Immunizations: What’s Next? 
The Future of Childhood Immunizations in Missouri
Childhood immunizations have saved countless lives and complications suffered by children due to “routine childhood illnesses.” Nearly 300 years ago, smallpox would sweep through cities, killing up to 50 percent of infected individuals (CBS News, 2007). At its peak, measles killed 3,000 children and hospitalized 48,000 annually prior to the availability of the measles vaccine in 1963 (Ouellette, 2007). In 2004, there were 44 reported cases of measles reported in the U.S. (Ouellette). Today, many of the diseases that killed or created permanent medical disabilities are no longer seen or experienced due to childhood immunizations. (Continued on Page 234)

Medication Errors and Syringe Safety 
Top List of Concerns for Nurses
Silver Spring, MD- The American Nurses Association (ANA) and the New York State Nurses Association (NYSNA) today condemned the exploitation of immigrant RNs by unscrupulous U.S. employers and called for better enforcement of immigration laws. (Continued on Page 234)

ANA and NYSNA Condemn Exploitation of Filipino Registered Nurses
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Translating Information Into Knowledge

Complex systems depend on experiential knowledge to achieve and maintain optimal function and excellence in results. This statement is both direct and truthful, and quite frightening in its implication for the nursing profession. In my previous column, I wrote of the challenge we face in the shortage of nurses, both now and through the intermediate future. In fact, I urged you to consider “a day without nurses” and the depth of loss to our patients and our health care system should that scenario unfold.

In this issue, I ask you to consider the depth of loss we face as we lose the experiential knowledge of our aging workforce. Recruiting large numbers of individuals into nursing is important. Yet, in the absence of retaining our experienced workforce and valuing, recovering and transferring their experiential knowledge to newer nurses, our patients and our system remain at tremendous risk.

Nursing students and those individuals relatively new into practice bring a wealth of information to the table – often based on “cutting edge” data and strong educational curricula. What is not yet developed is the translation of this data and information into knowledge – experiential knowledge.

Few would argue that most staffing plans, care maps, and care delivery models contain the underlying assumption that every nurse at the bedside is an expert – able to respond to complex situations with equal effectiveness. At the same time, I imagine few would argue that this is not the reality in our practice settings. Individual nurses, from novice to expert, have developed critical skill and knowledge through experience. In addition to recruiting new nurses successfully, we must plan to be equally effective in supporting the knowledge transfer and mentoring experiences that will build and strengthen our collective future.

While I cannot offer “the answer” to this challenge in a few printed words, I can remind all of us that didactic learning and technical solutions alone do not transform information into knowledge. Nor does the simple passage of time. We must work not only to recruit tomorrow’s nurses, but also to retain the wisdom of today’s experienced nurses – and, perhaps most importantly, to develop systems and structures that mentor our new recruits and support knowledge transfer.
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Publication & Submission Guidelines
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The Missouri Nurse accepts only manuscripts that are sent digitally in .doc or .pdf format. All unsolicited articles, news, and advertising should be e-mailed to the MONA Central Office. Deadlines are the first of March, June, October, and December.

All opinions and statements of supposed fact in signed articles do not necessarily reflect the views and policies of the Missouri Nurses Association.

Advertising Opportunities
Act now and to reserve your web-based ad and connect with the Voice of Missouri Nursing!

Please download an ad rate sheet here and contact Angela Lechtenberg at angadam@mchsi.com or 573-268-8611.
MONA Biennial Convention Scheduled for Branson
MONA Biennial Convention convenes September 28-30 at the Radisson Hotel in Branson, MO.

The event will begin at noon on Friday and conclude at noon on Sunday.

The agenda is currently being finalized. More information will be posted about this event as it becomes available.

Please mark your calendars and make your hotel reservations early.

2007 Meeting Schedule

July
19: APRN Meeting, Noon-4pm

October
18: APRN Meeting, Noon-4pm

December
13: Finance Meeting, 10am
13: Executive Committee, 3pm
13-14: Board Meeting, 5pm
Nurses in Beacon and Magnet Designated Units and Organizations Report Healthier Work Environments and Higher Job Satisfaction

ATLANTA, GA – Study findings being released today by the American Association of Critical-Care Nurses (AACN), the Gannett Healthcare Group, and the Bernard Hodes Group found that nurses who work in organizations or units that have met or are pursuing the national excellence standard of a Beacon or Magnet designation report healthier work environments and higher satisfaction with their jobs. Several past studies have found that healthy work environments—characterized by strong communication and collaboration between healthcare team members, among other factors—have a direct impact on increased patient safety and improved patient outcomes. (Continued on p. 123)

