



The Nursing Voice

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President's Perspective

Elissa Brown
President, ANA/C California

Greetings from ANA/C California:

As you know, the good news is that nurses—YOU—are highly trusted professionals. With that trust comes respect and responsibility. How can we live up to that trusted image? We need to command/earn that trust in our every day work and in our lives. This includes a commitment to lifelong learning, to building our knowledge base and skills, staying current with local, state and national issues, knowing workplace systems and contributing to a healthy workplace environment.



Elissa Brown

Although it is a topic we may wish not to discuss, "bullying in the workplace" has been in the news many times and sternly addressed by ANA. A related term is lateral violence. Many nurses face bullying as a part of their daily work environment.

Karen Daley, President of ANA, recently spoke on the topic of "Bullying in the Workplace" at the National Nursing Ethics Conference held in the Los Angeles area. I shall discuss some of the key points Dr. Daley made, including how to identify bullying and strategies for dealing with it. She also discussed the fact that we have an ethical mandate "...in all professional relationships... to practice with compassion and respect for the inherent uniqueness and worth of every individual..." (ANA Code of Ethics for Nurses)

Current literature identifies health care workers, including Nurses, as having the highest rate of workplace bullying. The Joint Commission recently added a standard: Leadership Standard (LD.03.01.01) addressing disruptive and inappropriate behaviors/The CPI Workplace Bullying seminar. Some may be surprised at what constitutes bullying, and even more surprised that they are or have been the recipients of this negative behavior. Recognition, and "naming" it as bullying, are most important.

What is bullying? One definition of "bullying" is: "Workplace bullying:" "repeated mistreatment: sabotage by others that prevented work from getting done, verbal abuse, threatening conduct, intimidation and humiliation." (Source: The Workplace Bullying Institute). "Bullying" is also described as: anything that "constitutes offensive behavior through vindictive, cruel, malicious or humiliating attempts to undermine an individual or group of employees. These persistently negative attacks are typically unpredictable, irrational and unfair...they happen with great regularity within the workplace." (source: Bullying and Intimidation," Canadian Initiatives on Workplace Violence {2007}) Examples of bullying are: withholding information—including not sharing information about policies, procedures, rules, leading to an employee getting in trouble; intimidating others with threats of disciplinary actions; being yelled at, physically threatened in front of others; being sabotaged or assigned undesirable work; being belittled, or ignored; controlling staff through

undesirable shift assignments; refusing to assist new staff; reminding people of incomplete work or documentation in front of others or in public memos.

There can be a high cost to bullying, including physical and emotional problems, time off work, quitting work, increases aggression and violence in the setting, and the potential for affecting practice and safety.

What can the nurse do? Interrupt the violence; face the perpetrator, get support; employers including nurse leaders have responsibilities to provide a safe workplace, a respectful open environment; encourage reporting (without repercussions for doing so); analyze the culture...promote necessary changes; provide education; teach about conflict management, support.

We, nurses, as a group of such trusted professionals, must take responsibility to support a healthy work environment, free of bullying. We need to do our part for the sake of safe, high quality patient care and for the health of our colleagues and health of their work settings.

Some Resources on Bullying: American Nurses Association's 2006 House of Delegates Resolution: Workplace Abuse and Harassment of Nurses; American Nurses Association's 2010 House of Delegates Resolution: Hostility, Abuse, and Bullying in the Workplace; ANA's Workplace Violence Web page: www.nursingworld.org; ANA Continuing Education: *Lateral Violence: Nurse Against Nurse* <http://www.nursingworld.org/mods/mod440/lateralfull.htm>; and OSHA's Workplace Violence Web page: <http://www.osha.gov/SLTC/workplaceviolence>.

A Future of Nursing Update: As you may know California is one of the first 5 states selected by Robert Wood Johnson to establish a Regional Action Coalition. The Statewide RAC and local groups, are working together to address nursing's future in California. Taking the leadership, in our state, has been the California Institute for Nursing and Health Care (CINHC) led by Delores Jones. Nursing already had some structures in place, so we did not necessarily need to create new ones. ANA/C California is very involved at different levels on committees and coalitions, and has strong representative leadership in the RACs, with two members in leadership roles, and others involved with the statewide RAC. There will be more opportunities. Nurses continue to lead the way.

