



# The Nursing Voice

ANAIC IS AN AFFILIATE CHAPTER OF THE AMERICAN NURSES' ASSOCIATION

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## Special Points of Interest:

- What You Don't Know About BRN - page 3
- Nursing: Then and Now - page 6
- RN Lobby Days Commentary - page 9

## President's Perspective

*Elissa Brown*

Here we are in the Autumn of the year, and Nursing continues to face many challenges. We hope to keep you updated and to work together to address the challenges.

The ANA\California Board, had a very productive meeting in August, and now we have more to do—of course! I am happy to let you know that our ANA\California Board members continue to be hard-working, creative and involved. Board members have participated in Health Care Reform calls and meetings, in information sharing forums, in on-line discussions about policy and legislation and in presentations around the state. Our committees and e-mail groups are also quite active.

**The state of the state:** It is not new news anymore, however, the saga about the BRN has had a significant impact on Nursing in California; particularly on our colleagues who were Board member volunteers and BRN staff. Hopefully you have kept up to date on the issues, and checked our ANA\California website for actual testimony and other letters of response from us.

I had the opportunity to attend the Senate hearing on August 17th, 2009, during which the system of Boards and processes such as disciplinary ones were discussed. A lengthy report was provided with assessments, and

suggestions for improvement. In the audience were ANA\California members, students, and representatives from various professional Boards, professional organizations and unions. As I have already let our ANA\California Board know, we are very proud of Tricia Hunter, our ANA\California Executive Director for the wonderful job she did at that hearing. As part of her powerful testimony, Tricia paid a lovely tribute to the BRN staff and members who were let go or resigned over the recent "shake up." She reminded everyone of the hard work by the BRN volunteers and staff to protect the safety of the public; and that they essentially took the hit for a "broken" system. My personal belief is that because of our Executive Director's testimony, the Senator and others at the hearing acknowledged that we all should remember that articles such as the ones in the *L.A. Times* were "reactionary," that the legislators and administration also "reacted," and that such articles may not reflect the real problems, the actual story. There was clear testimony about the actual processes, and the delays in the review and investigative procedures that occur in other parts of the system that often leave the BRN and other Boards with little control over timeliness. All agree that patients should not suffer;

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## Executive Director ANA\California

### Board of Registered Nursing

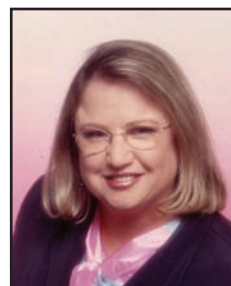
Since the writing of the articles by a Los Angeles paper, there have been many changes happening at the Board of Registered Nursing (BRN). Contrary to what you may have read in the papers, one person resigned and three members were not re-appointed. The other two positions had been vacant for over two years and never appointed by the Governor. **NO ONE WAS TERMINATED OR FIRED.** The newspaper gave the Governor a heads-up about the upcoming article. This activated the appointment office to scramble to find replacements so they could announce the Board changes in conjunction with the printing of the article. The newspaper allowed the Governor to look like he was doing something positive for consumer protection. However, it caused four innocent people to take the blame for something completely out of their control and jurisdiction.

The members of the Board are appointees and volunteers who take vacation days from work or days without pay to attend the meetings. They also have no authority to create new positions or hire additional staff. The Department of Investigations and the Department of Justice are separate entities that the BRN HAVE TO USE for investigation of complaints and prosecution of those complaints.

The BRN staff have been reporting to the legislature and to the Department of Consumer Affairs (DCA) about the backlog of discipline cases. The DCA had the authority to request for more

investigators to be hired or to authorize the Board to hire their own. The DCA denied numerous requests by the BRN for their own investigators or for additional staff to track the discipline cases.

The backlog of discipline cases has been a problem for numerous boards. This has been compounded with the budget cuts, staff hiring freezes and furlough days (3). Even though our licensing fees pay all of the Board's expenses, the Board has been cut every time there is an "across the board" reduction; staff positions have been frozen; and, board staff have had to take three days off, called furlough days, per month.



Honorable Tricia Hunter, RN, MN  
Executive Director  
ANA\California

### Nursing Organizations Unite in Supporting the Board of Nursing and Executive Director Ruth Ann Terry

In a joint statement, the American Nurses Association/California and the California Nurses Association criticized the actions of Governor Arnold Schwarzenegger to scapegoat the Board of Registered Nursing for failures within the governor's administration to investigate RN complaints and protect public safety.

According to former nursing board president LaFranchine Tate, "it is unfathomable that the nursing board is being held solely accountable for delays in RN complaint investigations, because it has little control or authority over the bureaucratic and broken system of RN complaint investigation."

"It should be clearly noted," said former board member, the Honorable Tricia Hunter, RN, of the ANA/C, "that the nursing board is not an independent body. The Department of Consumer Affairs took away all of the independent investigators from the nursing board, and consolidated them under its umbrella, drastically reducing the nursing board's general role in RN complaint investigation."

"It is extremely egregious to place the blame on the nursing board," said former nursing board member Jill Furillo, RN, of CNA. "Concerns regarding the length of time it takes to investigate and close RN complaints are not new. Neither is the lack of leadership by the governor and his administration officials to tackle this problem."

Under the current structure, the investigatory phase of a complaint is conducted by Consumers Affairs' Division of Investigations, which is sorely understaffed. It has only 40 investigators for the 25 different licensing

*Nursing Organizations Unite continued on page 3*

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## ANA\California Wants To See You.... IN THE NEWS

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment—

E-mail to: [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)  
Mail to: ANA\California IN THE NEWS  
1121 L Street, Suite 409  
Sacramento, CA 95814

## 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 letters 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, typed 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:  
August 17, 2009 for the September 2009 Edition

1. Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at [TheNursingVoice@yahoo.com](mailto: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.
  - e. Articles submitted by members' of ANA\California will be given first consideration when there is an availability of space in the newsletter.
2. Photographs should be of clear quality. 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](mailto:thenursingvoice@yahoo.com)
3. E-mail all narrative to [TheNursingVoice@yahoo.com](mailto:TheNursingVoice@yahoo.com)



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ANA\California is located at  
1121 L Street, Suite 409  
Sacramento, CA 95814,

Office 916-447-0225 - Fax 916-442-4394  
Association E-mail [anac@anacalifornia.org](mailto:anac@anacalifornia.org)  
The *Nursing Voice* Editor E-mail  
[thenursingvoice@anacalifornia.org](mailto:thenursingvoice@anacalifornia.org)

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## What You Don't Know About the Board of Registered Nursing!

The Members of the Board of Registered Nursing (BRN) are appointees and they receive NO salary. They are paid \$100.00 per diem a day plus their travel expenses to attend four (4) two-day board meetings and four committee hearings a year. This equal a total of 12 days that nurses must take off from their work without pay or use their vacation time. When I was on the Board, I used my vacation days to attend BRN meetings.

The Board Members set policy that is implemented by staff. The responsibility of the board is establishing criteria for setting for the NCLEX examination and for reciprocity of licensure into the state; establishing criteria for probation and reinstatement of licenses plus disciplining a license after the nurse has gone through the disciplinary process; and for accrediting schools of nursing.

The Board of Registered Nursing is required to fund all activities via our licensing fees. There are no tax dollars used to fund the Board of Registered Nursing. The BRN is required to have a financial reserve. This is the money that the Legislature and Governor keep "borrowing" to balance the budget crisis. A lawsuit in the 90's mandated that the State had to pay it back with interest. This can take years.

The Board of Registered Nursing is not an independent board. The Board can establish policy independently but it is under the Department of Consumer Affairs (DCA) who has over 55 Boards that include Contractors to Nurses.

The Department of Consumer Affairs is funded by charging Boards for the administration and activities of the DCA department. This takes licensing fee money away from the Boards to be used for state governmental functions. The BRN, along with the Realtors Board, are the two largest Boards under DCA. Plus, the Board of Registered Nursing is also DCA's largest source of revenues.

The Board of Registered Nursing has independent authority to establish policy BUT they do not control their budget. The budget of the nursing Board is approved by the Department of Consumer Affairs; the Department of Finance; and the Legislature. The Department of

### President's Perspective continued from page 1

must be protected, and specific suggestions were made for improving the system.

Another continuing issue is the concern about authorizing unlicensed school personnel to administer insulin to children with diabetes at school and school related functions. ANA and the NASN reaffirmed their position that allowing unlicensed school personnel to administer insulin is unlawful under California law and jeopardizes the health and well-being of California students with diabetes.

**Health Care Reform:** You may also see on ANA/C's website and the link to nursingworld.org (ANA), that the "American Nurses Association has been working during the U.S. Congress' August recess to generate grassroots support among nurses for health care reform. ANA supports legislation that would guarantee access to affordable, quality health care for all. ANA wants to deliver the message that nurses have the power to impact health care, not only at the bedside, but by taking an active role in the current health care debate; at town hall meetings, demonstrations and in your local newspaper. ANA has been engaged in health care reform efforts for 20 years, and now we are closer than ever to seeing meaningful changes. The time for action is now! There is a video link to: "Nurses Have Power: Let's Use It for Change" to see fellow nurses taking action and learn how you can join the campaign.