Nurse Anesthetist Appointment Makes History

PARK RIDGE, ILL. - For the first time, a Certified Registered Nurse Anesthetist (CRNA) will serve on the National Advisory Council on Nurse Education and Practice (NACNEP). American Association of Nurse Anesthetists (AANA) member John Nagelhout, CRNA, PhD, FAAN, was appointed by Michael Leavitt, secretary of the U.S. Department of Health and Human Services (HHS), to serve a four-year term that will end in September 2011. (Continued on p. 123)

Missouri Nurse Among Those Honored for Exemplary Correctional Nursing Practice

St. Louis – June 12, 2007 – To elevate awareness of the significance of correctional nursing practice, the Correctional Medical Services (CMS) Nursing Leadership Council recently honored three practitioners for their exemplary nursing practice as a part of “National Nurses Recognition Week.” (Continued on p. 123)

Siteman Advocate Wins Policy Award

Maryann Coletti, RN, government relations and patient advocate at the Siteman Cancer Center, is the 2007 winner of the Excellence in Oncology Nursing Health Policy and Advocacy Award from the Oncology Nursing Society. (Continued on p. 123)

ANA Response to Program on The Learning Channel

Silver Spring, MD - ANA would like to thank all the nursing professionals who contacted ANA and The Learning Channel to express opposition to the program “Mind Your Manners” and the recruitment efforts of the production company City Lights Media, which targeted nursing organizations in search of, in their words, “loud, obnoxious nurses.” (Continued on p. 123)

Dear Nurse Colleague: An Open Letter Regarding Nursing Stories

I need your help in shedding light on destructive dynamics in healthcare. A well-known professional publisher is interested in a book idea which builds on nurses’ experiences with abuse/bullying/workplace violence. Passive, aggressive, and passive-aggressive dynamics may be a systemic problem associated with communication failure, nursing retention, patient satisfaction and other issues. (Continued on p. 123)

Use of Medication Assistants / Technicians

It appears that twelve states currently permit the administration of medications in select settings by non-nurses / assistive personnel, given completion of the required training: Arkansas, Connecticut, Nebraska, New Mexico, New York, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Virginia and West Virginia. (Continued on p. 123)

District 3 Missouri Nurses Association Endorses HR 676

St. Louis, MO - The Third District of the Missouri Nurses Association (MONA) unanimously endorsed HR 676, national single payer health care introduced by Congressman John Conyers. (Continued on p. 123)
Introduction
Childhood immunizations have saved countless lives and complications suffered by children due to “routine childhood illnesses.” Nearly 300 years ago, smallpox would sweep through cities, killing up to 50 percent of infected individuals (CBS News, 2007). At its peak, measles killed 3,000 children and hospitalized 48,000 annually prior to the availability of the measles vaccine in 1963 (Ouellette, 2007). In 2004, there were 44 reported cases of measles reported in the U.S. (Ouellette). Today, many of the diseases that killed or created permanent medical disabilities are no longer seen or experienced due to childhood immunizations.

The future of immunizations against childhood diseases is in peril. Missouri Senate Bill 670 seeks to provide “the rules promulgated by the Department of Health and Senior Services regarding the list of immunizations that are required for entry to school and certain child care centers shall not require any immunizations that are not specified under current law and may only modify the manner and frequency of immunizations” (to include ZERO). This issue assumes a high level of priority for health professionals and the public. Already there have been informational hearings regarding the effects of mercury on the body under the guidance of Senator John Loudon. The bill was first read on March 1, 2007, then on March 5, 2007 there was a second read and referral to Seniors, Families and Public Health Committee, and on April 3, 2007 a hearing was conducted with the Seniors, Families and Public Health Committee (Missouri Senate, 2007).

On January 24, 2007, Senator Loudon co-hosted a symposium on the dangers of Thimerosal in vaccines. The consensus was mercury is toxic (Loudon, 2007) and is no longer in state-mandated vaccines but it remains in most flu vaccines. Additionally, the pharmaceutical industry should be encouraged to deliver flu and varicella vaccines without mercury (note: there has never been any thimerosal in varicella vaccines).

Furthermore, when SB 670 wording is reviewed, the suggested changes regarding vaccines are “such rules and regulations may modify the manner and frequency, including “zero” frequency, of the immunizations [that are required of children] which are specified in this subsection. Such rules shall not require immunizations not specified by this subsection.” Presently, only polio, rubella, rubeola, mumps, tetanus, pertussis, diphtheria, and hepatitis B are required. By implementing these changes, hepatitis A, meningococcal, haemophilus influenzae type b (Hib), pneumococcal, and varicella will be excluded as required immunizations and the option of “zero” vaccinations may be acceptable.

