I am writing this as a somewhat “seasoned” observer of the candidates and election process for ANA positions. Having been a post candidate and campaign manager, and for this year, as the ANA Delegate assigned to California, I shall share my experience. First and foremost this is serious business, as it is election time, and each candidate exercises his or her right to vote.

As a long-time role in our ANA/CDelegate was to share information about voting, highlights from the Candidates Forum and encourage them to vote.

Each candidate does some pre-House of Delegates campaigning, and at the event can set up a booth to encourage votes. The candidate then give a speech to the Delegates, in the Candidates’ Forum. The officers are allowed a 5 minute speech; the rest, only 1 minute. It is quite a challenge to prepare a one minute speech to sell yourself and ask your colleagues to vote for you. The next morning, each is present at a “meet the candidates” event; prior to voting.

Voting is done by credentialed voters only (the Delegates), in a booth, electronically. Thus, the results of the vote can be known immediately afterwards. Authorized (by candidate) observers may watch the process.

This year there were several uncontested races: for President, 1st and 2nd Vice Presidents, Secretary and Treasurer. Some were incumbents, sometimes a deterrent to running.

For Director at Large there were 5 excellent candidates, and it was a close race among the top four, 3 were to be selected. For Delegate at Large, “Staff Nurse” position must be filled by a staff nurse and that person must remain in a staff nurse role to keep the position. There were 4 nurses vying for this position, and the top 2 were selected.

The Congress on Nursing Practice and Economics had 8 candidates, some of whose names were brought forward in the House of Delegates and following their submitting needed information, including consent to serve, their names were added to the Ballot. 5 Candidates were selected for this Congress.

A very important committee, the Nominating committee, also received additional candidates from floor nominations. They had 7 candidates running and 4 were elected. For this position, there was actually a tie vote for the 2 people who came in fourth. Ties are broken by having the name pulled from a hat—and that is just what happened. Difficult I am sure for the individual whose name got pulled.

Winners are announced the next day to the whole House of Delegates, and are recognized afterwards.

As noted in the beginning, the election is serious, the organization lives with the results of the delegates. So, if you get the opportunity—and I encourage everyone to grab that opportunity—to come to ANA, along with that comes the obligation to be current on the issues, to know what the candidates views are and to make informed decisions when voting. See you at the next House of Delegates!
ANCC Selects Anne Becker, MS, RN as an Item Writer for the New CNS Exam

The American Nurses Credentialing Center (ANCC) in collaboration with the National Association of Clinical Nurse Specialists (NACNS) will be developing a new Clinical Nurse Specialist core certification exam. Per their joint news release in August, 2007, the purpose of this exam is to:

- Provide a psychometrically sound and legally defensible certification mechanism for those Clinical Nurse Specialists who are currently excluded from regulation due to a lack of relevant CNS specialty certification examinations.
- The creation of a core examination to remove a barrier to practice as a CNS. This will enable greater numbers of patients to be served by CNSs, and remove a restraint of trade issue that presently exists for many of our members.

Calls for volunteers to participate on the Content Expert Panel and for additional test item writers were announced in late 2007. These volunteers were identified and appointed by January 31, 2008. Anne Becker, MS, RN, who is a member of ANAC and NACNS was appointed as a test item writer.

Anne Becker has previous experience as a test item writer for ANCC during her tenure on the Perinatal Test Development Committee, and as member-at-large of the Board on Certification for Maternal Child Nursing. She is also a past member of the ANA Council on Maternal Child Nursing Executive Committee, and the ANAC Board of Directors.

Anne’s nursing career has spanned more than thirty years including twenty-eight years as a staff nurse in intensive care nurseries and twenty years of CNS positions and activities. For almost fifteen years, Anne held dual positions as a staff nurse IV and acting CNS at Lucile Packard Children’s Hospital at Stanford, California.

In 2002, Anne became an independent consultant/CNS. Her clients included E. I. Du Pont De Nemours and Company and Lucile Packard Children’s Hospital at Stanford. She now volunteers as editorial consultant for graduate students at UCSF and has taught a masters level clinical on developing and independent CNS business for a student from Dominican University of California.

Anne recently published the on-line continuing education course, “Traveling with Disabilities” through Wild Iris Medical Education. She became interested in this topic while coping with the increasing complications of a chronic muscle condition.
We have all heard it at least once before: “Flex your power,” “You can make a difference,” “You have a voice. Use it!” To encourage people to be proactive in their communities, their professions, or to allure voting by making voting seem convenient, universal, and significant to them. This experience taught the importance of networking and communication. As nurses we are patient advocates and this internship helped me learn how to bring that advocacy into practice outside of the healthcare structure of the state government.

The first day of the internship had us meeting with Louise Timmer (ANA\C President) and Hon. Tricia Hunter to go over how bills are written. First we looked at an example bill to see what it looks like in the beginning, and then reviewed it as it went through all of its amendments. This helped us to really comprehend the process so that we would understand what the legislators were talking about in their meetings. We then went and took a tour of the Capital where our individual representatives were, and the different rooms that housed the Senate or Assembly Hearing Committees. That afternoon we sat in on a couple Hearing Committees which were very informative. I had not realized all of the committees a bill had to go through before making it back to the Senate or Assembly floor.

By the second day I was feeling a lot more confident making my way around the Capital and picking the Hearing Committees that I wanted to be involved with. At these meetings I was able to discuss upcoming bills that I had opinions on. For example, I discussed my support of SB 1288 which would allow the CSU system to offer a Doctor of Nursing Practice (DNP) degree. Since I plan on going to medical school after my senior year, I had my own appointments with my district assemblyman and senator to take on the same role—to influence votes for healthcare bills. When a bill is introduced concerning a specific topic that your representative has limited information about, they want expert guidance. With regards to healthcare bills, the nurse is, therefore, very significant to them. This experience taught the importance of networking: know your legislators and their aides, know who has the power to make the changes you want accomplished, and understand that citizens have a voice that their representatives want to hear.

Too many people are told they have the ability to advocate for the causes they support and they are not provided with the tools to believe that they can actually make a difference. The NSSI is an excellent opportunity to gain the knowledge necessary to influence the future of healthcare. I strongly encourage everyone to take advantage of this chance to make the difference: flex your power, use your voice—they are listening.
ANAC, along with many other professional organizations testified at the Business and Professions Committee in opposition of, AB 1869 Anderson, a bill that would have implemented some of the recommendations of the California Performance Commission from 2005. The California Performance Commission, Nursing and the Board of Licensed Vocational Nurses and Psychiatric Technicians as well as many other Boards.

In October of 2003 Governor Swartznegger put together the California Performance Commission (CPR). The mandate was to: (1) review the statutory responsibility of each of the boards and commissions, (2) review how successful they were in their charge and (3) make recommendations as to whether they should be eliminated, changed to a bureau or left alone.

Boards and Commissions are the government agencies where most of the public interact with the state government. The Boards range from Worker’s Compensation oversight, the Commission on Labor, to the licensing boards like the Board of Registered Nursing and the Board of Licensed Vocational Nurses and Psychiatric Technicians. There are vested interests and relationships that are both known and expected from the public stakeholders. The Boards and Commissions are usually transparent in their process of decision making, gather input from the public stakeholders, and have final decision-making power outside of the Legislature.

