

The American Nurse

March/April 2005

The Official Publication of the American Nurses Association

Up close and personal

By Susan Trossman, RN

Nurses become active in the environmental health movement for many reasons. For Susan Tullai-McGuinness, PhD, RN, chair of the Congress of Nursing Practice and Economics, it was both personal and professional.

"I have a grandson who has a lot of different allergies and was hospitalized with respiratory problems as an infant," she said. "He was reacting to his environment."

That environment, said Tullai-McGuinness, was a town in West Virginia with "lots of factories and lots of pollution." After delving into environmental issues on her own, she accepted an invitation to participate in the "RN No Harm Train-the-Trainer" program at ANA's convention in June 2004.

"As nurses we want to improve someone's health, yet we are going about it the wrong way when, as part of the health care community, we use products that release mercury, dioxins and PCBs into the environment," Tullai-McGuinness said. (Mercury is a powerful neurotoxin, and dioxin is a known human carcinogen.)

Since attending the RN No Harm program, she has helped conduct a continuing education class at her Ohio Nurses Association district that addressed hospital products and practices that impact the environment. She also has reached out to undergraduate nursing students enrolled in her community health course by staging an "environmental health day." And, as a member of her local hospital board, she hopes to influence that health care facility's product purchasing and policies.

One of her future goals is to work with members of ANA's constituent member associations to encourage them to determine where political candidates stand on environmental issues prior to endorsing them for office.



A Connecticut passion

For Connecticut Nurses Association (CNA) member Anne Hulick, MS, RN, the pursuit of environmental justice represents a "life-long passion."

"I really want to help people understand concretely how our impact on the environment and the ecosystem clearly impacts our own health," said Hulick, who is pursuing a law degree. "I believe that we have a responsibility and moral obligation to make choices that promote sustainable development practices that improve health, rather than just treat disease." (Hulick hopes to use her current health background with her future legal expertise to create environmental policy.)

She believes that nurses, particularly working in conjunction with environmental groups, can really make a difference. Proof of that is the recent passage of two Connecticut laws – largely due to the collaborative efforts of CNA and the Connecticut Fund for the Environment. One law takes aim at cleaning up the air by reducing the acceptable level of vehicle emissions and the other at protecting water supplies from certain types of land development.

"Connecticut has some of the worst air in this country, and many people feel powerless to do anything about it," she said. "As a nurse, I provided testimony with other CNA members about

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Nurses and the environment: A natural pairing

By Susan Trossman, RN

This year on April 22, people around the world will be celebrating Earth Day with events designed to promote awareness and showcase strategies to better care for our planet. Among them will be countless nurses, who increasingly are working to improve the environment not just on Earth Day, but 365 days of the year.

Nurses' concerns about the quality of air, water and soil on people's health did not begin when Earth Day was first recognized 35 years ago. Rather, it goes back to the time of Florence Nightingale, who spoke at length about this precious connection.

ANA believes that one way to achieve a healthier planet is to stop the health care industry from pushing products and practices that cause harm. To meet this goal, ANA has engaged in several strategies, mainly through collaborating with health care environmental groups, developing policy and pursuing nurse education campaigns.

One key partnership has been with Health Care Without Harm (HCWH), an organization of more than 400 members from health care systems, health professional associations, environmental groups and health advocacy groups in 52 countries. HCWH addresses issues including eliminating hospital emissions from the incineration of dioxin, the health effects of leaching from PVC products, such as some plastic IV bags, and controlling pests without harmful pesticides.

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For all the latest nursing news, go to www.NursingWorld.org

Case History #581*

Name: Lynn Brown, CRNP, Kennedy Memorial Clinic

Case: Patient contended that the nurse practitioner who examined and prescribed medication for patient's lower back pain gave an incorrect diagnosis, citing "severe muscle spasms." Consequently, he sustained irreversible neurological damage. Patient contended that the initial incorrect diagnosis is responsible for causing his ongoing illness and loss of earning capacity.

Cost: \$1,000,000 - Settlement for the Patient
50,000 - Lawyers' fees
+ 20,000 - Deposition expenses

Total: \$1,070,000
- \$370,000 - Employer coverage paid
\$700,000 - Amount Nurse Brown is responsible for

This lawsuit was overwhelming to Nurse Brown – professionally as well as financially and emotionally. You see, she thought that the liability coverage her risk representative told her that she had through her employer was enough.

But it wasn't.

Now, Nurse Brown is financially devastated. As a result of this one lawsuit, she lost her personal savings. She even lost her home and automobile. Not to mention her reputation as a dedicated professional nurse that she worked so hard to build over the last 20 years. If she had her own Professional Liability Insurance, her situation might be a lot different.

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Don't let what happened to Nurse Brown happen to you. Apply for Professional Liability Insurance **today.**

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Administered by: Marsh Affinity Group Services, a service of Seabury & Smith, Inc., 1-800-503-9230.

Underwritten by: Chicago Insurance Company, one of the Fireman's Fund Insurance Companies.

*The names of the nurse practitioner and clinic are fictitious; however, the facts of the case are real.
*For \$2 million per incident, \$4 million aggregate for a full-time Family Nurse Practitioner in most states. Includes a 10% credit for one of the following: certification, participation in an approved risk management seminar or employment in a magnet hospital.

All rates and coverages are subject to the terms and conditions of the policy and may vary by state.

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Fragile: Handle with Care

Handle with Care — usually the phrase is preceded by “fragile.” When we see it, we understand that the object is easily harmed and will require special handling if it is to make it to its destination unscathed. If we value the object, we take care to be gentle, to provide extra support or packaging to ensure a safe trip.

When we're young, we don't think of our bodies as fragile or easily harmed. We're wrong of course; we just don't know it yet. As nurses we learn over the years that muscular-skeletal damage is cumulative and unrelenting, and we pay the price in herniated discs, torn muscles and ligaments, compression fractures, micro-tears and other damage. The damage is life altering. It can lead to constant pain, lifestyle changes and disability.

ANA is dedicated to making sure the next generation of nurses never experiences what previous generations have had to deal with when it comes to back injuries. And we want to make sure that today's nurses have the opportunity to practice as long as they choose to by redesigning the work place to prevent further harm. We're valuable as nurses because of what's in our brains, not the strength of our backs. The research data are clear. There is no safe way to move patients manually.

ANA's Handle with Care campaign is a comprehensive approach to reaching the goal of preventing back injuries in nursing staff. We're well on our way to accomplishing the goal. I've just returned from the fifth annual Safe Patient Handling and Movement Conference, which ANA cosponsored with the University of South Florida and Audrey Nelson, PhD, RN, FAAN, director of the Tampa VA Patient Safety Center. There were more than 700 participants in attendance. The commitment to preventing further back injuries was a powerful force throughout the conference. The tools — from the research, to making the business case, to evaluating the environment, to assessing the risk, to determining the



President's Perspective

proper technology, to involving the staff and the patients in the implementation — were all there. The participants ranged from chief nurse executives to nursing assistants, from staff nurses to physical and occupational therapists, from nursing faculty to vendors wanting to design better systems. They left knowing how to make a difference and committed to doing so.

That brings me to you. What can you do to help? First, go to Nursingworld.org and learn more about the program. I think you'll be surprised at how comprehensive it is. Thanks to support from the Johnson & Johnson Co., we have been able to send material to every acute care facility in the country. Your hospitals should have the material, so follow up and see how you can work with your facility to make safe patient handling and movement a reality. You'll make a difference for your patients and yourself. If you're looking for a new job, then make a commitment to yourself to work only in a facility that has a no-manual-lift policy. During your job interview, ask about no-lift policies. If there isn't such a policy, don't accept the position, and make sure the interviewer knows why.