It is important to note the Committee on Legislative Research Oversight Division indicates the financial impact of this potential bill is indicated as $0 (Committee On Legislative Research, 2007). While implementation of this bill into law will not cost anything to the state at this time, the increased incidence of illness and subsequent disability related to lack of immunizations will add up over time. This will put an increasing strain on an already overburdened health care system. The impact to children and families whose lives are impacted by these diseases and the complications which can occur, including death are difficult to estimate.
Statistics
During the 20th century the Centers for Disease Control (Immunization Action Coalition, 2006) estimated over 8.5 million people died from diseases such as diphtheria (21,053), paralytic polio (16,316), measles (4,000,000), mumps (162,344), rubella (47,745), tetanus (580), Hib (40,000), varicella (4,085,120), and pertussis (200,752). As a result of childhood vaccinations, smallpox, diphtheria, paralytic polio, and congenital rubella syndrome have experienced a 100% decrease in morbidity and Measles, Mumps, Rubella, Tetanus, and Hib have experienced a greater than 94% decrease in morbidity during the 20th Century in the United States alone (Immunization Action Coalition) and 2004 estimated cases of morbidity from the diseases mentioned in the previous paragraph to be less than 844,000 (a 90% reduction).

A Refresher Course on the Mechanism of Immunization
Immunity is the ability of the human body to recognize and eliminate foreign materials, such as microorganisms, which provides protection from infectious diseases. Immunizations stimulate the body’s immune system by introducing a harmless form of a disease organism into the body that creates an active immune response similar to acquiring the natural infection but without contracting the disease or its potential complications (Centers for Disease Control and Prevention, 2007). Screening for precautions and contraindications is done prior to vaccination to ensure safety for the individual receiving the vaccination. The most common reaction to vaccination is redness at the injection site, swelling, and mild pain. Without this response the body is not immune and, if exposed, can and often will contract the disease and its related effects.

Present Controversy
Immunizations previously used thimerosal (ethyl mercury) as a preservative and an antibacterial agent. Controversy regarding thimerosal arose when it was suggested there is a relationship between the mercury in thimerosal and autism. The Institutes of Medicine reviewed all studies of thimerosal and concluded there is not enough evidence indicating autism can be caused by thimerosal exposure in childhood vaccines (John Hopkins Bloomberg School of Public Health, 2007; National Autism Association, 2007). Nevertheless, Thimerosal was removed from children’s vaccines in 2005 and the only childhood vaccine containing thimerosal (.01%) is Fluzone (influenza).

What Would Happen if We Discontinued Vaccinations
Since their inception, immunizations continue to save countless lives and healthcare dollars associated with vaccine preventable diseases. The present vaccine requirement has generated “herd immunity” against many diseases which in turn protect the few that are not immunized due to religious or medical reasons. Failure to vaccinate will result in a resurgence of diseases presently eradicated in Missouri and create a financial and emotional burden on its residents. The Centers for Disease Control and Prevention’s National Immunization Program (2007) suggest that stopping vaccinations would cause 2.7 million deaths worldwide due to measles. Pertussis cases could surge to 10 to 100 times the rates in countries where vaccination rates were sustained and rubella would once again infect pregnant women who would then give birth to babies with congenital rubella syndrome (causes heart defects, cataracts, mental retardation, and deafness in infants). Finally, as many as 330,000 newborns and birth mothers could die due to lack of tetanus vaccination (National Immunization Program, 2007).

Conclusions
Many serious childhood diseases have been eradicated due to childhood immunizations, with thousands of lives being saved and residual health problems eliminated. Many vaccinations are available to the public through programs such as the Vaccines for Children program in Missouri. This program provides immunizations to children under the age of 19 without insurance coverage. No required childhood vaccine contains the preservative thimerosal that was thought to be linked to autism and there is no definite evidence supporting this connection. Presently, there is a movement to do away with immunizations not presently required by Missouri law and to accept a policy of “zero” as acceptable in regard to immunizations. It is important to remember many diseases eradicated in the United States are still endemic in other countries and due to the present global society; it is only a matter of time before these diseases would re-emerge domestically. It is important for nurses and the medical community to continue to advocate for childhood immunizations and contact our legislators expressing our position on childhood immunizations. These actions will save many lives and healthcare dollars being spent on illnesses and diseases which could have been prevented through vaccinations. Immediate and continued action is needed to ensure continued protection of the children of Missouri.
References


SILVER SPRING, MD – June 18, 2007 – The American Nurses Association (ANA) today announced the findings of the 2007 Study of Injectable Medication Errors, an independent nationwide survey of 1,039 nurses. According to the research, the overwhelming majority of nurses (97 percent) say they “worry” about medication errors, and more than two-thirds (68 percent) believe medication errors can be reduced with more consistent syringe labeling.