**ANA/California General Assembly, Saturday, October 24, 2009:** We hope to see you at the ANA California General Assembly on Saturday, October 24th, 2009 in North Hollywood\* (it was moved\*) at the newest West Coast University Campus. This will be a fabulous event, including continuing education sessions, an opportunity to network with colleagues, awards presentations, a silent auction and food. (please see flyer inside the *Nursing Voice*; you may also access the flyer and registration form on our website).

It is my honor to again acknowledge our ANA California Board members. They are:

- Vice President, Liz Dietz
- Secretary, Nicole Marcy
- Treasurer, Cathy Melter
- Director of Legislation, Monica Weisbrich
- Director of Practice, Donna Dolinar
- Director of Communication and Membership, Arlene Hady
- Director of Education, Dianne Moore

Consumer Affairs is dependent upon BRN funding. Thus, it is better for them to deny spending at the BRN to allow more revenue for DCA.

It is through the control of the budget that the Board of Registered Nursing lost their independent investigators. The Department of Consumer Affairs, under Governor Brown, decided to consolidate all of the investigators for the Boards under one department. These investigators review contractors, barbers, realtors and health boards. Only 40 investigators are authorized under the Department's budget. The medical board has 60 investigators of their own. However, DCA has determined the Department of Investigates only needed only needed 40 investigators for ALL 55 boards.

The BRN cannot create new staff positions or hire without the approval of DCA. When there is a budget crisis and departments are told to cut 10%, even though nurses fund the board through our licensing fees, the board is required to cut 10%. This increases the money in our reserves and leaves more money to be "borrowed" by the Government. When there is a hiring freeze, the BRN is not allowed to hire staff. Again this leaves our money in our reserves that can be borrowed by the Government. The BRN staff are required to take furlough days (3) along with every other state employee. This savings also goes into our reserves and can be borrowed by the Government.

The Board of Registered Nursing has no authority over the Department of Investigation (under the DCA) or the Department of Justice (under the Attorney General). The Department of Investigations takes up to 2 years to investigate a complaint against a nurse and the Department of Justice takes a year to prosecute. This is the reason many of the discipline cases have taken three years for the BRN to be able to revoke a license.

### Executive Director continued from page 1

On August 17th, the Business and Professions Committee of the Senate held a hearing to review the issue. Their 35-page document is on the ANA/C website (anacalifornia.org). The issue was not caused by the Board Members or by the board staff. Board staff were powerless to resolve the issue.

Unfortunately, careless reporting and bad research laid the blame on the Board volunteer appointees and the Executive Director. There is no way to retract that story or the hurtful consequences of attacks on these innocent people. ANA/C will do everything possible to get the true story out. However, the emotional and personal damage is already done.



Dan, Tricia, Monica

boards overseen by the Department, many of whom lack necessary knowledge of nursing practice. A *Propublica/LA Times* article points out that some Consumer Affairs investigators have up to 100 cases they are investigating at one time. Meanwhile, more than 20 percent of Consumer Affairs investigator positions remain vacant.

The nurses' organizations also noted that once Consumer Affairs completes its investigations, complaints against RNs are forwarded to the Attorney General's Office, which has its own sizeable caseload that extends well beyond RN complaints, and then to the state's Office of Administrative Hearings for trial. After all of these steps, the complaint finally gets back to the nursing board for final decision on enforcement action against the licensee.

"Although it has not taken any significant action to address these problems in the past, Consumer Affairs now states that it will work to prioritize nursing complaints, and proposes to add new investigators," said former board member Myrna Allen, RN. "But, rather than getting to the root of the problem and addressing the Consumer Affairs bottleneck and the need for the nursing board to have its own investigators, the governor chose to shake up nursing board membership and its leadership. To make matters worse, the governor has also furloughed state employees up to three days a month taking even more time away from RN complaint investigations."

It should be noted that the BRN members receive \$100 per day of board service, plus expenses, and many take personal leave time from their jobs to attend board and committee meetings, and to complete nursing board assignments in order to fulfill their board duties.

"The nursing board and Ruth Ann Terry do not control the Consumer Affairs investigators," former board member George W. Shipp said. "Nor do they control the board's budget, or have any authority to fill vacant nurse consultant positions, approve staff salaries, or take any significant measures to address RN enforcement without approval from Consumer Affairs. Because of this, the board does not have the power or independence it needs to change the broken system of RN complaint investigation."

In a unanimous statement, all former board members agreed that, "This needs to change now! We are asking for an independent Board of Registered Nursing. Let us control our budget, our investigations, and our issues full time! It is unconscionable for the governor and Consumer Affairs to allow the Board of Registered Nursing to take the hit for their lack of oversight and leadership."



All with Perez

## Nurses in the News

### Audrey Nelson: On a Quest to Protect Health-Care Workers

**Audrey Nelson—**

**Position:** Director, Patient Safety Center, Department of Veterans Affairs, James A. Haley Veterans Hospital

**Residence:** Lutz, Fla.

**Education:** Ph.D, Doctorate in Nursing, University of Florida; MN, Masters in Nursing, Emory University; BSN, Bachelor of Science in Nursing, University of South Florida

**Hobbies:** Reading, travel

**Awards:** 2009 Service to America Medals finalist; 2008 and 2006 NORA Research Partnership Award for Worker Health and Safety; 2007 CDC Award of Excellence for Public Health Training; 2007 Bullard-Sherwood Research-to-Practice (r2p) Award; 2005 John M. Eisenberg Award for Patient Safety (Lifetime Achievement, Individual Award); 2003 Inaugural Magnet Prize Award



**Audrey Nelson**

### Magnet Hospital 2009 Awards

ANCC (American Nurses Credentialing Center) announced the nominations for the 2009 Magnet Innovative Practice Award. Those who were nominated and recognized from California included:

The RN Residency in Pediatrics at Children's Hospital LA

Hand Hygiene Survivor Game Stanford Hospital and Clinics

Needlestick Injury Reduction Program Providence Holy Cross Medical Center

CARES Peer Review Program John Muir Medical Center Walnut Creek

Patient Flow Improvement Initiative CHOC Children's Orange County

Nominated from California for the Certified Advance Nurse Award include:

Beth Palmer, DNP, RN, ANP-BC CNS Veteran's Administration San Diego

Kathleen A Warren, MSN Psychiatric Nurse Practitioner Veteran's Administration San Diego

Jill Bormann, PhD, RN PMHCNS-BC Research Nurse Scientist Veteran's Administration San Diego

The program and individuals who have won the award will be announced at the October 1-3 2009 National Magnet Conference in Louisville, Kentucky.

## Membership and Communication



**ANA\IC GENERAL ASSEMBLY**

**October 24, 2009**

**West Coast University**

**Hollywood Campus**

**10AM - 5PM**



### NURSING: "STEPPING UP AND LEADING THE WAY"

- 9:00-10:00 am Registration, continental breakfast
- 10:00-10:10 am Greetings
- 10:10- 11:10 am Where we have been; what we have done; and where we are going:  
*Reports from ANA\IC Officers and Executive Director*
- 11:10 -12:10 am "Stepping Up": Interfacing with the Media (1 hour CE)
- 12:10- 1:30 pm Lunch - Recognition and Awards
- 1:30-2:30 pm Where we have been; what we have done; and where we are going:  
*Reports from the different divisions of ANA\IC from the Board Directors*
- 2:30-3:45 pm Discussion & voting on proposed Resolutions, Association Bylaws and the Strategic plan for ANA\IC  
Discussion of the future direction of ANA\IC
- 3:45-4:00 pm Break
- 4:00 -5:00 pm "Stepping up": Providing Data on Quality and Safety (1 hour CE)
- 5:00-6:00 pm Adjournment – Post Program Networking

### ANA\IC GENERAL ASSEMBLY

**October 24, 2009 (10am- 5pm)**

### REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member of ANA\IC?  Yes  No ANA membership number: \_\_\_\_\_

Fee: \$25.00—Includes lunch, breaks, and 2 hours of CE credit

Early-Bird special: 20% discount if registration received by September 30, 2009.

I have enclosed my check payable to ANA\IC in the amount of

\$20.00  \$25.00 (after Sept 30) or:

Please charge to my Credit Card no. \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Fax registration with credit card payment to: 916-442-4394 OR:

Mail registration and payment to:

ANA\IC – General Assembly 09

1121 L Street, Suite 409

Sacramento, CA 95814

*\*Please check for program details and updates at: [www.anacalifornia.org](http://www.anacalifornia.org)*

# Nursing Education

## National Council of State Boards Meeting, Philadelphia

ANAC along with ANA attended the National Council of State Boards meeting. This association is made up of the regulatory nursing boards of all the states and territories of the United States. Their primary mission is to develop, monitor and administrate the NCLEX-RN and NCLEX-VN examinations.

### Overview

ANA and ANAC attended the annual meeting of the National Council of State Boards of Nursing August 12th-14th in Philadelphia. Approximately 300 Boards of Nursing executives and member delegates as well as interested organizations (in addition to the ANA and ANCC were in attendance). Representatives from the Commission on Graduates of Foreign Nursing Schools, International (CGFNS); American Academy of Nurse Practitioners (AANP); National Association for Practical Nurse Education and Service (NAPNES) American Association of Colleges of Nursing (AACN); American Association of Nurse Anesthetists (ANNA); and the National League for Nursing Accrediting Commission (NLNAC), are a few of the external organizations present. The following is a summary.