Just think what would happen if every nurse looking for a new position did that. Recruiters all over the country would be turning to HR directors, who would turn to the CEOs and deliver the message: “Without a no-lift policy, there will be no new hires in nursing.”

Kinda makes you smile, doesn't it?

'til next time,

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The value of membership What has ANA done for me lately?

Throughout the year, ANA uses your dues to address several aspects of its core issues — nursing shortage, nurse staffing, workplace health and safety, workplace rights and patient safety — and its cornerstone work, ethics and standards. Your dollars help ANA accomplish much to advance the profession, improve the work environment and protect patients. The following is just a sampling of recent ANA work and accomplishments on your behalf:

- ANA sent a letter to Secretary of Defense Donald Rumsfeld supporting further investigation into possible actions of health care professionals in the abuse of detainees at U.S. detention and interrogation facilities. ANA is not aware of any specific situations that have involved RNs; however, it is concerned about the possible role that RNs or other health care professionals may have played in this abuse. The ANA's *Code of Ethics for Nurses* and other ANA policies condemn violations concerning issues of health and human

rights and guide the role of U.S. registered nurses in providing services.

- On Jan. 18, ANA presented its “Handle With Care” campaign as part of a Rhode Island health-care leaders meeting in Providence. The gathering, which was arranged and hosted by the Rhode Island State Nurses Association (RISNA), provided an opportunity to directly inform and promote an ANA-RISNA joint effort to advocate for safe patient handling measures that help prevent back injuries among nurses. The meeting was held in part to raise awareness among major decision-makers, so they could embrace the idea of establishing “no manual lift” policies throughout hospitals and health care systems within the state. Topics discussed included the risk of injury associated with manual patient handling and the effect on the nursing shortage, as well as the success of program and technology solutions in preventing injuries secondary to patient handling. ■



In Brief

Federal measure banning forced OT introduced

ANA is asking federal legislators to act on a measure that would strictly limit the practice of forcing RNs to work overtime.

Reps. Pete Stark (D-CA) and Steven LaTourette (R-OH) introduced the "Safe Nursing and Patient Care Act of 2005" in the U.S. House of Representatives in early February.

ANA has been at the forefront when it comes to securing federal legislation prohibiting forced overtime and worked with legislators and other nursing organizations to develop the measure.

"Study after study has shown that the use of forced overtime endangers nurses and their patients," said ANA President Barbara A. Blakeney, MS, RN. "The Safe Nursing and Patient Care Act would prevent health care facilities from forcing exhausted nurses to work extra shifts."

If passed, the legislation would, among other things, prohibit health care facilities that receive Medicare funding from requiring an RN or LPN to work beyond an agreed to, predetermined, regularly scheduled shift. In no instance could a nurse be required to work more than 12 hours in a 24-hour period or for more than 80 hours in a two-week period. It would include an exception in the case of a declared national, state or local emergency.

So far ANA and its largely state-based nursing associations have been successful in winning laws that either ban or severely limit the use of mandatory overtime in 10 states: California, Connecticut, Maine, Maryland, Minnesota, New Jersey, Oregon, Texas, Washington and West Virginia. Similar measures have been introduced in 15 other states.

ANA, ANA\C win battle over board

ANA and ANA\California nurses and consumers scored a victory Feb. 17 when California Gov. Arnold Schwarzenegger pulled back his proposal to eliminate the state's Board of Registered Nursing (BRN).

"We are pleased the governor heard our concerns," said ANA President Barbara A. Blakeney, MS, RN. "The Board of Registered Nursing plays a vital role in regulating the practice of nursing, and therefore, protecting patients. We will continue to advocate for the board of nursing's independence and for the critical role it plays in protecting patients."

Schwarzenegger submitted a reform proposal to the Little Hoover Commission in January that recommended the elimination of 88 independent regulatory boards and commissions, including the BRN. Both ANA and ANA\C submitted expert testimony to the commission, outlining their strong opposition to the proposal. The Little Hoover

Commission is an independent state agency that reviews the operations of state government.

ANA\C also has met with legislators and other policymakers repeatedly to voice its concerns about eliminating the BRN, and asked individual RNs also to register their concerns to the governor.

"This is a great victory, but we have not won the war," said ANA\C Executive Director Tricia Hunter, RN. The governor might rework his plan, which he promoted as a way to streamline the state's bureaucracy.

Hunter urged California nurses to continue to write the governor at www.ca.gov opposing any plans to discontinue the BRN or create regulations that might adversely impact the BRN's current oversight of RN practice in the state. The BRN has nine members, four of whom are consumers.

Cover the Uninsured Week, May 1-8

Today, 45 million Americans have no health insurance, including more than 8 million children. Eight out of 10 uninsured Americans either work or are in working families.

Cover the Uninsured Week 2005, May 1-8, will bring together individuals and diverse organizations to tell our leaders that health care coverage for all Americans must be their top priority. *Cover the Uninsured Week* events will take place in hundreds of communities nationwide.

ANA has been a national partner with the *Cover the Uninsured Campaign* since 2000. Many state nurses associations have also been active in the campaign. In addition to ANA, national partners include the U.S. Chamber of Commerce, AFL-CIO, Healthcare Leadership Council, AARP, United Way of America, American Medical Association, National Medical Association, Families USA, Blue Cross and Blue Shield Association, America's Health Insurance Plans, American Hospital Association, Federation of American Hospitals, Catholic Health Association of the United States, Service Employees International Union, National Council of La Raza, The California Endowment, W.K. Kellogg Foundation and the Robert Wood Johnson Foundation.

Visit www.CoverTheUninsuredWeek.org for more information, planning guides and updates on the *Week*.

ANA defends CRNA autonomy

The Supreme Court of New Jersey has granted a petition by the New Jersey Association of Nurse Anesthetists (NJANA) to stay an appellate decision limiting the authority of certified registered nurse anesthetists (CRNAs). The court has agreed to hear arguments in the case. ANA has supported NJANA throughout its endeavors to

Chicago hospital violating labor law?

The Illinois Labor Relations Board charged the John H. Stroger, Jr. (formerly Cook County) Hospital Feb. 15 with violating state labor law by collaborating with the California Nurses Association (CNA)/National Nurses Organizing Committee (NNOC).

Stroger nurses are represented by the Illinois Nurses Association (INA), but CNA/NNOC has been trying to force a vote that would ask bargaining units members to switch their representation from INA to CNA.

"It appears that the hospital is supporting a raid from another union, rather than focusing on improving the nurses' working conditions, so they can provide safe patient care," said INA Vice President Pam Robbins, RN. "This is unconscionable."

The labor board complaint was issued in response to an unfair labor practice (ULP) charge that INA filed against the hospital.

The ULP charges state that the hospital is allowing NNOC/CNA representatives into secure patient areas against its own security policies while excluding INA representatives who have a contractual right to conduct business on the premises. The hospital also has provided CNA with a conference room in a secure patient care area for the purpose of distributing campaign materials, an action which also violates hospital policy, according to the ULP.

have the decision overturned and will continue to work with the group to protect the practice of CRNAs.

The decision stems from regulations set by the New Jersey Board of Medical Examiners (BME) that require all CRNAs administering anesthesia in an office setting to be directly supervised by an anesthesiologist or an anesthesia-qualified physician.

BMEs in many states have fought to obtain regulatory authority over CRNA practice, but their attempts have been rejected by state courts, concluding that such rules were unsupported by evidence or by consumer need.

