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THE OFFICIAL PUBLICATION OF THE ALABAMA STATE NURSES' ASSOCIATION
Provided to Alabama's Nursing Community by ASNA. Are You a Member?

Volume 27, No. 4

Circulation to 65,000 Registered Nurses,
Licensed Practical Nurses and Student Nurses in Alabama

Sept., Oct., Nov.
2000

ANA Convention Offers a "House" Big Enough For All

Eight Alabama State Nurses Association delegates and several other members gathered with nurses from all over the country to accomplish a great deal at the ANA Convention held June 21-28 in Indianapolis, IN. Approximately 615 delegates worked together in an effort to continue with the work done by immediate past ANA president, Dr. Beverly Malone. The ANA Board of Directors and members of the House of Delegates worked diligently to make sure that the foundation for the ANA house continues to be strong and that there is room for diverse opinion within the house. Throughout the convention week many ASNA members participated in various events, including attending the House of Delegates sessions, numerous CE sessions, special events and exhibits.

In addition, ASNA sent one delegate to the first National Labor Assembly meeting of the United American Nurses (UAN). The UAN is the national labor arm of ANA and ASNA joined as a member last year. Christopher Davis, a registered nurse from the Tuscaloosa VA Hospital bargaining unit traveled to Indianapolis to be a part of this historic first meeting. The assembly voted on such issues of importance as staffing, occupational safety and health, legislative and organizing resolutions, and setting a strong and aggressive agenda.

The entire ANA House of Delegates worked long and hard on a wide selection of national issues (see articles in "National News" section). Representing ASNA at the ANA House of Delegates were Charlotte Wynn, President; Ruth Harrell, Juanzetta Flowers, Susan Webb, Bobbie Holt, Helen Wilson, Susan Dashner and Charlene Roberson. Karen Pakkala, ASNA Executive Director attended in a staff support role. These dedicated delegates worked very hard, and exhibited the best of professionalism on behalf of the nurses of Alabama. Please join us in thanking them for all of their hard work!

A highlight of the convention was when Tipper Gore addressed the attendees congratulating them on the work they do. Access to health care was highlighted during Gore's speech. She called upon ANA to unite with her in securing policies and legislation that ensure all children have health care coverage. Gore ended her talk by stating, "Let's stand together as a country and give nurses the respect they deserve and express that by giving nurses the workplace safety they deserve. And last but not least, let's give nurses the pay they deserve."

The election of new ANA leadership was an exciting process that lasted the whole week! The numerous candidates for office had very enthusiastic campaign volunteers and walking to the House of Delegate was like walking through a ticker-tape parade! There were banners, posters and lots of supporters handing out buttons, pens, notepads and candy. The campaign speeches were exciting and informative. The ASNA delegation also had the privilege of meeting with Mary Foley and Barbara Blakeney, candidates for the office of president to discuss issues relevant to their campaigns. After the dust settled, Mary Foley, the current president was elected to a full two-year term. For more information on the election results visit www.nursingworld.org.

The 2000 ANA Convention was an action packed event that kept the ASNA delegates busy each and every day. To quote a delegate, "Serving as a delegate to our national association was a privilege and an honor. I would recommend that other members think about running for the office of ANA Delegate next year." According to all attendees, the week was positive, productive and energizing for all.



ASNA president and executive director confer as the delegates concentrate on the work of the House.



Dr. Juanzetta Flowers has some fun as she tries on the red boa that raised several thousand dollars for the ANA-PAC.



Vice-President wife Tipper Gore is escorted to the ANA House of Delegates by Virginia Trotter Betts, former ANA president and chair of the "Nurses for Gore" campaign.



Tired ASNA Delegates pose proudly in front of the ANA podium at the end of the convention.

Taking a Triage Approach to Nurses' Anger

by Sandra P. Thomas,
PhD, RN, FAAN

These are tough times for nurses. American nurses are angry, and they are hurting. Studies by my research team have revealed many causes for nurses' anger and pain (Brooks, Thomas, & Droppleman, 1996; Smith, Droppleman, & Thomas, 1996; Thomas, 1998). The corporatization of health care offends our values, because profit has become more important than patient welfare. Health care "reform" has been a cruel joke and "reengineering" a euphemism for registered nurses getting the shaft. As RN staff levels fall, workloads increase. Nurses in downsized institutions report heavier assignments, increased acuity of patients, and a decline in the quality of patient care. Demoralized, some nurses leave. Others remain on the job, burned out, but still going through the motions. Every health care setting has its share of dispirited nurses: the walking wounded. Their anger, like a malignant growth, has choked the love of nursing out of them. Of course, the management gurus who advocated massive layoffs of registered nurses a few years ago are scrambling now to rehire them, but they are finding it difficult fill budgeted positions. A nursing shortage looms.



Thomas

For the past few months I have crisscrossed the United States speaking to groups of nurses. Most of the nurses were gathered for meetings of their state or district nurses associations. Convention themes bravely proclaimed, "Embrace the Future," "Power: Use it or Lose it," or "Wake Up! Power Up! Speak Up!" I liked these themes because I had come to talk to my nurse colleagues about transforming their

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POSTMASTER

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The E.D.’s Notes

I love to read. Recently I was reading an article about the future of organizations (read “associations”) and it really got me to thinking. Management guru Tom Peters, in one of his recent books entitled *The Circle of Innovation* (1997, Vintage Books), shared some powerful advice. Advice, I might add, that could, and probably will, change the way we think about organizations. A major red flag raised in his discussion was that organizations (read “associations”) are disappearing. He says that “boundaries between organizations are disappearing, human relationships are increasing in value, and empowering the customer (read “member”) is more important than ever.” WOW! That is powerful stuff!



Pakkala

As an organization (read “association”) we must be very careful as we consider the implications of this message to our members. How do we grow and prosper in this competitive market? How do we bring new talent into the fold? How do we let go of the old thinking and become open to new ideas? How do we get up to speed with our technology so that we can communicate effectively and interact with nurses across the state, or across the country? How do we develop the high-value computer applications that make membership indispensable? To accomplish all this Tom Peters would say “throw caution to the wind.” Now many would say that that just would never work in a nursing organization...or would it? Maybe it is time to do just that! Maybe it is time to really listen to what our members (and other nurses we want to join us) need and how we can best provide that. We recently heard from many “potential” members in response to our survey. They tell us that they

don’t join because the dues are too high. That is a much too simplistic answer for me, really not much more than an excuse. I believe that people usually can find the money to buy that which they value. What they’re really saying to me is that we have not given them a reason to value membership in ASNA. We need to address that soon before our organization (read “association”) does a disappearing act!

So, do I sound passionate about this? Well, you can bet that I am! Despite the changes swirling around us, I have never been more excited about this association’s prospects for the future. I believe though, that we cannot continue to be “all things to all people” as is the mantra of many nursing associations, ANA included! So, let us hear from you. You tell us what the ASNA of the 21st Century should look like. What do you, as a professional nurse value? What do you need from your association? How can we best communicate with you? Let us stop protecting what is in place right now (as leaders tend to do) and look to embracing a new future. A future where ASNA really is “all that it can be”... a vital, alive, and responsive association for all registered nurses in Alabama.

President’s Message

by Charlotte Wynn, MSN, CRNP
President, ASNA

As the final days of my term as president draw to a close I am so appreciative of the voice this association has for the nurses in Alabama. I am sure that the most professional and brightest nurses are members of the Alabama State Nurses’ Association. Each of our committees and task forces are full of knowledgeable, vocal and energetic volunteers. These members enjoy what they do to advance the profession and protect the patients we serve. This is very evident from the work produced by them this year.



Wynn

Ruth Harrell proceeded me as president of this association. She took the effort to mentor me both during my term as president-elect and president. When the resignation of our executive director occurred last year, Ruth Harrell became the volunteer executive director. Her talents and direction helped this association through the transition. I would like to thank her on behalf of this association for her seemingly tireless devotion to nurses in Alabama.

I look forward to working with the officers and leaders who will assume their positions in October. I hope you will join me in offering our support in their effort to be the voice of nurses in this state.

Legal Corner

by Don Eddins, JD
Attorney at Law

Every registered nurse fears a disciplinary notice from the Alabama Board of Nursing (BON). Yet such notices are all too common. In fact, every BON quarterly publication lists names of numerous nurses who are undergoing such ordeals. What do you do when the dreadful letter arrives by certified mail?

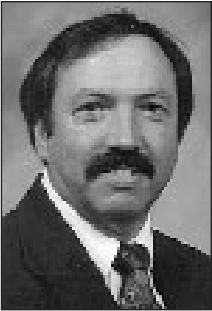
The answer is just use good common sense: don't panic, do seek assistance from someone who can help.

Many Board of Nursing notices imply that the nurses' only options are to voluntarily surrender licenses or face disciplinary hearings. However, less drastic measures often are in order.

The Alabama Board of Nursing's primary objective is to get the nurse straightened out. If the licensee has a drug problem, then the Board may approve counseling and rehabilitation, with probation, as an alternative to license surrender.

When a so-called practice issue is the basis for the discipline, probation again is often an alternative to loss of license.

What a registered nurse, especially a member of the Alabama State Nurses' Association, should avoid is facing the board without competent counsel. ASNA members should call their professional organization immediately after receiving a disciplinary notice from the Alabama Board of Nursing. Make the call before contacting the BON. Often an



Eddins

office professional can offer comfort and assistance. In addition, ASNA members have one hour *free* legal consultation available to them each year as part of their membership, so they can avail themselves of that consultation.

On an issue as important as losing your license, it is imperative that you have assistance. A professional has a property right to the license she has earned and with a property interest comes due process. The hearing procedure for registered nurses facing discipline is set out in Section 23-21-25, Code of Alabama 1975, and Section 610-X-8-.05(c)(e), Alabama Board of Nursing Administrative Code. Yet while the statute and administrative code gives the nurse hearing rights, a consent order short of an adversarial hearing always is best if the nurse has committed a punishable offense.

If a nurse has a drug problem, the board may call him/her to seek counseling and drug rehab, with conditions set forth in the consent order. After all, if an RN does have a drug problem, the rehab will benefit her and her patients. No one can do his best under the influence of drugs. And in today's high-pressure society, practically anyone is subject to addiction or misuse of drugs.

Relative to practice issues, often the problem is not so much that the procedure was not followed but that the nurse tried to cover up or was dishonest about the mistake. Whenever an employee is caught being untruthful, hospitals and other employers have an open opportunity to terminate employment. Then the board likely will act on that termination.