Two of the concerns for the Boards and Commissions were membership (political appointments) and authority (outside of the elected official purview). There is a concern that (1) there is a potential to undermine the accountability process of their decisions; (2) they may not have the same shared goals as the elected office; and (3) they are usually secular in decision-making. In addition, most of the meetings were not available for public input as mandated by the Bagley Keene Act. Also, the Sunset Provision that requires all Boards and Commissions to be reviewed every 10 years. In the current 339 Boards and Commissions to 222. This would eliminate 1153 positions out of 3365 (35%) and delete 117 boards or commissions or change them to committees.

The Committee expressed concern that more information was needed before any Board or Commission was eliminated. The bill did not receive one aye vote!

Bill to Eliminate BRN Defeated

by Honorable Tricia Hunter, RN, MN Lobbyist

Anaheim, CA. Assemblyman Anderson put together the California Performance Commission (CPR). The mandate was to: (1) review the statutory responsibility of each of the boards and commissions, (2) review how successful they were in their charge and (3) make recommendations as to whether they should be eliminated, changed to a bureau or left alone.

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Registered Nurse Making A Difference
For All Californians

Palos Verdes resident Gabriella Holt is a Registered Nurse who started her nursing career in 1975 in Detroit. MI. Holt’s passion for the nursing profession began at age 12 when her father developed diabetes. She took an interest in giving him his daily insulin shots after which time she was hooked on becoming a nurse.

She is now dedicating herself full-time to her 54th Assembly District campaign. “I’m running for the Assembly to make bold policy changes that will benefit all Californians long term says Holt. One of those bold changes Holt is passionate about is health care reform to push California to provide universal health care.

As an ER nurse, Holt saw firsthand how many patients use the ER for general medical care when doctors’ offices were closed. The ER would fill up with people presenting with minor ailments, cuts and bruises, and minor injuries and just couldn’t get to the doctor during regular office hours. “People didn’t have access to health care after 5PM; the day of doctor’s house calls were a thing of the past and the only option open was the emergency room. This is a classic scenario which sends health care costs sky high, and to a large degree much of this has not changed in the last thirty years,” says Holt.

Obviously Holt has a personal interest in the healthcare issues affecting the state such as safe, effective, accessible, and affordable health care for all. She believes that the challenge with health care is not only affordability, it is also access compounded by a shortage of nurses, and other health care professionals and health care facilities in the state of California. “We need to get away from overuse of expensive acute hospital services to community based services that focus primarily on prevention and primary care,” says Holt.

“Community based clinics should also provide hours of operation beyond those offered by physician offices to provide an alternative for care and better, more cost effective, access rather than using expensive emergency rooms for non-emergent health care needs,” Holt sees a need to move to a universal health care model whose focus is a coordination of care that is safe, patient centered, timely, equitable, efficient and effective. Coordinating the care makes it accessible and affordable, improves care, and reduces inappropriate use of high-cost emergency and in-patient services. Nurses are integral to this kind of health care delivery model as case managers, discharge planners, staff nurses, home health care providers, nurse practitioners and nurse leaders working together to provide integrated, comprehensive patient care.

When asked what makes her the more qualified candidate for change in her district and what she will bring to Sacramento, Holt explains in regards to the health care reform issues facing the state of California, she has had actual hands on work experiences in a number of practical settings. In addition to her broad experience in nursing and case management, Holt also was involved with developing her husband Ken’s seven physician gastroenterology private fee based medical practice into an independent physician association which was subsequently absorbed into Health Care Partners which now cares for over 500,000 patients. Since health care is a very complicated system, Holt believes that a thorough understanding of all the complexities in a health care system, and a passion to drive for change, are essential in order to effectively advocate for positive, comprehensive reform resulting in patient centered care for all and she provides that passion, understanding and ability to advocate for the necessary comprehensive reform.

Holt believes that in order for health care to be safe, effective, affordable and accessible the reform must include a focus on recruiting and retaining RNs in the nursing profession.

She concludes by proudly stating “The nursing profession is perfectly poised to advocate and provide a comprehensive health care reform model for the way care is provided and paid for in our state and as a member of the nursing profession I would be a loud voice in the legislature advocating for that change. After all, nurses are the backbone of health care.”

The 54th Assembly District in Southern California covers the coastal cities of Long Beach, San Pedro, Palos Verdes Peninsula and Catalina Island.

Holt earned a diploma in professional nursing from Mercy School of Nursing in Detroit, an undergraduate degree in nursing from the University of Michigan, an accounting credential from UCLA st, and an Executive Juris Doctor in Health and Administrative Law from Concord Law School. She is a registered nurse, holds a preliminary teaching credential in Career/Technical Education and has passed the California CPA exam.

Gabriella’s husband of 27 years, Dr. Ken Holt, a Gastroenterologist, has worked in healthcare for over 30 years, and is in private practice with six other physicians. They own and operate an outpatient Endoscopy Center in the South Bay. Ken and Gabriella have four grown children and one grandchild.

For more information visit www.gabriellaholt.com
Over 350 nurses and nursing students descended on Sacramento April 20th 2008 and 150 stayed over for the Day at the Legislature on April 21st. The two day event was held in the Student Union of California State University Sacramento and sponsored by the California Nursing Student’s Association from that campus. Many of the students volunteered with registration and logistics for the event. President Jessica Isler of the Campus CNSA Chapter, provided a welcome to the nurses and students in attendance. The President of the CSUS, Alexander Gonzalez, Dean Marilyn Hopkins, and Chairperson Ann Stoltz provided welcome remarks to the participants and spoke about the need for nurses to become political advocates for health care.

President Louise Timmer, ANA\C, opened the Sunday program with an overview of ANA\C and its accomplishments. She shared a presentation about ANA and ANA\C and the importance of nurses making a difference in the political arena.

Sunday’s program included honoring Senator Jack Scott as ANA\C Senator of the Year. He spoke about the importance of individuals being involved in the process and how our expertise helped shape policy.

Ruth Ann Terry, Executive Director of the Board of Registered Nursing provided information about the BRN’s responsibilities, how to access the Board, and tips on preparing to take the NCLEX examination.

Tab Berg, a political consultant, spoke about how a campaign would utilize a nursing endorsement, how negative campaigning affected the outcome of races and shared with us different vignettes from campaigns and the impact that these messages had.

Susan Adams, a nurse and Board of Supervisor Member from Marin County, talked about the impact a nurse could have in office. She described how her nursing background helped establish her policy advocacy for the environment, for mental health, and for disaster planning. She also shared how her collaborative skills, learned from nursing, helped her build coalitions to support policy development and implementation.

Tricia Hunter, Executive Director of ANA\C and a former member of the Assembly, presented the legislative process, how regulation was developed and bills became laws. She shared many scenarios where nurses made a difference for health care access and quality in California. She also reviewed the ANA\C bill package and discussed key bills that the association was involved with this year.

On Monday, the nurses met at the California Dental Association Conference rooms. Lydia Bourne RN, long time member and lobbyist for ANA\C was presented a leadership award by President Louise Timmer. Lydia spoke to the assembly about how they could have an impact and make change on behalf of our clients and patients.

