Hello Colleagues,

Since my last message so much has happened in the world of nursing, healthcare and your Association. I will highlight some areas I feel are significant and will have an impact on our profession. As the Affordable Care Act (ACA) is about to enter its second year, the opportunities for nursing are surfacing resulting in doors opening in arenas previously closed to us. Acute care is no longer the Mecca. Options for patient care outside the brick and mortar environment are growing by leaps and bounds. Clinics are now being called ambulatory care centers. Healthcare systems are instituting “tele-a nursing” for their patient populations to get help 24/7. Care is moving toward the home or specifically identified communities. Treatment algorithms for both nursing and medicine are being established. The need for data has never been more acute. Data are essential when preparing a business plan. So then there is the Internet—delivering information to our patients at the speed of lightening. This requires nurses and physicians to access current and comparative information. Nursing has moved into parish nursing, the neighborhood drug store and into the world of geriatrics. Collegiality between nursing and the allied health community is greater than ever as both groups move toward a team approach to patient care.

So where is ANA/C in this new environment and how is your Association representing you? As I write to you today, our State legislature is still in session therefore, there are no legislative outcomes to share. ANA/C is a stakeholder in many arenas—the Community Paramedic proposed program, the APRN Coalition, Scope of Practice issues, the Transition to Practice/Residency models, the California Action Coalition and the Quad Council focusing on the ADN to BSN in the community college system to name a few. As an example ANA/C at the APRN Coalition represents those nurses not designated as APRNs to insure that their scope of practice is protected.

In June 2014, the ANA Membership Assembly was held in Washington, DC. The Assembly was the second year of a three year pilot project and part of the reorganization of ANA. This year the Assembly included voting for ANA Board members. Our Elissa Brown, RN was elected to the Nominating committee of ANA and will serve a two year term and Dr. Liz Dietz was appointed to the Reference Committee and also will serve a two year term. Phillip Bautista, RN and I were your elected representatives and voted for ANA board officers. We also participated in an group exercise which had the end result of finalizing the resolutions that will guide ANA in the coming year.

As your President, one of my responsibilities is to assure the three Association committees are meeting their goals and to provide feedback to the membership. These committees are Ballot, Legislative and Endorsement. Much work has been accomplished by the Ballot Committee in preparing for the upcoming election—our second time to electronically vote! The Ballot Committee will be communicating individually with the membership and through social media seeking potential candidates. Check out the ANA/C web site for a listing of open offices including their duties and responsibilities. As changes advance within our profession, the need for strong leadership in our Association is more acute than ever. Please complete a consent to serve form and begin your journey in volunteerism.

President’s Perspective continued on page 17
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 letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANAC members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANAC will accept larger narrative if space permits. For words or less, typed and double spaced. ANAC or less, typed and double spaced and articles of 1,500 space and appropriateness of the material. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations.

Letters, Articles and Manuscripts may be reviewed by the Editorial Staff. Letters, Articles and Manuscripts submitted by members of ANAC will be given first consideration when there is an availability of space in the newsletter. Letters, Articles and Manuscripts submitted to ANAC will be published as space allows unless content is of a timely nature. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANAC, its membership, the board of directors or its staff.

Photographs should be in jpeg format and emailed with the name of the Letter, Articles or Manuscript referenced in the subject line. Email to TheNursingVoice@anacalifornia.org. Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email.

E-mail all narrative to TheNursingVoice@anacalifornia.org

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American Nurses Association/California Welcomes New ANA President Pamela Cipriano

ANA’s New President Takes the Helm, Lays Out Priorities

American Nurses Association/California welcomes new ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN! Cipriano was elected at the ANA Membership Assembly on June 14 to a two-year term. Here is a little more about President Cipriano and her hopes for the future of ANA and the profession.

Getting to Know ANA’s New President

Prior to becoming ANA president, Cipriano served as senior director for health care management consulting at Galloway Advisory by iVantage. She also has held faculty and health system leadership positions at the University of Virginia (UVA) since 2000.

Cipriano is known nationally as a strong advocate for health care quality, and serves on a number of boards and committees for high-profile organizations, including the National Quality Forum and the Joint Commission. She was the 2010-11 Distinguished Nurse Scholar-in-Residence at the Institute of Medicine. A longtime ANA member, Cipriano has served two terms on the ANA Board of Directors and was the recipient of the association’s 2008 Distinguished Membership Award. She acted as the inaugural editor-in-chief of American Nurse Today, ANA’s official journal, from 2006-14, and is currently a member of the Virginia Nurses Association.

Vision for the Future of ANA

In a recent conversation with The American Nurse, Cipriano shared her vision for ANA by outlining three priorities for her presidency.

First, she will focus on ANA’s “core strengths,” which include: political advocacy, efforts around safe staffing and healthy work environments, and fighting for nurses’ rights to control their profession and practice to the full extent of their education and licensure.

Second, Dr. Cipriano will lead membership growth and retention. “I strongly believe in the old saying, ‘There’s strength in numbers,’” she said.

The third priority for her first term includes positioning nurses to exert greater influence in the transformation of health care. “It’s very important for ANA to make sure nurses are in prime positions and key decision-making groups so our voice is there at every turn,” she said.

Finally, what does President Cipriano want members around the country to keep in mind? Optimism. “We are making a number of strides,” she said. “We’re going to need all of our members...if we want to truly achieve a new direction in health care.”

To read more about President Cipriano, please visit: www.theamericannurse.org/index.php/2014/06/30/meet-anas-new-president/

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On Being a Candidate for an Elected ANA Position

Elissa Brown, new member of the ANA Nominations and Elections Committee

The steps to becoming a candidate: submit your name for the position. In this ANA Election, each of the candidates had to complete forms to be submitted and reviewed by ANA. In a short period of time we were notified if we were approved to be on the ballot. Then we received more information, including an Elections Manual and directions on how our campaigns can be run, including identifying a campaign manager. I was fortunate to have Dr. Liz Dietz, our ANA\C Director for Legislation, as my lively campaign manager. Throughout the process, there was much support from ANA, including timely responses to any questions. Of great help was being able to send our campaign materials to the Membership Assembly Representatives through ANA, either via email or one could choose to buy mailing labels. I sent my materials on line.

Prior to the Membership Assembly, all of the candidates for office were invited to the ANA Board open session on Wednesday which I did attend. It was a nice opportunity to hear some of the issues, meet the Board and staff, and other candidates. The Membership Assembly Elections: we were allowed to set up our displays on Thursday afternoon. I brought a banner I had made, and gave away flyers with my information, wrapped “Thank You” butter mints, and gold tone pens with “Vote for Elissa Brown for ANA Nominations and Elections Committee” on each. I also bought decorations, pictures,...

At the ANA Membership Assembly in June, I was privileged to attend as an extra observer and as a Candidate for the ANA Nominations and Elections Committee. It may be helpful to review the process for if and when you may decide to run for office. Remember, running for office is a serious endeavor. Since nurses have leadership skills and potential, please do consider being a candidate someday.

In thinking about being a candidate, first and foremost is how to decide to run. You need to believe that you are: qualified for the position, able to bring valuable knowledge, skills and experience, able to plan your schedule to do the work, and committed to doing your best in the position. It helps to plan to spend time, and some money, on this, and to have support from colleagues. Timing is important—and having recently retired, I believed I had more time and could do a commendable job on this committee. Of course, I have become— as friends warned me, “a retired busier than ever person”— busy people stay busy!) At the ANA Membership Assembly in June, I was privileged to attend as an extra observer and as a Candidate for the ANA Nominations and Elections Committee. It may be helpful to review the process for if and when you may decide to run for office. Remember, running for office is a serious endeavor. Since nurses have leadership skills and potential, please do consider being a candidate someday.

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On June 12th, the day before ANA’s Membership Assembly convened in the nation’s capital, nurses from around the country in person and on line, connected with their elected officials, representatives and senators, for the 2014 ANA Lobby Day. ANA\C members participated in these advocacy/lobbying efforts. The day began with a breakfast training session that covered “lobbying 101.”