In summary, if a dreaded disciplinary letter arrives from the BON, don't despair. It's not the end of the world, but a very serious matter. Don't panic but do seek assistance.

Don Eddins is a practicing attorney in Auburn, Alabama, and serves as Legal Counsel to the Alabama State Nurses' Association. Every ASNA member is entitled to one-hour free consultation on any legal matter by calling the ASNA office.

CONTACT THE ASNA

The Alabama State Nurses' Association is a professional association for registered nurses in the state of Alabama. The ASNA provides education, networking opportunities, publications and other products and services to its member and extends its mission to all nurses in Alabama.

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Click on Alabama link
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Triage Approach cont. from pg. 1

anger into power. While nurse anger is very understandable, it is mismanaged. Many nurses are bogged down in conflict with each other rather than mobilizing to fight the larger battles of the profession. It has been estimated that 50 percent of staff nurses’ time and 75 percent of administrators’ time is being spent in conflict (Kritek, 1999). There seems to be a grain of truth in the old cliché: In times of fear, nurses put their wagons in a circle-but start firing at each other.

I had a lot of time to think at 30,000 feet, while flying across the country. Stories that I was hearing from nurses in the trenches haunted me. Nurses told me they bitterly resent mandatory overtime and forced cross training. One nurse decried being forced to rotate among 5 units. Another nurse sustained a leg fracture while scrambling to hook up a new type of monitor she had never been oriented to use. Nurses in California told me about an epidemic of nurses writing each other up. And every time I picked up a newspaper, it seemed there was a headline or feature article about nurses. On page one of USA Today the cover story was, “Cost-cutting changes how nurses operate.” On page one of the Los Angeles Times was an article about nurses flocking to unions such as the United Auto Workers. Molly Ivins, in her syndicated column, proclaimed, “Health care might be the sleeper issue of 2000.” I wanted to tell Molly Ivins that the current mess in health care is no sleeper, but a front-burner issue in the upcoming national elections.

I believe that nurses must adopt a triage approach to anger. Nurses are good at sorting out the patients that need priority treatment. Likewise, they must become skilled at sorting out anger issues more effectively, taking effective action where action needs to be taken and discharging the rest of their negative emotion harmlessly. When a nurse’s rights or the rights of a patient have been violated, strong anger can be a gift: it energizes, propels one forward to act (Thomas, 1998). Florence Nightingale was referring to this moral or righteous type of anger when she said, “I do well to be angry!” (Strachey, 1996, p. 31). And we all know the result: her passionate advocacy for British soldiers resulted in better sanitation, nutrition, and medical care. Emulating Nightingale, nurses who are angry about unsafe staffing must not acquiesce to the status quo. They must protest. Some states have established hotlines for this purpose. Whistleblower legislation has been enacted in five states and bills are presently in the hopper in many others.

Some nurses’ anger is fueled by irrational beliefs. It is not possible to control the behavior of our co-workers. It is irrational to believe “Other nurses should do their work the way it ought to be done - the way I would do it” or “My manager should know what I want or need. She should come to my rescue.” To detect irrational beliefs, look for “shoulds” and “oughts” such as these. Changing one’s thinking can defuse nonproductive anger. Nonproductive anger can also be discharged by vigorous physical exercise or relaxation procedures such as deep breathing. Nurses must get their own house of conflict in order. Blaming, scapegoating, and other

forms of horizontal hostility must be extinguished. I am convinced that every nurse must make a commitment to supportive collegueship. Collegial unity is essential for having an impact on workplace policies and health care legislation at the state and national levels. Nurses must form alliances with others that care about issues such as understaffed units and unsafe conditions for patients. That may mean joining a district nurses association committee or a political action task force. Clearly, this is not time for declining membership in ANA!

What a pleasure it was for me to see a vital, active district nurses association in Ohio and to hear the creative ideas of nursing students in New York. In Massachusetts, I heard inspiring accounts of collective action, including marches, motorcades, petitions, and parades. Nurses have also used leaflets, balloons, and press conferences to attract the attention of the media and the public to their statewide campaign for safe care.

What most nurses want is really pretty simple: a patient caseload that is realistic and a working environment that facilitates, rather than hinders, their nursing practice. Nurses value their unique opportunity to be present with the injured, the sick, and the dying, providing comfort. The joys inherent in this work keep us hanging on during the dizzying roller-coaster ride of changes in the health care system. Yes, we have been on a painful downer, but I think we’re on the way back up. History shows that when groups are threatened by outside forces, they become more cohesive within their own ranks. Nurses are not endangered species if we unite, adopt a forward-looking optimistic mindset, and use our anger for empowerment.

Sandra Thomas, PhD, RN, FAAN, is professor and director of the doctoral program in nursing at the University of Tennessee in Knoxville. She also is author of the book, “Transforming Nurse, Anger and Pain,” which has been named th Brandon Hill Selected List of Print Nursing Books and Journals. The prestigious list includes essential materials for nursing libraries and is published annually in “Nursing Out-look.”

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Bright idea

For a great free screensaver go to www.nursingnet.org and download. It is very easy to install, just scroll down the page until you find it. If you love nursing, you will love this screensaver! This is a very interesting site with lots of nursing information, including Chat rooms, forums, etc. Visit and browse!

Condolences

Elaine Hagenbuch’s husband passed away recently.

Correction: Mary Joyce (Joy) Patrick Harbert of Birmingham, Alabama, formerly of Jasper, Alabama served on the Board at University of Alabama School of Nursing.

Parish Nursing: A “new” approach to nursing practice

Have you ever thought of becoming a Parish Nurse? “A what?” you say. The emerging specialty of “parish” or “congregational” nursing is attracting increasing numbers of nurses who long for a way to practice in a way that best meets the holistic needs of individuals and families.

Parish nurses work as members of the local churches’ ministry team in providing holistic nursing services to members of their respective congregations. This concept is one of the newer, yet older models of health care delivery. Churches have been involved in the delivery of health care for more than 2000 years. The revival of the modern concept of congregation-based health ministry occurred in the 1980s and is credited to Granger Westberg, a Lutheran minister and former hospital chaplain in the Chicago area. There are now over 7000 churches throughout the United States who have initiated this concept.

The goal of the parish nurse is to enhance the quality of life (physical, emotional, mental and spiritual) for all members of the congregation. The health ministry practice of the parish nurse is determined by the holistic health needs of the congregation. After a thorough assessment, the parish nurse responds to the identified needs by taking on the role of educator, counselor, referral agent and advocator/ facilitator. This is all done as the part of the local churches administrative team.

In 1998 the Practice and Education Committee of the Health Ministries Association Inc. developed the *Scope and Standards of Parish Nursing Practice*. The standards were acknowledged by the American Nurses Association, Congress of Nursing Practice in 1998 and are available from American Nurses Publishing. Some educational pro-

grams utilize the framework of these standards as a basis for content presentations.

There are many opportunities for education to prepare for this exciting field of nursing practice. One such program will be in Mobile, AL and is offered by Marquette University in Milwaukee, WI who is a premier provider of education for parish nurses. From November 10-17, 2000, Providence Hospital and Spring Hill College Division of Nursing are sponsoring an in-depth institute to prepare registered nurses to learn how to become parish nurses in their own communities. Rosemarie Matheus, RN, MSN from Marquette University who has been presenting these seminars throughout the country for the past decade will be the major presenter at this workshop. The program will provide either contact hours or college credits for those attending. For more information on attending this educational workshop please contact Sr. Mary Elizabeth Cullen, DC at Providence Hospital (334) 639-2047 or Dr. Carol Harrison at Spring Hill College (334) 380-4492.

Another opportunity for parish nurse education exists at the Georgia Baptist College of Nursing in Atlanta. The College offers a week long Congregational Nurse Preparation Course which offers registered nurses a foundational Christian framework for combining professional skills with spiritual gifts to use in a service ministry to communities of faith. For existing information and future program dates contact Shirley Rawlins, RN, CS, DSN Program Coordinator at (404) 265-4833 or at shirley.rawlins@gbhcs.org.

Parish nursing may just be what you’re looking for!

MEMBERSHIP NEWS

Be an Active Member

Serve on an ASNA Committee for 2000-2001 (*the FINAL committee assignments are made at the post convention board meeting*).

An association is truly the highest form of participating democracy because YOU, *the members*, determine absolutely everything that happens. It is through member participation on committees, councils and special task forces that the future of nursing in the state can be determined.

If you are willing to commit your time, expertise and hard work to serving the profession, please indicate your interest on this form and return it to ASNA headquarters before October 6, 2000.

- | | |
|--|---|
| ☐ Awards Committee | ☐ Government Relations Committee |
| ☐ Bylaws Committee | ☐ Membership & Public Relations Committee |
| ☐ Current & Long Term Goals Committee | ☐ Ways and Means Committee |
| ☐ Elder Abuse Committee | ☐ Enforcement Regulatory Issues Task Force |
| ☐ Ethics & Human Rights Committee | ☐ Multi-State Licensure Task Force |
| ☐ Finance Committee | ☐ Peer Assistance Task Force |
| | ☐ Practice Issue Task Force |

Name _____

Credentials _____

Address _____

City, State & Zip _____

Home Phone _____ Work Phone _____

District _____

I am interested in shadowing a Board or committee member from my district so I can volunteer next year. I am interested in: _____ ASNA Board _____ Committee
All ASNA committees meet in Montgomery at the ASNA office usually two to four times a year. Committee chair and members decide dates and time.
Mail to: ASNA, 360 North Hull Street, Montgomery, AL 36104-3658
Fax to: 334-262-8578

NEW MEMBERS LIST

The following members joined in June, July and August 2000

- | | |
|---|---|
| DISTRICT 1
Lillie Mangrum
Bret Ballard
Joel Southern | DISTRICT 5
Patricia S. Ellis
Candice Popwell Williams
Barbara Middleton Haigler
Katie Duke
Linda Walters Yell |
| DISTRICT 2
Jeanette Royster
Deborah Davis Pullen
Debra S. Humphrey | DISTRICT 6
Jacqueline Moultrie |
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Debbie Davenport
Robin Boggs
Betty McGreevey
Dr. Youngshook Han
Jeannette B. Debardleben
Crystal F. Hicks
Ann M. Limbach
Paula Christian-Taylor
Teresa Anderson
Dorothy Harris
Reatha Burgess
Lisa Hannah Wilson
Jerri Douglas | DISTRICT 7
Jeannie Buntyn
Beverly Joyce Kilcrease |
| DISTRICT 4
Jennifer Lynne Williams
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Sammye Bradley
Angela Campbell
Frances Green |
| | DISTRICT 11
Scot Harrison |

MEMBERSHIP NEWS

Where Does The Money Go?

by Bruce Clyne,
MSN, RNC, CETN, CRNP

At ASNA, we are interested in the opinions of the nursing community at large. Recently, we conducted a survey of nurses who do not choose to join the association. The reason stated most often was cost. In this day and age, \$240.00 for a full membership does seem to be a huge amount of money. Unfortunately, few people realize that they are getting a three-level membership (national/state/district) for the price of one! What nurses are really asking is “where does the money go, and what does it do for me?”