“Registered nurses play a critical role in the health care system. ANA’s Code of Ethics demands nurses take an active role in addressing the environmental system factors and human factors that present increased risk to patients,” says Rebecca M. Patton, MSN, RN, CNOR, American Nurses Association president. “Proper and consistent syringe labeling is one way to reduce risks associated with medication errors.”

The 2007 Study of Injectable Medication Errors was developed and co-sponsored by ANA and Inviro Medical Devices (www.inviromedical.com). It was designed to capture opinions, concerns and experiences about challenges related to labeling on syringes, which has been a Joint Commission recommendation since 2006. Results of the study can be downloaded at: http://www.nursingworld.org/coeh/resources/.

Injectable Medication Errors
When asked about the point in the process medication errors are most likely to occur, the majority of nurses say either during the preparation and administering of medication to patients (48 percent), or during the transcription of the initial order (47 percent). To help reduce injectable medication errors, the vast majority of nurses (81 percent) believe their healthcare facility should ensure sufficient staff is available for timely and efficient administration.

Nurses indicate the most common factors contributing to injectable medication errors are:

- Too rushed / busy environment (78 percent)
- Poor / illegible handwriting (68 percent)
- Missed or mistaken physician’s orders (62 percent)
- Similar drug names or medication appearance (56 percent)
- Working with too many medications (60 percent)
- Frequency of Syringe Usage
- Nearly half (44 percent) of nurses say they inject medicine via a syringe more than five times per shift, and more than one-third (37 percent) administer injectable medication at least one time per shift.
Medication Errors and Syringe Safety are Top Concerns for Nurses
(continued)

Labeling Injectable Medication
Slightly more than one-third (37 percent) of nurses claim injectable medications are always labeled. However, this study identified that as many as 28 percent of nurses nationwide do not label syringes when using them. Of the 72 percent who do, in fact, label syringes, they do so by:
  • Writing on self-adhesive labels then applying to syringe (54 percent)
  • Writing on pieces of tape and adhering to syringe (31 percent)
  • Using Sharpie® and writing directly on syringe (11 percent)
  • Writing on paper or sticky note and taping to syringe (4 percent)
  • While 62 percent are aware of The Joint Commission’s 2007 National Patient Safety Goals addressing the labeling of all medications and medication containers, only half (51 percent) of respondents are aware that The Joint Commission has determined that the pre-labeling of syringes does not meet labeling goals, since the label should be prepared only at the time the medication or solution is prepared.

Challenges of Labeling
Challenges often arise when attempting to label a syringe. Labels covering measurement gradations on the syringe barrel pose the greatest problem (65 percent). Fifty-five percent of nurses consider the absence of a suitable label poses the greatest challenge, while 39 percent think a label impairs their ability to accurately check the dosage when comparing it to the order.

Benefits of a Write-on Stripe
When nurses were asked their opinions about a write-on stripe manufactured on the syringe, the vast majority (95 percent) believe the greatest benefit is the fact that it would not interfere with visibility of the syringe content or gradations on the syringe barrel. Ninety-three percent believe it will reduce the risk of error, while 92 percent of nurses say a write-on stripe also helps address The Joint Commission’s goal for medication labeling.

“This research confirms that our healthcare systems need new technology that simply and efficiently improves patient and employee safety,” says Gareth Clarke, chief executive officer of Inviro Medical Devices. “To help address the challenges associated with injectable medication errors and to comply with The Joint Commission’s goal for medication labeling, we are adding the InviroSTRIPE® feature -- an integral write-on stripe that allows for critical information to be recorded directly onto the syringe barrel -- to our full range of InviroSNAP!® safety syringes and our standard luer lock syringes.”

Nurses Influence on Selection of Sharps Devices
Eighty-one percent of nurses reveal that safety syringes are used in most or all departments within their healthcare facility. Even though the 2000 Needlestick Safety and Prevention Act – (NSPA), adopted as public law 106-430 by the 106th Congress, mandates that institutions conduct annual product reviews and that nurses be involved in the decision-making process, the majority of nurses (58 percent) say they do not have an opportunity to influence the selection of sharps safety devices used at their healthcare facility.

Additional Health and Safety Concerns
According to 65 percent of nurses, health and safety concerns play a key role in determining the specific area in which they choose to work, as well as their decision to continue practicing.

The top four health and safety concerns for nurses nationwide are acute / chronic effects of stress and overwork (72 percent), back injuries (67 percent), infection of tuberculosis or other infectious disease (38 percent), and getting HIV or hepatitis from a needlestick injury (35 percent).

The study also reveals that 55 percent of nurses have experienced needlestick injuries from needles contaminated by blood or body fluids.
Medication Errors and Syringe Safety are Top Concerns for Nurses
(continued)

“We are honored to support ANA’s goal to continue bringing value to its members by addressing topical workplace issues with this survey,” shares Jean McDowell, vice president of clinical affairs for Inviro Medical Devices. “Inviro Medical will apply the input secured from front-line nurses to further improve our safe medication delivery systems.”