### Model of Education Rules

Adoption of Model of Education Rules: this would allow innovative educational practices within any one nursing Board (BOD) to explore all new ideas for delivery of educational models to nursing students. The proposal is suggesting not using the terms “pilots or waivers or exemptions” but to use the term “innovative model.” Each model would be inclusive of evidence based educational practice, evaluation, timeline, and outcomes. CA has regulations that describe basic requirements for each nursing educational arena for nursing students. An Innovative Model would have to include the “basics” and add the Model concept to the basic requirements. However, not all states have these type of regulations within their criteria of their Boards. NCSBN is asking for input on the proposed guidelines and their uses with feedback at next annual meeting. If these Rules are adopted, then NCSBN will

provide a website clearinghouse for others. Four states are now piloting the idea but they are not listed in the printed material.

### Continued Business

#### Nurse Licensure Compact Administrators (NLCA)

Background—Once the nurse licensure compact is enacted, each compact state designates a Nurse Licensure Compact Administrator to facilitate the exchange of information between the states relating to compact nurse licensure and regulation. This group is charged with promoting compliance with the laws governing the practice of nursing in each party state through the mutual recognition of party state licenses.

NCSBN has been discussing ways in which to incorporate the Nurse Licensure Compact Administrators (NLCA) under the umbrella of the NCSBN corporate structure. Little dialogue occurred during the meeting about this topic other than to express concern over possible legal implications with this proposed model—decision making by the NLCA may be limited if part of a not for profit board.

Note: One of ANA’s concerns about the nurse licensure compact is related to the Compact Administrators. Articles of the Nurse Licensure Compact grant authority to the Compact Administrators to develop uniform rules to facilitate and coordinate implementation of the Compact, but they do not set out the notice requirements and process. Thus it is ANA’s belief that the Compact does not reconcile the requirements associated with state notice and comment requirements related to the rulemaking process.

### Continued Competence

Background—NCSBN conducted a practice analysis which resulted in identification of all skills that every RN should possess regardless of practice setting. It is with this information that NCSBN plans to develop an assessment tool to measure nurses’ competence beyond the NCLEX at the entry level.

The NCSBN Board has not approved this method of demonstrating competence at this time. They have requested more information, a business plan and at the very least a pilot of the tool once it is developed. The Delegate Assembly

adopted a motion that “any recommendation for the development of a model exam to test continued competence must be brought before the Delegate Assembly for a vote.” The rationale stated was that there is too much variation among the states and the development of an exam would be a waste of the NCSBN’s time and resources. So the discussion and work continues.

### Transition to Practice

Background—NCSBN studies in the early 2000s found that new graduates and employers cited transition to practice as a problem. NCSBN reported that well-planned, post-hire transition programs had better outcomes than pre-graduation clinical immersion programs and were related to fewer practice errors and fewer risks for practice breakdown. This resulted in the formation of NCSBN’s Transition to Practice Committee, which spent a year analyzing the available evidence from transition to practice programs, published and unpublished. Data were retrieved from international, national, and individual studies and were outlined in an Evidence Grid, available at: <https://www.ncsbn.org/363.htm>. It is NCSBN’s belief that transition to practice programs should be implemented through regulation.

ANA and other external nursing organizations had an opportunity to weigh in on the proposed model within the past year with agreement that piloting of the model is critical. Attempt to address other concerns may be found by reading frequently asked questions and responses at [www.ncsbn.org/TransitiontoPractice\\_whitepaper\\_FAQs.pdf](http://www.ncsbn.org/TransitiontoPractice_whitepaper_FAQs.pdf). Currently NCSBN is exploring how to pilot the model by speaking with large health care systems (not identified).

### New Business

The House of Delegates voted to adopt resolutions addressing: **innovative approaches in nursing education programs**, the **2010 NCLEX-RN Test plan** and **associate membership** for the Boards of Nurse Examiners for the Canadian provinces of Alberta, Manitoba and Ontario.

*NCSBN Report continued on page 6*

# Nursing Education

## NCSBN Report continued from page 5

Innovative approaches in nursing education are those creative education strategy(s) that depart from current rule structure and requires Board approval for implementation. The model rules included eligibility for program application as well as the process and standards for approval. The NCSBN committee had suggested that acceptance of applications for innovations would be limited, yet a call from one of the observer organizations invited the committee to not limit opportunities for innovations.

## Networking & More....

Concurrent forums are an opportunity to get a pulse check on what the hot issues are in the various states.

**Practice Forum**—due to time constraints, three issues were selected for discussion:

- **Administration of anesthetic medications by RNs** (such as propofol) It seems that in some practice settings, propofol is being prescribed for the off-label use pain management, and RNs on med-surg units are being asked to administer. Some Board members expressed frustration with how best to respond. Those present in the room with advisory opinions were suggested resources and included Maryland, New York, Oregon and the American Association of Nurse Anesthetists (ANNA). In California there have been several court cases that clearly state nurses cannot give anesthesia drugs. This may become a big issue for us.
- **Delegation to UAPs** revolved around three primary areas: increased use of certified medical assistants (CMAs), APRNs in the position of delegating to UAPs; medication assistants / techs; and LPN scope of practice.

(1) The greatest challenge with **certified medical assistants** is they are NOT regulated by any agency. They are nationally certified with a broad scope of responsibilities, including pharmacology and subsequent medical administration and physicians claim to be in the position to delegate what they wish to whomever they wish and in this case, this category of health care worker has the education and certification. Although this category of health care worker was intended for use in medical office practices, it appears there is a movement to use them in the acute care setting. An additional struggle is the result of APRNs limited in their ability to delegate to this worker as a result of Board of Nursing rules, yet “encouraged” by physicians when CMAs are hired in office based practices. Interesting dialogue, without resolve. Nurse Practitioners can supervise medical assistants in California

(2) As for **medication assistants (or techs)**, many Boards are concerned over medication administration by volunteers in schools. Yet there is some recognition that it's much harder to argue against this practice given the more than 30 states that now currently authorize the use of medication assistants in a specific setting. States such as Maryland believe the answer is to have the Board of Nursing regulate, as this state has done since the 1970's. Another suggestion to limit expansion of medication administration to those other than licensed nurses is to define medication administration in the Nurse Practice Act.

(3) It was suggested that RNs do not understand **LPN scope of practice** and as such permit LPNs to supervise their practice, particularly in long term care settings. Some of the State Boards have resources to educate licensed all nurses while others were seeking direction and suggestions. NCSBN also has available model act rules / practice analysis which can be found on their website (search “LPN”); HRSA also did a study (5 years ago) about LPN practice and although dated may be of interest, available on their website. Lastly some of the State Boards with material to assist with a better understanding of LPN practice included: AL, MD (regs), NE, NY.

Little time was available to a question posed by ANA related to state preparation for a pandemic. Those present referenced Homeland Security's Nurse Alert System and the use of retired nurses. It was mentioned that a state may view a retired nurse as a UAP (as in KY).

An update on the work of the **Committee on Commitment to Ongoing Regulatory Excellence (CORE)**—which a system of performance measurement to determine best practices for nursing regulation. Pilot data collection began in 2002 with the idea of like boards having the ability to compare / benchmark practices. Boards can use the data for strategic planning, increasing licensing fees, improving phone systems (a number one complaint of many Boards), improving mandatory / compliance programs, develop practice statements ... to name a few. One of the areas in which the Committee indicated a need to address is that of improving reliability of the data collected by standardizing and defining terms.

A “**Knowledge Forum**” on **Nursing Discipline** focused largely on the availability of government records on nursing applicants, and the legal propriety of sharing criminal records among states. The NCSBN is currently building on its national licensure database (NurSys)—which is a computer system that contains nurse license and license discipline information provided by boards of nursing in the U.S. and its territories—to which 35 states now belong. The official rationale for such a database is that it provides the capacity to count the number of actively licensed nurses in the US, and that it would be made available to relevant state and federal agencies for licensure verification in time of disaster. NCSBN is working with the federal government to persuade them to permit sharing among state government entities doing criminal background checks, to assist in thoroughness and eliminate costly and time-consuming duplication.

The Discipline forum also revealed a disturbing, yet predictable trend regarding tort liability among professionals. Texas reported that since their state tort reform caps on punitive damages was passed in 2003, aggrieved consumers are turning to the licensing boards to seek redress and licensee sanctions. This is particularly troubling, given the varying burdens of proof between a court of law and an administrative proceeding.

Also in the Discipline forum, it is interesting to note that NCSBN reps asked attendees to consider whether states

should develop guidelines addressing what crimes are related to nursing and what are the proper sanctions for those crimes. For example, Arkansas lists 25 crimes (both felonies and misdemeanors) that, if you have been convicted, you are barred for life from practicing nursing in the state.