After a lively discussion of the ins and outs of advocacy, the attendees descended on the Capitol. Many attended hearings that were in process and others visited the Assembly or Senate Floor. Nurses visited their legislators offices and shared with them ANA\C fact sheets about key issues. A treasure hunt, invented to take the participant to parts of the capitol most people never find, was part of the day. As the groups finished they came back to the ANA\C office and met with Samantha Marcantonio and Tricia Hunter to discuss their interactions with the legislation and their thoughts about the day.

RN Lobby Day will be held April 26 and 27, 2009!
Assemblyman Berryhill's father, the late Clare Berryhill, Valley. Public service, like farming, is a family calling.

Assemblyman Berryhill began his first term in the Legislature in December 2006. He serves on the Assembly Agriculture and Water, Parks and Wildlife committees and as Vice Chair of the Assembly Human Services Committee.

The Berryhill family has a long history in the Central Valley. Public service, like farming, is a family calling. Assemblyman Berryhill’s father, the late Clare Berryhill, was elected to both houses of the California Legislature, and also served the state as director of the California Department of Food and Agriculture. Assemblyman Berryhill lives in Modesto with his wife and two daughters.

Most importantly, Assemblyman Berryhill is a friend of nursing. He has been the recipient of nursing care in the past and understands the important role nurses play in the health care system. He continues to work with the ANA\C Association and is willing to author bills that provide nurses with quality education and autonomy in practice to ensure cutting edge nursing care in California.

Scott’s most notable accomplishments is the $100 million dollar master plan he launched for the college. Senator Scott received many honors in his celebrated career as faculty, administrator, and legislator. He received the Distinguished Professor of Higher Education award and an honorary doctorate from Pepperdine University in 1991. He is the first person to be honored as President Emeritus of Pasadena City College. In 1993, he received the Harry Buttimer Award, given annually to two distinguished administrators in California Community Colleges. He was named the Alumnus of the Year at Claremont Graduate University in 2000 and at Athene Christian University in 2003.

Both the Executive Director Tricia Hunter and President Louise Timmer thanked Senator Scott for his many years of interest, concern and untiring work for nursing education and the nursing profession. They both lamented that Senator Scott should not be held to the fixed term limits for the legislators. Compassionate and highly conscientious legislators like Senator Jack Scott come once in a lifetime and they need to be kept in the Legislature as long as possible. ANA\C members wished Senator Jack Scott many more years of successful endeavors and the audience honored him with a standing ovation.
Governor Arnold Schwarzenegger today announced more than $6 million in grants aimed at promoting health information technology, medical education and coordinated care programs—all focused on improving California’s health care delivery system for underserved populations. This grant funding comes from a total of $50 million in charitable investments required by the state from PacificCare Health Systems when it merged with UnitedHealth Group in 2005.

“These projects provide an important step toward fixing our broken health care system by giving consumers and medical providers better access to telemedicine technology and personal health records,” said Governor Schwarzenegger. “Expanding health information technology is a major component to comprehensive health care reform: it improves access to underserved Californians, increases patient safety and reduces overall health care costs.”

The funding is going to health care providers, clinics and community groups for such things as developing telemedicine and electronic health record systems for hospitals and clinics, funding gang violence prevention and improving access to mental health services.

Last August, the Governor announced $25 million in new grants for health care and technology projects, and today’s announcement of more than $6 million in grants is the second in four funding cycles over the next three years. $12.7 million has been awarded to date.

Last November, the Governor also announced an additional $22 million in grants to expand telemedicine across the state. A coalition of state agencies and private sector stakeholders, led by the University of California Office of the President, will use these grant funds, awarded by the Federal Communications Commission, to build a new California Telehealth Network linking academic teaching hospitals and rural health care providers to increase access to care for rural communities.

The next application cycle for proposals is July 2 to August 18, 2008. A description of the grant program and current application criteria are available at www.dmhc.ca.gov. The awards are based on a competitive grant process.

In July 2006, Governor Schwarzenegger signed an executive order establishing a goal to achieve 100 percent electronic health data exchange in California during the next 10 years. Since then, the Department of Managed Health Care and other state agencies have drafted a health information technology action plan to promote its adoption.

The following 12 projects were selected to receive grants:

• $227,059 to Community Health Systems, Inc. in Riverside County to purchase and install a new Telephony System at six of its locations and to develop software to make automated phone calls to improve communication between its clinics and its patient base.
• $841,440 to King’s View in Fresno County to purchase and develop software that will increase mental health care access for consumers with geographic and cultural barriers to treatment.
• $326,357 to the Plumas District Hospital in Plumas County to replace an existing telemedicine system that is no longer serviceable or compatible with its new information technology infrastructure.
• $250,010 to the Partners in Care Foundation in Los Angeles to improve access to and utilization of end-of-life care, such as hospice and palliative care, to a target population of terminally ill African Americans.
• $444,470 to La Cooperativa Campesina de California in Sacramento County to expand migrant farm worker population and physician use of a personal health record system designed for low income populations who have sporadic access to care.
• $322,540 to The Children’s Clinic in Los Angeles County to implement an electronic medical record system in a six-clinic environment. The system will be compatible with Long Beach Memorial Medical Center.
• $396,057 to Community Health Partnership in Santa Clara County to implement a health data warehouse for consortium members.
• $250,000 to North East Medical Services in San Francisco County for the purchase and implementation of a chronic disease management system targeted to Asian populations.
• $334,268 to Sierra Nevada Memorial Hospital Foundation in Nevada County to support the third phase of implementation of a community-wide electronic health record system.
• $100,000 to the Center for Community Advocacy in Monterey County to address behavioral health and family mental health root causes to community violence, as part of the launch of a gang violence prevention initiative targeted to farm workers and their families.
• $276,859 for the Child Abuse Prevention Council of San Joaquin County for start-up costs for an interactive, evidence-based mental health treatment program that assists parents of children with behavioral problems.
• $2.5 million to Health Professions Education Foundation in Sacramento County for clinician development in underserved and rural communities.
I have just graduated from a RN Re-Entry Certification course which provided 72 hours of didactic education at a cost of $300.00. We were hopeful as a group that the class, often referred to as a “refresher” course would help us find employment. Most of the class completed the 72 hours and some of us did sign up for other courses as well, (i.e., critical thinking, cardiac assessment, monitoring, BCLs, ACLS, etc.) We were well taught the latest theories of patient care and skills lab, (including return demonstrations of skills learned) by some of the best nursing educators in the SF Bay area. These are excellent well developed RNs that currently hold top level positions in some of the best SF Bay area Hospitals. Several of our instructors at American Health have published test books that nursing schools use throughout the country. Some of our instructors have served in the military as well. One of them is not only an RN, but is also a JD and teaches law. Another one of our instructors has her RN and her doctoral degree in Education. This was an excellent well developed course that covered; Effective communication, Physical assessment, Nutrition, Pediatrics, Legal issues and Documentation, Lab and Diagnostics, IV therapy review, Drug review, Pain management, Wound care, Skills review, and finally Case studies.

Why I am writing to the American Nurses Association/California? I am one among many returning RNs that cannot seem to obtain a standard issue pass card, i.e., the colored or the orange ones and land onto the targeted, hallowed ground of an acceptable professional RN job. Employment that provides competitive compensation, benefits, and growth opportunities.