In an amicus brief filed with the court, ANA argues that the decision "raises important and unresolved questions of public importance regarding the BME's authority in New Jersey to use delegated rulemaking authority to undermine the practice of nursing that is regulated by the BN [Board of Nursing]." ANA also is concerned about the BME's failure to consider available empirical data on the safety and efficacy of CRNA practice in the state.

The brief cites data from the National Practitioner Data Bank and the Health Integrity Protection Data Bank that demonstrate that over the past 13 years, nurse anesthetists were named in only 14 adverse incidents in New Jersey. The cases in question account for less than .01 percent of all CRNA cases reported in the United States and are substantially lower than those reported for New Jersey physicians and anesthesiologists.

RNs respond to tsunami disaster

ANA has fielded hundreds of calls from RNs who have wanted to help in the South Asian tsunami relief efforts. In particular, ANA's efforts have centered on assisting Project HOPE

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In Brief

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in providing civilian nursing staff for the U.S. naval ship *Mercy*, a “floating hospital.”

Civilian health care professionals were needed to support two 30-day missions in the region. According to Project HOPE, the response by RNs and other health care professionals was tremendous and the quality of interested applicants outstanding.

ANA also has been collaborating with the International Council of Nurses (ICN), which has been in contact with national nurses associations in the countries most severely affected by the earthquake and tsunami. The nurses associations in India, Sri Lanka and Thailand, in turn, are closely involved with their communities and national relief operations to assist people in their recovery. To donate to the nurses associations in the hard-hit region, nurses should go to ICN’s Web site, www.icn.ch.

In addition, ANA worked with the India Society of HealthCare Administrators to obtain used nursing textbooks to replenish those lost in the earthquake and tsunami disasters. Those interested in assisting in this effort can contact Rabi’a Graney at rabiagraney@aol.com.

ANA opposes mandatory reporting of minors’ sexual activity

ANA, along with the Kansas State Nurses Association and numerous other associations of physicians, psychiatrists and pediatricians, has filed a “friend of the court” brief with the U.S. Court of Appeals, Tenth Circuit, to help reverse an earlier decision by a Kansas district court that health care professionals must report to state officials when they learn that patients or clients under the age of 16 have engaged in any sexual activity—even if it is consensual and not abusive or injurious.

The brief outlines ANA’s concerns that the mandatory reporting decision, if allowed to stand, will undermine the understanding of confidentiality between health care providers and adolescent patients. Studies of adolescents demonstrate that those who mistrust their health care provider’s confidentiality are less likely to discuss substance abuse, mental health issues and sexual behaviors. And without full information from a patient, a health care provider may not be able to make an accurate diagnosis or deliver appropriate care.

Furthermore, adolescents are likely to postpone seeking treatment if they suspect their relationships with their health care providers are not confidential. Such delays could contribute to the spread of sexually transmitted diseases (STDs) or low birth weights and other health problems in infants born to teen mothers. ■

INA-supported legislation on workplace violence

Illinois lawmakers currently are considering legislation promoted by the Illinois Nurses Association (INA) that is designed to prevent workplace violence.

State Rep. Lou Lang (D) introduced the measure called the “Health Care Setting Violence Prevention Act” (HB 399) in the Illinois House of Representatives Jan. 25.

In part, the legislation calls for community group homes and state mental health facilities to:

- adopt and implement a plan to prevent and protect employees by July 1, 2006
- provide workplace violence prevention training to employees by July 1, 2007
- keep records of threats toward employees and violent acts against employees and others at the facility, and report those incidents to the Illinois Department of Labor and to the appropriate governmental regulatory body
- review the plan’s effectiveness at least once every three years.

Lang began working with INA nurses — and particularly those from RC-23, the bargaining unit that represents all state-employed nurses — to address workplace violence after a nurse at Zeller Mental Health Center was critically injured by a patient in November 1999.

Following state hearings in 2000, some facilities began to work with nurses to create workplace prevention programs, according to Debbi Reed, RN, a former Zeller nurse and now assistant director of INA’s Economic and General Welfare Program. But many of those efforts went by the wayside after little over a year.

“Illinois officials did not live up to their promise to keep health care workers safe,” Reed said. “Between September and October 2004 alone, three nurses at state facilities were critically injured.

“I’m a patient advocate first, but we have to keep staff safe.”

So RC-23 and other INA nurses renewed their effort to get a strong measure addressing workplace violence passed. Those efforts included nurses providing testimony March 1 before a House committee.

“Once the legislators listened to nurses testify, they understood the need for these programs,” Reed said.

She believes that the House will pass the legislation, and then move to the Senate for action, most likely in early April. ■




In Brief


WEB-ONLY EXTRAS

You can find these important brief news stories in the Members Only section of www.Nursingworld.org.


Research using human subjects

The U.S. Department of Health and Human Services (HHS) is making it easier for all research institutions to ensure they are complying with regulations protecting human subjects. For more information, go to www.nursingworld.org/tan. 


Alert on PCA use

Well-intended family members and caregivers who want to keep patients from suffering may actually be putting them at risk by becoming involved in administering patient-controlled analgesia (PCA), according to a new warning by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). For more information, go to www.nursingworld.org/tan. 


Staying silent

A national study of more than 1,700 nurses, physicians, clinical care staff and administrators found that fewer than 10 percent address behavior by colleagues that routinely includes trouble following directions, poor clinical judgment or taking dangerous shortcuts. For more information, go to www.nursingworld.org/tan. 

Pain, restraint use down in nursing homes

Fewer nursing home residents are suffering from chronic pain and fewer are being physically restrained, according to data collected by the Centers for Medicare and Medicaid Services (CMS) two years after the launch of the federal Nursing Home Quality Initiative (NHQI). For more information, go to www.nursingworld.org/tan. 

APRNs the key in Keystone State

Pennsylvania State Nurses Association (PSNA) issued a call to action to better utilize advanced practice registered nurses as a key way to provide quality care in Pennsylvania’s over-burdened health care system. For more information, go to www.nursingworld.org/tan. 

Up close

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the health effects of poor air quality.”

She cited the *January 2004 Connecticut Highway Corridor Health Study* that focused on particulate matter in the air being linked to adverse health effects, including higher instances of respiratory illness and acute myocardial infarctions. She also addressed its wider effects, from children increasingly missing school days to burgeoning health care costs.

Hulick also spoke at CNA's annual convention about advocating for the passage of the two state measures in 2004 and nurses' often untapped power to influence policy.

“Initially, I felt that I had nothing to say of value,” said Hulick about testifying before the state committee. “But the legislators and the committee listened to me *because* I was a nurse. This is the work that nurses are supposed to be doing: promoting health and making positive changes.”

She currently is working with CNA on another initiative to promote clean air by reducing diesel emissions.

Nurse-physician communication: Enhancement strategies

How information is communicated among physicians and other members of the health care team is as important as what is communicated. Research has shown that where communication is poor — particularly between the RN and the physician — everyone is affected, from patients to families to other staff. Health care errors, readmissions and even death, can result from poor communication. A new Web cast highlights research on the relationship between communication and safety and quality of care, components of effective communication and basic tenets incorporated in the Gerontology Interdisciplinary Team Training (GITT) — a program designed to improve the care of elders by enhancing the interdisciplinary training of health professions students and professionals.

Follow this link to access the Web cast anytime: www.NursingCenter.com/AJNolderadults.