“This study clearly indicates a need for the right safety equipment -- especially in regard to injectables -- to reduce the risk of medication errors and sharps-related injuries,” adds Patton.

About the Survey
Conducted in April, the 2007 Study of Injectable Medication Errors is based on an online, nationwide survey of nurses. The study is sponsored by the American Nurses Association, with support provided by Inviro Medical Devices.

Of the 1,039 nurses surveyed:
• 22 percent have been a nurse for one to five years
• 12 percent have been nurses for 6 to 10 years
• 15 percent have been nurses for 11 to 15 years
• 51 percent have been nurses for more than 15 years
• The survey’s margin of error is plus or minus 3 percent.

About American Nurses Association
The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its 54 constituent member nurses’ associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

About Inviro Medical Devices
Founded in 1988, Inviro Medical Devices engineers and markets safe medication delivery systems, including the InviroSNAP® with InviroSTRIPE® Safety Syringes. After years of research to develop its patents and refine its product designs, the company is addressing the growing $1.6 billion safety syringe market and introducing its breakthrough infection control technology in North America. Headquartered in Atlanta, Inviro Medical Devices is becoming a leading industry champion in the quest to increase infection control awareness and to protect healthcare workers, patients and the environment with innovative medical devices. For more information, visit www.inviromedical.com.
ANA and NYSNA Condemn Exploitation of Filipino Registered Nurses

Silver Spring, MD- The American Nurses Association (ANA) and the New York State Nurses Association (NYSNA) today condemned the exploitation of immigrant RNs by unscrupulous U.S. employers and called for better enforcement of immigration laws.

They cited the case of 26 registered nurses from the Philippines who say they were brought to New York under false pretenses and denied the rights guaranteed by their employment contract. When the nurses resigned, they were sued by their former employer and accused of professional misconduct. On March 22, ten of the RNs were indicted in Suffolk County Supreme Court on charges of endangering their patients. Remarkably, the nurses’ employment attorney was also indicted, for conspiracy; they all plead not guilty.

The nurses had been hired through a recruitment agency to work at specific nursing home facilities on Long Island. When they arrived in the U.S., they discovered they actually were working for another agency. Over a period of months, the nurses said, the agency refused to pay them according to the terms of their contracts. They also said they were not properly trained for their new jobs and were required to care for more patients than they believed was safe.

“This case may be just the tip of the iceberg. Nurses who come to the U.S. deserve to have their rights protected," said Tina Gerardi, RN, interim chief executive officer of NYSNA. "Instead, these nurses were placed in the untenable position of being captive to an employer under conditions that did not allow them to provide safe patient care.”

Gerardi said NYSNA became aware of the nurses’ situation in May 2006 and assisted them in getting a hearing before the State Board for Nursing after the recruitment agency accused them of professional misconduct. “They couldn’t get work because the issuance of their licenses was on hold pending investigation of an allegation of patient abandonment,” Gerardi said. “Those charges were dismissed by the state board. We are greatly concerned these RNs are now being prosecuted for the same actions.”

“The real patient endangerment lies in the deplorable conditions that led the nurses to leave. After exhausting all possibilities to resolve their concerns with the facility and the agency, the nurses left without providing two weeks notice. These brave nurses deserve the nursing community’s full support because they refused to remain in a situation where patients were being denied the kind of care and staffing they deserved,” said ANA President Rebecca M. Patton, RN, MSN, CNOR.

The nurses’ plight has become a cause célèbre in both the Philippines and the New York City Filipino community. The RNs are expected to participate in the New York Philippine Independence Day parade on June 3, where they will receive support from both the Filipino and nursing communities.
ATLANTA, GA – Study findings being released today by the American Association of Critical-Care Nurses (AACN), the Gannett Healthcare Group, and the Bernard Hodes Group found that nurses who work in organizations or units that have met or are pursuing the national excellence standard of a Beacon or Magnet designation report healthier work environments and higher satisfaction with their jobs. Several past studies have found that healthy work environments—characterized by strong communication and collaboration between healthcare team members, among other factors—have a direct impact on increased patient safety and improved patient outcomes.

The Beacon Award for Critical Care Excellence was established in 2003 by AACN and recognizes individual critical care units as well as progressive care units that meet high quality standards, demonstrating exceptional care of patients and their families while fostering and sustaining healthy work environments. The Magnet Recognition Program was developed and is administered by the American Nurses Credentialing Center (ANCC), an independent subsidiary of the American Nurses Association (ANA), recognizing healthcare organizations that demonstrate excellence in nursing care and professional nursing practice.