During these three weeks while taking the Re-Entry Refresher, (which is listed on the CA BRN web site) I learned that nearly 42,000 RNs are licensed in this state. Yet, more often than not—there are TURNED AWAY. We took some time off to have kids or to take care of our aging parents, or to do whatever we needed to do to heal and grieve. However, we never anticipated leaving our chosen profession behind us forever. Anyone who has earned a degree in nursing and has worked for a time in healthcare does one of two things; They either decide the profession is not for them… and they decide this fairly quickly and move on or they are among the “cared for and chosen” and will remain a health care professional for the remainder of their working lives. The Re-Entry level RNs, however, without the contracts that the nursing schools have with the hospitals that grant them access to do clinicals” to learn the “ropes” before they graduate—have no clout. We have no political alliances. Yet, we have remarkable experiences to draw on. The loyalty to the profession of nursing that a new grad can only hope to attain.

Write to you today in hopes of thwarting a very real threat to our beloved profession in the near future. Some acute care hospital jobs and Home Health Care Jobs tell the Re-entry level nurses they cannot be on the job because they have not practiced in their profession for three years—and yet beckon the new grads with open arms offering sign on bonuses and benefits packages. Perhaps it is time to woo the Re-Entry level RNs back into the work force. Those of us who are sitting alone at home anxious, without a network, without the confidence periodicals provided to the new grads to come to the job fairs, get the new hire bonuses.

Interestingly, the seasoned RNs take the classes, (some of which cost in excess of one thousand USD's) update our resumes, call the hiring managers, and try to keep our cool—all 42,000 of us in this state, helping the administrators of the acute care hospitals and our state universities and community colleges will consider creating and making mentorship programs that will bring us back into the fold. We call potential employers, proudly announce our new certifications we have recently completed, send our resumes out, follow up with a professional cover letter and a hard copy of our resume and even a personalized business card with stationary and a matching letterhead. . . and yet call backs from perspective employers to my fellow Re-Entry RN class graduates are not coming in. We are e-mailing each other to keep each other updated about our progress. The pathetic responses to our employment inquiries inspired this letter.

I am writing this letter of advocacy representing my Re-Entry level colleagues because I believe we are playing into the powerful and deceptive tactics of the healthcare fat cats’ game and are losing. They are looking for cheaper help. They are crying out about the absence of nursing educators. Generous and wonderful grants from Gordon and Betty Moore and other Foundations are attempting to meet the shortages and provide our consumers with the health system they deserve and level of competency they so richly deserve. Still RNs are a dying breed. Can you name another profession that has a median professional age of 50+? I’ll bet the ranch that our eagerness to get back into our profession would translate into rapid shortages and provide our consumers with the health system they deserve and level of competency they so richly deserve. We already graduated from nursing school. We have our CA BRN current license #. We are ready to work. With a few months of respectful precepting; we will be ready to be RNs. We have recently completed, seasoned RNs to learn the newer charting systems, the latest technologies, and new protocols. I believe we could bring a lot more than “warm bodies” back to the profession. Most of us have worked alongside and stood up to many doctors and quietly sat next to more than one dying patient in the middle of the night. Most of us have not been out of the acute care environment long enough to be familiar with computerized charting, “Pyxis” medicine delivery systems, needle free, safe IV starts, and new VAD system and the Joint Commission standards. I would bet the ranch that our eagerness to get back into our profession would translate into rapid and efficient learning. After all, we have already lost our employers, patients and fellow nurses know that we have heard the call to be in service a long time ago. This call pulls on our heart and will make the best of our talent until it’s time to hang up our stethoscope. The median age of California RNs is 47-50, depending on which poll you decide is the most accurate. I can tell you this much is certain, that this RN has a good 20 years left before she even looks for a hook to hang up her stethoscope.
Your Expertise Is Needed

A Call to Action

The commitment you’ve made toward your career as a healthcare provider make you an expert in defining the priorities of the ANA Practice Division. This is a historical time for both the nursing profession and the ANA which exists to serve the interests of healthcare and to set the agendas and priorities for the betterment of our field.

Through a variety of communications, we will establish a majority vote on the key issues facing the nursing profession which the Practice Division will prioritize and implement.

I accepted the role as Director of the ANA Practice Division because I am thrilled about being involved in making positive change towards improvements within nursing and healthcare. I am committed to bringing the membership to consensus on the key issues and to ensure the preferences of California nurses. The moment is upon us to make our mark on the future of our chosen profession. Please join me in having your voice heard.

Speak your mind. Get it off your chest. Be a part of the discussion and resolutions.

Contact me anytime at nicole@anacalifornia.org.

Visualization & Hypnosis In Diabetic Amputation

by Sally Jane Mitchell

How can a 5 minute visualization change the outcome of a diabetic amputation?

I was working in a community setting, with a man out of control diabetes. He was experiencing a lot of stress, had a poor diet, lack of exercise and as a result, his blood sugars were all over the place—routinely high requiring his standard dose of insulin plus a sliding scale. He was an accident waiting to happen.

He started with a simple, ingrown nail on his big toe. Soon, the toe turned black, then gangrene set in. The large toe was amputated. The wound was redressed every day by nurses, but the wound was not healing. It was getting worse. The foot to the knee had turned an ominous dark color. We continued to change the dressing, but his prognosis was not good. Unfortunately, over the years, I have seen this same scenario all too often—a poorly controlled diabetic faced with the amputation of a limb.

One day, while changing his dressing, the patient ask, “What do you think about my foot?” I looked at the wound... it was not healing. After a month of dressing changes, there was little improvement even though his blood sugars were now controlled. The foot remained dark in color, was quite warm to the touch, all the way up the leg, to just below the knee. The patient said the entire leg throbbed constantly with pain.

I asked, “Do you want me to be honest with you?” He said yes. “Honestly, I think there is a good chance you could lose your leg.” The patient looked very sad. He said, “I know, the doctor wants to cut my leg off up to the knee. I wouldn’t let him to do it. I don’t want to lose my leg.” In a community setting, while doing dressing changes, it is not possible or appropriate to do a full hypnosis session to control pain, manage and promote healing of a wound, increase circulation and decrease anxiety and stress. A traditional one hour hypnosis session, in a quiet environment can do all that and more. But, I have found that I can teach a patient a very quick visualization that can achieve great improvement, even in a busy clinical setting.

I quickly explained that I had had good success with visualization with other patients facing amputation in the past. This can also work well with a variety of other patients to control pain, promote healing, and decrease stress, as in cancer, multiple sclerosis, chronic pain, and Burger’s Disease to name a few. I explained my theory concerning the body’s invisible electrical system, about phantom pain and Kirlian photography and why I thought the visualization worked. Bottom line I explained, “it can’t hurt you and it might help a lot. It might seem like hocus pocus, but the body has an amazing ability to heal itself, if we can just learn to channel that energy. It is said we only use 10% of our mind.” I ask, “Are you willing to try it?” The patient replied with a somber face, “I don’t want to lose my leg, I’ll try.”