A **separate presentation, titled “Healing the Healer,”** provided a philosophical contrast to the Discipline forum, in its discussion of substance abuse and health care professionals. Most of the information addressed the neurobiology and neurochemistry of addiction, demonstrating why it is important to keep the recovering health professional out of an environment that cues the addiction for at least one year, with long term follow-up of at least five years. This has direct ramifications, of course, on the RN's ability to return to work, and her or his employment record. Oddly, this effect was barely discussed, a fact that might be attributed to the “regulator” audience. ANA may need to give this more attention if it is suggested in the future as the standard of care for recovery.

Hope this is helpful.

[1] See Charles Ornstein, Tracy Weber & Maloy Moore, *When Caregivers Harm: Problem Nurses Stay on the Job as Patients Suffer*, L.A. Times, July 11, 2009, available at <http://www.latimes.com/news/local/la-me-nurse12-2009jul11.0.2185588.story>.

[2] See Tracy Weber & Charles Ornstein, *Loose Reins on Nurses in Drug Abuse Program*, L.A. Times, July 25, 2009, available at <http://www.latimes.com/news/local/la-me-nurse-diversion25-2009jul25.0.128964.story>.

## Nursing: Then and Now

Nursing is a profession with a rich history. With this October marking the 100th anniversary of Florence Nightingale's death, I thought it would be a good time to reflect on how nursing began, and how much it has evolved—not only here in the United States, but around the world. This nursing education column begins a series, “Nursing: Then and Now,” which will reflect on the history and current state of various aspects of nursing. I will touch briefly on some of these areas here, and address them in more detail later on in the series. I also invite our readership to submit articles related to the theme of “Nursing: Then and Now” as well as about our founder Florence Nightingale.

I often get the sense that today's nursing students find it difficult to understand the challenges our predecessors faced, and their role in shaping the profession of nursing. However, their hard work should never be forgotten, or taken for granted, as it provides an invaluable foundation for our role in healthcare today. In addition, the “then” and “now” of nursing is truly indispensable if we are to continue making strides in our profession. I believe there truly is merit to the quote by the well-known George Santayana: “Those who cannot learn from history are doomed to repeat it.”

Of course, one cannot discuss the history of nursing without mentioning the name “Florence Nightingale.” All nurses (and nursing students) owe a huge debt of gratitude to Florence Nightingale, whose life and career will be the focus of the next column. For now, it is important to note that Florence Nightingale truly changed the way the nursing profession is viewed in society. In her time, nursing in England was considered “menial employment” that required neither intelligence nor education. But Florence Nightingale was a well-educated woman, especially in the mid-1800s, even by today's standards. Florence believed she had a calling to care for the sick. She was determined to be a nurse, even without the support of her parents. Thanks to her personal philosophy and writings, nursing became a respectable profession that requires a rigorous, formal education.

We can credit the beginning of military nursing to Florence Nightingale and her work as a nurse caring for injured British soldiers in the Crimean War. Mortality and morbidity rates dropped considerably under Florence Nightingale's direction, and many British soldiers who would have died, lived to fight another day. It's probably impossible to put an exact count on the number of brave men and women who have been saved in the years since, but many owe their lives to what Florence started. Military nursing remains a distinguished and respected area of nursing, and today's military nurses still have the same goals when caring for their patients. Many of you may find serving our country as a military officer in a variety of health care settings to be exciting, and choose a nursing career in the armed forces.

Of course, military nursing is a very specialized area of nursing practice. We can credit the plethora of nursing specialties to Florence Nightingale. Try and imagine

what the nursing profession would be like without the ability to specialize. Do not forget the benefit these specialty areas bring to patient care. In a previous column titled “Alphabet Soup,” I pointed out the many degrees, licenses, and certifications that exist today. These were not available to nurses in Florence Nightingale's day. In fact, she believed that nursing programs should be taught separate from the traditional university setting, and promoted the hospital diploma school model. In the United States, this model evolved into a higher education program at the community colleges and universities. Today, nurses earn an associate or baccalaureate degree in Nursing. Many nurses further their education and earn a Master's of Science in Nursing (MSN), a Doctorate of Nursing Practice (DNP) or a Doctorate of Philosophy in Nursing (PhD) degree.

I would venture to guess that Florence Nightingale would be amazed if she walked into a hospital today. Much of what she put into practice is still in practice; the earliest understanding of the value of cleanliness, air circulation, and proper nutrition is due to her writings. Modern scientific investigations have since proven her assumptions correct in ways even she would not have imagined. She would be amazed at how many different allied health professionals we have. For instance, nursing job descriptions during her era included many housekeeping duties that today are the responsibility of the housekeeping staff, not the nurses.

I must say, Florence Nightingale might be a little shocked at nursing practice today, particularly, the dress code of nurses. She insisted that nurses in the Crimean War wear a very plain, and by all accounts, an unattractive uniform. Nurses were covered from head to toe, consistent with the proper attire for women of that day. In 1860, when she founded the first school of nursing in London, she insisted students wear a neat uniform dress, apron and cap. To see nurses in scrubs, virtually indistinguishable from other employees working in the hospitals, would likely not go over well with Florence Nightingale. Frankly, patients do not like it either. They cannot distinguish between their nurse and the housekeeping or kitchen staff, their doctor or even a therapist. In years past, when nurses wore caps, you could easily tell who was a Registered Nurse by the black band on her cap or the type of uniform. Patients now must strain to read name badges. While bringing back caps is not the answer, we certainly need to find a way to identify each health care providers in the healthcare setting so patients are informed and feel comfortable with whomever is providing care for them.

I hope you will enjoy the upcoming year of reflection that this “Nursing: Then and Now” series will offer, and that it will help you to further embrace your studies and your chosen area of nursing practice. Not everyone has the benefit of working in a profession with such a rich and well-documented history. Even, after all of my years as a professional Registered Nurse, I still find it inspiring.

# Nursing Practice

## Practice Committee Invitation

March 2009 started the next term for the ANA/C Practice Committee. As the new ANA/C Practice Director, I would like to invite all interested nurses to participate. Currently, we have 12 members representing 10 nursing specialty areas. The areas of interest in our discussions so far include: health care reform; health IT; magnet status; and advance practice nursing. As the committee grows and gains focus, we intent to share ideas and to participate in advocacy and legislative issues. If you are interesting in participating in the ANA/C practice committee, please email me at [donnadolar@anacalifornia.org](mailto:donnadolar@anacalifornia.org).

## ANA and International Association of Forensic Nurses Co-Publish First Standards for Forensic Nursing

**Silver Spring, MD**—The American Nurses Association (ANA) and the International Association of Forensic Nurses (IAFN) today released *Forensic Nursing: Scope and Standards of Practice*, a comprehensive reference guide that identifies and defines the expectations for the role and practice of the forensic nurse. Forensic nursing focuses not only on providing patient care, but its practitioners also collect evidence, counsel patients and communicate with professionals in legal systems.

Developed by a panel of nurse experts convened by the ANA and the IAFN, the guide outlines six standards for forensic nursing practice and nine standards for professional performance. In addition, the guide articulates the essentials of this specialty, its accountabilities and activities—the who, what, when, where and how of its practice—both for specialists and generalists and those who work with them. Forensic nurses are among the most diverse groups of clinicians in the nursing profession with respect to patient populations served, practice settings, and forensic and healthcare services provided. Yet all forensic nurses apply a unique combination of processes rooted in nursing science, forensic science, and public health to care for patients.

In addition to recommended standards of professional performance, the book's summary discussion of the scope of forensic nursing practice—including characteristics, trends, education, practice environments, and its ethical and conceptual bases—lends an informative and broad context for the reader's understanding and use of these standards.

While *Forensic Nursing: Scope and Standards of Practice* is a reference primarily for practicing nurses and nursing faculty and students, it is also an essential document for other specialists in forensic care, such as healthcare providers, researchers, scholars, and those involved in funding, legal, policy, and regulatory activities.

Review copies for educators and press copies for media contacts are available upon request by sending an email to [francine.bennett@ana.org](mailto:francine.bennett@ana.org). Educators should include name of school, contact information, course/program title and student enrollment in course using the book. Press should include name of publication, organization, reviewer name and address information including phone and email address.

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## OPINION

# Hospital Scrubs Are a Germy, Deadly Mess— Bacteria on Doctor Uniforms Can Kill You

by Betsy McCaughey

You see them everywhere—nurses, doctors and medical technicians in scrubs or lab coats. They shop in them, take buses and trains in them, go to restaurants in them, and wear them home. What you can't see on these garments are the bacteria that could kill you.

Dirty scrubs spread bacteria to patients in the hospital and allow hospital superbugs to escape into public places such as restaurants. Some hospitals now prohibit wearing scrubs outside the building, partly in response to the rapid increase in an infection called "C. diff." A national hospital survey released last November warns that *Clostridium difficile* (C. diff) infections are sickening nearly half a million people a year in the U.S., more than six times previous estimates.

The problem is that some medical personnel wear the same unlaundered uniforms to work day after day. They start their shift already carrying germs such as C.diff, drug-resistant enterococcus or staphylococcus. Doctors' lab coats are probably the dirtiest. At the University of Maryland, 65% of medical personnel confess they change their lab coat less than once a week, though they know it's contaminated. Fifteen percent admit they change it less than once a month. Superbugs such as staph can live on these polyester coats for up to 56 days.