This third in a series of 18 Web casts is a collaborative effort among the American Journal of Nursing, the Gerontological Society of America (GSA) and PRIMEDIA Healthcare, sponsored in part through a grant from Atlantic Philanthropies. The broadcast series is designed to provide information and skills to improve the care and well-being of older adults. If you have any questions about the broadcast (or the associated print series), contact Katherine Kany, project manager, at (703) 729-6050 or katherinekany@adelphia.net. ■

Bringing the message to Michigan nurses

Michigan Nurses Association members Linda Taft, RN, and Gloria D. Anderson, RN, both attended the June 2004 RN No Harm Train-the-Trainer program at the urging of a colleague.

“As nurses, we always make a link between lifestyle and illness when we talk with our patients,” said Taft, a surgical services staff nurse. “I think we need to examine the environmental factors that affect our patients.

“For example, Detroit has one of the highest asthma rates in the country. So when we're working with patients with asthma, we should ask more about where they live, what work they do and even what cleaning products they use in their homes.”

Taft and Anderson recently spread the word about healthy environmental practices to about 30 nurses who braved a January blizzard to attend a mini-No Harm workshop for nurses at St. John Health System, Macomb.

“Because the workshop lasted only four hours, our main goal was to begin building awareness about what environmental health is and how we can change some of our practices that contribute to an unhealthy environment,” said Anderson, a case manager. She cited current practices that increase the volume of waste hospitals produce and the misuse of red bags for non-biohazardous materials.

“In every area of the hospital — the OR, the ER — you can have an overall plan to eliminate waste,” added Taft.

Taft also presented “Creating an Environmentally Friendly OR” before a roomful of more than 250 nurses at the Association of periOperative Nurses in October 2004.

“Before going into the OR, we often do our three-minute hand scrub with the water running,” she said. “The smart thing to do is turn the water off while scrubbing.”

Taft also pointed out that OR nurses can cut down on waste by removing unneeded items that have the potential to be sterilized and repackaged for alternate uses. And, she added that nurses should advocate for using products that have fewer layers of packaging.

In yet another project, both Anderson and Taft are involved in developing a regional RN No Harm Train-the-Trainer workshop to be held April 15 to 17 in Ann Arbor, MI.

Delaware nurses in, mercury out

The Delaware Nurses Association (DNA) has set its sights on eliminating mercury products from health care facilities and its residents' homes throughout the state.

Back in October 2004, DNA sponsored with Health Care Without Harm a continuing education conference for its members that addressed problems associated with mercury products, as



well as strategies to replace those products with environmentally safe alternatives — such as switching traditional sphygmomanometers with digital or analog models.

“As part of the challenge, we were asked what we could do in the next six months to address mercury elimination,” said Nancy Rubino, EDD, RNC, past president of DNA. “We decided that as part of our National Nurses Week 2004 plans, we would try to remove as many fever thermometers as we could across the state.”

As part of the initiative, DNA nurses created a public education campaign addressing the hazards of mercury and the environment.

“We've been having lots of warnings in Delaware about not eating fish because of mercury contamination,” Rubino said. “Still, people may not realize that disposing of mercury-containing products requires special handling. One thermometer can contaminate as much ground as a football field, and we get our water from underground artesian wells.”

DNA also collaborated with the Delaware Solid Waste Authority, parish nurses and environmental groups to sponsor mercury thermometer exchange sites at schools of nursing, hospitals, churches and community centers throughout the state during National Nurses Week. DNA also lobbied to get the state legislature to proclaim those same days as “Mercury Awareness Week.”

In all, nurses collected 1,540 mercury thermometers that week, and to this day, DNA still fields calls requesting information on exchanging thermometers and on how to safely dispose of mercury-containing products, including children's running shoes that light up with each footfall.

Rubino said DNA now plans to work with hospital administrators to change their purchasing policies and to remove the mercury-containing sphygmomanometers that may not be in use, but still hang on the walls of many hospital room walls throughout the state. ■

Susan Trossman is the senior reporter for *The American Nurse*.

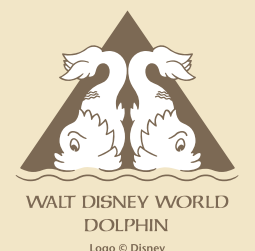
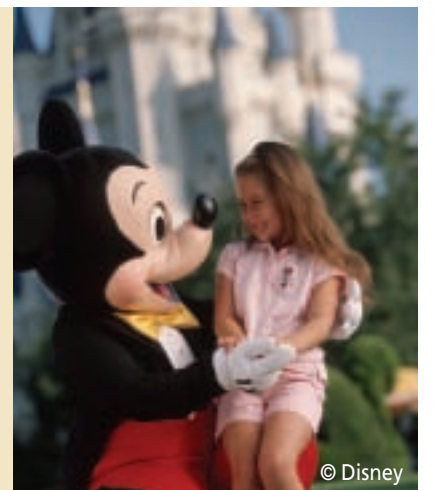
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UAN works with key members of Congress on federal RN ratio legislation

Providing enough nurses at the bedside is the most reliable and cost-effective way to ensure high-quality care that protects both patient and staff and decreases preventable hospital deaths. Unfortunately, a severe staff nurse shortage exists in our country. A 2002 report by the Health Resources and Services Administration states that by 2020, hospitals will be short 808,416 RNs. In a 2002 survey by the UAN, three out of every 10 nurses said it was unlikely they would continue to work as a hospital staff nurse in five years.

A major factor in the nurse staffing shortage is high patient-to-nurse ratios. A 2002 study by Linda Aiken, PhD, RN, found that higher emotional exhaustion and greater job dissatisfaction in nurses were strongly associated with higher patient-to-nurse ratios: Each additional patient per nurse corresponds to a 23 percent increased risk of burnout, as well as a 15 percent increase in the risk of job dissatisfaction. Approximately 43 percent of nurses reporting job burnout and dissatisfaction intend to

leave their current position within the next 12 months; only 11 percent of nurses satisfied with their position intend to leave within 12 months.

To remedy this crisis, the UAN has worked with the AFL-CIO and affiliate unions on legislation to establish federally mandated minimum RN-to-patient ratios. Rep. Janice Schakowsky (D-IL) plans to introduce the "Nurse Staffing Standards for Patient Safety and Quality Care Act of 2005" in the House of Representatives. It is vital that staff nurses contact their members of Congress to develop support for this legislation. You should urge your member of Congress to support federally mandated minimum safe registered nurse-to-patient ratios. **Specifically, you should call and request your member of Congress to contact Schakowsky's office and agree to be a cosponsor of this legislation.** To reach your representative by phone, please call the capitol switchboard number at (202) 224-3121. To find your member of Congress, please click on www.house.gov ■

UAN works with Sen. Kennedy and Rep. Stark on legislation to strictly limit mandatory overtime for nurses

Strictly limiting mandatory overtime for nurses is a critical step in improving the quality of health care and reducing medical errors. In its 1999 report "To Err is Human," the Institute of Medicine (IOM) estimated that as many as 98,000 hospitalized Americans die each year as a result of errors in their care. In a 2003 IOM study of nurses' role in patient safety, the report concluded that "evidence revealed that the typical work environment of nurses is characterized by many serious threats to patient safety." The IOM report identifies long hours as critical: "The long hours of some nurses represents one of the most serious threats."

Unlike many other major industries in which public safety is a concern, health care is exempt from regulations that limit the use of overtime as a staffing

tool. Mandatory overtime puts patients and nurses at risk for medical errors and drives registered nurses out of patient care. The effects of mandatory overtime were central issues in major RN strikes in Washington, DC, Minnesota, Ohio, New York and Hawaii.