Other issues: ongoing issues continue with Health Care Reform; we shall keep you updated. There have been some bills addressing at least parts of health care reform and single party payer. Please check the American Nurses Association/California website and the American Nurses Association website: www.nursingworld.org for the latest information about, health care issues, healthcare reform and professional nursing issues. As Registered Nurses, we are a significant "caring" force in healthcare. I urge you all to look for opportunities and get involved; through work, professional associations, and community—at local, state and national—and even international levels.

Sharing a bit about national and the ANA Constituent Assembly: I continue as a Vice-Chair of the Executive Committee of the ANA Constituent Assembly (CA: is the group of the Presidents and Executive Directors of all of the states plus a number of other constituents). We meet at least twice a year, sometimes "virtually" (via web technology). The CMAs also meet regularly on calls with

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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.

1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com
 - a. Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
 - b. *The Nursing Voice* reserves one-time publication rights. Articles for reprint will be accepted if accompanied with written permission.
 - c. *The Nursing Voice* reserves the right to edit manuscripts to meet style and space limitations.
 - d. Manuscripts may be reviewed by the Editorial Staff.
 - 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
3. E-mail all narrative to TheNursingVoice@yahoo.com



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Spring Meeting of the California Association of Colleges of Nursing aka CACN

Dianne S Moore, PhD, MPH, CNM, RN
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Associate Provost for Nursing,
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Every spring in late April the CACN meets to discuss issues of interest to the colleges and universities of nursing in California. This year the meeting was in Sacramento and was co-hosted by ACNL. The topics discussed over the two days of the conference ranged from the Institute of Medicines (IOM) report on the Future of Nursing, the current legislation before the California legislature, to hot topics such as the achievement of the IOM recommendation of 80% of nurses having a BSN and doubling the number of nurses with a doctorate by the year 2020.

AB 661, the bill currently before the legislature to allow the California Community College system to award a BSN degree was discussed as well as the impact of the bill to the current BSN and ELM (entry level masters) programs within the current four year colleges and universities. Overall, there was support for the various ways nurses could obtain the BSN or higher degrees. However, there was concern about the best method to offer BSN education without compromising the quality of the BSN degree. There was discussion about what it would take to incentivize nurses who currently hold an ADN to move forward toward the BSN degree. Since there are many new programs that offer the RN to MSN degree, this educational pathway was encouraged as a way to meet the BSN objective and increase the number of nurses with graduate degrees. CACN encouraged its clinical partners to find ways to incentivize nurses to meet the IOM recommendations including getting the BSN and becoming lifelong learners.

Along the lines of nursing education, a discussion occurred about the increasing difficulty to obtain the types of clinical experience the students need to become competent novice practitioners upon graduation. More and more facilities are restricting students access to such experiences as PYXIS machines, dispensing controlled substances, giving IV

medication, hanging blood, participating in codes using glucometers, communicating with physicians and other health care professionals. In addition, nursing students are requested to leave when there is any type of accreditation or approval visit from any agency. The mixture of these various limitations or outright denial of admittance to the facilities makes providing adequate clinical experience more and more difficult. Our clinical partners must understand the impact these restrictions and limitations are having on new graduates who are prevented from learning basic skills and competencies necessary for nursing practice. It is essential that nursing students have adequate learning experiences in hospitals to prepare them for their first nursing position. Nursing programs have approximately 900-1200 hours to teach the clinical skills needed to become safe practitioners. This timeframe is less than half a year which certainly does not give the new graduate sufficient time to "hit the ground running" in their first nursing position. Each restriction from a facility cuts into the valuable learning time for nursing students.

The second major topic discussed at the meeting was the nursing doctorate and the IOM recommendation to double the number of nurses with doctorates by the year 2020. Information was presented about the current DNP (doctorate of nursing practice) program in California, which currently are all in private universities such as USD, USF, Western University of Health Sciences, and Samuel Merritt University. There is hope that this will change in the near future with the advent of the demonstration projects for the California State University systems. Discussion occurred about the difference between the PhD and other professional and practice doctorate in terms of acceptance in some universities regarding hiring, ranking and promotion of faculty. The DNP as a title for the doctorate in nursing practice degree has been around for over 30 years (called the DNSc, ND and the like) and is in the same category of professional practice degrees such as the JD, MD, EdD, DPT, DMD or DDS, DDiv. These professional practice doctoral degrees are generally accepted for ranking, promotion and tenure in the university setting.