### The Opinion Journal Widget

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Do unclean uniforms endanger patients? Absolutely. Health-care workers habitually touch their own uniforms. Studies confirm that the more bacteria found on surfaces touched often by doctors and nurses, the higher the risk that these bacteria will be carried to the patient and cause infection.

Until about 20 years ago, nearly all hospitals laundered scrubs for their staff. A few hospitals are returning to that policy. St. Mary's Health Center in St. Louis, Mo., reduced infections after cesarean births by more than 50% by giving all caregivers hospital-laundered scrubs, as well as requiring them to wear two layers of gloves. Monroe Hospital in Bloomington, Ind., which has a near-zero rate of hospital-acquired infections, provides laundered

scrubs for all staff and prohibits them from wearing scrubs outside the building. Stamford Hospital in Connecticut recently banned wearing scrubs outside the hospital.

Across the pond, a British study found that one-third of medical personnel did not launder their uniforms before coming to work. One British surgeon who specializes in hip and knee replacements reduced postoperative infections by two-thirds at her hospital by protecting patients from contaminated uniforms. Before approaching any patient's bed, nurses put on disposable, clear plastic aprons that were pulled off rolls like dry cleaning bags. Each one costs a nickel.

In response to this evidence and public outrage over infections, the cash-strapped British National Health Service is providing nurses with hospital-laundered "smart scrubs." The smart design includes short sleeves, because long sleeves spread germs from patient to patient.

The new British policy will protect patients and prevent superbugs from being carried outside hospitals. In one study, more than 20% of nurses' uniforms had C. diff on them at the end of a shift. The germ can cause extreme diarrhea, dehydration, inflammation of the colon, and even death.

In a hospital, C. diff contaminates virtually every surface. It spreads when traces of an infected person's feces get in another person's mouth. Patients who touch objects in their room and then eat without washing their hands unknowingly swallow the germ. Many otherwise healthy patients who go into the hospital for elective surgery, such as hip replacement, have contracted C. diff and died.

Outside the hospital, C. diff is also difficult to control. It isn't killed by laundry detergents or most cleaners. Researchers at Case Western Reserve and the Cleveland Veterans Administration Medical Center found that even after routine cleaning, 78% of surfaces still had C. diff. Only scrubbing with bleach removed it. That's not the kind of cleaning restaurants are prepared to do after serving hospital workers.

Imagine sliding into a restaurant booth after a nurse has left the germ on the table or seat. You could easily pick it up on your hands and then swallow it with your sandwich. Hospitals should provide workers with clean uniforms and prohibit wearing them in public.

Ms. McCaughey, former lieutenant governor of New York state, is a fellow at the Hudson Institute and chair of the Committee to Reduce Infection Deaths.

# Nursing Practice

## Pfizer Launches Free Medicines Program for Newly Unemployed Americans

### Employees Inspire Plan to Help People Continue Pfizer Therapy During Unprecedented Economic Times

NEW YORK—May 14, 2009—Pfizer Inc announced today that it will launch an innovative program to help eligible unemployed Americans and their families who have lost their health insurance maintain access to their Pfizer medicines for free. The inspiration for the new program, called MAINTAIN™ (Medicines Assistance for Those who Are in Need), was generated by Pfizer employees who were witnessing friends, family and neighbors struggle to make ends meet after losing their jobs.

“We all know people who have been laid off recently and have lost their health insurance, making it difficult for them to pay for health care,” said Dr. Jorge Puente, Pfizer’s regional president of Worldwide Pharmaceuticals, a leading champion of the initiative. “We thought there must be some way we could help recently unemployed people who are taking Pfizer medicines to continue treatment during these challenging economic times.”

The program, which applies regardless of prior family income, will be open for enrollment through December 31, 2009 and applies to eligible Americans who have become unemployed since January 1, 2009. It is designed to help recently unemployed Americans and their families who have lost their insurance and who are taking Pfizer medicines to continue treatment for free for up to one year. Nearly 46 million Americans lack health insurance coverage, and that number is increasing as unemployment rates reach their highest levels in 25 years.

Pfizer employees proposed the idea of MAINTAIN to the company’s senior leadership team just within the last month. Pfizer employees also asked to be able to do their part by donating their own money to the program, and the Pfizer Foundation will match their donations.

“The current economic environment has added

considerable new stress to the daily life of millions of hard-working Americans, and our colleagues are responding to help their neighbors in the communities where they reside,” said Jeffrey B. Kindler, chairman and chief executive officer of Pfizer. “The speed with which we created and approved this program is proof of our commitment to help people access the medicines they need to live healthier lives. With the launch of this initiative, which I am proud to say was proposed by our colleagues, we are doing what we can to ensure that recent loss of employment does not preclude people from managing their health.”

Eligibility requirements of the new program include:

- Loss of employment since January 1, 2009
- Prescribed and taking a Pfizer medicine for at least 3 months prior to becoming unemployed and enrolling in the program
- Lack of prescription drug coverage
- Can attest to financial hardship

People who qualify will receive their Pfizer medicines for free for up to 12 months or until they become re-insured (whichever comes first). More than 70 Pfizer primary care medicines will be available through the program.

To make it easy for people to apply, the program will be integrated into Pfizer’s existing family of patient assistance programs called Pfizer Helpful Answers®. A single point of entry makes it easy to get help:

- All of Pfizer’s patient assistance programs, including the new program, can be reached by calling a single phone number (1-866-706-2400) or by visiting [www.PfizerHelpfulAnswers.com](http://www.PfizerHelpfulAnswers.com)
- Those who contact Pfizer Helpful Answers in need of medicines made by another company will

be directed to the Partnership for Prescription Assistance, a pharmaceutical industry initiative that serves to raise awareness of, and boost enrollment in, more than 475 public and private patient assistance programs.

The new program will be fully operational on July 1, 2009. However, people in need now can call 1-866-706-2400 for help. MAINTAIN is a part of Pfizer Helpful Answers, a joint program of Pfizer Inc and the Pfizer Patient Assistance Foundation.

#### About Pfizer Helpful Answers®

Pfizer Helpful Answers is a family of patient assistance programs for the uninsured and underinsured who need help getting Pfizer medicines. Today, it is the largest and most extensive initiative in the U.S. Pfizer Helpful Answers provides Pfizer medicines for free or at a savings to patients who qualify. Some programs also offer reimbursement support services for people with insurance. Pfizer Helpful Answers is a joint program of Pfizer Inc and the Pfizer Patient Assistance Foundation™.

#### About Pfizer Inc

Founded in 1849, Pfizer is the world’s premier biopharmaceutical company taking new approaches to better health. We discover, develop, manufacture and deliver quality, safe and effective prescription medicines to treat and help prevent disease for both people and animals. We also partner with healthcare providers, governments and local communities around the world to expand access to our medicines and to provide better quality health care and health system support. At Pfizer, more than 80,000 colleagues in more than 90 countries work every day to help people stay happier and healthier longer and reduce the human and economic burden of disease worldwide.

## CAPNAP



CALIFORNIA ASSOCIATION OF PSYCHIATRIC/MENTAL HEALTH NURSES IN ADVANCED PRACTICE

Application for Membership

Last Name		First Name	MI	Credentials	Date of Application
Mailing Address		Apt. / Unit Number		( )	<input type="checkbox"/> Join CAPNAP
City		State	Zip Code	Home Phone	Join ANA – ANA/C
E-mail Address				( )	<input type="checkbox"/> & CAPNAP
Place of Employment				Home Fax Number	Basic School of Nursing
Title/Building/Department					License Number
Address				( )	Year Graduated
City		State	Zip Code	Business Phone	
				( )	Business Fax

Join/Renew CAPNAP Membership	\$ 50.00	Membership in CAPNAP only
Join ANA through ANA/C and renew CAPNAP Membership	\$255.00	Full Membership
	\$127.50	Student Membership
	\$ 63.75	Retired Membership

\_\_\_\_\_ I WOULD like to join ANA through ANA/C at this time. By joining ANA-ANA/C today, I understand I do not owe an additional \$50.00 for my membership in CAPNAP.

\_\_\_\_\_ I am CURRENTLY a member of ANA through ANA/C and plan to renew my membership in ANA-ANA/C when due. I understand that I do not owe an additional \$50.00 for my membership in CAPNAP because of my current membership in ANA-ANA/C.

\_\_\_\_\_ I am NOT a member of ANA through ANA/C at this time, nor do I wish to join this year. I am therefore paying \$50.00 for a one year membership in CAPNAP only.

\_\_\_\_\_ Yes, add my email address to the CAPNAP/ANA/C (if applicable) list serve so that I will receive email notification of current legislation that CAPNAP/ANA/C (if applicable) is following.

I am interested in or would like to serve on a CAPNAP committee: (please check all that interest you);

- Legislative Committee       Bylaws Committee       Policy and Practice Committee  
 Continuing Education Committee       Membership Committee       Finance Committee  
 Nominating Committee

## Professional Advocacy

# ANA and National Association of School Nurses Speak Out Against Permitting Unlicensed School Employees To Administer Insulin To California School Children

**SILVER SPRING, MD**—The American Nurses Association (ANA), which represents the interests of the nation's 2.9 million registered nurses (RNs), and the National Association of School Nurses (NASN) today announced that they strongly urge California state legislators not to pass legislation that would authorize unlicensed school personnel to administer insulin to children with diabetes at school and school related functions. ANA and the NASN reaffirmed their position that allowing unlicensed school personnel to administer insulin is unlawful under California law and jeopardizes the health and well-being of California students with diabetes.