Nurses Go to the Hill (Capitol Hill)

Anne Hughes, RN, PhD, FAAN
ANA\C Membership Assembly Observer

At 9:30am, ANA\C members were bussed to the Capitol Hill for the morning session which included a brief orientation to Capitol Hill and an overview of the Capitol and surrounding government buildings. Nurses were then divided into groups, each assigned a senator or representative to meet with. Groups were directed to The Office Building and the Russell Senate Office Building.

The longest waiting time was to receive a name badge. Upon arrival, we were directed to a room where there was a large table with several row of chairs. Nurses added their name tags and were assigned to groups of about 14 nurses. There were groups for all 100 senators and 435 representatives. We were to meet with our assigned senator or representative and send a message that nurses care, nurses count and nurses should be involved in all legislative actions. We were given a worksheet on how to prepare for the visit. We were also encouraged to bring a personal story of a nurse in your state with a disability or how you have helped patients. Finally, I was assigned to see Dr. Barbara Boxer, Senator, (CA) and a member of the Appropriations Committee.

The Hill is designed to look larger and more daunting than it really is. As we walked up the steps, we saw groups of nurses standing in line, including a group of nurses from our state. As we got closer, we could see the senators and representatives standing with their staff. As we got closer we could see Dr. Boxer’s office, a large glass window with curtains. We were asked to remain outside until the senator called for us. It is not by chance that nurses have been making their voices heard through the kaleidoscope of listings and initiatives that are part of the roll along the National Student Nurses Association, Kelly Hunt, who lives with her family near Camp Pendleton. Our profession will be in good hands with this nurse-in-training.

At the end of the day, beyond having tired feet (and appreciating the value of good walking shoes) we were left with an appreciation for the complexity of our legislative process and the commitment of many elected members and their staffs to do the right thing. Finally we were reminded of the powers of nursing’s voice to advance the health care of our community.

The California delegation met with the legislative staff of our two senators, Senator Diane Feinstein (Fellow ANA\C member) and Senator Barbara Boxer (DME eliminating the physician co-signature); (2) Home Health Care Planning and Improvement Act, H.R. 2504/5,1332 (allowing homecare patients to make choices about care) and (3) Medicare/Medicaid and private insurance health care services which would facilitate access to these vital services; (3) Safe Staffing, H.R. 1821/2533 (requiring Medicare-participating hospitals to establish minimum staffing standards); (4) Safe Patient Handling & Mobility, H.R. 2480 (a bill that would among other things, establish standards for patient handling and to monitor safe patient handling and mobility standards to prevent and to reduce the frequency of occupational injuries to nursing assistants and registered nurses).

The California delegation was delighted to have in our midst, the 2014-15 President of the 60,000-member student nurses National Organization of Student Nurses Association, Kelly Hunt, who lives with her family near Camp Pendleton. Our profession will be in good hands with this nurse-in-training.

At the end of the day, beyond having tired feet (and appreciating the value of good walking shoes) we were left with an appreciation for the complexity of our legislative process and the commitment of many elected members and their staffs to do the right thing. Finally we were reminded of the powers of nursing’s voice to advance the health care of our community.

Nurses who meet the following criteria: at least 1 year of direct patient care; English as a first or second language. Each participant will need to: (1) purchase at a minimum a fast guidebook for the educational modules for $1.50 (see link to Monkey Survey); 3) read and sign Informed Consent; 4) complete the SCII pretest survey on the same page; 5) then follow the link at the end of the survey to the educational modules; 6) each participant can work at their own pace or speed but must complete the 9 modules including the module 9 test. Each module takes about 1 hour to one and half (1 1/2 hours total to complete) 2) then follow the link, at the end back to the SCII post test for 100 CNE credits from the American Holistic Nursing Association If you are interested in learning more about this exciting opportunity, send an email salud@ unnatural.com with “Spiritually Informed Information” in the subject line. For more information about this program go to http://www.nurse.nurse.org. Trend to start your journey exploring Spiritual care or contact Nursing Research Consultant, Jeanette Plodek, jplodek@yahoo.com.

Under the leadership of Drs. Battey and Plodek are conducting a NEIRB 14-182 study with 10 CNE on Spiritual Care in Nursing. 7211 to start your journey exploring Spiritual care or contact Nursing Research Consultant, Jeanette Plodek, jplodek@yahoo.com.
First Time Perspective at the ANA Membership Assembly

Phillip Bautista, Membership Director

This past June, in Washington DC, ANA held the 2014 Membership Assembly. Nurse leaders gathered from all over North America to guide the direction of the association as it leads healthcare through the many changes and challenges we face in our future. To be elected as one of the Membership Assembly Representatives was quite an honor, and encouraging to see the support for nursing leaders that have recently entered the profession. One of the most prominent memories that stuck out to me during the assembly was the Nightingale Tribute. To see the names of nurses that are honored after passing away was a very uplifting tribute to see that we remember and honor, as an association, those who have made the choice to serve our communities as RNs. I was very impressed by the entire slate of leaders that ran for positions on the ANA board, and our association is extremely fortunate to be represented and full of individuals with such extensive and impressive qualifications.

The Membership Assembly was a very exciting experience, and I would encourage any RN who is interested in advancing the profession of nursing, to consider attending this event. To see the discussions and dialogue firsthand was to experience the plethora of knowledge, passion, and dedication of hundreds of nursing leaders to advance our profession and association to be new heights. The need for nursing leaders to step forward and share their knowledge, passion, and enthusiasm was never clearer. Outgoing ANA President, Karen Daley, delivered an inspiring message for attendees, and a past quote by her was most appropriate.

"There has never been a more critical time for nursing to come together – we are entering the profession. One of the most prominent memories that stuck out to me during the assembly was the tremendous value and benefit potential that our association holds, and how imperative it is for us to realize and live up to that potential. With numbers behind other states, it has reaffirmed my commitment to continue seeking the membership increases that our state has experienced. We have done a great job so far by increasing membership in the state, and I give the credit to all those individuals like you. By reaching out to the nurses on your unit, in your specialty and other associations, and even personal nursing friends, you have helped to grow the numbers of ANA California.

California has such an incredible opportunity to help lead the nation into the future of healthcare, and I ask that you continue to promote the association and the profession. Thank you for all of your time and efforts. By being elected to the membership assembly, it was a great opportunity to thank you as members by representing California, but to also invite all of you as potential attendees to the next Membership Assembly. Thank you again for your support of ANA California. If you have any other questions about the Membership Assembly experience from the perspective of a first time attendee, or questions about ANA California Membership, please feel free to email me at membership@anacalifornia.org

-Phillip Bautista, ANAAC Membership Director

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California Community Colleges May Soon Offer Bachelor’s Degrees

Josh Dulaney, The Daily Breeze

Up to 15 community colleges could start offering a bachelor’s degree next year under a bill working its way through the state Assembly. Senate Bill 850, introduced by state Sen. Marty Block, D-San Diego, would authorize California Community Colleges, in consultation with the California State University and University of California systems, to launch the baccalaureate degree pilot program Jan. 1.

“We’re seeing nationwide is there is a huge skills gap, and so we know the community colleges have not just the ability to fill that gap but are uniquely placed to do so,” said Kevin Powers, a legislative consultant for Block.

In an experimental departure from current law that restricts community colleges to offering two-year associate’s degrees only, SB 850, which passed the state Senate last month by a 34-0 vote and is in the Assembly Committee on Higher Education, would allow 15 campuses among the 112 community colleges in the state to offer one baccalaureate degree each under the pilot program, beginning no later than the 2017-18 academic year.

California would join more than 20 other states in allowing community colleges to offer bachelor’s degrees.

The state community college Board of Governors and Chancellor, in working with CSU and the UC, would select which districts and campuses are allowed to participate in the program. Bachelor’s degrees offered at the 15 community colleges must not be available at the state’s public four-year schools, and the college districts must document the unmet workforce needs that the degree would help fill.

Under SB 850, participating community college districts would be required to report to the Chancellor’s Office on the percentage of students completing the baccalaureate degree, the fiscal self-sustainability of the program and the number of students who received jobs in the field of study of their degree.

The UC system has not yet taken a position on SB 850. A spokesperson said Thursday it is still being analyzed and the system has historically viewed the state’s Master Plan for Higher Education as “an efficient way of managing and allocating limited resources to equally important higher education functions” that has served California well. CSU favors the bill.