One clarification to keep in mind is that the DNP is

NOT a doctorate of nurse practitioner. The doctor of nursing practice degree is not related to certification or licensing as an advanced practice registered nurse such as a certified nurse practitioner (CNP), certified nurse specialist (CNS), certified nurse midwife (CNM) or certified registered nurse anesthetist (CRNA). The advanced practice doctoral degree can be in other fields of nursing practice such as informatics, administration, and genetics. The AACN (American Association of Colleges of Nursing) has recommended that the APRN education be moved to the doctoral level; to the DNP by 2015. It is important to remember there are other areas of nursing that are awarded the DNP degree other than the four categories (CNP, CNM, CRNA, NP) of advanced nursing practice.

Other topics of interest is the new website and services related. The new site is www.cacncalifornia.org and it has a section for job postings, events, updates on education and practice. Another point of interest to the nursing education setting is the change in the number of scholarships available. There is a \$13,000 scholarship available but the application period is limited to the fall timeframe. Students are encouraged to apply as there have been few applicants over the past few years. Faculty are encouraged to assist students in the application process as this increases their chances of success. The private universities wish to remind people that the private schools educate about 50% of the BSN graduates in California and are a good investment in your future. They do not have the same financial issues as the state schools do and often have scholarships or loans programs available to the students quickly whether it is for the generic BSN or the RN to BSN or RN-MSN, MSN or DNP program. There are also many loan forgiveness programs available for students to apply to, which would reduce or eliminate their debt.

There were a variety of other topics of interest but this is the essence. Please keep in touch for more news about nursing education in California. ANAC also encourages membership in ANA and ANAC and with that comes free access to each of the Divisions of Education, Legislation, Membership and more which will keep you in touch with the happenings within your state.

RN Lobby Days

Did you know that there are around 385,000 nurses in the state of California, in many aspects and capacities. There are roughly 40 Senators, and 80 Assembly men and women that are making all of the choices regarding your profession. These people decide what constitutes a safe work place, how many hours that nurses work, how you can or cannot treat your patients, and how much power the insurance companies can have. They decide funding for research, healthcare for the employees, as well as the patients, funding for nursing education, and rules and regulations about situations that they can only picture in their heads. Did you also know that those 40 Senators and 80 Assembly people rely a lot on the expertise of those that are in the profession to guide them on how they should vote on issues, and what issues need to be addressed. RN Lobby Days is an important, educational and eye-opening event that was designed and is hosted every year by the American Nurses Association\California. Our main goal is to educate Nurses, Nursing Students, and Nursing Educators on the importance of your involvement with not only your professional association, but with your government at whatever level your cause deems necessary.

RN Lobby Days this year was structured a little differently than in the past. It was a one day event that took place at our State Capitol, in Sacramento. Until you've gone to this convention and listened to the speakers, and what they have to say, you really have NO IDEA how exciting and important this information is! Tricia Hunter, the Executive Director of ANA\IC, former Assemblywoman, and a surgical nurse, was the keynote speaker. She did a fantastic job expressing the importance of our involvement

and how much of an influence each of us can be, both individually and as a group. As I've said in the past, I never thought that medicine and politics had anything to do with each other. I had also never thought about the fact that there are only a hand full of people, comparatively, making all of the decisions regarding any and all laws pertaining to the nursing profession (and *any other issue you feel important*). Because of this, medicine and politics do, in fact, unite. As many of you know, that's where ANA\IC comes in. ANA\IC is the legislative connection between the nursing profession and the political body that makes the final decisions on safety, personal rights for the patient and medical personnel, liability, and all other aspects of this honorable profession. RN Lobby Days is the educational connection that teaches the nurses of California not only why it is important that they be involved, but how to do so effectively.