Representatives of ANA, ANA/California (ANA/C) and the California School Nurses Organization (CSNO) will voice their concerns this Saturday, August 15th, at a public informational hearing on this issue in Paramount, California. Hosted by the city of Paramount and chaired by Isadore Hall, III (D-Compton), Assistant Speaker Pro Tempore of the 52nd district assembly, the hearing is the first in a series addressing health issues facing California students with diabetes and their families.

"ANA is unequivocally opposed to the unsafe practice of allowing the unlawful use of unlicensed school personnel to administer insulin to school children. California's Department of Education does not have the right to re-define the scope of practice for registered nurses, and train unqualified personnel to administer insulin when this is not permitted by state law," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "ANA believes the children of California should receive the best quality health care, from licensed providers."

On December 26, 2008, a judge ruled in favor of ANA, ANA/C and CSNO in a lawsuit that challenged a

California Department of Education advisory allowing unlicensed individuals to administer insulin to students at school. The case is on appeal, and the trial court's ruling is stayed while the appeal is pending. Yet the decision in the case is clear—California law prohibits unlicensed personnel from administering insulin to students.

"NASN supports the position of ANA and CSNO in advocating for appropriate professional nursing care," said NASN President Sandi Delack, RN, BSN, MEd, NCSN. "All students have a right to have their health needs safely met while in the school setting. NASN supports the California Nursing Practice Act in its intent to protect the public."

ANA and NASN are deeply committed to ensuring safe, quality healthcare for students. ANA supports a collaborative school health model, which best protects the fundamental public health and educational priority our nation's children represent. In such a model, the school nurse serves in the role of coordinator of care, information, education, personnel and resources to take best advantage of schools' unique position in addressing students' safety and health care needs. Under this model, disease management, including management of diabetes and insulin administration, is best provided in the school setting by a school nurse, in keeping with scope of nursing practice. ANA also supports the assignment and daily availability of a registered school nurse for the central management and implementation of school health services at the recommended ratio of one nurse for every 750 students, with an ultimate goal of at least one nurse in every school. Furthermore, ANA supports and recommends a modified ratio of fewer students per nurse, dependent upon the number of and severity of disabilities within the student population.

ANA understands that school nurses play a critical role in promoting children's health. Because of this, ANA supports the *Student-to-School Nurse Ratio Improvement Act*, which would provide states with grants to hire more qualified school nurses. ANA is playing a key role in the nation's health care debate, and is committed to making sure that Congress delivers a health care reform bill that provides all Americans with access to quality care.

###

*ANA—The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 51 constituent member nurses associations and its 24 specialty nursing and workforce advocacy affiliate organizations that currently connect to ANA as affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.*

*NASN—The National Association of School Nurses is a non-profit specialty nursing organization, organized in 1968 and incorporated in 1977, representing school nurses exclusively. NASN has over 14,000 members and 51 affiliates, including the District of Columbia and overseas. The mission of the NASN is to improve the health and educational success of children and youth by developing and providing leadership to advance the school nursing practice. To learn more about NASN, please visit us on the web at [www.nasn.org](http://www.nasn.org) or call 866-627-6767.*

## RN Lobby Days

**Jagjeet Khalsa, RN**

I must confess I came to 'ANA RN Lobby Days' not quite knowing what to expect. My original intent was to complete a professional activity as part of a class requirement in one of my RN to BSN courses. My political activity did not extend beyond the ballot box during local, state or national elections where I dutifully cast my ballot after wading through pages of proposed pros and cons of various bills. I had just finished my first course elective of American Government as I was now more informed about my adoptive country's governing processes. With a fresh understanding of the federal and California governments I still was a little uneasy regarding the unknown of ANA's introductory sessions to teach RNs how to influence health policy. I wondered how I just one nurse could make a difference for my patients at the political level. I was also to arrange a meeting, an initial flyer said, either with my congressional or senate elective official. How was I going to do that I wondered?

I tried to get an appointment with my district's congressional senator but received no reply. Ok, now what? I arrived the California State University campus several days later feeling bewildered and out of my element of control and competence. As I registered, I struck an animated conversation with a public health RN regarding the swelling ranks of the poor uninsured and newly jobless. I was reminded of the total of three papers I had written on the subject of lack of healthcare for growing numbers of Americans and listened to her tale of growing caseloads and limited funding for scant resources to care for the uninsured. I really wanted to do something about it but was unsure of how. My papers were coming to life in these pointed discussions.

The Honorable Trisha Hunter RN, a former congressional representative representing San Diego and ANA/C's chapter head was our speaker for most of the day. Through her thorough assessment of the political process and the potential role of RN influence in influencing health policy she helped confirmed what I had had faith in all along "Nurses have more power than they care to admit and often under-exert." I learned that nursing could influence political power as one or as many. I did

not realize how little access legislators had to healthcare expertise and that they basically navigated blind when reviewing a health care bill. Ms. Hunter reminded us how valued such an expert clinical perspective was valued and well-respected by elected representatives. She also added that simply by volunteering for a candidate's campaign it would be very soon when a nurse's understanding and expertise of health care would be tapped into. She also spoke of a legislator's real concern for opinions expressed by a fellow constituent especially again in an area most nurses are very comfortable with. Ms. Hunter added that just by being present in support of a crucial bill could exert pressure for lawmakers to "do the right thing" when voting for bills that protect the public for example. An important speaker, an RN lobbyist representing MADD and co-author of AB 91 spoke passionately of the need of RNs to speak up and support this important bill that would require DUI offenders to install ignition lock devices that disable the ignition if the breathalyzer part of the mechanism detected even a trace of alcohol in the driver's breath. I was impressed to see that student nurses and nurses from all specialties had come from all over the state and asked some very good questions and comments.

When on day 2 all attendees toured this beehive of activity called the California State Capital in Sacramento, a longtime ANA member colleague and I obtained free copies of bills under review from the Bill Room to review important health care bills that were hitting the floor for review and possible passage into law. It just so happens was meeting with my congressional district's representative. This was an initial meeting to feel each other out, exchange the all important business card, discuss important issues and that we were available for consultation if required. I got to learn the important role the legislator's assistant had as a go between given his or her bosses schedule. They really do listen with great interest concerns nurses may have regarding any health care or public safety issue. The big surprise came next.

When we next arrived at the transportation committee's meeting regarding AB 91, I spied several paid lobbyists in their 3 piece suits, briefcases and Blackberries getting ready to voice opposition to this important bill. By the time we arrived several more nurses filled most of the

public gallery. The lobbyists' when they found out that all those attendees were nurses were visibly unnerved. Nurse after nurse acknowledged for the record support for this bill. Not a single member of the opposition stood up and spoke and many left the room. The bill passed 10 to 0. It will pass a few more committees and they appear before the Senate for a final vote. Along the way more appearances by nurses to support the bill may be required and letters sent to elected officials supporting this bill and signed by nurses can still influence this bill to pass. I reviewed in my mind the activities of the past two days and decided "I want some of that." I now know I can make a difference as an informed witness on behalf of the public as it concerns health care policy making either alone or with many colleagues.

I wish I had done this much sooner and I urge all my fellow colleagues to get more involved in the health care dialogue to lend a voice for their profession and their patients.

# Golden State Nursing Foundation (GSNF)



## The Betty Curtis Career Advancement Award

The Betty Curtis Career Advancement Award provides funds for Registered Nurses embarking on an activity that will result in significant career advancement within nursing.

### AWARD AND APPLICATION

Up to \$1000.00 may be awarded to individual Registered Nurses to offset costs of advancing their careers. Activities considered for this award include, but are not limited to: attending a workshop, program, or professional meeting; coordinating a project or research study. Career advancement awards may be given for travel expenses, workshop or conference fees, books or supplies contributing to career advancement that will not be reimbursed with other funding. Applications will be received and awarded at any time throughout the year and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANA\IC or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use by GSNF.

### ELIGIBILITY

The purpose of the award is to provide financial support to registered nurses in California to enable them to improve patient care. Nurses registered in the state of California from any practice field in nursing, any employment setting, and with any educational background are eligible for this award. Applicants must explain how these funds will be used to aid in advancing his/her career and ultimately improve patient care. Any individual nurse may receive this award only once in a five year period of time.

### CRITERIA

Registered Nurses must submit the following to be considered for this award:

- A completed Scholarship/Award application form.
- Itemized list of costs associated with the career advancement activity.
- A one-page written description of the activity relating it to how it will improve patient care and advance your nursing career.

### SUBMISSION

All materials must be submitted together in one packet and sent to GSNF via email: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:  
**Golden State Nursing Foundation**  
**Scholarships and Awards**  
**1121 L Street, Suite 409, Sacramento CA 95814**

## The Jo Anne Powell Innovation in Nursing Award

The Jo Anne Powell Innovation in Nursing Award provides monetary recognition to Registered Nurses who have been creative in their practice.