“The California State University supports SB 850 and appreciates the collaboration by Senator Block and his staff on trying to meet the state’s workforce needs,” CSU spokesman Mike Uhlenkamp said in an email. “We look forward to working with our colleagues at the California Community Colleges on finding innovative ways to meet new or unmet demands in fields of study and areas that are not currently served by our campuses.”

Last week, the Chancellor’s Office for California Community Colleges wrote a letter of support for the bill to Assemblyman Das Williams, D-Santa Barbara, who chairs the higher education committee, saying SB 850 “does not seek to change the mission of the community colleges in the Master Plan for Higher Education. It only seeks to help the state of California address unmet workforce needs in fields where entry requirements have progressed beyond the associate degree level.”

FEES CAPPED

SB 850 as currently written requires that students in the pilot program not be charged fees higher than the mandatory system wide fees charged for baccalaureate degree programs at CSU.

A funding model to support the program must be developed by the California community college system, and Powers said funding could come from sources such as grants to fund innovation in state higher education, or state funding for career technical education.

The bill has received support from more than a dozen community college districts in the state.

“For other districts, especially if they are miles and miles from a CSU and a UC, for the remote colleges, it’s a very good bill for them,” said Linda L. Lacy, president-superintendent of Cerritos College in Norwalk. “It’s working in other states and it can work in California.”

Cerritos College, which partners with Michigan-based Northwood University to offer bachelor’s degrees in business administration and automotive-marketing management with students completing three years at the community college cost and the fourth at Northwood’s cost, had wanted to include its nursing program under SB 850, but can’t under the provision that bars community colleges from offering the same degrees as CSU or UC, Lacy said.

KEEPING STUDENTS IN CALIFORNIA

Lacy said SB 850 is needed, in part, to keep university-bound students in California.

“CSU Chancellor Timothy P. White said recently that because of the state’s budget constraints, the system has experienced a 12 percent increase in applications and turned away more than 25,000 fully eligible students over the past two years.

“We’ve had a real problem when we’ve had transfer-ready CSU and UC students, and we’ve forced them out to out-of-state universities and institutions,” Lacy said.

In the San Diego Community College District, where top officials support SB 850, administrators have considered health information technology, automotive tech management and advanced manufacturing, among others, as potential four-year degree offerings, if the bill is signed into law.

“The public universities either do not offer bachelor’s degrees in these fields, or are impacted to such an extent they cannot comply or provide access to enormous student demands,” said district Chancellor Constance Carroll.

Other community college officials are taking a wait-and-see approach to the pilot program.

“While Long Beach City College will not participate, I will be interested in the results of the program should it pass and be signed into law,” said LBCC President Eloy Ortiz Oakley.

EARLIER ATTEMPTS

Block, a former president of the San Diego Community College District Board of Trustees, who is chair of the Senate budget subcommittee on education, has twice before introduced similar legislation.

As an assemblyman, he introduced AB 2400 in 2010, to authorize the San Diego, Grossmont-Cuyamaca and San Mateo County community college districts to establish four-year degree pilot programs, but the bill was held inactive in the Assembly’s Committee on Higher Education. In 2011, AB 661 would have allowed Grossmont-Cuyamaca and the San Mateo districts to offer one baccalaureate pilot degree per campus, but the bill was held in the inactive file on the Assembly Floor.

Powers said it was an idea introduced in austere times, but with the proliferation of for-profit schools and many community colleges already granting certificates and two-year degrees in fields not offered by public four-year campuses, extending some of those degrees to the bachelor’s level is a step in the right direction.

“I think the landscape is so different,” Powers said.

Contact Josh Dulaney at 562-714-2150.
Collaboration Will Help Win the Fight Against Healthcare-Associated Infections

Assembly Member Nancy Skinner

When I learned that nurses who are exposed to medical disinfectants have twice as many miscarriages as nurses who don’t work around these chemicals, I started looking for answers. As I investigated the dangers of toxic disinfectants and healthcare-associated infections (HAIs), I began to appreciate the complexity of the challenges facing those who are responsible for protecting public health.

As surgical and central line bloodstream infections drop, two of the most common HAIs, Clostridium difficile (C. diff) and Methicillin-resistant Staphylococcus aureus (MRSA), have stubbornly resisted the best countermeasures medical science can throw at them. C. diff and MRSA infections are becoming more severe and more resistant to antibiotic treatment. Once confined to healthcare facilities, these infections now threaten otherwise healthy people in schools, day care centers, dormitories, locker rooms, barracks, prisons and retirement homes.

Recent data from Europe and the U.S. show that 6.9 percent of nurses, and 4.6 percent of healthcare workers, carry MRSA. They may infect patients, friends and family members while sometimes not getting sick themselves.

That means 60,000 healthcare workers, including 20,000 nurses, could be carrying MRSA in California.

One of three superbugs classified by the Centers for Disease Control as an “urgent” threat, C. diff will kill 14,000 Americans this year. Infections increase hospital stays by 2.8 to 5.5 days with inpatient costs of $3,006 – $15,397 per infection. C. diff patients are twice as likely to be discharged to a long-term care facility.

Medical disinfectants are critically important in the fight against infections, but the disinfectants now commonly used are toxic and threaten the health of workers and the environment. In collaboration with other environmental and occupational experts, the Lowell Center for Sustainable Production at the University of Massachusetts published a report in 2009 reviewing the dangers of medical disinfectants. The report cites medical research around the world linking toxic disinfectants to “serious respiratory ailments, eye and skin irritation, central nervous system disorders, reproductive disorders, blood disorders, and even cancer.”

Environmental harm related to toxic disinfectants includes air and water pollution, bioaccumulation in plants and animals, endocrine disruption in wildlife and ozone depletion are among the hazards associated with chemicals found in toxic disinfectants.

Last year, I introduced AB 1202 (Chapter 678, Statutes of 2013), which directs the Occupational Safety and Health Standards Board to adopt rules for the safe use of toxic disinfectants.

I recently invited stakeholders who are the most directly affected by HAIs to share information and propose solutions to stop infections safely. As science has advanced, it should not be necessary to endanger the health of workers and the environment to protect the public from dangerous infections. Public policy should recognize that reality.

Sources

Assembly Member Nancy Skinner (D) represents the 15th Assembly district, which includes the East Bay cities along the I-80 corridor from Hercules to Oakland.

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LEAD.

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Toxic Disinfectants and Your Health
A Roundtable Discussion, State Capitol Sacramento CA

Gayle Sarlatte, ANA\California Member

On July 15, 3014, Assemblymember Nancy Skinner, representing the 15th District, held a conversation with stakeholders at the Capitol in Sacramento. Tricia Hunter and Gayle Sarlatte represented ANA\California at this meeting.

The purpose of this conversation was to gather further information from stakeholders regarding toxic disinfectants used in a variety of settings, from healthcare to first responders, schools, and correctional facilities. Assemblywoman Skinner authored legislation last year (AB 2674[Skinner]) that would have required the Occupational Safety and Health Standards Board to develop regulations to protect workers and patients from exposure to toxic disinfectants. This bill would also have required the Board to consider current scientific evidence and recommendations of the National Institute for Occupational Safety and Health (NIOSH) of the US. Center for Disease Control. This legislation did not proceed this year pending further information gathering. This meeting was a step in that process to help determine what’s currently being done, what can be done, and are new regulations or legislation needed.

Some, but not all, groups represented at this meeting included: California Medical Association (CMA), California Academy of Family Physicians (CAFP), American Academy of Pediatrics, California (AAPC), California Professional Firefighters (CPF), Air Resources Board (CARB), Work Safe, Johnson & Johnson (J&J), Clorox Company, SiBioMed, California Department of Toxic Substance Controls (DTSC), Occupational Safety and Health Administration California (Cal OSHA), California Department of Public Health (CDPH), California Hospital Association (CHA), Association for Professionals in Infection Control and Epidemiology (APIC) and American Nurses Association\California (ANA\C).