As with every year, the people that attended RN Lobby Days, came in unaware of what to expect. It seems most were expecting a long and boring day. Some were disappointed because they learned first-hand how quickly things change in that building, when the health related committee meetings that were scheduled for that day were suddenly rescheduled for a different day. But as with every year, most were surprised and excited to find out not only how important it is that people get involved, but how easy it is to do so. There are, of course, some protocols to follow, but by the end of the RN Days experience people were familiar and comfortable with those protocols. Remember, our legislators are people too, and they truly are there to help make our state a better place. Your input

does matter. There are now more than 150 additional nurses and future nurses that are equipped with the tools to actively assist your profession, and our legislature. You see, *the more people that realize how important is to give the political officials an accurate picture of nurses wants, and needs, the better served the whole nursing profession will be.* We'd like to thank all that attended RN Lobby Days 2011, and encourage each of you to attend future RN Lobby Days. The legislative process may not change, but the issues will, and therefore it is likely that your involvement will be just as important as it is today. After all, what better way is there to improve your profession, than to be a part of the change you would like to see?



APRN Summit—April 30, 2011

Report from Elissa Brown

On April 30th, 2011, the California APRN Summit Group met in San Pedro, California at the lovely Community Center at Fort MacArthur. Some history of the APRN Summit: the first Summit type of meeting was convened about 4 years ago by ANA/C and its affiliate, CAPNAP (the California Association of Psych\ Mental Health Nurses in Advanced Practice). Since then, they held a number of meetings with representatives from the four advanced practice nurse groups, CACNS (California Association of Clinical Nurse Specialists, CANP (California Association of Nurse Practitioners), CANA (California Association of Certified Nurse Anesthetists) and CANM (California Association of Certified Nurse Midwives). In addition, school nurses and nurses from the California Board of Registered Nursing, hospitals, and nursing programs attended the meetings. This group developed a White Paper addressing the Future of Advanced Practice Nursing in California. The Summit meeting in San Pedro served to bring the nursing groups back together for more strategic planning and to finalize their White paper.

Our Keynote Speaker at the April Summit meeting was Liz Summers, Senior Policy Fellow at the American Nurses Association. She did an excellent and thought provoking job of discussing policy and advanced practice nursing from a national perspective. The Honorable Tricia Hunter, our ANA/C Executive Director, discussed the current political climate and happenings in California. Garrett Chan, spoke as the recently appointed Chair for the IOM/RWJ California Regional Action Committee Recommendation #1. This recommendation advocates for advanced practice nurses to practice to the fullest extent of their education, training, and (practice) and to remove the barriers to the scope of practice. He discussed how our APRN Summit group, as a structure already in place, has been and could continue to be the group to look at recommendation #1 for advanced practice nurses. The group was in agreement with his advice. Garrett will be gathering data and working closely with the group.

It was a very productive day. The networking is always worthwhile; we learn so much from one another. It is refreshing and positive to have this group of APRNs who are truly working together toward achieving our common goals.

Nursing Students in Sacramento Internship

by Bret Barrett

I have nursemares with increasing frequency as I approach my graduation. There's the one where I find my degree wasn't enough to practice as a nurse. I wake with a start after dreaming of the patient to whom I administered a drug, only to find out it was outside my scope of practice. Even more common, are those nursemares involving my children receiving care from unlicensed school personnel. In the morning, I realize they are simply nightmares because there is no way these could become real.

Unfortunately, each of these nightmares could come true. Any scary scenario you could imagine in your practice has probably been presented in our capitol. Fortunately, the nurses in Sacramento who advocate for our practice are very good at their jobs.

I recently was awarded the Nursing Student in Sacramento Internship for 2011 and had the pleasure of spending three days with these nurse advocates. In partnership with the California Student Nurse's Association (CSNA) and the Association of California Nurse Leaders (ACNL), the American Nurses Association of California (ANA/C) hosted two students, Emily Jackson and myself. Together we participated in RN lobbying days, working with those influencing policy in our state. For three days we worked tirelessly with those nurses who advocate for our core values.

Two of the important issues this week had to deal with medication administration. Diastat, a gel form of Valium given rectally for seizures, is being proposed to be administered by volunteers with no medical background. The bill would require each volunteer, with limited training and no educational requirement, to use nursing

process to determine appropriateness of administration. These volunteers would not come from school nurses, LVNs, or even teachers, but bus drivers, teacher's aides, and school secretaries. Although the ANA/C was unable to stop the bill in committee, the members are already formulating plans for the next steps in the process.