Did you know that \$85.00 of every full membership goes to support nursing at the national level? In the days of special interest groups who seek to control public policy, nurses must fight for the attention of lawmakers. We have been successful in our efforts to help patients and nurses. For example, the changes in Medicare have allowed advance practice nurses to be reimbursed. Millions of additional dollars have been funneled into nursing education and research. Your membership dollars work for you, your profession, and your patients at the national level.

After the ANA dues are paid, the remaining \$155.50 goes to the Alabama State Nurses’ Association, who then sends \$10.50 per member to each district association. That leaves just \$144.50 for ASNA to fund all its activities. Our state association works constantly for you across the entire state of Alabama. Recent legislative efforts passed a bill to

specifically identify nurses and introduced another bill to provide for safer needle systems in health care facilities. In addition ASNA continues to encourage passage of a bills to protect nurses who report unsafe conditions. These legislative efforts, in addition to other programming efforts, all reaffirm patient rights and directly affect both you and your patients. In this very costly society, membership dues does not even cover the cost of doing the work of ASNA and new sources of non-dues revenues are always being investigated.

When examining membership issues, an interesting perspective is to compare ASNA dues to the other state nurses associations dues. These numbers vary greatly beginning with a low of \$180.00 in Delaware. A sample of other state nurses association fees include: Colorado \$250, Massachusetts \$374.50, Florida \$198-\$220, South Carolina \$204, Washington State \$411.12-\$466.80 and New York \$346-\$598. The current story in town is that the Steelworkers Union (USWA), who wants to represent nurses across the country, charges \$40 per month for their dues! That is twice the cost of ASNA dues and gives none of the benefits of belonging to a professional association devoted to furthering the practice of nursing.

Besides the networking benefit that is so popular in associations, there is a real dollar value to the cost of belonging to ASNA. Your membership entitles you to discounts on over 100 benefits and services, including the ability to obtain malpractice insurance at a reduced cost. It can also protect you by providing one free hour consultation per year to an attorney who regularly deals with

nursing matters, should you need it. ASNA provides quality continuing education to all nurses, and members receive a discount. Did you know that if you are interested in being accredited in your specialty area by ANCC you will save 40% on the examination fee by being a member of ASNA! One member we know of even saved \$225.00 on her auto insurance through the ANA plan. Do you use these benefits? Do you see the value of them? Can you save enough by using several benefits to pay for the cost of your membership? You may access more benefit information by calling the ASNA office. Ask to speak to the Membership Coordinator.

All of these benefits cost only about 66 cents a day! Less than a cost of a sweet tea at McDonalds! One of the easiest ways to pay dues is by using the Electronic Dues Payment Plan. By debiting your checking account for only \$ 20.32 per month you automatically pay your membership throughout the year. This takes a much smaller bite of the budget and simplifies the membership payment process. It will keep you informed and connected.

All in all, ASNA membership is a good value. It is the hallmark of the professional nurse!

MEMBERSHIP NEWS

Member Benefits Save You Money

What you see are valuable group programs for members- from affordable insurance to convenient credit. Offered by ASNA, they can help you and your family get more out of life and your hard-earned money.

Personal/ Financial Benefits

Professional Liability Insurance: Plans designed specifically for nurses, with special provisions for graduates and advanced practice nurses. Contact Maginnis/Seabury & Smith at (800) 621-3008, ext. 45105 and request the application for SNA members.

Long Term Care Insurance: Affordable insurance coverage for unexpected illness and accidents for members and their families. Qualify for premium discount and excellent benefits. Call Jerry Borden at Long Term Care Solutions, Inc. (800) 872-0706.

Major Medical, Dental Insurance and Best Benefits Program: ANA’s insurance plans offer comprehensive coverage and discounts on services such as eyewear, prescription drugs, chiropractic and hearing services. Call Maginnis/Seabury & Smith at (800) 621-3008, ext. 45284.

Accidental Death, Hospital Income, Life and Disability Insurance: If you are ever injured or unable to work, these coverages can help pay your medical expenses. Contact ANA Membership Services at (800) 421-1470 and request the program for ANA.

Auto Insurance: Stay safe while you drive; Your SNA membership can help you save on Insurance. Call MBNA/AIG Auto Insurance Program at 800-297-4431, ext. 2565.

Continuing Education: Attend all continuing education programs at discounted rates.

ASNA MBNA Credit Card: Now you have the opportunity to apply for an exceptional credit card at a competitive interest rate. This card offers a credit line up to \$100,000 and \$1 million Common Carrier Travel Insurance with NO annual fee. Call MBNA America at (800) 847-7378 ext. 400.

SNA/ANA Gold Option: A unique line of credit that offers members a fixed-payment line of credit. Call MBNA at (800) 626-2760.

Retirement Savings Program: Here it is, the nurse’s portable pension plan you’ve been asking for! This is a savings system, which allows you to change jobs without changing your retirement plan. Call VALIC (Variable Annuity Life Insurance Plan) at (800) 448-2542.

Discount Auto Rental: We are currently pursuing a new benefit program from HERTZ! It will be up and running by the ASNA Convention. Watch for more details soon!

ALABAMA STATE NURSES’ ASSOCIATION

Membership Application

(Please Copy for Additional Use)

Last Name/First/Initial _____ Home Phone _____ Work Phone _____

Home Address _____ RN License # _____ State _____

City/State/Zip _____ Basic School of Nursing _____

Employer Name _____ Graduation Month / Year _____

Employer Address _____ City/State/Zip _____

Membership Category E-mail Address _____

[] FULL MEMBERSHIP - \$240 Total; \$20.32 EFT Social Security Number _____

- [] Employed--Full-Time [] Employed--Part-Time
[] SPECIAL MEMBERSHIP - \$60 Total; \$5.33 EFT
[] 62 years of age or over and not employed
[] Totally Disabled

- [] REDUCED MEMBERSHIP \$120 Total; \$10.32 EFT
[] Not Employed [] Full-Time Student
[] New graduate from basic nursing education program, within one year of graduation (first membership year only)
[] 62 years of age or over and not earning more than Social Security allows

[] ELECTRONIC FUNDS TRANSFER (EFT) Read, sign the authorization, and enclose a check for first month’s EFT payment. 1/12 (one-twelfth) of your annual dues will be withdrawn from your checking account each month.

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA).

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

Signature of EFT Authorization

Mail to: ASNA, 360 N. Hull St.,
Montgomery, AL 36104

POLICIES

1. Membership privileges are initiated upon verification of membership qualification and receipt of first membership payment.
2. The expiration date of the membership year shall be the last day of the month in which you joined.
3. Your membership may be cancelled if you fail to pay your dues within thirty days after the expiration date or payment due date.
4. Late payments may result in a lapse of membership and a change in your expiration date.
5. To cancel your membership you must send your request in writing to the ASNA office. (Processing can take up to 30 days.)
6. Payment method may be changed at expiration (renewal) date only.
7. Submission of a membership application constitutes intent to retain membership for a period of 12 months. Payments are not refundable.
8. **PAYMENT MUST ACCOMPANY APPLICATION.** Please note that all BANK DRAFT and INSTALLMENT plans include a \$4.00 annual service fee. *Do not add this \$4.00 to your payment: it is already built in.* Make all checks or money orders payable to ASNA/ANA and mail to 360 North Hull Street, Montgomery, Alabama 36104.
9. For further membership information, please contact ASNA at 1-800-270-2762 or, in the Montgomery area, 262-8321.

ALL NEW Member Benefits Added!

Through our Association with the American Nurses Association we have two exciting new member benefits for you!

1. Join the Club, the Magic Kingdom Club that is! Great discounts available on parks, hotels and merchandise. Call Jackie at ASNA for a brochure.
2. Buy a ticket, rent a car and reserve a hotel room all in just one phone call! Great travel benefits from the American Nurses Travel Service available by calling 1-800-771-ANTS.

PAC Contribution Time is Here!

There is power in numbers (over 60,000 nurses in Alabama) and there is power in dollars! The Alabama Nurses Political Action Committee (AN-PAC) needs (and deserves) your support in the form of a monetary contribution. Every year, nursing goes to the Legislature to ask for assistance with a wide range of issues. ASNA works hard to get nursing’s agenda passed. We will do better when we have the ability to contribute to the campaigns of nurse-friendly candidates.

This year’s election cycle is apt to be very competitive. Elected officials who have been our friends will be in tight races with candidates whose interest in health care and nursing issues is unknown. AN-PAC needs your contribution to help our friends with their elections. Please help today with a contribution: AN-PAC needs it, and you deserve the right to participate in this way.

There is more than one way to contribute also! Checks may be mailed to: AN-PAC, 360 No. Hull Street, Montgomery, AL 36104. Or if you prefer, you may make a less painful monthly donation via electronic funds transfer directly from your checking account. Call Karen at ASNA to inquire about the details.

The nursing community thanks you for your assistance to increase our ability to influence!

Do you have knowledge to share? Why not write a book?

American Nurses Publishing, a leading publisher of professional books for nurses, seeks proposals for books and monographs on a variety of professional nursing topics, including managed care, ethics and human rights, quality of care, primary and advanced practice, workplace issues, continuing education, nursing administration, and various clinical topics. For more information, request free guidelines for submitting manuscripts from:

Editor/Project Manager
American Nurses Publishing
600 Maryland Ave., SW
Suite 100W
Washington, DC 20024-2571
e-mail: anpauthor@ana.org

Nurses, Share Your Stories



by LeAnn Thieman
Co-Author

After 30 years as a nurse, I’m thrilled to be co-authoring a book that will inspire and pay tribute to our profession. As a professional speaker and author talking to thousands of nurses, I know the importance of *Chicken Soup for the Nurses Soul, 101 Inspirational Stories to Touch the Hearts and Rekindle the Spirits of Nurses*. I invite you contribute your true story, article, or anecdote the will up lift, motivate and honor your colleagues.