“This research shows that a core strategy of effective patient care and nurse satisfaction must include pursuing national Beacon and Magnet excellence standards. It’s not just a value-added benefit,” said Wanda Johanson, RN, MN, CEO of AACN. “The concrete evidence in this study shows that healthier work environments, higher job satisfaction for nurses, and thus better patient outcomes, are best achieved by organizations and units that pursue and achieve excellence standards.”

The survey of more than 4,000 acute and critical care nurses in all 50 states and the District of Columbia found the most significant differences related to collaboration and communication, support for professional growth and development, leadership and satisfaction, and patient outcomes. Nurse respondents in the survey consistently rated each of these criteria higher when working in Magnet organizations and Beacon Units.

The study found that nurses who worked in Magnet organizations, Beacon units, or those pursuing such designations were more satisfied with nursing as a career and with their current nursing positions. Respondents also found frontline managers, who represent vital leadership in an organization as they understand the vision and social structure, as having higher perceived skill levels in Beacon and Magnet organizations. For example:

- Seventy-one percent of respondents from Magnet organizations and 78 percent of respondents from Beacon units rated frontline managers as having excellent/good decision-making skills
- Only 54 percent of respondents from organizations with no Magnet activity and 56 percent of respondents from units with no Beacon activity rated frontline managers with excellent/good decision-making skills.

Additionally, Magnet organizations and Beacon units as well as those pursuing these excellence designations are more supportive of continuing education (CE) and certification. In many instances, organizations and units in pursuit of excellence are more supportive than those who have already obtained the designations, indicating the need for sustainable efforts that continue after excellence designations are achieved.
More than 50 percent of respondents from Magnet-pursuit organizations and approximately 60 percent of respondents from Beacon-pursuit units responded that their organizations and units pay/reimburse initial certification exam fee. Meanwhile, only about 40 percent of organizations with no Beacon activity and 40 percent of units with no Magnet activity said their units pay or reimburse the initial certification exam fee.

These survey results continue to add evidence to the fact that healthy work environments, particularly as they pertain to communication, collaboration, and staffing, are related to increased patient safety and improved patient outcomes. At both the unit and organization level, nurses in the study rated the current quality of care as significantly lower in organizations and units that had not achieved and were not pursuing excellence designation.

Karen A. Hart, RN, BSN, senior vice president, health care division, Bernard Hodes Group, explains, “Results of this study verify what we have suspected for many years—that a commitment to excellence through programs such as Magnet and Beacon Unit recognition fosters satisfaction and thus retention of our valuable nursing professionals. Obtaining Magnet and Beacon recognition should be a core strategy of the proactive health care organization.”

Beth Ulrich, EdD, RN, FACHE, FAAN, senior vice president, Gannett Healthcare Group Consulting Services, and corresponding author of the study, adds, “These results offer compelling evidence to support what we have intuitively believed – the pursuit and achievement of excellence makes a positive difference in the health of nursing work environments and in nurses’ job satisfaction.”

**Resources**

Results of the survey will be released on May 22 at AACN’s National Teaching Institute & Critical Care Exposition in Atlanta, Georgia. Interviews will be available with study authors after the findings are released.

An article summarizing the survey results appears in the June 2007 issue of Critical Care Nurse, which is available online at ccn.aacnjournals.org.

For interviews with the AACN or Nursing Spectrum, please contact Marina Carter at 301-275-3009 (on-site contact).
About AACN
The American Association of Critical-Care Nurses (AACN) is the largest specialty nursing organization in the world, representing the interests of more than 400,000 acute and critical care nurses. Its headquarters are located in Aliso Viejo, Calif. Founded in 1969, the association has more than 240 chapters and is working toward a healthcare system driven by the needs of patients and their families, where nurses make their optimal contribution. Complete information about AACN is available on the Internet at www.aacn.org.

About Bernard Hodes Group
As a fully integrated recruitment communications and staffing solutions provider, Bernard Hodes Group (http://www.hodes.com) offers solutions that often combine multiple service offerings from the Company’s core competency areas: Recruitment Marketing; Sourcing/Response Management; Hiring Process Re-engineering; and Staffing Technology (http://www.hodesIQ.com). All solutions are developed and measured within the Company’s 360-degree process methodology. The Company’s Health Care Division is staffed by RNs with clinical, managerial and recruiting experience. In addition, Bernard Hodes Group has health care strategists in many of its offices nationwide. The Company is headquartered in New York, with over 80 offices and affiliates around the globe. Bernard Hodes Group is a wholly owned subsidiary of Omnicom Group, Inc. (NYSE - OMC), one of the world’s leading marketing communications companies. Bernard Hodes Group serves thousands of clients in virtually every industry, helping them to attract and retain talented workers in every skills set.