In no particular order of importance, these bullet points were some thoughts brought forward for consideration:

• Focus on the attempt to use the most effective product/process that is least toxic to those exposed to it.
• Goal to reduce the number of HAIs safely.
• Hope to gather information on one repository website accessible to all.
• CA Department of Health website may have useful information posted.
• The 2012 study published in the American Journal of Obstetrics & Gynecology that was referenced in the original legislation found that pregnant nurses exposed to toxic disinfectants are twice as likely to have miscarriages as nurses not similarly exposed. However, this study covered nurses from the period of 1993-2002, prior to the implementation of additional safe handling requirements of things like chemotherapeutic agents. The data may no longer be an issue.
• We should look at environmental cleaning and the exposure of workers/patients to those products.
• OSHA has a hazard communication program; look at this information.
• C. Difficile has become not only a health care facility problem, but a community based problem.
• Should also consider the issue of Green Chemistry Program; caution about the length of time for this process.
• U. of Massachusetts, Lowell has done extensive work on cleaning products and the use of disinfectants in hospitals.
• NIOSH has conducted Occupational Health Research
• Consider systems already in place such as the Spaulding Classification system.
• Regulations to reduce exposure limits of glutaraldehyde were implemented 8 years ago; that-neo-lactic drug regulations came into effect last year; looking at other things like aerosol transmissible diseases.
• The Academy of Physicians has a HAI-Advisory Committee that may have useful information.
• Many of the professional organizations have published standards that may be helpful.

It is hoped that the timeline for this process will allow the next couple of months for additional information gathering. Information will then be catalogued and analyzed. Once that is complete, it is hoped that ideas, policy recommendations, etc. will emerge by the end of this year.
What You Should Know about Healthcare-Associated Infections

How common are healthcare-associated infections (HAI)?

One in 25 hospital patients – 722,000 Americans -- contracted a healthcare-associated infection (HAI) in 2011, according to the New England Journal of Medicine and the U.S. Centers for Disease Control and Prevention (CDC). This does not include healthy people who contracted dangerous infections in their communities. The annual societal cost of HAI’s was estimated at $147 billion in a 2013 study published in the Journal of Medical Economics.

Are HAI’s fatal?

75,000 Americans died from HAI’s in 2011.

Has there been any progress in fighting HAI’s?

Some infections have declined in recent years, but two of the most common, MRSA and C. diff, persist at dangerous levels. These infections have become more severe, more resistant to antibiotics and more prevalent in general community settings. Any place people assemble – schools, day care centers, retirement homes, locker rooms, military barracks and prisons – can be breeding grounds for dangerous infections such as C. diff and MRSA.

Bar Chart: Mixed Results in the Fight Against HAI’s

For dangerous infections such as C. diff and MRSA, immune systems, patients recovering from gastrointestinal surgery and people who have been taking antibiotics.

Has there been progress fighting C. diff?

Billion of dollars have been spent to fight C. diff, but there has been negligible progress. With a national goal to reduce C. diff by 30 percent before the end of 2013, there was only a two percent drop.

Sources


What You Should Know about Clostridium Difficile (C. diff)

Do not hallucinate.

What is C. diff?

C. diff is fecal bacteria that can live on surfaces such as door handles, toilets, and TV remotes for months. Transferred by touch, C. diff causes inflammation of the colon (colitis) and in rare cases, diarrhea. C. diff one of three superbugs classified by the Centers for Disease Control as an “urgent” threat as infections are becoming more severe and more resistant to antibiotics.

Is C. diff fatal?

14,000 Americans will die from C. diff this year. Infections increase hospital stays by 2.8 to 5.5 days with inpatient costs of $3,006 – $15,397 per infection. C. diff patients are twice as likely to be discharged to a long-term care facility.

Who’s in danger?

Once limited to healthcare facilities, half of C. diff infections are now contracted in the community. Seniors are particularly vulnerable as well as those with weak immune systems, patients recovering from gastrointestinal surgery and people who have been taking antibiotics.

Has there been progress fighting C. diff?

With billions of dollars spent to fight C. diff, there has been negligible progress. With a national goal to reduce C. diff by 30 percent before the end of 2013, there was only a two percent drop.

Sources

1. “Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals,” April 2014.

What You Should Know about Methicillin-resistant Staphylococcus aureus (MRSA)

What is MRSA?

MRSA is a form of staph infection resistant to antibiotics. In a medical environment, MRSA causes life-threatening bloodstream infections, pneumonia and surgical site infections. Those infected in their communities typically suffer serious skin infections.

Is MRSA fatal?

Data on MRSA fatalities is uncertain due to variables in reporting. According to the CDC, there were 94,360 MRSA infections in the U.S. and 18,650 deaths in 2005. The National Quality Minority Quality Forum estimated in 2003 that there were 90,000 deaths attributable to MRSA.

Who’s in danger?

A recent review of healthcare workers in Europe and the U.S. concluded that 4.6 percent of healthcare workers and 6.9 percent of nurses carry, and can transmit, MRSA, while not necessarily getting sick themselves. MRSA is particularly troublesome in hospitals, prisons and nursing homes. It also spreads in locker rooms, schools and day care centers. Data does not exist on the number of skin infections caused by MRSA in the community, according to the CDC.

Has there been any progress fighting MRSA?

MRSA is spreading from healthcare settings to the general community, and its resistance to antibiotics grows stronger. With a national goal to reduce MRSA by 25 percent, cases declined only one percent.

Sources

5. Centers for Disease Control and Prevention http://www.cdc.gov/mrsa/
7. Stop MRSA Now http://www.stopmrsonow.org

What You Should Know about Toxic Disinfectants

What You Should Know continued on page 14

• Researchers from the U.S. Centers for Disease Control National Institute of Occupational Safety and Health (NIOSH) found that pregnant nurses exposed to toxic disinfectants and sanitants were twice as likely to suffer miscarriages. http://download.journals.elsevierhealth.com/pdfs/pubmed/02953188/PDFS/0295318810024307.main.abs.pdf?view=web
• Practice Greenhealth warns that Ethylene Oxide (EtO), a common method and procedure for sterilization, is a known human carcinogen and is linked to a long list of health issues including problems with the neurological, reproductive, nervous and respiratory systems. It can damage the liver and kidney and cause cancer. It is also flammable. https://practicegreenhealth.org/topics/chemicals/sterilants-disinfectants
• Hospitals and healthcare facilities should consider the environmental impact of cleaning products and disinfectants, and more research is needed to document the health effects of toxic products on workers. Health Care Without Harm, Global Health & Safety Initiative, the Lowell Center for Sustainable Production at the University of Massachusetts and the UIC School of Public Health review the patient, worker and environmental issues associated with toxic disinfectants and cleaners and recommend a systems approach for “greening the cleaning.” http://www.sustainableproduction.com/downloads/CleaningInHealthcareFacilities.pdf
• Facility Care, a website for health facility managers, reviews studies that link surface disinfectants to illness among healthcare workers. Nurses and housekeepers/custodians experience the highest rate of illness. HMIS (health and safety risk) ratings are explained and facilities managers are encouraged to use disinfectants with the lowest possible rating. http://www.facilitycare.com/environmental-services/use-disinfectants-and-sanitants/
• The EPA’s Healthcare Environmental Resource Center warns about the harmful effects of sterilants and
CA Court Ruling Favors Nursing Profession’s Input

"SILVER SPRING, MD—The American Nurses Association (ANA) claims a recent legal victory—ensuring that registered nurses (RNs) will have an opportunity to express their concerns when California’s education department proposes regulatory changes that affect school and other RNs.

The ruling is significant in underscoring the state Board of Nursing’s authority in regulating nursing practice and protecting against other agencies issuing regulations that affect nursing practice without the profession’s input.

“The nursing profession is committed to vigorous self-regulation to ensure provision of safe and high-quality care,” said ANA President Karen A. Daley, PhD, RN, FAAN. “It’s a dangerous practice to allow other professions to make unilateral decisions about how to provide safe health care services that fall under nursing’s responsibilities. The court made a wise ruling in the best interests of nurses, students and patients.”

A California appellate court agreed with ANA that the California Department of Education violated state law when it promulgated a new regulation in 2007 allowing unlicensed school personnel to administer insulin to students with diabetes. The education department issued the regulation without giving nurses and other stakeholders notice and a chance to comment, a violation of California’s Administrative Procedures Act, which says no regulation can be enacted without such notice and a comment period.