Topics will include:

On Learning and Teaching	Overcoming Obstacles
A Matter of Perspective	Patients (and Patience!)
On Courage	Funny Bones
The Power of Faith	Beyond the Call of Duty
On Family	

I’m looking for inspirational, true stories, 1200 words or less, that will make readers laugh, cry, or sigh. Stories should be positive, universal, and non-controversial. The “point” or “message” should be evident without preaching. No essays, commentaries, tributes, philosophical or biographical pieces will be accepted. You can refer to other

What’s the Difference?

The Alabama State Nurses’ Association (ASNA) and the Alabama Board of Nursing (ABON) are often confused because they almost sound the same. Do you know the difference? Based on the telephone calls and requests received daily in both offices, there is definitely some confusion. Hopefully the following will help clarify this.

Alabama State Nurses’ Association
360 North Hull Street, Montgomery, AL 36104-3658
Phone: 334-262-8321; 800-270-2762
Fax: 334-262-8578
E-mail: alabamasna@mindspring.com

Description:

- Professional membership association composed of registered nurses
- Board of Directors elected by membership
- Founded in 1914
- One of 54 constituent members of the American Nurses Association (ANA)

Executive Director: Karen Pakkala, MSN, RN, CNA

Purpose:
The purpose of the Alabama State Nurses’ Association (ASNA) is to foster high standards of nursing, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better health care.

Functions:

- Promote through appropriate means the standards of nursing practice, nursing education, and nursing services established by the American Nurses Association (ANA).
- Ensure adherence to the Code for Nurses established by ANA.
- Propose and influence legislation, governmental programs, and state and national health policy.
- Promote and protect the economic and general welfare of nurses.
- Promote and provide for the continuing professional development of nurses.
- Represent nurses and serve as their spokesperson with professional and community groups and the public.
- Promote the advancement of human rights related to health care and nursing.
- Provide for representation in the ANA House of Delegates.
- Promote relationships with the Alabama Association of Nursing Students.
- Promote nursing as a career choice.
- Stimulate and promote research in nursing, disseminate research findings, and encourage the use of new knowledge as a basis for nursing.
- Provide services to district structural units.
- Maintain communication with members through official publications.
- Assume an active role as consumer advocate.

Alabama Board of Nursing
RSA Plaza, Suite 250, 770 Washington Avenue
P.O. Box 303900, Montgomery, AL 36130-3900
Phone: 334-242-4060, Fax: 334-242-4360
Web Site: www.abn.state.al.us
E-mail: abn@abn.state.al.us

Description:

- Created by the Legislature in 1915
- Legally constituted body that regulates the education for and practice of licensed nurses within Alabama

Board comprised of eight registered nurse members (two of whom are advanced practice nurses), four licensed practice/nurse (LPN) members, and one consumer member. Board members are appointed by the Governor.

Executive Officer: N. Genell Lee, MSN, RN, JD
Purpose:

- Safeguard the public health, safety and welfare through the regulation of nursing education and practice, entry into nursing practice, and promotion of continuing safe nursing practice.
- Write and adopt rules and regulations for the enforcement of Nurse Practice Act.
- Prescribe standards and approve curricula for nursing education programs; approve entry-level nursing education programs; deny or withdraw approval from educational programs for failure to meet prescribed standards.
- Establish qualifications for licensure. Adopt standards for nursing practice and continued competence.
- Examine, license and renew the licenses of duly qualified applicants.
- Investigate complaints against licensees and conduct hearings and proceedings concerning alleged violations of the law and regulations of the Board.
- Cause the prosecution of all persons violating the provisions of the “Nurse Practice Act”.
- Maintain a register of all licensees.
- Regulate the legislatively mandated program of continuing education as related to the licensure of nurses.
- Monitor licensees through disciplinary and non-disciplinary programs Regulate advanced practice nursing.
- Maintain Joint Committee for Advanced Practice Nursing with the Alabama Board of Medical Examiners to regulate the practice of Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives® (CNM®).
- Administer a scholarship program for post-baccalaureate education of nurses provided for under the Alabama special education trust fund.
- Perform duties to “foster and improve nursing and the regulation thereof and the public health of (this) state.”

Chicken Soup books to better understanding our style and/or read sample stories with the guidelines on my web site at www.LeAnnThieman.com.

You may submit more than one story, whether original or a favorite from magazines, newspaper, or other sources. For each story published in the book, a 50-word biography will be included about the author and a permission fee of \$300 will be paid.

Email submissions are preferred. Send stories with your name, address, and phone number to ChickenSoup@LeAnnThieman.com. If unable to email, please mail stories (hard copy and on disk if possible) c/o Chicken Soup for the Nurse’s Soul, 6600 Thompson Drive, Fort Collins, CO 80526 (Please keep copies as we are unable to return materials). Finalists (only) will be notified as the publication date nears. Call me at 1-877-THIEMAN if you have questions.

Thank you for joining me in touching the hearts and rekindling the spirits of millions of nurses everywhere. We’re making final selections soon, so please send your stories STAT!


LeAnn Thieman
with Jack Canfield, Mark Victor Hansen, and Nancy Autio

CONVENTION 2000

The 2000 Convention Continuing Education Agenda

THURSDAY, OCTOBER 26, 2000

A: Diabetes Care in the 21st Century
5.4 Contact Hours
Sponsored by: Cooper Green Hospital

What is Diabetes? Pathophysiology at a Glance
Mark Wilson, M.D., Medical Director of Outpatient Services, Cooper Green Hospital

New Drug Therapies in Diabetes Care
Mark Wilson, M.D.

The Diabetic Foot – Keep Them in Shape
Donna Robertson, MS, Certified Pedorthist
Pedorthic Care Center, Inc.

Diabetes and You: Eating Right!
Ann Heard, BS, RD, Clinical Dietitian
Cooper Green Hospital

Home Blood Glucose Monitoring: It's a Must!
Derry Johnson, MPH, CRNP,
Patient Education Coordinator
Jefferson Health Systems

B: Transplants in the 21st Century
5.4 Contact Hours
Sponsored by: UAB Hospital

Welcome
Debbie Ragan, MSN, RN,
Director Transplant Services UAB Hospital

Pre-Transplant Issues: Donor Awareness & Recipient Evaluation:
Ann Rayburn, Alabama Organ Center
Connie Williams, MSN, RN,
Transplant Coordinator, UAB Hospital

Bone Marrow Transplantation, Current Trends & Nursing Care:
Jeannie Thompson, MPN, RN,
Nurse Manager, UAB Hospital

Immunosuppressive Therapy 2000
Jill Armstrong, R.Ph., UAB Hospital
Meloneya Hubbard, RN, UAB Hospital

Exercise & Physical Endurance in Pre & Post Transplant Patients:
Barbara Smint, PhD, RN, FAAN,
UAB School of Nursing

Quality of Life Symposium: Donors & Recipients Share Their Story

SATURDAY, OCTOBER 28, 2000

8:00 – 9:00 Plenary Session II
Indian Health Care in Alabama, Darla F. Graves, MPH, Executive Director of the Alabama Indian Affairs Commission

9:00 - 9:30	Break ** VISIT THE EXHIBITS **	11:00 - 12:00	Concurrent Session II
9:30 - 10:30	Concurrent Session I	12:00 - 12:45	Lunch ** VISIT THE EXHIBITORS **
10:30 - 11:00	Break ** VISIT THE EXHIBITORS **	12:45 - 2:15	Concurrent Session III

A. STAFF NURSE TRACT

B. ADVANCE PRACTICE TRACT

C. EDUCATION TRACT

D. CHILD HEALTH TRACT
SPONSORED BY:
Children’s Hospital Of Alabama

Session I 9:30 - 10:30	Session II 11:00-12:00	Session III 12:45-2:15
A. Resource Management System: Staffing With a Purpose, Mary Nash, PhD, RN, FAAN, UAB Hospital FlorenceE. (Beth) Clarkson, BSN,RN, UAB Hospital Kathleen L. Kniphter, BSN, RN, UAB Hospital Debra (Debbie)Ragan, MSN, RN, UAB Hospital	A. Critical Thinking: A Skill for Resolving Conflicts Patricia White, MSN, RN, Jacksonville State University	A. Nursing and the Law Genell Lee, MSN, RN, JD, Executive Officer Alabama Board of Nursing
B. Polypharmacy in the Elderly Elizabeth VandeWaa, PhD, US College of Nursing (<i>provided by an Unrestricted Educational Grant from Pharmacia & Upjohn</i>)	B. Update on Hypertension Joan Williamson, DSN, CRNP, UAH College of Nursing	B. Emerging Options for Management of Peripheral Artery Disease, Mitzi A. Ekers, MS, RN, CVN, Vascular Excellence (<i>Provided by an Unrestricted Educational Grant from Pharmacia & Upjohn</i>)
C. Helpful Hints for the Potential Nursing Doctoral Students Barbara Broome, PhD, RN, CNS, USA College of Nursing	C. Turnover and Retention: Old Issues, New Insights Mardell Davis, PhD, RN, UAB School of Nursing Suzan Cochran, MS, RN, UAB School of Nursing	C. Critical Factors in Regulating for Continued Competence in Nursing Practice Joyce Chappellear, MSN, RN, Alabama Board of Nursing Marjesta Kahn Jones, LPN, Alabama Board of Nursing
D. Foster Care 2000 Cheryl DeFontaine, MSN, CPNA, ARNP Teena M. McGuinness, PhD, RN, CS, USA College of Nursing	D. Pediatric Allergies Rebecca Ball, BSN, RN, Children’s Hospital of Alabama Mary Pat Hemstreet, MD, Children’s Hospital of Alabama	D. Promoting Resiliency in Inner-City Children with Asthma Joy O’Brien, RN, RRT, Children’s Hospital of Alabama Kim Dutton Brindley, MEd, LPC, NCC, RPT, Children’s Hospital of Alabama

CONVENTION 2000

2000 ASNA CONVENTION AGENDA

Wednesday, October 25

10:00 - 12:00	Pre-Convention ASNA Executive Committee Meeting (Samford University, SON, Rm 109)
1:00 - 5:00	Pre-Convention ASNA Board of Directors Meeting (Samford University, SON, Rm 112)

Thursday, October 26
Registration 7:30 - 12:00

8:30 - 9:30	Role of the Treasurer (New District Treasurer Orientation)
	Role of the Delegate
8:00 - 1:00	Concurrent Sessions A. Diabetes Care in the 21st Century <i>(Sponsored by: Cooper Green Hospital)</i> B. Transplants in the 21st Century <i>(Sponsored by: UAB Hospital)</i>
10:00 - 12:00	House of Delegates Opening Ceremonies
12:00 - 1:30	Lunch on your own
1:30 - 3:00	Plenary Session I Melissa Mauser Galvin, PhD Executive Director, Commission on Aging
3:00 - 3:15	Break
3:15 - 5:00	House of Delegates - Open Forums
6:00 - 7:00	President's Reception
7:00 - 9:00	Awards Banquet <i>(Sponsored by ELI LILLY)</i>

HOW TO REGISTER

1. Fill out the registration form. Make check payable to **Alabama State Nurses' Association** and mail to: **Alabama State Nurses' Association, 360 North Hull Street, Montgomery, AL 36104-3644** or, if paying by credit card, fax to 334-262-8578 (do not mail if faxing).
2. **For hotel reservations**, contact the Wynfrey Hotel at 1-800-WYNFREY (996-3739) or (205) 987-1600. Room rates are \$108 for a single or a double room. \$128 for triple or quad. Please inform the hotel that you are part of ASNA when making reservations to receive the discount rate. **ALL RESERVATIONS MUST BE MADE BY SEPTEMBER 25, 2000**, reservations after that date will be taken on a space and rate availability.