In less than 5 minutes, sitting in the chair with his eyes closed, I taught him how to “send healing to his toe, foot and leg, and to improve circulation. He opened his eyes, and much to both of our wonder, the leg was immediately improved. The leg and foot was now a pinker color and it was cooler to the touch. He looked at me in amazement and said, “It stopped hurting!” “Okay” I said, “continue to practice this visualization I just taught you as often as you can throughout the day.”

Over the next month, the dressings continued. The patient said he was faithfully practicing his visualization and the improvement was noticeable. The amputation wound was pinker in color and was slowly closing. The leg would sometimes be darker in color, but then pink up again. The leg remained cool in temperature and the best part, the patient’s phantom pain never returned, and he STILL had his leg. The man was delighted. His blood sugars remained controlled and his progress was evident. Months down the road, he still has his leg, he is still doing his visualizations, and he is a very happy man walking around with two legs... even playing basketball the last time I talked to him.” I have seen visualization and hypnosis work “magic” in case after case, be it an addiction to drugs, cigarettes, food, or alcohol, and with a medical or psychological root cause. I am hopeful to see the possible doorway to preservation in any pending amputation, be it medical, traumatic, or combat, and to be able to teach control or elimination of phantom pain. The possibilities for our returning Iraq/Afghan vets could be tremendous and to be able to teach control or elimination of phantom pain. The possibilities for our returning Iraq/Afghan vets could be tremendous and to be able to teach control or elimination of phantom pain. The possibilities for our returning Iraq/Afghan vets could be tremendous and to be able to teach control or elimination of phantom pain. The possibilities for our returning Iraq/Afghan vets could be tremendous and to be able to teach control or elimination of phantom pain. The possibilities for our returning Iraq/Afghan vets could be tremendous and to be able to teach control or elimination of phantom pain.
Mold: A Sensible Response

A brief overview of mold characteristics, environments supporting mold, health effects of mold, removing preventions, and remediation of mold infestations. Includes OSHA Guidelines.

Susan Walters Schmidt, RA, MA, PhD (candidate)
www.moldsusa.com
1 Contact Hour
$0.00

About the Author

Susan Walters Schmidt, is a historian and editor with more than a dozen years experience gathering and analyzing information for public presentation.

Accreditation Statements

This course is approved as a provider of continuing education by the California Board of Registered Nursing. Wild Iris is also an approved provider of continuing nursing education by the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. (WNSA CERP Provider number PA-5/Feb 08).

LEARNING OBJECTIVES

Upon completing this course, you will be able to:

• Describe mold and its characteristics.
• Identify the locations and circumstances under which mold can grow.
• List potential health complications of mold exposure and the locations and circumstances under which mold can grow.
• Summarize the elements of standard mold remediation.
• Describe the key steps in preventing the regrowth of mold.
• Describe methods of preventing moisture build-up inside on clothing, pets, or other surfaces, and it may be found growing indoors when conditions are favorable. When people sensitive to mold come in contact with it, the mold is dead or alive, they may experience a variety of adverse health effects. These can be especially dangerous for immuno-compromised persons or those with chronic respiratory diseases (e.g., asthma).

Clearly mold is potentially of concern to everyone, including healthcare workers in many occupational settings. Whether you work in a healthcare institutional setting, manage your own practice, or are engaged in home visits, you may encounter the evidence and effects of mold and need to take action for yourself or your clients.

INAVIDE MOLD

Molds occur in a variety of colors, including green, white, and black, and mold often gives off a characteristic musty or acrid smell. Certain compounds given off by molds known as microbial volatile organic compounds, or MVOCs, are responsible for this odor. Molds may produce allergens (substances that can cause allergic reactions), irritants, or mycotoxins. Molds may also produce secondary metabolites, such as mycotoxins, mycophenolic acids, and atrazine. Sometimes media reports will refer to “black mold” or “toxic mold,” however, there are no specific types of mold, they are simply media terms (e.g., EPA, 2007; Weinhold, 2007).

Mold is commonly found in areas where water is present: basements, bathrooms, and other areas. In schools and commercial buildings, other areas may include the surroundings of drinking fountains and sinks, and in and around heating, ventilation, and air conditioning (HVAC) systems, and around sprinkler system components. These areas all share a susceptibility to cold spots, excess humidity, leaks, or flooding (inundation) (EPA, 2007).

Even though mold has been in the environment for thousands of years, it is only recently that we have begun to appreciate the many threats in the environment, all kinds—daycare centers, schools, hospitals, clinics, retail outlets and office buildings.

Wild Iris Medical Education (CBRN Provider #12300) is accredited by the Commission on Accreditation of Healthcare Education Providers (CAHEP). For those who are susceptible to asthma, mold exposure may trigger asthma attacks or other respiratory symptoms. mold or, even a single exposure, to mold, mold spores, or mold fragments causes them to become sensitized, and repeated exposure even to very small amounts of mold can be dangerous. The World Health Organization (WHO) has identified an uncommon disease called hypersensitivity pneumonitis (HSP), and in patients with weakened immune systems, mold exposure may cause organ failure and death (Weinhold, 2007).

What Are Their Symptoms?

Allergic reactions and irritant effects may include:

• Headache
• Allergic rhinitis
• Conjunctivitis
• Coughing
• Wheezing
• Runny nose
• Red or watery eyes
• Skin rash (dermatitis)
• Fatigue (EPA, 2007; RIDH).

For those who are susceptible to asthma, mold exposure may trigger asthma attacks or other respiratory symptoms. Not all people who are exposed to mold will become sensitized. For example, sampling might be done in order to evaluate the health implications of mold and/or mold spores in a building. Select method most appropriate to situation. Since molds are everywhere, it is essential that methods be selected that are not destructive, because there are no federal recommendations or standards, and understanding of the links between mold and adverse health effects is incomplete (OSHA, 2003).

Molds reproduce by means of microscopic spores (2–100 microns, or µm, in diameter). These tiny spores can float through the air, and may travel great distances before settling on a surface. While mold spores are everywhere, the number in a given environment fluctuates all the time, and even when spores settle they will not grow if moisture is not available. Once spores start growing, they digest the organic surface on which they have settled and can cause significant cosmetic and health problems, clothing, clothing, and wall materials and other materials if the growth remains unchecked (EPA, 2007; OSHA, 2003).

Molds may grow in a variety of colors, including green, white, and black, and mold often gives off a characteristic musty or acrid smell. Certain compounds given off by molds known as microbial volatile organic compounds, or MVOCs, are responsible for this odor. Molds may produce allergens (substances that can cause allergic reactions), irritants, or mycotoxins. Molds may also produce secondary metabolites, such as mycotoxins, mycophenolic acids, and atrazine.
Use professional judgment to determine prudent levels of Personal Protective Equipment and containment for each situation, particularly as the remediation site size increases and the potential for exposure and health effects rises. Assess the need for increased Personal Protective Equipment, if, during the remediation, more extensive contamination is encountered than was expected.

Minimum: Gloves, N-95 respirator, goggles/eye protection

Limited: Gloves, N-95 respirator or half-face respirator with HEPA filter, disposable overalls, goggle/eye protection

Full: Gloves, disposable full body clothing, head gear, foot coverings, full-face respirator with HEPA filter

** Containment

** Use polyethylene sheeting to floor around affected area with a slit entry and covering flap; maintain area under negative pressure with HEPA filtered fan unit. Block supply and return air vents within containment area.