The education department’s 2007 regulation ran counter to longstanding positions published by both the department and the California Board of Registered Nursing that said unlicensed school employees could not administer insulin.

California’s Nursing Practice Act provides that administering medication is a nursing function and the Nursing Practice Act prohibits unlicensed individuals from engaging in the practice of nursing.

In a related decision, the California Supreme Court ruled in favor of the American Diabetes Association in 2013 to allow unlicensed personnel to administer insulin to students, overriding two lower courts that ruled that the practice was an unlawful violation of the Nursing Practice Act’s prohibition against the unlicensed practice of nursing.

The current ruling by the California appellate court on requirements to provide notice and opportunity for comment does not affect or overturn the California Supreme Court’s decision allowing unlicensed personnel to administer insulin to students.

Endorsement Committee 2014

Members of the Endorsement Committee are established by Bylaws and appointed by the President. The Committee is made up of five board members and five members with extensive legislative experience. The Committee has an equal number of Democrats and Republicans members. The Committee meets by email and must have at least 7 members in favor of, to endorse a candidate or an issue.

The following endorsements were made for the 2014 Elections:
Oppose Propositions 45 and 46.

Support CA Senate Candidates:
Marc Levine (Incumbent won primary)
Mary Hayashi (lost primary)
Mike McGuire (won primary)
Sam Kang AD -15 (lost primary)
Mark Johannesen AD 7 (lost primary)
Assemblyman Pan (won primary)

Endorsement of ANA&C members running for Local Office:
Susan Adams for Supervisor (lost election)
Sheila Allen for City Council (lost election)

ANA&C endorses candidates for Congress in conjunction with ANA. ANA will review, interview and then select candidates to send to California that they feel are a good match. ANA&C then deliberates and a decision is made to either endorse or not endorse the candidate(s). ANA is notified and then moves forward to support ANA&C endorsed representatives.

US Congress
Incumbents (member already holding office)
Lois Capps, RN (D), CD 24 — San Luis Obispo, Santa Barbara and part of Ventura
Karen Bass (D), CD 37 — Part of Los Angeles
Barbara Lee (D), CD 13 — Part of Alameda and San Francisco
Zoe Lofgren (D), CD 19 — Part of Santa Clara
Lucille Roybal-Allard (D), CD 40 — Part of Los Angeles
Mark Takano (D), CD 41 — Part of Riverside

Candidate:
Pete Aguilar (D), CD 31 - San Bernardino

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Regis University is accredited by the Higher Learning Commission and a member of the North Central Association (www.ncahsac.org). The Loretto Heights School of Nursing is accredited by the American Association of Colleges of Nursing — Commission on Collegiate Nursing Education (AACN-CCNE).
Proposition 45 - Puts a State Politician in Charge of Your Patients’ Health Care

There is more than one proposition on the California ballot this November that threatens patients and the caregivers that provide their care. Proposition 45 would give one single state politician in Sacramento vast new powers to interfere with medical decisions that are best made between nurses and patients.

Proposition 45 would give the elected state Insurance Commissioner new power over not only health care rates, co pays and deductibles, but also sweeping authority over the benefits included in health plans. The American Nurses Association/California is part of a broad coalition opposed to Proposition 45, along with the California Medical Association, California Children’s Hospital Association, and dozens of county medical and specialty societies, hospitals, health plans, and small businesses.

ANA Executive Director, Tricia Hunter explained why so many provider groups are opposing Prop. 45: “Proposition 45 threatens nurses’ ability to provide the care that patients need by giving a single elected politician – the Insurance Commissioner – vast new power over our health care. The last thing we need is a state politician meddling with decisions about the care and benefits patients receive. We’ve seen the disastrous effects of state bureaucrats getting involved in health care. ANA/California urges nurses and all voters to oppose Prop. 45.”

Prop. 45 also has a hidden agenda – allowing trial lawyers and the sponsors to file costly new health care lawsuits. They buried a provision in the fine print that financially incentivizes them to “intervene” in the regulatory process created under the Initiative. Prop. 45 allows these lawyers to pocket millions of dollars in so-called “intervenor fees” – earning as much as $675/hour. In fact, the proponents have already received more than $11.5 million from a similar provision used in a previous measure they wrote.

Many business groups and taxpayer organizations also oppose Prop. 45 because it sets up a costly and duplicative new bureaucracy, when California already has multiple regulators overseeing health care.

Lastly, Prop. 45 establishes new and conflicting rules that could interfere with California’s implementation of the Affordable Care Act – providing more uncertainty, delays and confusion at a time when California nurses and patients are already dealing with massive changes to our health care system.

For more information or to sign up to oppose Prop. 45 visit www.stophighercosts.org.

The History of ANA/CA and MICRA

While much of the buzz this year is about defeating Proposition 46, the trial lawyer-sponsored measure that would change California’s Medical Injury Compensation Reform Act (MICRA), the American Nurses Association California has been working on your behalf to protect MICRA for more than a decade. ANA/CA joined the Board of Californians Allied for Patient Protection (CAPP), the organization dedicated to protecting MICRA from any legislative attacks, in 1998. Over the past 16 years, ANA/CA has worked tirelessly along with the other 900+ CAPP coalition members to protect access to care through MICRA.

Why MICRA Works

Today, MICRA ensures injured patients are protected and fairly compensated, while also limiting frivolous lawsuits. MICRA’s limits on meritless lawsuits keeps medical liability rates lower, allowing more doctors, nurses and other health care providers to stay in practice and allowing more hospitals and clinics to stay open.

Prior to MICRA, California was in crisis. Out-of-control medical liability costs were forcing health care providers out of practice. An excerpt from a story in the San Jose Mercury News at the time:

“Premiums have reached the point that some physicians are leaving California or retiring from active practice and some other physicians in high-risk categories are unable to obtain liability insurance.”

MICRA stabilized liability costs, thus protecting specialty and high-risk providers, including women’s health care, community clinics, health centers and rural providers that can least afford skyrocketing insurance costs.

Not only does MICRA protect health care providers, but it also protects the patients they serve. MICRA preserves patients’ access to fair compensation when they have justifiable claims, including:

- Economic damages for all past and future medical costs.
- Economic damages for lost wages, lifetime earning potential and for any other conceivable economic losses.
- Punitive damages, which seek to punish a defendant.
- Additional to $250,000 available for non-economic damages, sometimes called pain and suffering awards.

MICRA limits the amount a lawyer can take as payment for representing an injured patient. This ensures more money goes to patients, not their lawyers.

MICRA Under Attack

MICRA has saved health care consumers billions of dollars by protecting against meritless lawsuits. Not surprisingly, MICRA is the target of California trial lawyers who want to change the law to make it easier and more lucrative to file lawsuits. Trial lawyers and their allies continue to try to change MICRA in the legislature every year, and have now placed Prop. 46 on the November 2014 ballot. The changes they continue to seek:

- Trial lawyers want to quadruple the non-economic damages award from $250,000 to more than $1.1 million!
- Simply doubling the amount of non-economic damages allowed under MICRA will raise health care costs in California by a whopping $9.5 billion annually, according to a report by the State’s former non-partisan Legislative Analyst William Hamm. Increasing the amount by four times as much, as trial lawyers want to do, will increase costs even more.
- Any changes to MICRA to weaken its protections will result in higher health care costs overall, no improvement in quality, and reduced access to services.

ANA/CA will continue advocating with the CAPP coalition members, which includes hospitals, community clinics, health centers, physicians, emergency providers, dentists, public safety, local governments, women’s health advocates and others against any legislative attacks on MICRA. For more about CAPP, visit www.micra.org.

Additionally, ANA/CA has also joined the No On Prop.46 coalition and will continue to keep you updated on efforts to defeat the November ballot measure. For more information, visit www.NoOn46.com.

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It is to make your voice for nursing louder, stronger, and reverberate statewide.
The American Nurses Association California has partnered with a large and diverse coalition including health care providers, community clinics and health centers, labor unions, business and taxpayer groups, local government and community groups to defeat Proposition 46 on the November ballot. If passed, Prop. 46 will increase health care costs, jeopardize people’s ability to see their trusted health care providers, and threaten the privacy of personal prescription drug information.

Get The Facts

What will Prop. 46 do?