About Nursing Spectrum/NurseWeek
Nursing Spectrum is an RN-led communications company and a division of Gannett Company, Inc. The company promotes the education, recognition, and support of the nursing community by providing timely, relevant, and compelling information through its award-winning magazines including NurseWeek, annual career guides, websites (nursingspectrum.com, nurseweek.com), Nursing Spectrum Continuing Education services, and Career Fairs, reaching more than a million RNs and nursing students.

Additional Information on Beacon Award and Magnet Recognition Programs
The Beacon award, which may be applied for annually, can be received if a unit meets 42 criteria in six categories. The categories include: innovation/excellence in recruitment and retention; education, training and mentoring; evidence-based practice and research; patient outcomes; creating and promoting healing environments; and leadership and organizational ethics.

Magnet designated organizations must demonstrate achievement of quality indicators and standards of nursing practice as defined by the ANCC and meet criteria in 14 different areas or “forces of magnetism.” The Magnet Recognition Program® and ANCC Magnet Recognition® names and logos are registered trademarks of the American Nurses Credentialing Center. Magnet™, Journey to Nursing Excellence™, and National Magnet Conference™ are trademarks of the American Nurses Credentialing Center. All rights reserved.
PARK RIDGE, ILL. - For the first time, a Certified Registered Nurse Anesthetist (CRNA) will serve on the National Advisory Council on Nurse Education and Practice (NACNEP). American Association of Nurse Anesthetists (AANA) member John Nagelhout, CRNA, PhD, FAAN, was appointed by Michael Leavitt, secretary of the U.S. Department of Health and Human Services (HHS), to serve a four-year term that will end in September 2011.

The NACNEP is responsible for providing recommendations to the HHS secretary and U.S. Congress on policy issues pertaining to nurse education, practice improvement and workforce supply. The council is authorized under Title VIII of the Public Health Service Act, which is administered by the Health Resources and Services Administration Bureau of the Health Professions Division of Nursing.

“The NACNEP has an irrefutable history of correcting the disparities that exist within the nursing community and healthcare industry, and among the general public,” said Nagelhout. “I am proud to be the first CRNA to represent the specialty on the NACNEP. As a member of the council, I plan to use my experience to contribute to its ongoing success and work to positively influence the nursing profession.”

Nagelhout has co-authored more than 30 publications, served as an author and editor for the AANA Journal, and presented at more than 300 national and international meetings on the topic of anesthesia, research, nursing and pharmacology. In addition, he has secured more than $1 million in grant funding to assist with healthcare related research.

Recognized as a committed professor, clinician, and publisher, Nagelhout has received numerous awards throughout his career and is a member of several professional organizations such as the American Nurses Association, California Association of Nurse Anesthetists, and AANA Foundation.

A CRNA for more than 30 years, Nagelhout received a doctorate and master’s degree in pharmacology, and his bachelor’s degree in nurse anesthesia, from Wayne State University in Detroit, Mich. He also earned a certificate in nurse anesthesia from the Medical College of Virginia in Richmond, Va., and an associate’s degree in nursing from Niagara County Community College in Sanborn, N.Y.

Nagelhout is currently director of the nurse anesthesia educational program at Kaiser Permanente School of Anesthesia in Pasadena, Calif., and California State University, Fullerton in Fullerton, Calif.

About the American Association of Nurse Anesthetists Founded in 1931 and located in Park Ridge, Ill., the AANA is the professional organization for more than 90 percent of the nation’s CRNAs. As advanced practice nurses, CRNAs administer approximately 27 million anesthetics in the United States each year. CRNAs practice in every setting where anesthesia is available and are the sole anesthesia providers in more than two-thirds of all rural hospitals.
St. Louis – June 12, 2007 – To elevate awareness of the significance of correctional nursing practice, the Correctional Medical Services (CMS) Nursing Leadership Council recently honored three practitioners for their exemplary nursing practice as a part of “National Nurses Recognition Week.”

“From all over the country, essays poured in from nurses, physicians, and other co-workers describing why the nurses with whom they worked deserved to be honored,” said Lorry Schoenly, Clinical Education Manager, Correctional Medical Services. “The nurses who won this year exemplify extraordinary care in a very challenging environment. We salute them for their commitment, expertise, and compassion.”

The winners of this year’s council awards all showed how nursing is more than a job to them. They view their profession as an opportunity for dedicated people from all walks of life to help others in need – both mentally and physically. Correctional nurses practice within the unique and distinct environment of the criminal justice system caring for a largely disadvantaged patient community. Inmate patients often come from socioeconomic groups at high risk for poor health. Frequently, inmate patients have not had access to regular healthcare services or proper treatment for medical conditions prior to their incarceration. Those factors make the specialty nursing practice of correctional healthcare extremely valuable and rewarding.