Full: Use two layers of fire-retardant polyethylene sheeting with one airlock chamber. Maintain area under negative pressure with HEPA filtered fan exhausted outside of building. Block supply and return air vents within containment area.

Source: U.S. Environmental Protection Agency. Adapted from http://www.epa.gov/mold/table2.html

### Biocides

Biocides, such as chlorine bleaches, are not recommended for routine use in cleaning up mold. A mild detergent solution and the appropriate cloth, sponges, or brushes (depending on the surface being cleaned) is the recommended procedure. Because mold is always present at background levels it is not considered desirable (or even possible) to sterilize an area. However, if the problem that caused the original moisture has been fixed, mold spores simply present in the air will not cause additional problems.

Under certain circumstances you (or a mold-removal professional) may determine that biocide use is appropriate, for example, when a facility is used by immuno-compromised persons. If biocides are used, appropriate precautions must be taken to ventilate the area and to use all substances in accordance with package directions and any local or state regulations (OSHA, 2003, CDC, 2006).

### Other Considerations

If needs are large or complex, you may want to consider hiring an experienced professional, especially if containment and high-level PPE are required. Familiarize yourself with the general procedures. Verify that anyone you hire is following EPA or other government and professional guidelines and check their references. If you are responsible for others in a building, be sure they are kept informed.

If your cleanup project involves an HVAC system, be sure the work is done by a professional experienced with those systems. Keep in mind that they may be using methods and materials that are not discussed here.

One final concern involves confined spaces, such as crawl spaces or pipe and valve areas. These areas offer the additional challenge in mind that they may be using methods and materials that are not

### How You Know It's Really Clean

1. OSHA suggests the following list for evaluating a cleanup job:
   - You must have completely fixed the water or moisture problem.
   - You should complete mold removal. Use professional judgment to determine if the cleanup is sufficient. Visible mold, mold-damaged materials, and mold odors should not return.
   - If you have sampled, the kinds and concentrations of mold and mold spores in the building should be similar to those expected before the mold problem started.
   - You must revisit the space(s) shortly after remediation, and it should show no signs of water damage or mold growth.
   - People should be able to occupy or re-occupy the space without health complaints or physical symptoms.
   - Ultimately, this is a judgment call; there is no easy answer. (OSHA, 2003)

### PREVENTING MOLD

Once an area has been cleaned to remove all traces of mold, the priority is to take appropriate steps to prevent any regrowth.

### In the Home

Homeowners and building occupants should observe the following guidelines to control moisture and prevent regrowth or growth of mold:

- **Keep the building clean and dry.**
- **Watch for condensation and wet spots. Fix the sources of moisture.**
- **Keep the humidity between 40% and 60%**.
- **Use air conditioners and dehumidifiers as needed for season or location.**
- **Fix leaks in the roof, walls, windows, or plumbing. Ventilate bathrooms, kitchens, and laundry areas.**
- **Vent clothes dryer to the outside, if possible.**
- **Use mold-resistant paint (or add mold inhibitors before painting).**
- **Clean bathrooms with mold-killing products.**
- **Clean up and dry areas that are wet or have been flooded within 24 to 48 hours. Throw out anything that cannot be completely dried, including carpet and upholstery.**
- **Don't let foundations stay wet. Provide drainage and slope the ground away from the foundation.**
- **If you are not experienced with home/building repairs you may want to consult a professional when making repairs, or for assistance with mold-prevention-related changes to your home/building. (RIDH, n.d.; CDC, 2005; EPA, 2007)**

### Institutional Settings

Clearly the list above applies in institutional as well as residential settings. In addition, commercial/public building managers should:

- Keep HVAC drip pans clean, floor properly, and unobstructed.
- Perform regular building and HVAC inspections and maintenance as scheduled.

The Environmental Protection Agency (EPA) provides a variety of mold-related materials and tools, including software (I-BEAM) that can be used to help manage indoor air quality in large buildings, and the EPA IAQ (Indoor Air Quality) Tools for Schools.

In all cases, routine maintenance and repairs help reduce the possibility of problems.

### CONCLUSION

Mold, and its potential physical and medical effects, is an issue of concern for many people, individuals, home and business owners, building maintenance managers, public health specialists, healthcare workers; disaster recovery specialists; even lawyers and architects. As researchers and builders uncover different kinds of molds and their effects on people and indoor environments, perhaps we will discover more effective ways to deal with associated problems. This is an evolving issue and the resources listed below can help you stay informed.

### REFERENCES


doi.org/10.1093/ehp/ehn049.


### TABLE I: GUIDELINES FOR REMEDIATING BUILDING MATERIALS WITH MOLD GROWTH CAUSED BY CLEAN WATER

<table>
<thead>
<tr>
<th>Material of Furring</th>
<th>Cleanup Methods</th>
<th>Personal Protective Equipment</th>
<th>Containment**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books and papers</td>
<td>1</td>
<td>Gloves, N-95 respirator, goggles/eye protection</td>
<td>Minimum</td>
</tr>
<tr>
<td>Carpet and backing</td>
<td>2</td>
<td>Use two layers of fire-retardant polyethylene sheeting with one airlock chamber. Maintain area under negative pressure with HEPA filtered fan exhausted outside of building. Block supply and return air vents within containment area.</td>
<td>Limited or Full</td>
</tr>
<tr>
<td>Concrete or cinder block</td>
<td>3</td>
<td>Full</td>
<td>Limited</td>
</tr>
<tr>
<td>Hard surface, porous flooring (limestone, ceramic tile, vinyl)</td>
<td>3,4</td>
<td>Full</td>
<td>None required</td>
</tr>
<tr>
<td>Non-porous, hard surfaces (plastics, metals)</td>
<td>3,4</td>
<td>Full</td>
<td>None required</td>
</tr>
<tr>
<td>Upholstered furniture &amp; drapes</td>
<td>3,4</td>
<td>Full</td>
<td>None required</td>
</tr>
<tr>
<td>Wallboard (drywall and gypsum board)</td>
<td>3,4</td>
<td>Full</td>
<td>None required</td>
</tr>
<tr>
<td>Wood surfaces</td>
<td>3,4</td>
<td>Full</td>
<td>None required</td>
</tr>
<tr>
<td>** Cleanup Methods**</td>
<td></td>
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</tr>
</tbody>
</table>

**Limited:** Use polyethylene sheeting to floor around affected area with a slit entry and covering flap; maintain area under negative pressure with HEPA filtered fan unit. Block supply and return air vents within containment area.

**Full:** Use two layers of fire-retardant polyethylene sheeting with one airlock chamber. Maintain area under negative pressure with HEPA filtered fan exhausted outside of building. Block supply and return air vents within containment area.

Source: U.S. Environmental Protection Agency. Adapted from http://www.epa.gov/mold/table2.html

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(Continued from page 17)
1. Mold growing indoors presents two equally important problems:
   a. Identifying the type of mold and notifying the health department.
   b. Getting rid of the mold and removing the source of moisture.
   c. Testing family members and washing the walls with bleach.
   d. Notifying the county agricultural agent and buying masks.