1. Quadruples the MICRA limit on medical malpractice awards in California, which will cost consumers and taxpayers hundreds of millions of dollars every year in higher health care costs, and cause many doctors and other medical care professionals to quit their practice or move to places with lower medical malpractice insurance premiums – reducing access to care.

2. Threatens people’s privacy by requiring a massive expansion of the use of a personal prescription drug database.

3. Requires alcohol and drug testing of doctors, which was only added to this initiative to distract from the main purpose of changing MICRA.

Who opposes Prop. 46?

Thousands of organizations and individuals representing nurses, doctors, community clinics, local governments, labor unions, business groups, education groups, taxpayer groups, hospitals, community groups and many others oppose Prop. 46 because it will lead to more lawsuits, higher health care costs, threaten people’s access to their trusted health care providers, and jeopardize people’s personal prescription drug information.

Who supports Prop. 46?

One hundred percent of the reported contributions to pay for signature gathering to place this on the ballot in November 2014 came from trial lawyers and their allies.

Why are community clinics so strongly opposed to Prop. 46?

Community clinics, like Planned Parenthood Affiliates of California, Community Clinic Association of Los Angeles County, the California Association of Rural Health Clinics and hundreds of others say Prop. 46 will raise costs and will cause specialists, like OB/GYNs, to reduce or eliminate services to their patients. Many clinics struggle financially, particularly community clinics that serve low-income, uninsured and rural patients. Anything that increases costs could jeopardize access to care for those patients most in need.

How will Prop. 46 increase health care costs?

There is no question that more lawsuits against health care providers and more lucrative payouts for trial lawyers will increase costs, and someone has to pay. And that someone is consumers and taxpayers.

California’s former Legislative Analyst found Prop. 46 would increase health costs for consumers and the state by about $39.9 billion annually. This translates to more than $1,000/year in higher health care costs for a family of four.

California’s current independent, non-partisan Legislative Analyst’s Office (LAO) said impacts to state and local governments (i.e. – taxpayers) could be “hundreds of millions of dollars annually.”

In evaluating the measure, the LAO said: “...the higher cap on noneconomic damages could increase the number of medical malpractice lawsuits filed against health care providers. In response, some health care providers, such as physicians, may change their behavior in an effort to avoid having a lawsuit filed against them. ...For example, a physician may order a test or procedure for a patient that he or she would not have otherwise ordered.”

The LAO continues, “…policies that increase the likelihood of a provider being sued for malpractice, such as raising the cap on noneconomic damages, would likely encourage the provision of different amounts of services that, on net, increase health care costs.”

In its evaluation, the LAO warned “even a small percentage change in health care costs could have a significant effect on government health care spending.”

Here’s How You Can Get Involved

Please join with ANA/CA and become an official member of the No on Prop. 46 campaign. Visit the campaign website, www.NoOn46.com, to:

• Sign up to add your name to the growing list of individuals and groups opposed to Prop. 46
• Get important facts, downloads and information that will help you spread the word about this costly measure
• Check out the list of groups opposed to Prop. 46
• Contribute to No on Prop. 46 to help fight the trial lawyers
• Request pamphlets, buttons and posters that can help educate your patients about the negative impacts of Prop. 46. These materials are perfect for your office lobbies or exam rooms.
• Follow us on social media
  ○ Twitter: @NoOn46
  ○ Facebook: No on 46

We Need Your Help Educating Voters About Prop. 46!

No one knows more about health care and patient safety, or is more trusted, than health care professionals like you. That is why we need your help to explain why Prop. 46 is bad policy that will increase costs, reduce access to care and jeopardize the privacy of people’s personal prescription drug information. The campaign has pamphlets, posters and buttons for display in your lobby/ waiting rooms to educate voters about problems with Prop. 46. Please sign up online if you are interested in being a part of this program to display these materials.

Increased costs.

• Losing your doctor.
• Threatening your privacy.

Exactly what happens when trial lawyers play doctor.
AHRQ National Partnership Network Childhood Obesity Materials Promotional Copy

New AHRQ Research Compares Impact of Efforts Aimed at Preventing Childhood Obesity

Through our partnership with the Agency for Healthcare Research and Quality (AHRQ), American Nurses Association/California (ANAAC) is offering free resources on childhood obesity prevention.

AHRQ’s Childhood Obesity Prevention Programs: Comparative Effectiveness Review and Meta-Analysis compared the effectiveness, risks, and benefits of 104 school-based interventions. A key finding is that there is moderate to high strength of evidence that diet and/or physical activity interventions implemented in schools help prevent weight gain or reduce the prevalence of overweight and obesity in children. AHRQ’s Effective Health Care (EHC) Program presents these findings in the following easy-to-read evidence-based materials for clinicians and consumers:

- Childhood Obesity Prevention Programs: Comparative Effectiveness, which summarizes the research findings to quickly give you the clinical bottom line
- Keeping Children at a Healthy Weight, which helps patients explore treatment options on how to keep their child from becoming overweight or obese, compare the benefits and risks of these options, and prepare to discuss these options with you.

Also available for health professionals is a PowerPoint slide presentation titled “Childhood Obesity Prevention Programs: Comparative Effectiveness,” and can be found on the EHC Program Web site: http://effectivehealthcare.ahrq.gov

The EHC Program complements ANAAC’s efforts to improve the quality of health care in our communities. AHRQ creates similar resources on 11 priority conditions, including cardiovascular disease, diabetes, arthritis, and mental health disorders. Below are suggested ways to use these EHC Program resources:

- Review the “Clinical Bottom Line” information and learn about the strength of the evidence behind research findings. Share the resources with your colleagues.
- Display AHRQ’s new promotional videos in waiting rooms to help newly diagnosed patients, existing patients, and caregivers understand the value of comparing treatment options.
- Distribute patient treatment summaries and also encourage patients to visit www.ahrq.gov for treatment options to learn more.
- Earn continuing medical education/continuing education (CME/CE) credits by participating in free, accredited CME/CE activities based on AHRQ’s comparative effectiveness research studies.
- Sign up to receive email updates on AHRQ’s comparative effectiveness research and EHC Program resources.

These free resources are available on the EHC Program Web site. To order childhood obesity summaries, call 800-358-8295. Ask the Publication Clearinghouse for AHRQ Publication 13-EHC081-A for the patient summary, “Keeping Children at a Healthy Weight!”, and Publication 13-EHC081-3 for the clinician summary, “Childhood Obesity Prevention Programs: Comparative Effectiveness.”

Facebook Posts for Clinician Audiences

- The Agency for Healthcare Research and Quality’s Effective Health Care Program has free resources on childhood obesity prevention. These clinician and patient resources quickly give you the clinical bottom line and help you patients explore treatment options for their and their loved ones’ health conditions, compare the benefits and risks of each, and prepare to discuss them with you. Visit http://go.usa.gov/g76 to download these free resources.
- Childhood obesity continues to be a serious problem in the U.S. as, approximately 17% of children (ages 2-19) are obese. The Agency for Healthcare Research and Quality’s Effective Health Care Program has new free resources on childhood obesity prevention to help your patients explore treatment options, compare the benefits and risks of each, and prepare to discuss them with you. Visit http://go.usa.gov/g76 to download these free resources.

Professional Organization Tweets

- Download @AHRQNews #childobesity resources to explore, prepare and compare your treatment options: http://go.usa.gov/g76
- Get free, unbiased @AHRQNews resources on #childobesity and explore your child's treatment options: http://go.usa.gov/g76

Consider a Career at Saint Alphonsus Health System

Saint Alphonsus Health System is a four-hospital regional, faith-based Catholic ministry serving southwest Idaho and eastern Oregon.