To address this problem, the UAN has worked with Sen. Edward Kennedy (D-MA) and Rep. Pete Stark (D-CA) on legislation to strictly limit mandatory overtime for nurses. This legislation, known as "Safe Nursing and Patient Care Act of 2005" was introduced in the House and Senate in mid-February (H.R. 791/S. 351). It would set strict limits on the ability of health facilities to require mandatory overtime from nurses. While nurses would be allowed to continue voluntary overtime at their discretion, mandatory overtime would be allowed only when an

official state of emergency was declared by the federal, state or local government.

The UAN will continue to work with key members of Congress, along with other health care and labor organizations, on the passage of this important legislation. The UAN will alert you when grassroots action is needed regarding this legislation. ■

Key contacts are vital to successful UAN legislative program

The UAN is currently advocating for a number of health care and labor initiatives to protect staff nurses and the patients they care for. The favorable passage of this legislation will be due to strong grassroots efforts by staff nurses, including nurses with key relationships with members of Congress. Key contacts will enable the UAN to intensify grassroots efforts and help ensure victory. The UAN is compiling a list of key contacts and needs your help. If you have a close relationship with your representative or senators, please contact Jay Witter at (301) 628-5081 or jwitter@uannurse.org with your information, as well as details of your relationship to a member of Congress. ■

Hawaii nurses join UAN

The Hawaii Nurses Association (HNA) Transition Board voted Jan. 22 to join the United American Nurses, bringing nearly 4,000 new members to the national union. The vote is part of an effort by grassroots nurses to stabilize and strengthen collective bargaining for nurses in the state as they enter into contract negotiations at five of their largest hospitals later this year.

The decision comes at a critical juncture in HNA's history. Following years of legal turmoil and significant structural changes within the organization, the transition board voted 5-3 in support of the affiliation with UAN. The decision also brings the Hawaii nurses into the national AFL-CIO.

In an expression of solidarity with the Hawaii nurses, UAN has committed its resources and expertise to assist in preparing for upcoming negotiations. While welcoming the new members, UAN President Cheryl Johnson, RN, stated that, "We have a big job ahead to win the working conditions, pay and respect nurses deserve."

UAN has been working closely with the Hawaii nurses for nearly a year and looks forward to greeting representatives from Hawaii at the National Labor Assembly in March. Approximately 90 percent of the members in HNA are covered by collective bargaining. Enhancing member participation is the cornerstone of UAN's plan for assisting the Hawaii nurses. With approximately three-quarters of HNA's membership going in to bargaining, UAN is providing specialized training in contract negotiation, strategic research, member mobilization and health and safety. ■

This page was produced by United American Nurses, AFL-CIO, an associate organizational member of the ANA. For more information, contact UAN at 8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3492; (301) 628-5118; (800) 924-8283; info@uannurse.org; or go to www.uannurse.org.

Two new offerings from the Center

By Debbie Hatmaker, PhD, RN

In the January/February issue of *The American Nurse*, I provided an overview on the Center for American Nurses (Center). As a part of this overview, I presented a synopsis of the Center's work. During this edition, I am delighted to highlight two new offerings that are available from the Center — our Nursing that Works (NTW) transcript on *The Nurses' Role in Promoting a Culture of Patient Safety* and our 2005 Spring Audioconference Series — Workplace Advocacy, Strategies and Tools. The article "Patient Safety and Culture" provides an overview of the NTW that is being released to coincide with Patient Safety Awareness Week, May 6-12. Please also read the advertorial on our spring audioconference series. More information on both of these offerings can be found on the Center's Web site at www.centerforamericannurses.org.

Patient safety and culture: Nurses play a key role

Mary Beth Farquhar, MSN, RN;
Mary Ann Friesen, MSN, RN, CPHQ;
Ronda Hughes, PhD, MHS, RN

More than five years ago, the Institute of Medicine (IOM) released its seminal report *To Err is Human*, and its frequently cited findings state that 44,000 to 98,000 deaths annually are attributable to medical errors. In response to the report, initiatives sponsored by the federal government, foundations, health plans, hospitals and clinics have begun in the past five years in an effort to improve patient safety and prevent errors and their consequences. For example, the Joint Commission on Accreditation of Healthcare Organizations has developed National Patient Safety Goals and, in 2003, began requiring compliance with these goals for organizations seeking accreditation. These goals ensure a greater focus on patient safety endeavors because they are part of the accreditation process. In another effort, the Agency for Healthcare Research and Quality, of the Department of Health and Human Services, has taken the lead in patient safety and error prevention by funding more than 100 projects on patient safety research. These projects may provide new insights into the nature of patient safety problems and could potentially identify how and where these problems occur, as well as ultimately pro-

vide new information that will assist in redesigning the health care delivery system to reduce medical errors and improve patient safety.

Yet, even with all these efforts, health care is not perceived any more positively by consumers. A national survey by the Kaiser Family Foundation indicates that consumers are less satisfied with their health care now than five years ago, and about one third reported a personal experience with medical errors. Despite the efforts of health care providers, problems with patient safety in the health care setting persist.

According to B. Wachter's article published online in *Health Affairs* in November 2004, it is the evolution of health care from "a few simple surgical procedures and potions" to today's very complex, fast-paced health care delivery environment that contributes to medical mistakes. M. C. Ballas, L. D. Scott and A. E. Rogers reported recent findings of a national study of 393 full-time staff nurses: 30 percent of nurses surveyed made one error over the 28-day collection period, while 33 percent reported a near error. Medical errors are often viewed, by both health care providers and patients, as isolated events attributed to "individual culpability." L. Larson has dubbed this as the "culture of blame" — a simplistic view of blaming individuals for errors is far from effective in preventing errors. Further, it fails to foster the open examination and analysis of errors necessary to find innovative solutions to prevent errors from reoccurring. Unfortunately, in a culture of blame, health care providers have been reluctant to report medical errors for a variety of reasons, including the fear of a punitive response, litigation and burdensome reporting requirements.

To address the problem of medical errors and patient safety, there must be a shift away from a culture of "shame and blame" to one of mutual trust and open communication focused on error prevention and safety. Nurses are poised to play an important role in developing a culture of safety, simply because nurses spend the most time with patients. In fact, L. Leape et al. reported in a study of medication errors that "nurses were the ones most likely to intercept errors." The nurse work environment is yet another factor that has implications for patient safety. In *Keeping Patients Safe: Transforming the Work Environment of Nurses*, the IOM provides guidance on how to

design a work environment in which nurses can provide safer patient care.

The stage is set for improving the work environment of nurses while simultaneously improving the environment of care for patients and addressing patient safety.

Since its inception in 2003, the Center has targeted four key issues for nurses: appropriate staffing, workplace safety, workplace rights and patient safety. To assist nurses in addressing issues of patient safety, the Center has developed educational materials, such as "*Transforming Nursing Work Environments to Enhance Safety and Quality: What CMAs and Nursing Leaders Can Do*" and "*The Nation's Quality Problem and Why Nurses Must Step up to the Plate*." These resources discuss the culture of safety and the importance



of the organizational environment in the safe delivery of patient care.

The Center is continuing its efforts to promote safety by providing a new online continuing education program, *The Nurses' Role in Promoting a Culture of Patient Safety*. Additional information on this offering can be found on the Center's Web site at www.centerforamericannurses.org.

Nurses are in a unique position in health care. The more we know, the more effective we can be in promoting safe nursing practice and establishing cultures of safety within our organizations. Working together, we can use our distinctive status to advocate for patient safety and bring about a cultural shift in health care. ■

This page was produced by the Center for American Nurses, an associate organizational member of the ANA. For more information, contact CAN at 8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3492; (301) 628-5063 or (800) 685-4076; info@centerforamericannurses.org; or go to www.centerforamericannurses.org.