Propofol, a drug on everybody's mind since Michael Jackson's death, has a clear case law as an anesthesia drug. However, many hospitals are asking nurses to administer the prescription. The Board of Registered Nurses (BRN) recently issued conflicting statements, from two different members, on where this falls in scope of practice. The ANA/C is working with the BRN to create a statement to clarify which medications fall under normal scope of practice and which are reserved for anesthesiologists or CRNAs.

In both of these cases I had the opportunity to participate in the process. We went around and lobbied for the safety of school children. Discussed and debated the merits of the legislation. Researched case law and alternative methods. We were even able to give our opinion in front of the State Senate's Health Committee. The immersion into the process taught me more than a full semester of Leadership class.

Thank you to the ANA/C for hosting me this week. Additionally, thank you to the CSNA and the ACNL for awarding me with such an honor. The experiences I enjoyed these three days will stay with me throughout my career. I am excited to advocate at all levels, from my individual patient to the highest levels of government and encourage all nurses to use their influence to promote beneficial change.

POLST Across the Continuum of Care

Another in a series of articles specifically on nursing and POLST. Thank you to the Coalition for Compassionate Care of California (CCCC).

Elissa Brown, President, ANA/C

Kate O'Malley, RN, MS, Senior Program Officer at the California HealthCare Foundation

California's nurses are hard at work implementing an innovative tool called the Physician Orders for Life-Sustaining Treatment (POLST) to help patients express their end-of-life wishes.

POLST is a medical order form signed by a patient and his or her physician that specifies the patient's preferences regarding Cardiopulmonary Resuscitation (CPR), hospitalization, and treatments like antibiotics, feeding tubes, and other medical interventions. Produced on distinctive bright pink paper, POLST travels with patients as they move from one residential or medical setting to another and keeps providers informed of their patients' wishes.

Nurses have a critical role in ensuring that seriously ill patients are aware of POLST and understand the available treatment options. They also have the opportunity to work with other providers to ensure POLST forms move with patients across care settings.

"Nurses have been strong leaders in the use of POLST, helping patients to make their wishes known," said Betty Ferrell, RN, PhD, MA, FAAN, FPCN, a research scientist at City of Hope in Duarte. "POLST helps nurses navigate complex care situations and ensures that patients receive care that honors their dignity."

But nurses can't do it alone.

"POLST includes participation from a patient's entire medical team," said Joanne Hatchett, MSN, RN, FNP, a family nurse practitioner for the Woodland Clinic Medical Group and project director for the Yolo County POLST Project. "Doctors, nurses, chaplains, and social workers all work together to have the POLST conversation with patients."

It's often helpful to begin the conversation by talking with patients about the things that are important to them.

Hatchett, for example, had a patient who enjoyed watering plants and playing with his grandchildren. He had been on a ventilator when his physician talked about inserting a tracheotomy tube, but Hatchett asked the physician whether having the tube would allow the patient to do the things he loved. When the doctor said no, the man chose not to pursue the procedure. If it didn't allow him to spend more time doing the things that mattered to him, he didn't see any reason to have the tracheotomy. So instead, he asked his physician to remove the ventilator, and he spent his final days comfortably with his family.

POLST conversations can occur across the continuum of care. An ideal time to discuss a patient's wishes is outside of the acute care setting. It's preferable to have these conversations when patients are not facing a health

crisis and can think about what they really want and make an informed decision. Ongoing office appointments, for example, present a good opportunity to facilitate conversations about a patient's preferences for end-of-life care.

"The conversation doesn't have to all take place during one visit," said Chris Evans, MSN, RN, an educator for Catholic Healthcare West in Sacramento and chair of the Sacramento Area POLST Coalition. "It's not an easy conversation to have, but it's important to start discussing goals for end-of-life care."

A POLST form may be changed by a patient at any time. If after completing their POLSTs, patients have a change of heart about the kind of care they would like to receive or their health condition changes, they can always talk with their providers to complete a new POLST. For example, initially a patient may choose to have CPR and long-term tube feeding. However, if his health declines, he might decide that he no longer wants these treatments and can complete a new POLST form.

"The beauty of POLST is that it can always continue to be changed," said Evans.