Friday, October 27
Registration 8:00 - 9:30

8:30 - 11:30	House of Delegates
8:30 - 3:15	Poster Presentations
11:30 - 1:30	Keynote Luncheon Roy L. Simpson, RN, C, CMAC, FNAP, FAAN <i>(Sponsored by Cerner Corporation)</i>
1:30 - 5:00	House of Delegates
3:00 - 3:15	Break
5:30 - 7:30	Post-Convention Board of Directors Meeting
	Nurse Practitioner night out at the McWane Center

Dr. Mable Lamb Continuing Education Day

Saturday, October 28
Registration at 7:00

7:00 - 9:00	Exhibitor Set-up
8:00 - 2:15	Continuing Education Sessions
9:00 - 2:00	Exhibits Open
8:00 - 9:00	Plenary Session II Darla F. Graves, MPH Executive Director of Alabama Indian Affairs Commission
9:00 - 9:30	Break - Visit Exhibits
9:30 - 10:30	Concurrent Session I
10:30 - 11:00	Break - Visit Exhibits
11:00 - 12:00	Concurrent Session II
12:00 - 12:45	Lunch - Visit Exhibits
12:45 - 2:15	Concurrent Session III
2:15	Adjournment

Registration: Preregistration is required for all CE program sessions. Session admission will be a first come, first served basis. Individuals who choose to register onsite for program sessions will be limited to those sessions which still have openings. Attendees earn 9.7 contact hours for full convention. Thursday concurrent session is 5.4 additional contact hours.

Refund/Cancellation: If cancellation is received in writing prior to October 10, 2000, a refund minus a \$15.00 processing fee will be given. After October 10, 2000, no refund will be given.

Confirmation: Your returned check or credit slip will be your confirmation. No confirmation letter will be issued.

2000 ASNA Convention Registration

October 26-28, 2000 The Wynfrey Hotel Birmingham, Alabama
“We are the Difference...See the Future”

Name: _____

Preferred First Name for Name Tag: _____ Member ID# _____ District # _____

Address: _____

City/State/ Zip: _____

Day Telephone: _____ Social Security Number: _____

Please check all that apply:

☐ ASNA Board Member ☐ Delegate ☐ First Attendance at Convention ☐ Student

Registration - includes Thursday, Friday and Saturday

	Before 10/2/00	After 10/2/00
☐ Delegate	\$175.00	\$200.00
☐ Non-Delegate	\$190.00	\$215.00
☐ Student	\$ 75.00	\$100.00

Full Registration includes two meals,
President's Reception, breaks,
HOD and CE Saturday

REQUIRED

BANQUET MEAL SELECTION

(If no selection is made you will have steak)
☐ Salmon ☐ Steak

Additional Banquet tickets @ \$38.00 each ☐ = \$ _____

Additional Keynote Luncheon tickets @ \$25.00 each ☐ = \$ _____

Additional President Reception tickets @ \$10.00 each ☐ = \$ _____

CE SESSIONS: Daily Rates

(Check each block you wish to attend)

Thursday 10/26 Session A ☐ Session B ☐
Saturday 10/28 ☐ Both Days ☐

Early Registration (before 10/2/00)

Regular Registration (after 10/2/00)

☐ Members	\$40.00/Day	☐ Members	\$50.00/Day
☐ Non-Members	\$55.00/Day	☐ Non-Members	\$65.00/Day

Optional Event

☐ Special Nurse Practitioner Night at the
McWane Center (CRNP Council)

PAYMENT INFORMATION

Registration Fee: \$ _____

Additional Fees: \$ _____

Total Registration Fee \$ _____

ASNA-PAC Donation \$ _____

Method of Payment

☐ Check ☐ VISA ☐ MasterCard

Card Number _____

Exp. Date _____ Signature _____

(Card Holder)

It's Not Too Late!

The ASNA 2000 Convention is fast approaching, but it's not too late. You may still register to attend. Fill out this form and send it in today!

Attention Staff Nurses

The ASNA 2000 Convention has something for everyone! Special "Staff Nurse" tract on CE Saturday, October 28! See page 9 for more information.

SATURDAY, OCTOBER 28 CE CONCURRENT SESSIONS
PRE-REGISTRATION IS REQUIRED FOR ALL CONCURRENT SESSIONS

PLEASE CIRCLE YOUR PREFERRED CHOICE

9:30AM - 10:30AM
SESSION I

11:00AM - 12:00NOON
SESSION II

12:45PM - 2:15PM
SESSION III

A B C D A B C D A B C D

Workplace Issues

Are You Latex Allergic?

The only decisive way to know if you are allergic to natural rubber latex is to be appropriately tested by an allergist, preferably one who is versed in the treatment of latex allergy.

There are several “high frequency” signs and symptoms that can provide clues to a person regarding an allergic response to latex.

Consider:

- If you are asthmatic, have you noticed an increase in the frequency of asthma “attacks”?
- Without a history of asthma, have you experienced the acute onset of asthma, especially as an adult?
- Do you have frequent conjunctivitis or “pink eye” including watery eyes, runny nose, sneezing or facial itching?
- Do you develop urticaria or pale wheal, hives or contact dermatitis after using latex or “hypoallergenic” gloves?
- Have you had a noticeable worsening of “seasonal allergies”?
- Experienced an inability to tolerate latex products (i.e., rubber balloons, condoms, envelope glue?)
- Do you have itching or redness after gynecological procedures or intercourse with a latex condom?
- Have you experienced swelling or irritation around or in the mouth after a dental exam or procedure?
- Have you suffered anaphylaxis (severe allergic reaction) of unknown cause?

It is much more significant when (or if) these episodes occur in or around a hospital, natural rubber latex plant dental office, laboratory, florist who uses rubber balloons or any other environment that has a high content of latex devices or products.

These episodes should not be dismissed. Instead, you should seek prompt medical attention by a physician.

Tips for Reducing Risk for Latex Allergy

The American Nurses Association provides these tips in reducing the risk for latex allergy in a health care facility, or anywhere nurses work:

- ✔ Use powder-free gloves that are low in protein and chemical-allergens;
- ✔ Wear gloves that are appropriate for the task;
- ✔ Avoid latex gloves for food service, cleaning, hair dressing and other situations where latex will contaminate the environment and cause unnecessary risk of sensitization;
- ✔ Wash, rinse and dry hands thoroughly after removing gloves or between glove changes;
- ✔ Use a pH-balanced soap and avoid cutaneous contact with damaging chemicals;
- ✘ Remove gloves at least hourly to air and dry hands;
- ✘ Use only non-oil based hand care products with gloves while at work;
- ✘ Apply non-sensitizing products outside of work to restore the skin’s lipid barrier;
- ✘ Wear synthetic gloves or cotton liners with latex work gloves for wet work;
- ✘ Seek early medical diagnosis and use gloves that match that diagnosis.
- ✘ Get information about your workplace and its use of latex products

All employers are required to inform workers when potentially dangerous substances are used in the work place. Make sure that latex allergy information appears in annual updates and on the agenda of health and safety committees and/or risk management committees in your facility;

- Is latex allergy information included in new employee orientation and in-service education?
- Has your facility established a multi-disciplinary latex allergy task force to develop a comprehensive plan that provides latex-safe care for sensitized patients, and reduces risk of sensitization for patients and staff and ensures that sensitized staff can continue to work?
- Are alternative products available in work sites?
- Has the use of powdered gloves been reduced or eliminated?
- Are latex-sensitive employees offered employment opportunities in non-contaminated areas?
- Has latex contamination been removed from the environment, including the ventilation systems?
- Is awareness of latex-sensitivity included in standards of care and administrative procedures to assure safe patient care and protect nurses from negligence claims related to latex allergy?
- Have procedures been established that ensure that latex-sensitive nurses are informed of their legal rights and responsibilities concerning reasonable accommodations in the workplace as well as information about disability insurance, workers’ compensation, vocational rehabilitation and Social Security disability?
- Does your disability insurance provide specific coverage for your own occupation with a residual benefit for partial disability?

Drug Addiction in the Workplace

Newspapers and television tell the story of increasing drug use. People abuse drugs in schools, at home, in public places and even in the workplace. Drug abuse is a widespread problem that continues to get worse.

Twenty-three million Americans use marijuana regularly (at least once a month) while six million use cocaine regularly. One-half million Americans are addicted to heroin. Sixty percent of the world’s production of illegal drugs is consumed in the United States.

The U.S. Chamber of Commerce reports a survey of drug-abusing employees who sought help revealed that:

- 75 percent had used drugs on the job
- 64 percent believed drugs had adversely affected their job performance
- 44 percent had sold drugs to other employees
- 18 percent had stolen from co-workers

When a chemically dependent person comes to work, the problems associated with Alcoholism and other drug use come with that person. Chemical dependence leads to absenteeism, accidents and lowered productivity. Often, without knowing it, those who make up the workplace (co-workers, managers, support staff) create an environment that actually makes it easier for an employee’s alcohol and other drug problems to continue and worsen. Experts call it enabling. An enabler is someone whose actions shield chemical dependents from experiencing the full impact or consequences of their addiction.

The following indicators may help employers recognize those employees experiencing a decline in job performance that may be associated with drug abuse:

- Excessive tardiness and/or absenteeism
- Lack of concentration
- Inconsistent work patterns
- Interpersonal problems with people on the job
- Decline in work performance
- Denying problems or blaming others
- Increased health problems
- Isolation from others
- Accidents or mistakes
- Change in attitude or personal appearance

Approximately 30 percent of people with panic disorder abuse alcohol and 17 percent abuse such drugs as cocaine and marijuana.