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— Maria, RN

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Support for the Initiative was provided by a grant from the Robert Wood Johnson Foundation in Princeton, New Jersey, to the School of Nursing, University of California, Los Angeles in partnership with American Association of Colleges of Nursing, American Nurses Foundation/American Nurses Association, and National Coalition of Ethnic Minority Nurse Associations.

Become a part of shaping the future of nursing

Become a volunteer!



Have you ever wanted to give your input to the profession? Have you ever been taking a test and thought, "I wonder what goes into developing a test," or "I could do this?" If so, we would like to hear from you. We are now in the process of recruiting volunteers to serve on the Content Expert Panel. Some of the panels we are recruiting for at this time are Psychiatric and Mental Health Nurse, CNS in Medical-Surgical Nursing, CNS in Gerontological Nursing and Ambulatory Care Nurse, just to name a few. All applications are welcome and will be held for future needs. Our volunteers are engaged in a wide range of activities — the most current one was assisting in the National TB Consortium with the University of California, San Diego.

If you are currently certified through American Nurses Credentialing Center and have the time and energy to spare, please contact Natasha Williams, volunteer liaison Specialist, at (301) 628-5260 or by e-mail at nwilliams@ana.org for an application. ■

Visit NursingWorld.org to see what's new on nursing's most popular Web site. Get up-to-the-minute nursing news, by nurses for nurses, by signing up to receive the ANA e-newsletter, *NursingInsider*, at www.NursingWorld.org/listserv/signup/lsignup.htm.

New on OJIN

The latest *Online Journal of Issues in Nursing* topic is "Partnerships and Collaboration: What Skills Are Needed?" The five articles included examine collaboration as a process and an outcome, and offer strategies to enhance collaborative efforts and partnerships.

<http://nursingworld.org/ojin/topic26/tpc26toc.htm>

Barbara Scholman's latest Information Resources column, "Google Extends its Reach," explains two major projects recently announced by the Google search engine, *Google Scholar* and the *Google Web Library*.

http://nursingworld.org/ojin/infocol/info_16.htm

New look for the Center for Ethics and Human Rights

The Web site of ANA's Center for Ethics and Human Rights has been redesigned. The new look and structure provide easier access to the valuable information that can be found on this site.

<http://nursingworld.org/ethics/>

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<http://nursingworld.org/pressrel/nnw/>

Natural pairing

Continued from page 1

ANA also is collaborating with the American Hospital Association, the U.S. Environmental Protection Agency and HCWH in an initiative called Hospitals for a Healthy Environment (H2E). This effort is aimed at working with hospitals largely to eliminate mercury products and reduce overall waste.

In terms of setting policy, in October 2003 the ANA Board of Directors issued a statement supporting the use of the "precautionary principle" to address environmental health issues. This principle, in essence, says that products and practices should be proved environmentally safe before they are implemented by the health care industry and professionals.

The ANA's House of Delegates, largely comprised of representatives from its state-based nursing associations, then passed a resolution in June 2004 calling for ANA to develop environmental health principles that will help guide nurses in their practice. The house action also asks ANA to work with other nursing organizations to support public policy that endorses these principles.

"We're currently working with our affiliates to establish a committee that will develop the environmental health principles," said Susan Tul-lai-McGuinness, PhD, RN, chairperson of ANA's Congress on Nursing Practice and Economics and an Ohio Nurses Association (ONA) member. "We then need to target certain groups, such as educators who can get these principles into the content of diploma through advanced practice programs."

Eventually, ANA would like all nurses to be aware of and promote the environmental health principles wherever they work and within their communities.

And yet another way ANA has been spreading the environmental health message is through its "RN No Harm Train-the-Trainer" program. After attending the comprehensive program, participants must commit to a project that they will implement in their home state.

Become informed

Novella Jackson, MS, RN, CNA,BC, an ANA consultant on environmental health issues, has coordinated and presented at many RN No Harm workshops and acts as a resource for many nurses nationwide who want to pursue similar projects.

She believes that nurses in all clinical settings need to learn more about how the environment impacts people's health. She also believes that nurses must understand the health care industry's impact on the environment.

"I've been a nurse for more than 30 years, and when I started we used supplies, like stainless steel bedpans, which could be autoclaved," Jackson said. "Now everything is plastic and is thrown away."

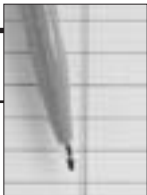
"But once we dispose of these products, which may contain harmful chemicals, they often are incinerated and go into the air. And what goes up, comes down — into the air we breathe, the water and the ground."

She also believes that it's crucial that nurses learn how to take an environmental health assessment.

"We may miss many problems with our patient because we don't ask the right questions," Jackson said. "We ask what type of work someone does, but we don't dig deep enough, like asking if they work with chemicals."

Jackson urges all nurses to become involved in the environmental health movement — for their patients' sake, and their own. ■

Susan Trossman is the senior reporter for *The American Nurse*.



Letters

Health services for immigrants

I am confused by the vote in Arizona to require immigrants to prove their U.S. citizenship to be able to receive many health services. I thought this was a state that voted for "moral values" in choosing George W. Bush, but apparently the moral value of compassion and caring for one's fellow man is not an important moral value. Even Sen. McCain of Arizona opposed this measure, yet it passed by 56 percent to 44 percent.

Almost all Americans were immigrants at some point, but many have forgotten. This measure, if enacted, will penalize nurses who may provide care to patients without checking multiple IDs. We nurses did not go into our profession to pick and choose who we would care for. Hopefully, this legislation will be stopped before it can do harm.

*Sandy Van Sant, MPH, APN
Little Silver, NJ*

The American Nurse's new look

I object to your putting, according to your words, "valuable information exclusively on the Web site" for ANA.

I cannot abide sitting in front of a monitor reading professional or personal magazines, newspapers or books. I would rather sit down in an easy chair with a cup of coffee or tea and peruse books, magazines or newspapers at my leisure. To do this with your new system I would have to print it out to read when I am waiting for an appointment or at home, where I do not have a computer. I am writing this at my workplace as a nurse, where I do not even have access to e-mail yet and work on a staff member's computer on her day off.

How many trees did we save if I and possibly other people print the information out? Or if people just don't bother to go on line to read it, did you really reach your goal of communicating with your readers? I think not.

*Nancy I. Ford
Abingdon, VA*

While I understand cost and definitely like to save trees, I still like a hard copy to read while in the carpool line, to show articles of interest to other nurses, etc.

Martha Kral, RN CRNA

Safe Patient Handling and Movement Conference



This year's conference, co-provided by the ANA, Tampa Veterans Hospital Patient Safety Center of Inquiry, and the University of South Florida, was held in St. Pete Beach, Florida. Participants were provided with sessions focusing on lessons learned, best practices, and cutting-edge research findings related to safe patient handling and movement.



ANA President Barbara Blakeney moderates a panel with national nursing leaders including Marilyn Bowcutt, RN, MSN, President of the American Organization of Nurse Executives (far right) and Antoinette Bargagliotti, DNSc, RN, President-Elect of the National League for Nursing.

Nursing school faculty participating in the ANA Safe Patient Handling Curriculum Module Pilot Project learn about safe patient handling equipment.



Nursing school faculty discuss how to incorporate safe patient handling concepts into fundamental nursing education curriculum.

Trainers from Arjo, Inc. demonstrate how to use a full-body sling lifting device.