To ensure that the POLST form moves with patients across the continuum of care, nurses can educate their patients about the portability of POLST. A nurse can instruct a patient living at home, for example, to keep the POLST form near the bed or on the refrigerator door because these are the locations where emergency medical personnel will look for a POLST form. Nurses can also encourage patients and their families to take their POLST form with them to medical appointments or the hospital and always provide it to emergency responders.

If a patient completes a POLST while in a care facility, nurses have the opportunity to ensure that the form stays with the patients when moving to another care setting or returning home.

"POLST belongs to patients," said Evans. "Some facilities already include in their policies that POLST forms should be treated like a patient's personal property and must be transferred with the patient when they change health care settings."

Acute Care Facilities

Some patients come to acute care facilities without a POLST, while others already have a POLST form completed.

If a POLST has been completed before a patient arrives at an acute care facility, a nurse might be the first to see the form and needs to determine whether the POLST form is current and filled out correctly. If it is, the nurse will work with physicians and other medical staff to carry out the patient's wishes.

On the other hand, if a patient enters the hospital without a POLST, there may be an opportunity to have the POLST conversation, especially if the patient was just diagnosed with a life-limiting illness or if a chronic, progressive illness has become more severe. Bedside nurses have an especially important role to play, because

they spend so much time with their patients and can explore the patient's wishes and goals of care.

"Doctors often ask patients and their families if they have any questions, but people are either too overwhelmed to ask or they think of a question later," says Jackie Kimball, RN, palliative care coordinator for St. Bernardine Medical Center in San Bernardino. "In those circumstances, nurses are the best source of information about end-of-life choices."

If a hospital has a palliative care team, they can also be a resource for nurses having a POLST conversation. These teams are trained in discussing important medical decisions, and understand the importance of being honest with a patient about their situation.

Skilled Nursing Facilities

Skilled nursing facilities are another location where patients could benefit from a conversation about end-of-life care, as many residents have multiple, complex, and progressive medical conditions.

"Some patients are readier than others to discuss their situations, so it can take several conversations to complete a POLST form," says Deborah Patricio, RN, BSN, CCM, director of inpatient services for Monarch Healthcare and co-lead of the Orange County POLST Coalition. "Nurses can start by doing some preliminary detective work to get a sense of the patient and family, and then they can see how POLST fits into the patient's established values."

Hospice

When a patient begins hospice care, nurses have another opportunity to have the POLST conversation.

"POLST gives patients and their families peace of mind," said Pam Young, RN, a clinical educator for Hoffmann Hospice in Bakersfield. "It facilitates decision-making and allows for conversations about end-of-life care."

Whether patients are receiving hospice care at home or in a facility, Young has found that most patients want to express their wishes.

"It's very rare to have patients who can't make choices after discussing their end-of-life care," said Young. "And if patients aren't quite ready, they can think about their wishes and discuss them again later."

No matter what the setting for the POLST conversation, nurses should be prepared to take the time to listen and be open to talking about options with their patients.

"When patients want to tell someone their wishes, it's our job to listen to them," said Patricio. "They see nurses as their advocates, and so they often feel comfortable talking with us."

Your Care Setting

If POLST has not yet been implemented in your clinical setting, the first step is to bring it to the attention of your medical or administrative leadership.

"It is important to bring POLST to your colleagues' attention and help them understand its advantages," said Kimball. "As advocates, we're always looking for opportunities to improve our patients' care. That's what POLST is, and that's why I'm such a believer in it."

To learn more about POLST, you can visit the California POLST website at www.caPOLST.org. You can find information on POLST efforts in your area, as well as the contact information for POLST advocates across the state. The Coalition for Compassionate Care of California (CCCC) also offers train-the-trainer courses to help organizations and coalitions initiating POLST programs in their facilities and communities.

the ANA President. I shall strive to update you about the issues that we address on behalf of ANA/California, other states and ANA.

Thank you again, to our members, to our very reliable ANA/California Board members and staff who do their best, work hard, promote quality healthcare for the public, participate in healthcare reform and support the Nursing profession, ANA/California and ANA; and to all nurses.

Please do join us for the following (please see our website for more details):

ANA/C GENERAL ASSEMBLY
Saturday, October 29th, 2011
at West Coast University, Ontario, CA

Karen Daley, ANA President
will be our
Keynote speaker
Please see flyer on our website.

We welcome any comments, questions and suggestions.