2. The media terms “black mold” and “toxic mold” refer to specific toxigenic fungi (molds that produce mycotoxins).
   a. True
   b. False

3. In addition to moisture, molds require:
   a. Oxygen and food.
   b. Nitrogen and organic material.
   c. Organic material and enclosed space.
   d. Specific temperature and light conditions.

4. If you see or smell mold, the most important thing to do is:
   a. Evacuate the building.
   b. Contact the CDC or OSHA for testing.
   c. Perform cleanup procedures to get rid of it.
   d. Try to figure out what kind of mold it is.

5. Nonsensitive individuals may become sensitized by even one exposure to mold.
   a. True
   b. False

6. Reactions to mold exposure may include which of the following?
   a. Elevated blood pressure
   b. Itching and skin rash
   c. Heart palpitations
   d. Fainting

7. A well-known effect of a mycotoxin is:
   a. Ingrown toenails
   b. Dandruff
   c. Athlete’s foot
   d. Jock itch

8. All molds produce mycotoxins.
   a. True
   b. False

9. When tackling a mold remediation project, consider which one of the following first?
   a. Whether the mold is toxic
   b. Size of the affected area
   c. How many kinds of mold are present
   d. Who is affected by the mold

10. Which one below is minimal PPE for cleaning up mold?
    a. Gloves and goggles
    b. Gloves, disposable full body clothing, head gear, foot coverings, full-face respirator with HEPA filter
    c. No special PPE is needed
    d. Gloves, N-95 respirator, goggles/eye protection

11. The best thing to use for cleaning up mold is household (chlorine) bleach.
    a. True
    b. False

---

**Course Evaluation**

Select one answer for each question.

1. This course covered the objectives.
   Agree___ Somewhat agree____ Neutral____ Somewhat disagree ____ Disagree____

2. This course took 60 minutes per contact hour to complete.
   Yes____ No_____

3. This offering met my professional and educational learning needs.
   Agree___ Somewhat agree____ Neutral____ Somewhat disagree ____ Disagree____

4. The manner in which this material was presented was effective.
   Agree___ Somewhat agree____ Neutral____ Somewhat disagree ____ Disagree____

5. The course material was presented in an understandable manner.
   Agree___ Somewhat agree____ Neutral____ Somewhat disagree ____ Disagree____

6. The course was accurate and current.
   Agree___ Somewhat agree____ Neutral____ Somewhat disagree ____ Disagree____

7. The educational level of this course was appropriate.
   Agree___ Somewhat agree____ Neutral____ Somewhat disagree ____ Disagree____

**Comments____________________________**
Dr. Charles J Beuchamp

Ray Klimasewski of Palm Desert shared with ANAC the passing of his partner for 29.3 years, Doctor Charles J. Beuchamp. Dr. Beuchamp was 43 years old when he died of a heart attack.

Dr. Beuchamp received his nursing degree from an Associate Nursing Program in Hamdon, Connecticut. He received a Bachelors of Science Degree in Nursing from Hartford, Connecticut. He later received his next degree from Hunter in Belview in 1985. Dr. Beuchamp's last nursing position was Dean of Health Sciences at Holy Names College, Oakland, California.

Dr. Beuchamp was a legal nurse consultant when he lived in Palm Springs. He was the Dean at Clarkson College Omaha Nebraska for four years, and Research Director at Berry University in Miami Shores, Florida for seven years. He had been Dean at Colby Sawyer in New Hampshire for 10 years.

If friends and colleagues would like to get in touch with Ray he can be reached at 1-760-340-4319.

Professor Emeritus Ellen McFadden, PhD, RN

Friend & Colleague

by Martha Highfield, PhD, RN

Professor Emeritus Ellen McFadden, PhD, RN, former Director of the Nursing Program at California State University Northridge (CSUN), died from cancer. McFadden was recognized nationally by her peers as the longest serving member and local leader Sigma Theta Tau International Nursing Honorary Society. Her energy and sense of humor were infectious, and her dedication to nursing and nursing education, inspiring.

During and beyond her exceptional tenure as Director, she
• Led the Nursing Program through its first 9 graduating classes;
• Guided the faculty and program through initial and ongoing national accreditation with CCNE;
• Strengthened the CSUN RN to BSN curricula and program whose graduates have gone on to some of the most competitive graduate programs in nursing, nurse anesthesia, law, and medicine;
• Continued post retirement to lend her expertise through extensive volunteer efforts, including her award-winning work with the CSUN China Institute, representing CSUN Nursing at local, state, and national meetings;
• Guest lectures in nursing classes, unpaid consultation work with the CSUN China Institute, representing CSUN Nursing at local, state, and national meetings;
• Worked in the evolution of the CSUN Honor Society into Gamma Tau Chapter/At-Large UCLA/CSUN of Sigma Theta Tau International Nursing Honor Society in October 2007.

Dr. McFadden knew her family's and colleagues invite you to celebrate her significant contributions to the nursing profession by contributing to the endowed Ellen McFadden Memorial Scholarship & Annual Lectureship or to the Susan G. Komen for the Cure fund.

CSUN has established this fund in her memory to assist deserving others to enter her beloved profession. If you wish to make a tax-deductible contribution to that endowment fund, make your check payable to CSUN Foundation and in the memo line designate the scholarship. Checks should be sent to: Dr. Brian Malec, Health Sciences Dept (8285), CSU Northridge, 18111 Northfort Blvd, Northridge, CA 91330-8285.

You may also send donations in her memory to: Susan G. Komen for the Cure, 5005 LBJ Freeway, Suite 250, Dallas, TX 75244, or by visiting www.komen.org.
Call for Consent to Serve Forms for ANA/C 2009-2011 Elections

The ANA/C Ballot Committee has issued the call for consent to serve forms for a slate of candidates to be presented to the membership for a vote in January 2009. The deadline for ANA/C’s receipt of all complete consent to serve forms for the initial slate is Sept. 30, 2008; Consent to Serve Forms will be accepted by mail, email or fax. The following are the open slots which are available: President, Vice President, Secretary, Treasurer, Directors-at-Large, Director of Nursing Practice, Director of Nursing Education, Director of Legislation, Director of Communication/Membership, Ballot Committee (three positions available) and ANA/C Delegate to the ANA House of Delegates (eight positions and ten alternate positions available).

Consent to Serve 2009-2011

<table>
<thead>
<tr>
<th>Applicant Information</th>
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<tbody>
<tr>
<td>Applicant Name:</td>
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<td>Date:</td>
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<tr>
<td>First Name:</td>
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<tr>
<td>M.I.</td>
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<tr>
<td>Last Name:</td>
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<td>Position(s) Applied:</td>
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<td>Street Address:</td>
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Employment

| Title:                        |
| Address:                     |
| City:                        |
| State:                       |
| ZIP Code:                    |

Nursing Education

| Basic Nursing Education:     |
| Year Graduated:              |
| Other Nursing Education:     |
| Year Graduated:              |
| Other Nursing Education:     |
| Year Graduated:              |

Organizational Experience that would be beneficial or helpful to the association or the position you are running for. (ANA/C and other organizations)

Elected Position Descriptions for the American Nurses Association | California

Board of Directors

The Board of Directors (BOD) is the corporate body of ANA/C composed of four officers (President, Vice-President, Secretary and Treasurer) and five directors elected by the general membership. To be eligible to serve on the BOD, a person shall hold current membership and must not concurrently serve in a leadership position of another professional organization if such participation might result in a conflict of interest with ANA/C.