### AWARD AND NOMINATION

A \$1000.00 award may be given to a Registered Nurse, group of nurses, or nursing organization in the state of California instituting an innovative project that contributes to the enhancement of health for a target population. Anyone may submit a nomination. Self-nominations are accepted. Nominations are accepted at any time with a deadline of March 31 of each year. Awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANA\IC or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use.

### ELIGIBILITY

The purpose of the award is to recognize and reward creative nursing endeavors with the goal of improving the health status of all people. Nurses registered in the state of California from any practice field in nursing or any employment setting, are eligible for this award. Innovative projects considered for this award may be in progress, on-going, or completed within the past two years. Any specific project may receive this award only (1) one time.

### CRITERIA

Nominators must submit the following by March 31:  
 (Extended deadline for 2007 to August 1)

- A completed "Innovations in Nursing Award" nomination form.
- A one-page essay describing the project and its impact on a population.
- 2 letters of support that address the creativity and success of the project.

### SUBMISSION

All materials must be submitted together in one packet via email to: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:  
**Golden State Nursing Foundation**  
**Scholarships and Awards**  
**1121 L Street, Suite 409**  
**Sacramento CA 95814**

## GOLDEN STATE NURSING FOUNDATION Joanne Powell INNOVATIONS IN NURSING AWARD NOMINATION FORM

Title of innovative project being nominated: \_\_\_\_\_

Location of project: \_\_\_\_\_

Name of nurse(s), group, or organization being nominated: \_\_\_\_\_

Name of Nominator: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Nominator must notify nominee about this nomination. Nominator will be the main contact person for notification regarding this award.

Please attach a one-page summary of the project and its impact on a population.

Submit this form along with the summary of the project and 2 letters of support to:

**Golden State Nursing Foundation**  
**Scholarships and Awards**  
**1121 L Street, Suite 409**  
**Sacramento CA 95814**



## Membership Form for the Golden State Nursing Foundation

Yes, I would like to become a Friend of the GSNF and receive emailed and mailed updates as to the foundations projects and events.

### Individual Sponsorship

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please accept this one-time donation of \_\_\_\_\_

I would like to make a yearly recurring donation of \_\_\_\_\_

Please make checks payable to:

Golden State Nursing Foundation  
 1121 L Street Suite 409  
 Sacramento, CA 95814

Credit Card #: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

I would prefer that my donation be used for \_\_\_\_\_

*Contributions to the Golden State Nursing Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible for computing income and estate taxes.*

# Golden State Nursing Foundation (GSNF)



## The Catherine J. Dodd Health Policy Scholarship

The *Catherine J. Dodd Health Policy Scholarship* provides funds for Registered Nurses enrolled in a graduate level academic program who have demonstrated some experience in government relations or health policy activities and express an intent to pursue health policy issues and activities in the future.

### AWARD AND APPLICATION

An annual award of up to \$1000.00 may be given to a Registered Nurse accepted or enrolled into a graduate level academic program leading to an advanced degree in nursing. Applications are accepted at any time during the year with a deadline of December 31 of the year prior to the year of the award. Awards are presented each spring and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANAC or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use.

### ELIGIBILITY

The purpose of the award is to recognize the past government relations or health policy activities of Registered Nurses and provide financial support for their continued efforts in health policy issues as they pursue advanced education in nursing. Nurses registered in the state of California from any practice field in nursing or any employment setting, are eligible for this award. Applicants must show evidence of prior government relations/health policy activities and identify intent to remain active in health policy issues. Applicants must have been accepted into a graduate level academic program or be currently enrolled in one. Any individual nurse may receive this award only one time.

### CRITERIA

Registered Nurse applicants must submit the following by December 31:

- A completed Scholarship/Award application form.
- Proof of acceptance or enrollment in a graduate level academic program in nursing.
- 2 letters of support that address your prior or current government relations/health policy activities.
- A one-page essay describing your personal vision of your future involvement in government relations/health policy issues.

### SUBMISSION

All materials must be submitted together in one packet via email to: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:

**Golden State Nursing Foundation  
Scholarships and Awards  
1121 L Street, Suite 409  
Sacramento CA 95814**

## The Tony Leone RN-BSN Scholarship

The *Tony Leone Scholarship* provides funds for Registered Nurses seeking a Bachelor's degree in nursing.

### AWARD AND APPLICATION

An annual award of up to \$1000.00 may be given to a Registered Nurse accepted or enrolled into an academic program leading to a bachelor's degree in nursing. Applications are accepted at any time during the year with a deadline of December 31 of the year prior to the year of the award. Awards are presented each spring and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANAC or an annual GSNF event. Recipients of this award are required to submit (electronically) a picture of themselves for publicity use by GSNF.

### ELIGIBILITY

The purpose of the award is to recognize and support the academic endeavors of Registered Nurses seeking a baccalaureate degree in nursing. Nurses registered in the state of California from any practice field in nursing and any employment setting, are eligible for this award. Applicants must have been accepted into a baccalaureate level academic program in nursing or be currently enrolled in one. Any individual nurse may receive this award only one time.

### CRITERIA

Registered Nurse applicants must submit the following by December 31:

- A completed Scholarship/Award application form.
- Proof of acceptance or enrollment in an RN to BSN academic program in nursing.
- 2 letters of support that address your ability and commitment to succeed in the program.
- A one-page essay describing your commitment to succeed in the program and your personal vision of your nursing career following completion of the degree.

### SUBMISSION

All materials must be submitted together in one packet via email to: [gsnf@anacalifornia.org](mailto:gsnf@anacalifornia.org) or mail to:

**Golden State Nursing Foundation,  
Scholarships and Awards  
1121 L Street, Suite 409  
Sacramento CA 95814**

## GOLDEN STATE NURSING FOUNDATION SCHOLARSHIP/AWARD APPLICATION FORMAT

Please check the name of the scholarship or award you are seeking:

- \_\_\_ Catherine J. Dodd Health Policy Scholarship for graduate education  
\_\_\_ Tony Leone RN-BSN Scholarship  
\_\_\_ Betty Curtis Career Advancement Award

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

California RN license #: \_\_\_\_\_

ANAC member? \_\_\_\_\_ yes \_\_\_\_\_ no

On a separate piece of paper please answer the following questions.

- 1). Name of academic program or career advancement activity you are pursuing:
- 2). Current employment:
- 3). Educational background:
- 4). Involvement in nursing organizations:



## Continuing Education Course Wild Iris

### Healthcare Informatics Understanding and Using Computerized Information Systems

Everyone resists change—unless it's their idea! Yet change is what computers represent to many healthcare professionals, who liked and trusted the paper system they've been using for so long.

In most hospitals today, nurses and other clinicians use a computer to record patient information. Increasingly, they do it at the same time they are giving care while in the patient's room. This saves steps, errors of memory, and that precious commodity, time.

**Healthcare informatics** is a blend of clinical science, computer technology, and information management; it involves the collection, storage, retrieval, and use of information for the purpose of providing care, solving problems, and making decisions. When functioning optimally, this potent combination of resources can make input easier and access readily available to other members of the healthcare team. It can potentially support cost negotiations and public health data gathering, among many other things

You see this trend in many physician offices or clinics: the physician enters information into a computer while interviewing you. At the same time, she enters orders for lab work and transmits prescriptions to the pharmacy. She also selects codes for electronic transmission to her billing service, which will in turn transmit the necessary data to your insurance company.

Increasingly, clinicians in all healthcare settings use the computer to find the information they need to evaluate the patient's health status and needs, review orders and diagnostic results, scan the findings and

plans of other clinicians, determine what care to provide, document it once provided, and submit data required for reimbursement.

The computer, and the information it stores, is becoming indispensable to patient safety initiatives. For example, as part of the national movement to reduce medication errors, hospitals are being pushed by regulators and quality groups to purchase and implement computer programs that can eliminate or minimize common causes of medication errors.

An example is a **CPOE, or computerized physician order entry** (system). With CPOE software, the physician or other licensed provider enters a medication order directly into the computer. This approach to order entry eliminates problems with the interpretation of handwriting, as well as delays in the transcription of the order. A CPOE can also assist the user in the selection of the correct medication, route, dose, and frequency; alert her to allergies and medication interactions; and help her differentiate one look-alike/sound-alike drug from another

Increasingly, the purpose of using a clinical information system is for **information management**, the control of the collection, processing and delivery of data, and **clinical decision support**—literally, help with decision making.

The federal government is pushing for electronic health records (EHR) nationwide within the next few years. If everyone's healthcare record were available via the Internet, from coast to coast, here's one example of how that might benefit patients.

Imagine you are in an emergency department

far from home. You are seriously ill and can't think straight, but with your social security number and the hospital's unique access code, the ED supervisor is able to get on the Internet and download your entire medical record.

A globally accessible EHR may be in the future, but already information management, data-sharing, and decision support are widespread

Computers are everywhere in healthcare. If you don't use a computer now to find and enter patient information, you will soon. To learn more about the basic concepts, terms and explanations you need to fully understand informatics and how to simply communicate with your facility's IT department read the full course "**Healthcare Informatics: Understanding and Using Computerized Information Systems**" at [www.nursingceu.com](http://www.nursingceu.com)

**About Wild Iris Medical Education, Inc.:** Wild Iris Medical Education has been providing quality, accredited online continuing nursing education since 1998. Courses cover a wide range of clinically relevant and topical issues. Courses are written by experts in their field. For more information go to [www.wildirismedicaleducation.com](http://www.wildirismedicaleducation.com)

#### About the Author:

Sharon LaDuke, BS, RN, has 15 years of critical care experience in roles such as staff nurse, educator, manager, and supervisor. She also has experience in competence assessment systems and information management.