Nurse Support Group Facilitators Needed



Board of Registered Nursing

- ❖ Are you a Registered Nurse?
- ❖ Do you have at least one year of chemical dependency experience?
- ❖ Do you enjoy working with groups?

You may be qualified to run a Nurse Support Group

For more information
Visit our website at
www.rn.ca.gov

Board of Registered Nursing
Diversion/Probation Department
1625 N Market Blvd., N217
Sacramento, CA 95834

Contact: Millie Lowery
Phone: 916-574-7619

July, August, September 2011

Nurses Step Forward: ANA/C Practice Committee

The 2011-2013 ANA/C Practice Committee term has just begun and I would like to extend an invitation to nurses who are interested in participating and have a special interest in practice issues. The purpose of this committee is to provide input to the legislative committee regarding nursing practice issues, identify priority issues that affect nursing practice in California, and review and develop ANA/C positions related to nursing practice.

This committee is currently conducted by e-mail interaction. As director, I correspond in a monthly newsletter to members on topics of interest and encourage dialogue between members on all topics. When practice issues or comment is needed on an issue, correspondence will go to members throughout the month. Practice Committee members may bring questions and topics of concern to the committee as needed, at anytime.

The ANA/C Practice Committee consists of RNs from varied backgrounds and levels of experience. We are a diverse group of nurses from different practice areas and offer a valuable voice.

If you are interested in participating, contact donnadolinar@anacalifornia.org.

Golden State Nursing Foundation (GSNF)



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.



Save the Date

**AMERICAN NURSES ASSOCIATION/CALIFORNIA
GENERAL ASSEMBLY
Date: Saturday, October 29, 2011
Place: West Coast University • Ontario, California
Time (tentative): 9:30 am-4:30 pm**

Agenda includes:

- Keynote: Karen Daley, President of ANA
- Continuing Education Session: Learning through Simulation
- Introduction of the ANA\C Board
- Business meeting, Bylaws and Resolutions discussion and voting
- Silent Auction and Door Prizes
- Open discussion

*More information will be sent in the coming months. We look to forward seeing you there.

ANA\C GENERAL ASSEMBLY October 29, 2011 (9:30 am-4:30 pm) REGISTRATION FORM

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Member of ANA\C? Yes No ANA membership number: _____

Fee: \$25.00 Members \$35.00 non members—Includes lunch, breaks, and CE credits

I have enclosed my check payable to ANA\C in the amount of \$25.00 \$35.00 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\C – General Assembly 2011
1121 L Street, Suite 409
Sacramento, CA 95814

*Please check for program details and updates at: www.anacalifornia.org

Membership and Communication

ANA Members Matter!



YOU are our best representatives

- *ANA's strength lies in you, our members.* And that strength and effectiveness will grow if ANA grows. We are asking **YOU** to help us grow by inviting your colleagues to join your association. We know how busy you are, so we are providing you with a very simple **member-get-a-member** system that can quickly and easily convey to others your enthusiasm and commitment to ANA and to nursing.
- *All you need to do is provide the names and contact e-mail for your chosen colleagues.* ANA will then forward membership information and materials to your colleagues along with an e-mail invitation from you.
- *Our "Thank You" to those who bring us new members is also quite simple.* We will send each member whose referral successfully brings us a new member a **\$25 gift card in sincere appreciation for helping us** build our membership. **And one member will win a drawing for \$1,000!**
- *Most importantly, this member program allows every busy ANA member an opportunity to participate in the meaningful growth of our association.* Please share ANA membership with at least one friend or one colleague and help us grow!

For details visit: NursingWorld.org/Member-get-a-Member



Help us stay in touch:

Do you have a new address or e-mail address?

You can help American Nurses Association/California 'stay in touch' by updating your contact information. Call ANA/C at 916-447-0225, e-mail us a anac@anacalifornia.org or return this form to:

The 'Nursing Voice'
c/o ANA/C
1121 L Street, Suite 409
Sacramento, CA 95814

ANA/C Member Identification No. (if applicable)

Name: _____

New Address: _____

Old Address: _____

New E-mail Address: _____

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



AMERICAN NURSES ASSOCIATION CALIFORNIA
AN AFFILIATE OF THE
AMERICAN NURSES ASSOCIATION