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- Main OR
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To learn more and to apply, please visit www.saintalphonsus.org/careers

or call Roxanne Ohlund 208-367-3032

or Rick Diaz 208-367-3138

October, November, December 2014

What You Should Know continued from page 10

- Health Care Without Harm publishes guidelines for the safe handling and disposal of these dangerous chemicals. http://www.hcwh.org

- Both chronic and acute health effects are associated with the use of disinfectants in hospitals. In 2010, the Centers for Disease Control and Prevention (CDC) published a study showing that healthcare workers in California and three other states, identifying 401 acute cases of eye, neurologic and respiratory problems. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5918e2.htm

- Nurses and healthcare workers experience increased rates of occupational diseases, including asthma and other respiratory diseases related to their exposure to toxic disinfectants. This article reviews the research. http://www.infectioncontroltoday.com/articles/2012/10/occupational-health-protecting-workers-against-chemical-exposures.aspx

What You Should Know to Protect Yourself


MRSA Information for School and Daycare Officials http://www.cdc.gov/nhts/communities/schools/index.htm

MRSA in the Community http://www.cdc.gov/nhts/communities/index.htm

About Us

StreptococcusandSafety.org was created to keep patients, healthcare providers, workers, first responders and environmentalists informed about healthcare-associated infections and the disinfectants used to treat them.

This site is sponsored by slsMed, which manufactures STERIPLEX SD, an EPA- approved disinfectant that kills C. diff, MRSA and other HAIs without bleach. STERIPLEX SD has an HMIS (health and safety risk) rating of 0 and meets the criteria of EPA Category IV, which means no precautionary statements or first aid instructions are required on its label.

For more information, please contact info@strepsocksafety.org

To learn more and to apply, please visit www.saintalphonsus.org/careers

or call Roxanne Ohlund 208-367-3032 or Rick Diaz 208-367-3138

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- Nursing Professionals

To learn more and to apply, please visit www.saintalphonsus.org/careers

or call Roxanne Ohlund 208-367-3032 or Rick Diaz 208-367-3138
In the 1960s, the shortages of primary care physicians led to a rise in demand for a new type of primary care provider: the nurse practitioner (NP) role. The University of Colorado was the first academic institution to educate registered nurses in the NP expanded role, with more than 300 nurse practitioner programs exist today. During the 1960s, the role of the NP was intended to care for the underserved as primary care providers (Fletcher, Copeland, Lowery, & Reeves, 2011). Today, the shortage of primary care physicians and the importance of the NP role in providing care in a clinic, handle by NPs. In the United States, approximately 105,780 newly insured under the Affordable Care Act and predict by 2020 a shortage of 90,000 doctors. According to the Bureau of Labor Statistics (2012) approximately 105,780 nurse practitioners are employed across the nation today. The 300 nurse practitioner programs continue to graduate highly qualified NPs who are allowed to practice at their full education and training as effective and efficient primary care providers can meet the predicted health care needs resulting from the Affordable Care Act. Increasing healthcare services across the nation is an important aspect of the Affordable Care Act, where the NP as primary care providers can play a significant role.

References:
Fletcher, C. E., Copeland, L. A., Lowery, J. C., and Reeves, P. J. (2011). Nurse Practitioners as Primary Care Providers. Within the VA. Military Medicine, 176 (7), 791 – 797. IP: 203.56.241.121

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Wound Care Education Institute® provides comprehensive online and nationwide onsite courses in the fields of Skin, Wound, Diabetic and Ostomy Management. In just a few days you will have the knowledge needed to become current with the standards of care and legally defensible at bedside.
In October 2013, the Department of Consumer Affairs implemented a new computer program for licensees in California. The Board of Registered Nursing (BRN) was chosen as one of the first licensing boards to implement the system. The BRN is only second to the Real Estate Board in the number of licensees they oversee.

BreEZe is supposed to be an all encompassing online program. It is suppose to incorporate enforcement and licensing to support tracking, licensing renewal, and enforcement monitoring, cashiering and data management activities. It is being implemented in three phases with the BRN in the first phase.

Many of you may have experienced issues with the renewal process with the BRN or when registering as a new graduate for the NCLEX-RN examination. California Legislators offices as well as the BRN have been inundated with calls from student nurses, nurses trying to move to California, nurse employers and nurses renewing their license. Though some of the issues have been resolved, it is taking longer for the BRN to process licenses. What use to be completed in a 30 day period is now taking at least six weeks and could take as long as two months. Unlike most websites, the BreEZe program does not tell you what was entered incorrectly or identify missing items that need to be corrected; it just stops you in your tracks. I personally experienced this while trying to renew my license recently.

The BRN has increased the number of persons in their call center plus the Department of Consumer Affairs call center has been accepting calls on behalf of the BRN. Though this has helped with getting the calls answered, misinformation has been provided to many of the persons calling in. However, it is taking many more steps to process items so additional staff has been needed for all the functions of BreEZe. The existing staff of the BRN has put in many hours of overtime trying to keep up with the work load.

The Joint Legislative Audit Committee of the Legislature is made up of members of the Senate and Assembly. The Chair and Vice Chair rotate each year between the two houses. An audit must be requested by a legislator and approved by the committee. An audit office of the State Administration responds to the request of the legislator with a summary of what they can do; how much it will cost; and how long it will take.

On July 1, 2014 the Joint Legislative Audit Committee heard a request from Assemblymember Olsen to audit the policies and procedures associated with the planning, development, and implementation of the BreEZe online system for licensing and enforcement by the California Department of Consumer Affairs.

Assemblymember Olsen requested an audit to:
- review the process of planning developing and implementing BreEZe; including the level of outreach provided to stakeholders and adequacy of training provided to staff
- review why BreEZe was selected
- determine whether DCA provided sufficient oversight and testing during the planning, development, and implementation of BreEZe including whether the executive office was involved in making key decisions ensuring that BreEZe met the needs of the BRN
- review and evaluate all contracts and amendments as to whether they have been met and whether the State has adequate recourse in the event that BreEZe vendors and developers did not fulfill contract requirements
- determine the estimated and actual implementation timeline as well as costs
- determine and evaluate the design and requirements impact on the Boards implementation timeline and business processes
- The review is to determine whether BreEZe modified its processes or did the BRN have to modify itself to fit BreEZe
- determine how long it took to process a license pre BreEZe and post BreEZe
- assess the current backlog and determine what contingency plans were in place

This audit will be completed by the end of January or the first part of February 2015. The BRN and Department of Consumer Affairs supported the audit. ANA/C testifed in support of the audit along with Pat McFarland, Executive Director of Association of California Nurse Leaders (ACNL) and the California Student Nurses Association (CSNA).
All ANAC members are welcome and encouraged to attend meetings of the Board of Directors. Meetings are held in Sacramento at the ANAC office located in The Senator Office Building, 1121 L Street, Suite 508, Sacramento, CA, 95814. Meetings begin at 10:00 am unless otherwise noted. Any member interested in attending a Board meeting is asked to notify the ANAC 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.

September 2014
20th – 27th Nurse Executives Delegation to Costa Rica; Sponsored by People to People Citizen Ambassador Programs Visit facilities, experience information social events and roundtable discussions with fellow nurses To learn more visit www.peopletopeople.org/ANAC or call 877.797.2000
30th Last day for CA Governor to sign or veto all bills

October 2014
8th-10th MagnetConference® Dallas, TX for more information visit http://www.nursecredentialing.org/
17th – 19th CNSA Convention, Sheraton Fairplex Hotel and Convention Center Pomona California

November 2014
1st The Nursing Voice – Article submission deadline - For information about submitting and article, please see page 2 of this newsletter for The Nursing Voice ‘Article Submission Guidelines’ or call 916-447-0225.
4th – 5th 2014 ANA Staffing Conference Hyatt Regency New Orleans, New Orleans, LA for more information go to www.nursingworld.org
5th ‘Consent to Serve’ forms will be accepted up until 11:50 PM this date for the 2015-2017 election period to be voted on by membership beginning December 3rd 2014
6th – 9th NSNA Mid-Year Conference, Hilton Portland & Executive Tower Portland OR for more information go to www.nrsa.org
10th – 14th ACNL Foundation for Leadership Excellence, Embassy Suites - Anaheim South, Garden Grove 92840 for more information go to www.acnl.org
12th ANAC 2nd Qtr Financial Review

December 2014
1st New CA Legislation sworn into office
28th Close of the 2015-2017 online voting; results will be posted online, in the newsletter or by calling 916.447.0225
28th ANAC 3rd Qtr. Financial Review

January 2015
5th Legislature reconvenes
28th ANAC Board of Directors meeting San Diego

February 2015
1st The Nursing Voice – Article submission deadline - For information about submitting and article, please see page 2 of this newsletter for The Nursing Voice ‘Article Submission Guidelines’ or call 916-447-0225.
4th – 6th ANA Quality Conference, On the Frontline of Quality: The Future of Health Care, Disney Coronado Springs Resort, Orlando FL for more information go to www.nursingworld.org
18th ANAC 3rd Qtr Financial Review

March 2015
6th – 7th 2013-2015 Board meeting and Board and Ballot Committee Orientation, Sacramento CA

April 2015
8th – 11th NSNA 63rd Annual Convention, Phoenix Convention Center, Phoenix, AZ, Bright Horizons: Rising to New Opportunities
13th RN Day – A day at the Capitol, Sacramento CA, Legislative How To program for all nurses and student nurses. For more information go to www.anacalifornia.org or call 916-447-0225

May 2015
1st The Nursing Voice – Article submission deadline - For information about submitting and article, please see page 2 of this newsletter for The Nursing Voice ‘Article Submission Guidelines’ or call 916-447-0225.