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Daily newsfeed service from Topix.net on Members Only



The ANA recently launched a daily newsfeed service in its Members Only Web site on NursingWorld.org. In its agreement with ANA, Topix.net offers up to five articles from its nursing and allied health news category every day. Topix electronically scans more than 5,000 sources and each timely news item includes the headline and an imbedded hyper-link that opens to the full text article. In addition, Topix.net will “crawl” NursingWorld content and post highlights to its health and nursing news category sections with links back to ANA’s Web site. To keep informed on a daily basis, go to www.nursingworld.org/member to logon.

Some of the recent headlines include:

Bill would have state fund Rochester school nurses

A state assemblyman proposes legislation to have the state pay for school nurses for Rochester and Buffalo city schools.

Health care for Muslim women in the U.S., post-conference news brief

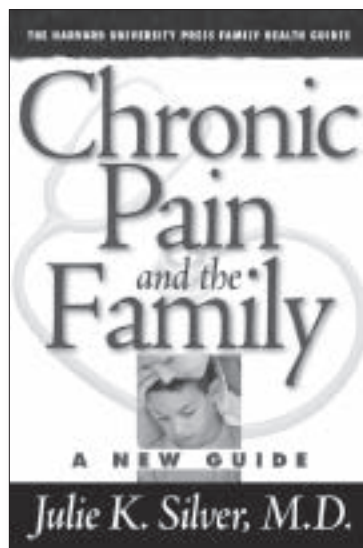
A conference titled, “Patient-centered Health Care for Muslim Women in the United States,” the first of its kind in North America, was held on March 4 and 5, at the University of Illinois at Chicago.

Students, doctors to spend break running clinic for poor Hondurans

Fifteen Purdue undergraduates need to brush up on their Spanish skills before their spring break trip. Not for ordering drinks with little umbrellas on a beach in Cancun, but for distributing medicine and supplies in an underprivileged village in Honduras.

New nursing program

In an effort to encourage more students to pursue careers in health care and help alleviate the shortage of nurses, Pellissippi State Technical Community College and Tennessee Wesleyan agreed to allow Pellissippi State students who have completed an associate’s degree to transfer into the Tennessee Wesleyan College Fort Sanders Nursing Program as a junior and complete their bachelor of science in nursing degree. ■



Chronic Pain and the Family A New Guide

JULIE K. SILVER, M.D.

“In this latest entry in Harvard University’s useful series of concise guides for families aiding sick members, Julie Silver examines how family relationships can be affected by chronic pain...She clearly discusses medication and other treatments as well, including alternative medicine...Dr. Silver’s advice is wise and sensible, based on her own years of practice with chronic pain patients.” —PUBLISHERS WEEKLY

new in cloth: \$35.00 and paper: \$15.95

JULIE K. SILVER, M.D., is Medical Director of the Outpatient Center at Spaulding Rehabilitation Hospital and Assistant Professor of Physical Medicine and Rehabilitation at Harvard Medical School. She is the author of *Post-Polio Syndrome: A Guide for Polio Survivors and Their Families*.

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Stroke and the Family

A New Guide

JOEL STEIN, M.D.

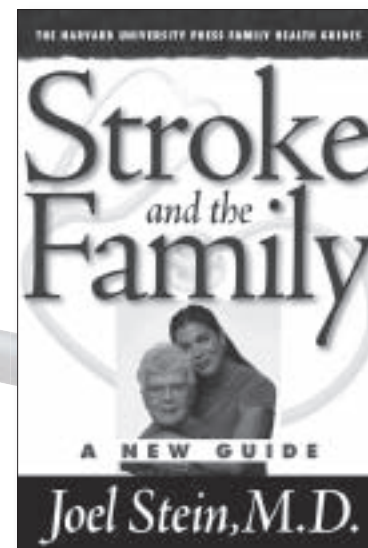
“Dr. Stein’s book will be a ‘must’ for families and patients living with the after-effects of stroke. The writing is clear and easy to understand, and the information-packed text uses patient vignettes skillfully to illustrate very important issues in an engaging and humane manner.”

—Walter J. Koroshetz, M.D., Vice Chair,

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JOEL STEIN, M.D., is Chief Medical Officer and Medical Director, Stroke Program, Spaulding Rehabilitation Hospital. He is also Assistant Professor of Physical Medicine and Rehabilitation at Harvard Medical School.



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In step with District Three, Ohio Nurses Association

District Focus



By Susan Trossman, RN

Nurse leaders say it's impossible to talk about District Three, Ohio Nurses Association (ONA)—which covers three counties in eastern Ohio and the city of Youngstown—without mentioning Mary Ellen Patton, RN, its immediate past executive director. (Patton has been active on local, state and national levels, and ANA named its national staff nurse recognition award after her.)

District Three Executive Director Linda Warino, RN, and President Eric Williams, BSN, RNC, say Patton's influence has shaped the district, making it a welcoming forum for all members, from nurse practitioners and educators to staff nurses and RN administrators. And her activist focus carries on with current district activities, including legislative, educational and community service opportunities for members.

"Mary Ellen Patton made District Three 'the place to be' for all RNs," said Warino, who also is a member of the ANA Board of Directors. "I'm trying to keep that legacy alive."

One of District Three nurses' major efforts this past year has been in the political arena. Members met with area legislators and other officials within their tri-county region to garner government funding to support District Three community activities, particularly its flu vaccine program.

"Every year we do flu clinics," Warino said. "And every year we pay top dollar for the vaccine, but we charge only \$11, and nurses volunteer their time."

And in an effort to elect more local, state and federal policy-makers who would work with them on nursing and health care issues, district members launched a voter registration initiative, which started in February 2004 and included a voter registration booth at a Dis-

trict Three-sponsored health fair. The district held a candidates forum in October 2004, in which 19 candidates from all levels of government participated.

"Through our legislative agenda, we want to ensure that nurses are at the forefront when nursing and health care changes are being debated," Williams said. "The candidates forum was very successful, because legislators were able to hear our perspective and we got to hear theirs."

Another major focus of the district involves community activities, which also help strengthen nurses' image with the public. In addition to the annual flu clinics (this year's was canceled because of the unavailability of vaccine), District Three holds a popular blood pressure screening at the Mahoning County fair, which is the largest in the state and runs for six days. This September, some 125 district members and 50 students took the blood pressure of more than 8,000 fair-goers. And at a District Three-sponsored health fair, nurses provided consumers with an array of other health care information and services, including instructing women on breast self-examination and diabetic counseling. They also conducted vision, hearing, blood sugar and hemoglobin screening. And they teamed up with the county's emergency preparedness agency to provide information that could save county residents' lives.

District Three nurses also collaborated with a special project of the Ohio Education Association's "Read Across America" program

in 2004 that involved holding a reading and distributing Dr. Seuss books to children in hospitals.

To help members grow professionally and personally, District Three offers other programs, such as continuing education courses, which are conducted in conjunction with district meetings. One recent course centered on malpractice issues, and another focused on building leadership skills.

Both Warino and Williams see the value of district participation, each having been active for more than two decades. They believe it allows nurses to connect to each other and the community in many ways, and it's a natural lead-in to participation on the state and national levels.

"Mary Ellen Patton's philosophy was that if nurses see a problem, it's their involvement that will help fix it," Williams said. "District Three nurses have always been ready to get involved, and we want other nurses nationwide to become more active and work to improve the profession and health care."

In other district news

The Kansas State Nurses Association will be offering a resolution creating a national ceremony for honoring deceased nurses at ANA's House of Delegates meeting in June. ■

Susan Trossman is the senior reporter for *The American Nurse*.