Did You Know?

- One out of every five American adults has a mental disorder in any given year.
- One in four families will have a member who will experience a mental illness.
- Major depression is the leading cause of disability in the United States.
- Depression increases the risk of having a heart attack.
- More than 19 million Americans age 18 and over suffer from a depressive illness (major depression, bipolar disorder or dysthymia) each year.

October 5, 2000
National Depression Screening Day
For more information call 1-800-573-4433

Workplace Issues

Protecting Your Health at Work— Recognizing and Reporting Hazardous Conditions

by Evelyn I. Bain
MEd, RN, COHN-S

Traditional safety programs in hospitals and other industries address injuries and illnesses that have been reported to supervisors or health or safety departments. Interventions are then planned to prevent similar injuries. But, the overwhelming majority of injuries and illnesses that happen at work are never reported. Nurses are too busy to report, they don't think reporting will accomplish anything or they don't associate their health problems with work environment. Even needlestick injuries, which can be seen and felt, are reported less than 30% of the time.

The most effective way to prevent work related illness and injury is to identify and correct unsafe or unhealthy (hazardous) conditions. OSHA requires safe working conditions that are free from recognized hazards, in all work environments, even in health care. Nurses should not be exposed to chemotherapy drugs in the hospital, medical office or the subacute unit, without proper engineering controls or personal protective equipment.

Corrective actions exist to address hazardous conditions. Remember people work safely with dynamite every day.

To make it easier to spot hazardous conditions, use the classification system familiar to occupational health nurses. In the health care industry, hazards can be classified as chemical, physical, biological, psychosocial and ergonomic. Hazards may contribute to single or multiple illnesses and injuries. Unprotected exposure to patients with active tuberculosis (biological hazard) may result in a bacterial illness while an assault from a violent patient (psychosocial hazard) can result in musculo-skeletal injuries as well as physical and emotional illnesses.

A good place to begin locating the problems on your unit is to listen to conversations your co-workers have with you and each other about how they feel and what hurts. Who is out of work and why? What illnesses and injuries they have reported to supervisors, employee health departments and the safety committee. What are the health problems of the patients on your unit? Do the patients require lifting? Are there associations? Work related injuries and illnesses result from the tasks that you do as well as the setting where you work. Is there carpeting on the unit? Are the ceiling tiles discolored from moisture? Mold and fungus grow in carpeting and ceiling tiles that

have become wet and then dried.

Actions to correct or control hazards are classified also. This system includes elimination, substitution, engineering and administrative controls and personal protective equipment. While it is most effective to eliminate a hazard, sometimes that is not possible. The other methods reduce exposures and the potential for injury and illness. Exposure to tuberculosis is reduced by HEPA filter facemasks (personal protective equipment), exhaust ventilation in the patients' room (engineering control) and training and education (administrative controls). Adequate staffing levels and security personnel trained to address workplace violence are examples of administrative controls.

As you begin to think about the hazards in your work environment, it may be easier to choose a classification of hazard that is particular to your work area than to take on the whole system at once. Chemical exposures in day surgery or sharps injuries in the ER are examples.

Remember not all the hazardous chemicals are under the sink. Aerosolized medications, while effective for treating respiratory infections, are potentially dangerous chemical when inhaled by caregivers. The patient receives the medication, while acutely ill, for a short period of time. Nurses inhale the medication repeatedly, at a lower dose, over a long period of time. While some aerosolized medications may cause asthma; others are associated with birth defects in animals. Exposures to aerosolized medications can be prevented by engineering controls that require the patient to be placed in a ventilated hood during treatment. Educating workers about the hazard and the proper way to use the hood sharply reduces the exposure. Cold sterilization liquids (glutaraldehyde) are associated with sensitization and asthmatic reactions. Many housekeeping chemicals contain chlorine and ammonia and also affect breathing. Latex gloves contain chemical that cause skin problems as well as proteins that sensitize and precipitate runny itchy nose and eyes, asthma, and sometimes even anaphylactic reactions. Substitute safer product non-latex synthetic gloves.

Employers are required by law to educate workers about the chemicals they are exposed to. Have you had hazard communication training?

Physical hazards include exposure to noise, electricity, heat and cold. Noise is unwanted sound. Uncontrolled noise increases fatigue and irritability, symptoms that increase work related stress. Loud equipment can be muffled. Sound absorbing wall coverings reduce noise levels. Engineering controls

that reduce noise levels lessen fatigue in workers. Noise reduction will reduce irritability in patients as well. Carpeting, although it reduces some sound, is associated with biological and chemical hazards. Carpeting is not a healthy choice. How noisy is your unit?

Hepatitis B, C and HIV are biological agents that have compromised the lives of nurses and others. Sharps injuries cause thousands to become infected annually. Are your sharps disposal containers replaced or emptied when full?

Bacteria and viruses that affect patients may be transmitted to workers. The future shock for caregivers may be antibiotic resistant organisms. How seriously do you regard hand washing? Are your co-workers washing their hands? Are they contaminating everything in sight?

Even standing still for extended periods causes muscle strain. Bending and stretching at awkward angles (exaggerated postures) and as well as standing still (static postures) for long periods of time can be as damaging to muscles and joints as the lifting, pushing and pulling needed to move and position patients. These hazardous ergonomic conditions can often be improved by rearranging the work environment using lifting and moving devices for implementing lift teams. Are nurses rubbing their arms to relieve pain? Is lifting equipment readily available, or is it available at all? Is it in good repair?

You can't hit the teacher or the judge, why has it been OK to hit the nurse? Psychosocial hazards include physical or verbal aggression directed at workers. Even pushing, pinching and threats are considered expressions of violence. Have you had violence de-escalation training? Are assaults reported to police? Excessive working hours, mandatory overtime and reduced control over working conditions create stress that is considered a psychosocial hazard.

Now, go look for hazards with the awareness that hazard control strategies are well developed. Report the hazards to your supervisor, manager, the safety committee and your union committee. Work together to implement the standards or guidelines that have been developed by the regulatory agencies. In fact, OSHA, NIOSH (National Institute of Occupational Safety and Health) and the CDC (Centers for Disease Control) have guidelines to protect workers from the majority of hazards that exist in healthcare. The OSH Act of 1970 clearly states: employers shall furnish employees employment and a place of employment free from recognized hazards. Yes, in healthcare too.

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Meet Mr. Nightingale

by Ted Roberts

When my chronologically mature, but young at heart wife, and I sat down to review the career fields open to a lady of her talents, we first considered motorcycle police lady or undercover drug agent. But I scratched them quickly - since they interfered with supper. A wide choice still remained; from Abalone Diver to Zinfandel Taster. We had 250 pages of the Government Occupational Dictionary to choose from. As we got to the end of the “N’s” and wearily considered noodle boilers, noodle cutters, and noodle tasters, there, bouncing off the page, was our answer - Nurses. Just like Florence Nightingale.

It wasn’t long before I was standing in the garage watching my wife leave for her first day of nursing school. I was unconsciously leaning on something cold and smelly. It was a garbage can that should have been at the curb. Somehow, twice a week it got there. My wife had left this cylinder of slop unmoved. Oh well, I thought, as I rolled it to the street, “What’s a brief five-minute chore a couple of times a week?” But that was only the first of many similar discoveries as that first dreadful week wore on. All the things that used to move so nicely, developed a strange paralysis. The paper stayed on the floor, the dishes stuck to the table, and clothes refused to march to the dirty clothes hamper.

Worst of all was the absence of that rhythmic, pulsing sound like the beat of your mother’s heart that came from a contented, full dishwasher. The day my wife began nursing school, that lullaby stopped. Instead, the table was littered with crusty plates and bowls from supper. They just sat there. No elves scraped them and placed them in the silent dishwasher. I learned how to do this the first time I watched the leftover roast gravy turn into brown Jell-O.

Behind every successful professional wife there’s an anonymous husband - a Mr. Mom - like Mr. Florence

Nightingale, who cooks, makes beds, and knows the difference between the washer and the dryer while Florence chases fame at the hospital.

There better be fame because nursing salaries, I knew, weren’t grand, but the fringe benefits were spectacular. To me, I mean. I would receive the services of a medical professional - gratis; or at least at a healthy discount. Beside that, there’s something about a woman in a uniform. Maybe I read too many Wonder Woman comics as a kid.

And I figured our social life would brighten up too. As soon as my wife got her degree we started getting phone calls from friends with medical questions. The word got around quickly. Old friends whom we hadn’t heard from in months called to say “hello”. But before we could give them a thirty minute description of our day they were rattling on about the scratch on young Jimmy’s arm and what kind of ointment did we recommend.

I say, “we”, but of course the questions were addressed to my wife. What did a computer salesman know about ointments? However, sometimes at a party when the Angel of Mercy had wandered away I’d volunteer medical information I had picked up just by being around her like; “Beverly, you should always use a 4 by 4 gauze pad on a 2 centimeter incision”.

“But I don’t have a 2 centimeter incision” said Beverly looking at me strangely.

“Well, you ought to know that just in case.”

Then Mrs. Nightingale returned and wanted to know what we were talking about.

Why did she think I only understood computers? Hadn’t I heard her recitations on anatomy and biology for years? When she struggled through Anatomy 205, didn’t I dream of livers, kidneys, and gall bladders instead of romance? And wasn’t I the martyr that stayed up ‘till midnight to greet her when she came off the 3 to 11 shift and listen to

her successful tale of starting an I.V. on an absolutely veinless patient? Besides, I faithfully attended every hospital Christmas party for three years and listened to hours of talk about Meds and Peds and Beds. You can bet that a few cups of punch didn’t keep me from learning plenty.

But beside my new medical skills (never put a 2 by 2 gauze pad on a six-inch incision) my wife taught me some basic supper recipes for those lonely nights when she worked the 3 to 11 shifts. “A pot roast will never take your place,” I assured her.

First I learned which dial on the stove controlled which burner. This is a key skill if you’ve got an old, dirty breakfast skillet on one burner and the soup you’re trying to warm up on another.

Before my wife went to Nursing School, the kitchen was that mysterious land the food came from. The stove was a big yellow thing that could ruin your appetite if you turned on the wrong burner and heated up that scummy breakfast skillet. But Florence, before she left her post by the stove, convinced me that a pot roast was idiot free - if you turned on the right burner and didn’t confuse red pepper with paprika.