In this election year the Endorsement Committee is hard at work evaluating the requests from candidates running for State office asking ANAC for support during their campaigns. There are ten (10) ANAC members representing you on this committee.

The Legislative Committee oversees the tracking of bills before the State legislature and designates support/watch/oppose to each bill. These designations can change as amendments are added to bills throughout the “becoming a bill” process. Each year the Committee hosts RN Day at the Capitol where an education program covering the legislative process along with regulations affecting RN licensure is presented. Included is a “meet and greet” time with the attendee’s individual legislator. Presently seventy (70) members of the Legislative Committee represent you.

In September, ANAC held the General Assembly which is the annual business meeting of the Association. At this meeting proposed bylaw changes occurred along with the membership driven resolution process which guides ANAC with future projects. Dr. Dianne Moore and her team presented an informative program and memorable visit with Florence Nightingale. We were all treated to a showing of the film The American Nurse.

As you can see so much work is accomplished with dedicated volunteers. Our Association cannot succeed without member volunteers and the hard work of your Board. The doors that are opening as a result of the ACA are many and come with additional responsibilities requiring the commitment of “a village” to be successful. So again, I am asking you to consider running for an office in your Association or volunteering for a committee.

And lastly—a little teaser. Your Membership Committee is busy planning for 2015 which is the twentieth (20) anniversary of ANAC’s incorporation. More to be revealed next year.

Thank you for your membership and thank you for your willingness to get involved and, thank you for the excellence you bring to our Association and profession.

Until next time
**Drew Honored by the American Heart Association**

Phoebe Byers on July 03, 2014

The American Heart Association has just selected Barbara Drew, RN, PhD, to be a 2014 Distinguished Scientist. Drew, professor of physiological nursing and founder of the ECG Monitoring Research Lab in the UCSF School of Nursing, will receive the award at the Annual Scientific Sessions of the AHA in Chicago in November 2014.

Of the six scientists selected this year, Drew is the only nurse and the only woman. In fact, this is the first time in the history of AHA that a nurse scientist has been selected as a Distinguished Scientist. The award is recognition of the extensive contributions Drew has made in the care of patients with cardiac arrhythmias.

Drew has taught clinical electrocardiography to medical students, residents, and graduate nursing students for 32 years. She also founded the ECG Monitoring Research Lab in the School of Nursing and mentored numerous graduate students pursuing studies in the field of electrocardiology.

The primary goal of Drew’s research is to improve cardiac monitoring techniques and clinical practices in hospital and pre-hospital settings for more accurate diagnosis of cardiac arrhythmias, myocardial ischemia, and drug-induced long QT syndrome. Drew’s research has shaped the development of commercial cardiac monitors, including the introduction of multi-lead ECG monitoring, ST-segment and QT interval monitoring, and strategies to reduce clinical alarm fatigue.

Barbara Drew, RN, PhD, recently presented her research on expanding information obtained from ECG recordings to improve clinical decision-making and patient outcomes in clinical settings at UCSF Alumni Weekend 2014. Photo by Carmen Holt

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**UCLA Distinguished Alumni Speaker Series 2014**

From left to right: Elissa Brown, MSN, RN, PMHCNC-BC - Director of Nursing Practice ANA/C; Courtney H. Lyder, N.D., G.N.P., F.A.A.N. - Dean and Assistant Director, UCLA Health System; Tricia Hunter, R.N., M.N. – Executive Director & Legislative Advocate, ANA/C; Monica Weisbrich, BSN, RN - President ANA/C attended the UCLA Distinguished Alumni Speaker Series 2014

Thursday June 5, 2014, Honorable Tricia Hunter MN ’83 gave a presentation on “The Importance of Promoting Nursing Policy through the Legislative and Regulatory Process.” The event took place at the James West Alumni Center on the UCLA campus as part of the UCLA Distinguished Alumni Speaker Series.

This is an annual event featuring the exemplary work and accomplishments by the School of Nursing’s Distinguished Alumni and proceeds help in establishing the Distinguished Alumni Scholarship.

For more information or if you would like to donate to the UCLA Distinguished Alumni Scholarship, please contact: Teresa Valenzuela, Director, at tvalenzuela@support.ucla.edu.

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**General Assembly Goes Green**

Donna Dolinar RN BSN MPA
ANA/C Treasurer

Taking the lead from ANA Membership Assembly and many other organizations ANAC is moving toward a paperless event. This year at ANAC General Assembly on September 6th at Pasadena City College we reduced paper use by posting documents on the website. This allowed members to view the Book of Reports, bylaw changes, and proposed resolutions to be discussed at General Assembly. Those that attended the event printed the documents (hopefully on recycled paper) or brought their electronic device to the meeting to view them there. Wireless internet and additional electronic outlets for the attendees were provided by the college. The documents being reviewed were also projected on a screen so that members could follow along.

Traditionally, all of the documents were printed for each attendee and placed in a folder. This was very time consuming as well as exceptionally costly to the Association and the environment. Only 10 booklets were printed this year. These booklets were for those that registered the day of the event and/or didn’t have an electronic device.

All in all we made some positive strides. We hope to do even better at our next General Assembly in 2015. We want to be more environmentally conscientious by working with the venue and food vendors to reduce energy consumption and use non-disposable items as well as encourage ANA/C Members to car pool or take public transportation when possible.

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JOIN ANA/C MEMBERS IN CELEBRATING 20 YEARS AS THE PROFESSIONAL NURSING ORGANIZATION IN CALIFORNIA, ADVOCATING FOR NURSES AND THEIR PATIENTS!

OCTOBER 2015 – OCTOBER 2016

Annual Membership Meeting ~ Save the Date
October 10, 2015 ~ Northern California

The annual membership meeting is: an opportunity for individuals to promote issues through the resolution process; to nominate a special colleague for a nursing award; an opportunity for continuing education on current issues; a chance to propose and vote on bylaws and a chance to meet with other nursing leaders in California!

www.anacalifornia.org
Join the American Nurses Association California and other medical providers and VOTE NO on Proposition 45

“Proposition 45 threatens nurses’ ability to provide the care that patients need by giving a single elected politician vast new power over our health care. The last thing we need is a state politician meddling with decisions about the care and benefits patients receive. ANA\California urges nurses and all voters to oppose Prop. 45.”

TRICIA HUNTER, RN, ANA\C Executive Director

× Too much power to one elected politician. Prop. 45 gives one elected politician – the state insurance commissioner – sweeping new power over our health care, including what treatment options your health insurance covers.

× Hurts access to care. Prop. 45 establishes new and conflicting rules that will interfere with California’s implementation of the Affordable Care Act – hurting patient access to care and providing more uncertainty, delays and confusion at a time when California nurses and patients are already dealing with massive changes to our health care system.

× Costly and unnecessary new bureaucracy. Prop. 45 duplicates multiple existing state agencies that regulate our healthcare by creating a new bureaucracy which costs tens of millions of dollars per year.

× Trial lawyer sponsors stand to make millions. Prop. 45’s special interest sponsors made eleven million dollars off costly legal challenges authorized by the last ballot measure they wrote. A hidden provision in Prop. 45 will allow trial lawyers to make millions more off of health care lawsuits.

Get information or sign up to help at www.StopHigherCosts.com