# Bylaws

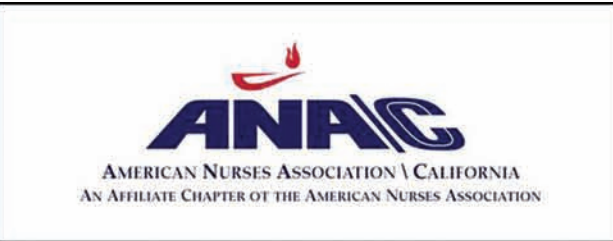
## ANA\California 2009 Proposed bylaw amendments

ID#	CURRENT BYLAW	PROPOSED CHANGE	RATIONALE
I	<b>Article V: Organization Affiliate</b> Section 3: Organizational affiliates will be charged fees for ANA/C services.* <i>Proviso: The fee schedule shall be initiated by the ANA/C structure responsible for membership models, and approved by the ANA/C Board of Directors.</i>	Section 3: Organizational affiliates will be charged fees for ANA/C services <u>based on board policy.</u>	At the current time there is only one organizational affiliate. Rather than continue with the proviso, it would be efficient to add this statement to the end of section 3 since it is the board that determines fee structure. The current proviso would then “expire” since there is no current structure for membership models.
II	<b>Article VII: Board of Directors</b> Section 2 Composition, b. Term of Office 1) Officers and directors shall be elected in odd-numbered years for a two-year term.	1) Officers and directors shall be elected in odd-numbered years for a two-year term <u>that begins at the close of the board of directors meeting held in the Spring of the odd-numbered years.</u>	Although this information is stated in Article IX, Section 2,(f) it is appropriate to repeat it here when “term of office” is discussed.
III	<b>Article VII: Board of Directors</b> Section 7, Vacancies In the event of a vacancy: a. in the office of the president, the vice president shall become president for the remainder of the term; b. in the office of another officer or of a director, the Board of Directors shall, by a two-thirds (2/3) vote, fill the vacancy by appointment for the remainder of the term.	<u>a. Declaring a vacancy</u> 1) <u>The president may declare a vacancy in a position held by an officer or director upon receipt of a written resignation.</u> 2) <u>The Board of Directors, by two-thirds (2/3) majority vote may declare a vacancy in a position held by an officer or director when evidence exists that the board member is consistently absent from board meetings or conference calls, consistently neglects the duties or responsibilities of his/her position, does not meet the eligibility requirements to serve on the board, or engages in behavior that is unlawful, unethical, or inconsistent with the mission, objectives, or purposes of ANA/C.</u> <u>b. Filling a vacancy</u> In the event of a vacancy: a. 1) in the office of the president, the vice president shall become president for the remainder of the term; b. 2) in the office of another officer or of a director, the Board of Directors shall, by a two-thirds (2/3) vote, fill the vacancy by appointment for the remainder of the term.	Vacancies on the Board of Directors must technically first be declared before they can be filled. The current bylaws are silent on declaring a vacancy. This provides the Board with justification to declare a position vacant if it becomes necessary for any of the reasons mentioned in the proposal.
IV	<b>Article VII: Board of Directors</b> Section 8 Meetings d. Absence from two consecutive regular meetings of the Board of Directors shall be cause for a vote by the Board of Directors, with a majority vote determining a vacancy in the Board position.	<del>d. Absence from two consecutive regular meetings of the Board of Directors shall be cause for a vote by the Board of Directors, with a majority vote determining a vacancy in the Board position.</del>	If proposal III of these proposed amendments passes, this provision is not necessary. Further, the board is only required to hold 2 regular meetings each year so acting on this provision could require a year of waiting to declare a vacancy. If there are only 2 meetings in a year, it is also possible for a director to be adequately fulfilling her/his duties and responsibilities but unable to attend the 2 meetings. Lastly, a serious action such as declaring a vacancy should require a 2/3 vote.
V	<b>Article VII: Board of Directors</b> Section 9 Quorum A majority of the voting members of the Board of Directors, including the president or vice-president, shall constitute a quorum at any meeting of the Board of Directors.	A majority of the voting members of the Board of Directors, including <del>the president or vice-president</del> , at least one officer, shall constitute a quorum at any meeting of the Board of Directors.	Requiring either the president or vice-president to be present is not necessary and may result in a lack of quorum if, for instance, the president and vice-president are delayed on the same flight. If all board positions are filled, a quorum of a majority of 8 board members would always include at least one director and one officer. Officers are responsible for maintaining the infrastructure of the organization and therefore, at least one officer should be present at any meeting of the Board of Directors.
VI	<b>Article IX Nominations and Elections</b> c. The slate shall be noticed to the Board of Directors and publicized in the association newsletter at least sixty (60) days in advance of the General Assembly or any other election.	c. The slate shall be noticed to the Board of Directors <del>and publicized in the association newsletter</del> at least sixty (60) days in advance of the General Assembly or any other election.	Current practice does not provide for a monthly or be-monthly newsletter to the membership. Noticing the slate to the members 30 days prior to mailing the ballot is costly and does not provide for any changes in the ballot. There is always provision for wrote-in candidates if any member wishes to amend the ballot.
VII	<b>Article X Relationship with the American Nurses Association</b> Section 2 Representation a. House of Delegates 3) ANA/C President is elected as a delegate upon her/his election as president, in accordance with Article VII, Section 6, a (4) of these bylaws.	3) ANA/C President is elected as a delegate upon her/his election as president, in accordance with Article VII, Section 6, a (4) (3) of these bylaws.	Editorial





**American Nurses Association \ California  
Membership Application**



**'Celebrate Nursing' Awareness Magnet**  
Celebrate Nursing throughout the year with this awareness ribbon magnet. The magnet is 8" tall and 4" wide and comes in Apricot with the phrase 'Celebrate Nursing' in black script across the front.  
.....\$3.00 each includes S&H



**'Celebrate Nursing' License Plate Frame**  
Plastic license plate frame is white with the words 'Celebrate Nursing' in apricot with black trim. Show your passion for nursing year round with this license plate frame.....\$3.00 each includes S&H



**Professional Work Setting Jewelry**  
Perfect pearl stud earrings for any nurse. They are 7.5mm in diameter, which is perfect for the work setting or for a formal dinner. These creamy freshwater AA pearls come in white, pink or black! The post backs are 14k gold. You won't be disappointed! Limit three per order.  
.....\$39.99 each plus \$3.50 S&H each



**Nurses Care! Lapel Pin**  
These lovely little pins are sure to put a smile on the faces of nurses and patients alike! Handcrafted by Michi from polymer clay each one is unique in it's appearance. The pin comes in a variety of different hair and skin colors and will feature different nursing tools such as band aids, stethoscope, charts, etc. Limit four per order.  
.....\$15.00 each plus \$6.50 S&H each



By Michi

**'Lil Scrubs' Lapel Pin**  
Handcrafted by Michi from polymer clay each one is unique in it's appearance. The pin comes in a variety of different hair and skin colors and will feature different uniform color with each new edition of 'The Nursing Voice'. Limit four per order.....\$15.00 each plus \$6.50 S&H each



**Crazy 'bout Nursing Pins by Michi**  
You'll be the Talk of the Town wearing these adorable pins. Available exclusively through ANA\C. Handcrafted on 1 1/2" wooden discs, with high quality materials. Limit five per order. Facial expression and hair color may vary.  
.....\$5.00 each includes S&H



**Faces Of Our Heroes**  
28" x 20" Poster show nurses in different work environments for our military. There is no cost for the poster and can be sent to you for S&H fee only. Limit 10 per person. Call for details. Offer good while supplies last. 916-447-0225



**Nurse Throw**  
72" x 48" personal throw is a must for every nurse on your list. Displays the ANA\C logo and 19 words describing various characteristics of Nurses. 100% Cotton and Made in the USA!  
.....\$33.00 includes S&H



1121 L Street Suite 409  
Sacramento, CA 95814  
916-447-0225 Office 916-442-4394 Fax  
anac@anacalifornia.org

_____	_____	_____
Last Name/First Name/Middle Initial	Credentials	Date of Application
_____	_____	_____
Mailing Address	Apt. / Unit Number	Home Phone Number
_____	_____	_____
City / State	Postal Code 'Zip'	Home Fax Number
_____	_____	_____
Basic School of Nursing	Year Graduated	License Number / State
_____	_____	_____
Employer Name	Business Phone	_____
_____	_____	_____
Title/Building/Department	Business Fax	_____
_____	_____	_____
Address	Postal Code	_____
_____	_____	_____
Employer City / State	E-mail Address	_____
_____	_____	_____
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

**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			Employer Code _____	Sponsor, if applicable _____
STATE _____	DIST _____	REG _____	Approved by _____	Date _____
Expiration Date _____ / _____	Month _____	Year _____	\$ _____	SNA membership # _____
			AMOUNT ENCLOSED _____	CHECK # _____