Refer to ANA/C bylaws, Article VII for a complete description of the responsibilities of the Board of Directors. Bylaws are available at www.anacalifornia.org or through the office at 916-447-0225.

One position for each officer listed and five positions for director available.

Duties of Officers

President of ANA/C shall serve as the Official representative of the association and its spokesperson on matters of association policy and position; as the chairman of the General Assembly, the Board of Directors and the Executive Committee of the Board; an ex-officio member of all committees except the Ballot Committee; and a delegate to the House of Delegates of ANA.

Vice-President shall assume duties of the President in the President’s absence and shall oversee any necessary review of bylaws, strategic pathways, and Organizational Process and Appeals. The Vice-President shall also oversee planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

Secretary shall be responsible for ensuring that all records are maintained from the meeting of the General Assembly and the BOD, and notifying members and chapters of meetings of the General Assembly.

Treasurer shall be responsible for supervising the fiscal affairs of the association and providing reports and interpretations of the financial condition of ANA/C to the membership, General Assembly and the BOD.

Director, Nursing Practice shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing practice.

Director, Nursing Education shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing education.

Director, Legislative shall focus on understanding, interpreting and advocating for legislative, regulatory and policy issues relating to health.

Director, Membership and Communications shall focus on membership recruitment, retention, and resources. This director’s responsibilities will include oversight of the newsletter, website, list-serves (Yahoo groups), archives, chapter development, and public relations

Ballot Committee: Responsible for developing and ensuring the integrity of the ballot and election process. (Five positions available)

ANA Delegate will attend and participate at the ANA House of Delegates in conjunction with the ANA biennial convention in Washington, DC. June/July biannually. There are eight to twelve seats available (depending on current membership). One position is automatically filled by the ANA/C President. All persons who choose to run for this category and who are not elected by vote, serve as alternates in the event space becomes available.

Terms of Elected Positions

All terms are for two years, ending upon election of successors in 2011. If elected or appointed, I consent to serve.

Print Name: ____________________________ Date: ____________________________

Signature: ____________________________ Date: ____________________________

Please submit a short paragraph or two about yourself and your qualifications for the position you are running for, include any current or past positions that will assist you and any future ideas that you would like to see implemented during your service on the board or other positions. This information will be included in the candidate information packet sent to all voting members of ANA/C.

All consent to serve forms must be post dated and received by the ANA/C office by the posted date. Fax to: 916-447-0225 or email: anac@anacalifornia.org or return this form to:

The ‘Nursing Voice’

c/o ANA/C

1121 L Street, Suite 409
Sacramento, CA 95814

ANA/C Member Identification No. (if applicable)

Name: ____________________________
New Address: ____________________________
Old Address: ____________________________
New E-Mail Address: ____________________________

*** This is not to update your license information with the Board of Registered Nursing. Go to www.rn.ca.gov

Help us stay in touch:
Do you have a new address or e-mail address?

You can help American Nurses Association/California ‘stay in touch’ by updating your contact information.

Call ANA/C at 916-447-0225, e-mail us at anac@anacalifornia.org or return this form to:

The ‘Nursing Voice’

c/o ANA/C

1121 L Street, Suite 409
Sacramento, CA 95814

ANA/C Member Identification No. (if applicable)

Name: ____________________________
New Address: ____________________________
Old Address: ____________________________
New E-Mail Address: ____________________________

*** This is not to update your license information with the Board of Registered Nursing. Go to www.rn.ca.gov

AMERICAN NURSES ASSOCIATION
CALIFORNIA
AN AFFILIATE CHAPTER OF THE
AMERICAN NURSES ASSOCIATION

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ANA\California Calendar of Events

All ANA\California members are welcome and encouraged to attend meetings of the Board of Directors. Meetings are held in Sacramento at ANA\California offices, 1121 L Street, Suite 409 Sacramento, CA 95814 and begin at 10:00 a.m. unless otherwise noted. Any member interested in attending a Board meeting is asked to notify the ANA\California staff at least one week prior to the meeting date by calling 916-447-0225. Members will receive instructions for parking and entry into the office building at that time. Thank you.

September 2008

1st Deadline for Consent to Serve Forms; Consent to Serve Forms must be postmarked and received in the ANA\California office, Sacramento, CA no later than September 1, 2008. If you would like to receive more information concerning ANA\California and its officers, election procedures and position descriptions, please call 916-447-0225.

13th CAPNAP sponsored Summit for Advanced Practice Nurses’ “Barriers to Practice” West Coast University, Anaheim, California 10 a.m.-5:00 p.m. For more information call 916-447-0225.

October 2008

1st Ballot Committee must submit the final draft of the ballot to ANA\California for inclusion in the ballot packet that is sent to members for voting.

1st The Nursing Voice—Article submission deadline—For more information about submitting and article, please see page 2 of this newsletter for The Nursing Voice Article Submission Guidelines, if you need further assistance from there, please feel free to call 916-447-0225. To submit articles, please send manuscripts and other submissions to thenursingvoice@yahoo.com or call 916-447-0225.


18th ANA\California Board of Directors Meeting, Sacramento, CA

December 2008

31st Golden State Nursing Foundation deadline for the Tony Leone and Catherine Dodd Scholarship applications—Completed applications must be postmarked and/or received in the ANA\California offices no later than this date. Should you have questions or would like more information please feel free to give a call to 916-447-0225.
# American Nurses Association \ California

## Membership Application

<table>
<thead>
<tr>
<th>Last Name/First Name/Middle Initial</th>
<th>Credentials</th>
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<table>
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<tr>
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<th>E-mail Address</th>
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### Referred By:

### Membership Dues Vary by State

**Membership Category (Check one)**

- **M** Full Membership Dues—$255
  - ☐ Employed—Full Time
  - ☐ Employed—Part Time

- **R** Reduced Membership Dues—$127.50
  - ☐ Not Employed
  - ☐ Full Time Student
  - ☐ New graduate from basic nursing education program, within six months after graduation (first membership year only)
  - ☐ Grad. Date ______________________
  - ☐ 62 years of age or over and not earning more than Social Security allows

- **S** Special Membership Dues—$63.75
  - ☐ 62 years of age or over and not employed
  - ☐ Totally Disabled

**Note:**

$7.50 of the SNA member dues is for subscription to *The American Nurse*. A percentage of your dues may or may not be applied to an SNA/DNA subscription. State nurses association 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 the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

**Payment Plan (Check One)**

- ☐ Full Annual Payment
  - ☐ Check
  - ☐ Master Card or VISA Bank Card (Available for Annual payment only)

**Bank Card Number and Expiration Date**

**Signature of Card Holder**

**Payment Plan (continued)**

- ☐ Electronic Dues Payment Plan (EDPP)
  - Read, sign the authorization, and enclose a check for first month’s EDPP payment (contact your SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

**Authorization** to provide monthly electronic payments to American Nurses Association (ANA)

- This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

**Mail with payment to:**

American Nurses Association/California

1121 L Street, Suite 409

Sacramento, CA 95814

**Signature for EDPP Authorization**

### TO BE COMPLETED BY SNA

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