I also learned that a microwave, not the dog, was man’s best friend. I loved to hear that cheerful “beep” announcing that once again I had successfully prepared supper.

Oh well, some of my friends still call me Mr. Nightingale. And often I get inquiries as to which brand of aspirin is good for tennis elbow. The wife suggests that I confine my advice to computer systems, football betting and the pot roast I had learned to make on those cold winter nights when she manned the 3 to 11 shift. So if you need advice on that dull pain in your elbow, talk to Florence.

But if you’d like some technical talk on pot roasts, give me a call.

Upcoming Conferences

The Substance Abuse Symposium For Medical Professionals

The Substance Abuse Symposium for Medical Professionals, sponsored by the Council on Substance Abuse-NCADD, will be held February 4 & 5, 2001, at the Embassy Suites Hotel in Montgomery, Alabama. The two-day conference will offer an array of nationally known speakers.

Presentations will include Basic Addiction, Treatment - What Works, Motivational Interviewing, Pain

Management, Psychosexual Disorders, Case Management, Co-Dependency, Gambling Addiction and Hepatitis C-the new Epidemic of the 21st Century. Luncheon speakers will be Dr. Graeme Cunningham and Father Leo Booth.

ASNA is a co-sponsor.

For additional information call (334) 262-4526

Skeletal Issues for the Primary Care Health Professional

This hands on half-day workshop will review basic diagnosis and management of common skeletal conditions. It will be held November 4, 2000 at the Sheraton Civic

Center Hotel in Birmingham, Alabama.

For additional information call (205) 934-2687.

National News

ANA House of Delegates Calls for Improvements In RN Working Conditions and Patient Safety

With an eye toward ensuring safe patient care, as well as improving working conditions for RNs, the American Nurses Association's (ANA) policy-making body, the House of Delegates (HOD), overwhelmingly passed recommendations that focused on key issues in nursing such as appropriate staffing, mandatory overtime and preventing system-based medical errors. Representing their constituent member associations (CMAs), the more than 600 delegates addressed these key topics along with a range of other issues important to nursing during their annual meeting in Indianapolis, June 23-28.

In approving a resolution on appropriate staffing, delegates instructed ANA to promote its "Principles for Nurse Staffing" in health care agencies and educational institutions. The ANA principles look at a number of important factors that should be considered when staffing, such as the experience level of nurses on the unit, staff mix and patient acuity.

Delegates also want ANA to develop workplace advocacy and collective bargaining strategies that help RNs address their concerns about inappropriate and unsafe staffing and to work toward ensuring that RNs are involved in staffing decisions, as well as in designing patient acuity tools. And, they called for increased research on the link between staffing and patient outcomes and the need for ANA to advocate for federal and state legislation and regulatory guidelines that address the sufficiency of nurse staffing.

The HOD also voted to oppose mandatory overtime under any circumstances. The overtime measure states that the refusal to accept additional hours does not constitute patient abandonment and it calls for ANA to work with CMAs to ensure state regulations support this position.

The HOD passed a resolution that outlines strategies to ensure patient safety and specifically prevent medical errors, which are estimated to lead to as many as 98,000 deaths annually. ANA has long been advocating for efforts aimed at ensuring safe patient care using a systems approach, but recently stepped up its efforts following the highly publicized release of an Institute of Medicine (IOM) report, "To Err is Human: Building a Safer Health System."

As part of this action, the HOD directed the ANA to inform the public and policy makers about the effects of downsizing and restructuring on patient care; support specific IOM recommendations on preventing medical errors; and promote passage of whistleblower legislation. The measure also calls for ANA to promote the development and implementation of policies that support appropriate nurse staffing levels and that call for the use of nursing quality indicators data to demonstrate improved quality of care and reduced errors.

To stop an attack against advanced practice registered nurses' (APRNs) ability to practice by the American Medical Association (AMA), delegates passed an emergency resolution opposing the "AMA Citizens' Petition to the Health Care Financing Administration" regarding billing under Medicare. The "citizens" petition is part of a larger campaign by organized medicine to restrict the scope of practice of APRNs, as well as other non-physician health care providers. The HOD recommended that ANA advocate for APRNs' ability to secure Medicare reimbursement in both independent and interdisciplinary practice through statements to regulatory bodies and the public. In a related resolution, delegates passed a sweeping measure recommending, in part, that ANA pursue legislative and regulatory language that protects the rights of all APRNs to practice fully within their scope of practice unencumbered by legal, business, institutional or regulatory barriers.

Collaborating with efforts by the Association of periOperative Registered Nurses (AORN), delegates passed a resolution that seeks passage of federal and state legislation and regulatory actions that will protect the practice and assure reimbursement for RN First Assistants (RNFAs). RNFAs deliver direct surgical care by assisting the surgeon in controlling bleeding, suturing and other critical processes.

Although the role of RNFAs has existed since 1983 and their educational preparation and certification clearly is defined, a significant barrier to their full scope of practice remains - lack of Medicare reimbursement for their services. RNFAs also are faced with the threat of the reported use of unlicensed surgical technicians and other facility employees as first assistants. To combat this problem, the HOD resolution recommends that ANA support the recognition and reimbursement for certified RNFAs and appropriately qualified APRNs as "first assistants" in federal statute.

In another patient protection issue, the HOD voted to create a position statement on patient restraint and seclusion that provides direction to nurses who are practicing in varied settings. The statement would be based on numerous principles, including the authority of the RN to exercise independent professional judgment in determining the need for and use of appropriate restraints and/or seclusion; the appropriate ongoing assessment by the RN to prevent injury or complication from use of restraints and/or seclusion, and the protection of human rights.

In a separate action, the HOD approved a motion recommending that ANA create a position statement that would provide direction to nurses on the use of chemical restraints for all patients in all practice settings. ANA and nurses his-

torically have been advocates for appropriate pain management. To further advocate on this issue, delegates agreed that ANA should promote the view of pain as the "fifth vital sign," requiring assessment and management by registered nurses.

Tackling a society-wide problem, delegates passed a resolution that deals with the increasingly violent behavior of youths in schools and other settings, as well as nurses' roles in promoting non-violent behavior. That recommendation, in part, calls for ANA to promote multiple strategies, including primary, secondary and tertiary prevention efforts, to eliminate violent behaviors in schools and to advocate for RNs having a key role in promoting healthy youth development in all education systems.

In an effort to continuously build the profession, the delegates approved a bylaws amendment that creates a nine-member Commission on Workplace Advocacy, whose purpose, in part, will be to ensure that nurses have meaningful access to workplace advocacy through ANA and the CMAs. This completed significant work to update the structure of ANA begun at the 1999 HOD. In 1999, ANA passed bylaws changes to create the United American Nurses (UAN), the labor arm of ANA. The UAN held its first National Labor Assembly prior to this year's HOD.

Additionally, to promote and strengthen nursing globally, the HOD directed the ANA to explore the feasibility of an exchange program or partnership with one or more national nurses associations, and engage in collaborative exchanges with nurses of the international community with a focus on achievement, partnerships, flexibility, inclusiveness and vision.

Among other business brought before the HOD, delegates agreed that ANA should affirm its opposition to any further reduction in Medicare payments for home health care; urge the Occupational Safety and Health Administration to publish a "permissible exposure limit" on glutaraldehyde and educate nurses of the health effects of such exposure; and ensure that an appropriate number of staff nurses are on all task forces, ad hoc and other committees appointed by ANA and that staff nurses be considered "experts."

The House also passed a resolution endorsing efforts to improve immunization information, including ANA'S continued involvement in the National Network for Immunization Information. The resolution also directed the ANA to endorse efforts to ensure that all nurses have resources and access to accurate immunization information to communicate effectively with parents, patients and the public about the benefits and risks of vaccines.

National News

American Nurses Associations’ House of Delegates Approves Creation of Workplace Advocacy Commission

Motion expands nurses’ strategies for securing workplace, patient protections

The ANA cemented another cornerstone in building a strong professional association for all nurses when its House of Delegates (HOD) voted in overwhelming numbers to establish the Commission on Workplace Advocacy at its June meeting, held in conjunction with ANA’S Convention in Indianapolis, IN. Workplace advocacy is not a new focus for ANA - advocacy for nurses and their patients is part of the association’s 104-year-old history as well as its promise for the future. Rather, this ANA Bylaws amendment creates a formal center that synthesizes, translates, and distributes workplace advocacy information, programs, services and products. “I am thrilled with the voting results and excited by the possibilities,” stated Karen Utterback, RN, MSN, CNA, president of the Mississippi Nurses Association.

Ohio Nurses Association Executive Director Giny Harshey-Meade agreed. “Nurses need to know all their options for addressing workplace issues,” she said. “ONA has a strong collective bargaining program but we also need a strong workplace advocacy program for members and potential members that do not belong to a collective bargaining unit.”

The seeds of the Commission on Workplace Advocacy were sown during the 1999 HOD when delegates approved the creation of a task force to develop strategies and recommendations to ensure that nurses who are not represented by collective bargaining have access to meaningful workplace advocacy. The diligent work of the task force to develop the bylaws and operating guidelines for the new Commission paid off when a large percentage of the delegates, including those from constituent member associations (CMAs) that are members of the newly formed United American Nurses, ANA’S labor arm, voted to support all the strategies registered nurses use to advocate for patients and themselves.

Advocating for nurse’s concerns

Workplace advocacy is used successfully in various practice settings across the country to help registered nurses secure protections for themselves and their patients in the workplace. For example, Debbie Jones, RN, MNSc, a former Arkansas Nurses Association’s (ArNA) Workplace Advocacy Program Education Committee member, recalls a situation in which an RN called on behalf of nurses at her hospital who were concerned over the facility’s practice of floating nurses to other units, particularly those that required skills unfamiliar to the “float” nurse. The nurse, not a member of her state nurses association, needed help.

Jones sent the nurse a copy of the Arkansas State Board of Nursing’s position statement that clearly affirms that all RNs must have either formal education, in-service, continuing education and/or experience in all nursing tasks before executing these tasks. Further, it states that nurses who practice outside of their competency area(s) are subject to disciplinary action. This information and document were discussed with the RN along with the inherent practice implications. Next, ArNA reviewed the basic steps for addressing and resolving workplace issues with the nurse as outlined in its workplace advocacy program.

With up-to-date information, expert guidance, a regulatory reference tool and a written plan of action, the nurse made an appointment with the appropriate hospital administration staff that ultimately resulted in a change in the hospital policy on “floating” which includes guidelines on how best to utilize nurses who are new to a practice setting. The nurses at the hospital now have the support to accept only those assignments that are within their professional and individual scope of practice. And, the nurse who originally sought ArNA’s help is now a member of the association.