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ANA-PAC call for nominations to the ANA-PAC Board of Trustees

Calling all political activists! The ANA-PAC Board of Trustees will elect five new members in June. If you are interested in applying for election to the ANA-PAC Board of Trustees, contact your constituent member association (CMA) office for an application and job description. Additional copies of these forms are available by calling Shari Dexter, ANA-PAC administrator, at (301) 628-5096. Applications will be due to the CMA offices by April 15. The term of office for a member of the ANA-PAC Board of Trustees begins at the end of the House of Delegates meeting in June and runs until the end of the House of Delegates meeting two years later.

The ANA-PAC Board of Trustees consists of 11 members, selected from ANA's 54 CMAs. Of these 11 trustees, six are appointed by the ANA Board of Directors (in the even years), and five are elected by the ANA-PAC Board of Trustees (in odd years). The five trustee positions that are open this year are elected by the ANA-PAC Board of Trustees from the CMA membership.

ANA-PAC is dedicated to the promotion of the improvement of health care by raising funds from CMA members and contributing to the support of worthy candidates for federal office who believe and have demonstrated their beliefs in the legislative objectives of ANA. If you have any questions about ANA-PAC, contact ANA-PAC Administrator Shari Dexter at (301) 628-5096; e-mail, sdexter@ana.org.

Looking ahead: 2006 U.S. Senate races

Who's in? Who's out? Who's just thinking about it? We have the latest information on the 33 Senate seats up for re-election this election cycle. Of these, 15 are

Political Nurse



currently held by Republicans, 17 by Democrats and one by the Senate's lone Independent. While 2006 seems a long way off, these races are already developing as incumbents announce whether they will seek re-election and aggressively raise campaign funds to ward off competition, and potential challengers weigh their viability and political capital.

Want to know more? Stay in the loop by visiting the most recent edition of Capitol Update at www.capitolupdate.org and get ANA Government Affairs news and information on politics, legislation and policy affecting the nursing profession.

Back by popular vote: The Capitol Steps make a return appearance at the ANA House of Delegates

The Capitol Steps is the only singing group in America that attempts to be funnier than the United States Congress. This troupe of current and former Congressional staffers monitors events and personalities on Capitol Hill, in the Oval Office and in other centers of power and prestige around the world, and then takes a humorous look at serious issues.

The Capitol Steps will perform at the Marriott Wardman Park in Washington, DC, at 8 p.m. June 18. Tickets for the performance can be purchased by contacting ANA-PAC Administrator Shari Dexter at (888) 462-7262, ext. 5096. ■

New ANA book describes portfolio credentialing

ANA has just released "Genetics Nursing Portfolios: A New Model for Credentialing," co-published with the International Society of Nurses in Genetics. This book describes the first time portfolios have been used instead of exams to credential nurses in a specialty.

Says Mary Smolenski, EdD, APRN, BC, FNP, FAANP, director, Certification Services, American Nurses Credentialing Center, "This book pulls together for the first time everything you want to know about portfolios, including groundwork for establishing credibility, reliability and psychometric soundness of portfolios to measure competence. It shows educators, employers and the public how to use portfolios to support evidence of continued competence."

Editor Rita Monsen, DSN, MPH, RN, FAAN, notes, "This book shows how to assemble a portfolio as a way for the nurse to keep a record of growth in professional expertise, continuing education and clinical practice. The book also provides faculty, deans and administrators with pathways on managing the demonstration of competencies, expertise and judgment skills in clinical settings. In addition, it compares traditional performance evaluation, such as exams, with portfolio descriptions of practice expertise.

"Today and in the past 15 years, nursing has trended toward specialization. With this trend, fewer numbers of highly specialized nurses seek recognition for their expertise. Developing an exam for every specialty can become cost- and time-prohibitive. This book provides a model for nursing and other professions that may require performance-based evaluations. Readers of all professions can benefit from understanding the preparation of the portfolio, its evaluation and the outcome of performance quality described in this book."

To order, go to www.nursesbooks.org or call (800) 637-0323. For educator review copies, e-mail Francine Bennett at fbennett@ana.org. ■

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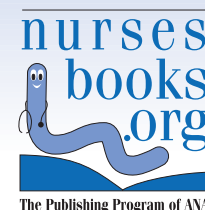
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N7 Classic T-shirt - Our 2005 Nurses Week shirt is sure to become one of your favorites. Made of heavy 6.1-oz. 100% preshrunk cotton. Built with seamless ribbed collar and double-needle stitched hemmed sleeves and bottom for better wear. M, L, XL, XXL, XXXL (add \$3 for each XXL; add \$5 for each XXXL). 1-49 \$10.99, 50-99 \$9.99, 100-149 \$9.49, 150-249 \$8.99, 250+ \$7.99

N1 Poster - Specifically designed for the 2005 National Nurses Week celebration, this 15" x 22" poster will help promote Nurses Week to your entire facility. \$4.99 each

N2 Button - This button is a wonderful way to show your pride in nursing while helping to promote National Nurses Week. \$1.49 each, Pkg/15 \$11.99

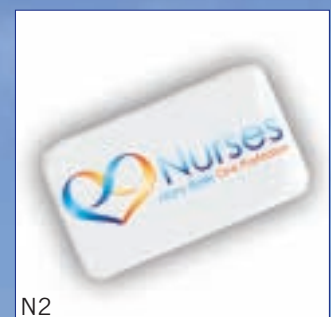
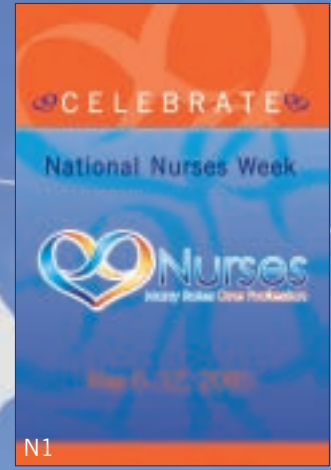
N10 Top Seller! Cloisonné Lapel Pin - This beautifully crafted cloisonné lapel pin, vibrantly colored by hand on 22K gold plate, will help you accessorize. Add this year's pin to your collection! Comes mounted on a Thank-You card. 1 1/8" x 7/8" 1-99 \$4.99, 100-249 \$3.49, 250-499 2.75, 500-749 \$2.49, 750+\$2.25

N18 New Style! Gym Bag - Great for taking to the gym and work. 17" x 11" x 8" includes large zippered main compartment, front zippered pockets, adjustable/detachable shoulder strap and handle. Made of durable 600D polyester. Water bottle not included. 1-99 \$9.99, 100-199 \$9.50, 200-299 \$9.00, 300-499 \$8.50, 500+ \$8.00

N21 New! Illusions Tote Bag - This great tote bag features elongated handles so you can carry it on your side or over your shoulder. Made of polypro. 14.75" x 1" x 14.50" 1-49 \$8.75, 50-99 \$8.49, 100-149 \$8.25, 150-199 \$7.99, 200-249 \$7.49, 250+ \$6.99

N39 New Style! Translucent Jotter - Jot your thoughts on this trendy translucent jotter. Perfect for the car, purse, or around the house. Includes pen and 3" x 5" writing pad. (pen not imprinted). 3.5" x 5" 1-99 \$3.99, 100-249 \$3.75, 250-499 \$3.49, 500-749 \$3.39, 750+ \$3.19

N66 New! Deluxe Pedometer - In addition to counting steps, this pedometer will also count calories burned, total distance traveled and has a 12/24-hour clock. Metric or English format options. Powered by lithium batteries (included). 1-49 \$10.99, 50-99 \$10.75, 100-149 \$10.49, 150-199 \$10.25, 200-249 \$9.99, 250+ \$9.74



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