Building on success

ANA’s story is just one of many examples of a successful outcome from a state-based workplace advocacy program. ANA plans to build on the successes of the states through a centralized workplace advocacy program, established by the Commission on Workplace Advocacy, that provides all CMAs and their members the opportunity to discover, access, utilize, share, develop and distribute workplace advocacy information, products, programs and services.

Members of the Commission on Workplace Advocacy are appointed by the ANA Board of Directors, and the Commission will represent all CMAs that have workplace advocacy programs. The Commission will:

- establish and implement an effective national workplace advocacy program within ANA
- determine programmatic priorities for the program that will direct the use of resources
- establish communication mechanisms to ensure dissemination and integration of effective workplace advocacy strategies within ANA and the CMAs.
- utilize staff and financial resources to accomplish its purposes
- provide oversight and accountability for workplace advocacy within ANA.

“Everything is in place for a terrific workplace advocacy program,” Utterback said. “Think about how you fit into this exciting line of activity. Simply by joining your state nurses association, your dues provide the needed financial support. Yet, your valuable insights, recommendations, ideas and efforts are the crucial elements to its continued success. If you’re not a member of your state nurses association, join now and develop the skills of workplace advocacy and the confidence of being a partner with ANA.”

National News

Errors and Unsafe Practices: Whose fault is it?

Speakers at the recent American Nurses Association Convention plenary session entitled “Stopping the Blame Game”, stated unequivocally that systems, not individuals, are to blame for medical errors and that instead of punishing for errors, health care facilities and regulators should be finding out what works to reduce and prevent errors.

Lucien Leape, MD, MPH, Harvard Medical School, Department of Health Policy and Management and the nations’ leading expert on hospital death and adverse drug events caused by medical errors, discussed the concept of “latent errors”, such as organizational culture, management decisions, process design, workload and team training, and how they cause the system defects that eventually lead to medical errors. He gave examples of a latent error as when a hospital decides that a nurse can take care of twice as many patients in the same amount of time. The system defect that results is an overworked nurse.

“Health care is the only industry in America that doesn’t believe fatigue degrades performance,” he said to over-

whelming applause from convention attendees.

Leape stated that principles that should be adopted to avoid human factor errors include avoiding reliance on memory, simplifying and standardizing processes and using checklists and protocols wisely. Most important in avoiding errors, he said, is learning to separate them from misconduct.

“Regulation is a major barrier to safety when it fixates on punishment and focuses on individuals,” Leape said, noting that such a climate stops people from reporting errors, hindering attempts to address system problems. “Enlightened regulation is when we stop punishing for errors, continue working with impaired people and set standards for safe systems.”

David Keepnews, JD, MPH, RN, who served as ANA’s director of policy and is now an assistant professor in the Department of Health and Clinical Sciences at the University of Massachusetts Lowell and adjunct professor of nursing at New York University, agreed that errors are the result of system failure and should be addressed as such.

“Just as nurses are accountable for their practice, there should be accountability on the part of institutions for identifying and fixing system flaws,” Keepnews said. “In addition, the non-punitive climate should not just be for reporting errors but for reporting unsafe conditions.”

One unsafe condition that both men discussed was hospitals’ use of mandatory overtime as a solution to short staffing. Keepnews discussed the success of recent strikes in Massachusetts and New York in addressing the use of mandatory overtime, noting that the nurses who stood on the strike line not only improved patient care at their facilities but raised awareness of the issue nationwide.

“The right to refuse mandatory overtime is a fundamental issue for the profession,” Keepnews said, adding that nurses are exercising their professional judgement when they determine they’ve reached their limits. “Institutions refusal to support this is a betrayal of the public trust.”

Dr. Leape also had harsh words for the practice of mandatory overtime, saying, “It ought to be illegal.”

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Without ASNA, this is what you would be reading to keep you informed about nursing

Is this enough to keep you on top of nursing's issues?

ASNA

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professional nursing in all environments.

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Adventures In Language: What Is A Nare?

by Betty Davis, RN

What is a “nare?” Do you think you know?
Can you say “oogoinia?” What about “pneumoniae?”
Does the word “Hysterosalpingography” give you the willies?
If it does, relax, you are not alone. Even teachers of nursing are not immune to poor or marginally correct pronunciation of scientific terms. And not every good nurse is also a lover of good science or of good English language usage. Let’s face it, you don’t need perfect pronunciation or great spelling to give excellent nursing care to your patients. So what’s the big deal?

The truth is that correct use of scientific terms and correct pronunciation of them is very important in the status of our profession in the medical community. Nurses are second-class citizens in the medical community, and it is our own fault. We deal daily with highly educated doctors and allied health professionals, and too often we stumble over medical terms.

Laxity in our education of scientific language can be disastrous, even resulting in the creation of non-existent words. Remember my first question? You guessed it. There is no such thing as a “nare.” The correct medical term for the nostrils is “nares,” this is true. So, one nostril must be a “nare,” right?

Unfortunately, no. But don’t feel bad. This term is so widely misused in our profession that it appears in the national board exam. The correct usage is naris, singular, nares, plural. This is a typical Latin usage of changing the singular word which ends in “-is” to plural by changing “-is” to “-es.”

So how did this word come about? Incorrect pronunciation will do it every time. If we have two chairs, we have one chair. But if we have two nares, do we have one nare?

It would seem so. But nares does not rhyme with chair, it is a two-syllable word that rhymes with carries or Larry’s. Learning the term makes so much more sense logically and linguistically if we see that both singular and plural forms of the word are two syllables, i.e., “nar-IS, “nar-ES.”

Poor pronunciation can also filter down to chronic misspelling of a term. Hydatidiform mole is often mispronounced as hy-dat-i-form mole. As a result, even some textbooks use the latter as a correct spelling. So, we perpetuate each other’s mistakes for generation after generation of nurses, and no one seems to be aware of the problem.

If we as nurses are going to achieve the professional status we seek, we must raise our standards. Correct pronunciation of scientific language should be a basic skill, taught as part of the medical terminology class, and should precede all other coursework.

It is not as hard as you think. There are basic rules of pronunciation, but too many to go into here. My first Biology 101 class in college was devoted to scientific pronunciation. Dr. Cross never tolerated incorrect pronunciation in his class. A couple of important ones are:

When two vowels occur together, BOTH are pronounced. So, oogonia is pronounced

Oh -oh-GOAN-ee-ah. Pneumoniae is pronounced New -MOAN -ee -aye.

When a word consists of many syllables, the correct accent is usually what sounds the best and what is easiest to say. Here’s a good one for you: craniocleidodysostosis. You just have to work these out. First divide into syllables, this is usually not hard. CRA NI 0 CLEI DO DYS OS TO SIS. Phew! Now, just try it until it sounds the best (you do have to work, but you CAN DO THIS).

KRA-ni-o (that’s easy) KLY-do (now the hard part) DIS-os-toe-sis? dis-OS-toe-sis? dis-os-

TOE-sis? The last option sounds the best, doesn’t it? And isn’t it easiest to say?

We all have a medical dictionary. Pronunciation of any term we need is laid out for us. Anyone can pronounce words from a dictionary. All we need is the will to learn and a system. If you are a practicing nurse, jot down words you have trouble with, and look them up later. Practice them a few times, and you will own them. If you are a student, learn the tough words as you go along.

The next time you read a path report to a physician over the phone, you will do your profession proud.

Reply with your comments to bfoxydavis@aol.com.

UPCOMING EVENTS

- District 1**
TBA
- District 2**
TBA
- District 3**
TBA Meets 2nd Thursday of every odd month
- District 4**
TBA
- District 5**
Dec 7 6:00 PM, St. Joseph Parish Hall, Tuskegee
- District 6**
TBA
- District 7**
Sep 29 TBA
- District 8**
Nov 21 7:00 PM, Spanish Fort United Methodist Church
- District 9**
Nov 14 6:30 PM, Decatur General Hospital
- District 10**
Nov 11 6:30 PM, Four MC’s Family Restaurant (Quarterly Meeting)
- District 11**
TBA
- MACON COUNTY SOCIETY**
Nov. 7, 2000 7:00 PM, St. Joseph Parish Hall, Tuskegee
- MONTGOMERY-AUTAUGA-ELMORE COUNTY NURSES SOCIETY**
Nov 2, 2000, Jan 4, 2001, Feb 1, 2001- VA Hospital – Montgomery
- LEE COUNTY SOCIETY**
Nov 18 6:00 PM, East AL Medical Center, Opelika
- MARENGO COUNTY SOCIETY**
2ND Tuesday (Monthly)
- MOBILE COUNTY SOCIETY**
3RD Monday (Monthly) 5:00 PM, Dauphin Way Baptist Church

Continuing Education Calendar

- TUSCALOOSA**
UA Workshops
October 12-13, 2000
“Assessing and Treating Traumatized Children”
Certificate Program
1-205-348-3000 for information
- Birmingham**
October 26, 2000
“Diabetes Care in the 21st Century”
1-800-270-2762 for information
- October 26, 2000**
“Transplants in the 21st Century”
1-800-270-2762 for information
- October 28, 2000**
ASNA’s 2000 convention Clinical Sessions
1-800-270-2762

- TUSCALOOSA**
UA Workshops
November 13/15, 2000
“Therapeutic Approaches to Treating Trauma”
Certificate Program
1-205-348-3000 for information
- November 14, 2000**
“18th Annual Grief & Bereavement Seminar: (Topic TBA)
1-205-348-3000 for information

- CONTENT EXPERTS NEEDED**
ASNA is seeking experts to serve on a panel of peer reviewers for articles submitted for possible publications in “The Alabama Nurse”. If interested send curriculum vita to ASNA Continuing Education.
- AUTHORS NEEDED**
ASNA is accepting original nursing articles for inclusion in “The Alabama Nurse”. If interested forward to ASNA. Additional details may be obtained by contacting the ASNA office.

ASNA Headquarters Meetings

- Montgomery**
- Oct 10
Oct 25 –28
Nov 3
Nov 17
Nov 17

Tellers count ballots
ASNA Convention – Birmingham
1:00 PM - Elder Abuse Committee
10:00 AM – CE Committee
12:30 PM – Ethics & Human Rights Committee
- Nov 30
Nov 30
Dec 1

10:00 AM – Membership Committee
3:00 PM – Executive Board Meeting
9:00 AM – Board of Directors Meeting