The following are the real-life stories of the three nurses honored by the CMS Nursing Leadership Council who genuinely reflected this year’s National Nurses Week theme of “Nursing: A Profession and a Passion.”

**Rebecca Moore, RN, Nurse Manager at Lakin Correctional Center in West Virginia**

In July 2006, Rebecca Moore found herself taking care of a terminally ill patient whose efforts to seek early medical parole were denied. In this exceedingly difficult situation, Ms. Moore found a way to make key arrangements and preserve the dignity and privacy of, not only the patient, but the patient’s family, the medical staff, and other inmate patients.

Going beyond basic treatment, Ms. Moore scheduled psychology visits, supplied appropriate pain management interventions, and educated the nurses and correctional staff at the hospice care unit about the process of dying. While ensuring the privacy of the patient, Ms. Moore initiated volunteer sitters to stay with the patient to provide comfort.

Ms. Moore also took this opportunity to guide CMS management and the Department of Corrections (DOC) staff through the important issues she was confronting including legalities, appropriate care, and privacy issues. She kept all providers and senior custody staff informed throughout the decision-making process, and organized responsibilities for aftercare arrangements.

After the passing of her patient, Ms. Moore arranged psychology services to be offered to both the volunteer sitters and other staff.

Through Ms. Moore’s exceptional nursing care, and open lines of communications with the DOC, she set the standard for end-of-life care at Lakin Correctional Center.
Missouri Nurse Among Those Honored
for Exemplary Correctional Nursing Practice (continued)

Connie B. Coots, RN, Western Missouri Correctional Center in Missouri
Connie B. Coots, RN, is known around work as “Buzz” for her extensive nursing knowledge – Trauma/Emergency Room, Intensive Care and Operating Room – and her ability to buzz around to each patient and explain their illnesses to them on a comprehensible level, as well as always teaching her co-workers new skills.

One of the most valuable skills that Ms. Coots brings to the Center is her ability to take the knowledge she has regarding all aspects of patient care, and apply it to real-life situations. On more than one occasion, Ms. Coots has noticed subtle differences in patient assessments that have led to positive outcomes in patient health.

This past summer, Ms. Coots took an emergency call without knowing the situation. Once there, she acted fast, assessing the situation and getting the inmate proper medical attention. Another time, Ms. Coots responded to an “officer down” call, helping custody staff care for and transport the officer out of a dangerous situation.

Her high level of competence in every aspect of nursing practice has earned her the respect of all her colleagues, and her dedication and leadership skills have made her an integral part of the Western Missouri Correctional Center.

Robin Bartholomew, Director of Nursing, Galveston County Jail
Her colleagues say that Ms. Bartholomew has a genuine passion for what she does, and it shows every day. A prime example of her work came in the form of a patient incarcerated in November 2004. In December, this patient was diagnosed with a neck mass and non-small cell lung cancer.

Although this patient had a personality that was difficult to deal with at times, Ms. Bartholomew handled him with compassion, and gave him exceptional nursing care. She arranged all of his treatments plans, and researched her patient’s disease on her own time so that she could help implement a plan to make the patient feel stronger and healthier.

Furthermore, Ms. Bartholomew took her own free time to ensure that her patient had a clean area in which to stay, helped get her patient the correct care he needed, and even came to the jail on her own time to make sure that everything was being done exactly as the doctors had ordered.

When the patient was released from jail, he walked out a healthy and grateful man. Ms. Bartholomew had earned his respect, and the staff under her direction saw her passion for nursing.

National Nurses Recognition Week is celebrated annually from May 6 (also known as National Nurses Day) through May 12, the birthday of Florence Nightingale, the founder of modern nursing.

CMS contracts with physicians and employs healthcare professionals who provide care to approximately 230,000 inmates in nearly 290 correctional facilities in 24 states. CMS’s experience in correctional healthcare services dates back to 1979.
Maryann Coletti, RN, government relations and patient advocate at the Siteman Cancer Center, is the 2007 winner of the Excellence in Oncology Nursing Health Policy and Advocacy Award from the Oncology Nursing Society.

The annual award is given to recognize and support achievements and involvement in oncology nursing health policy and advocacy. Coletti received the award April 27 at the State Health Policy Liaison luncheon at the Oncology Nursing Society’s 32nd Annual Congress in Las Vegas.

“Maryann has been instrumental in ensuring that colleagues of the Siteman Cancer Center are aware of legislative issues that impact cancer care, education and research,” says Shirley Johnson, RN, Siteman Cancer Center executive director. “She is a valuable asset to the work that we do.”

Coletti has been actively engaged in health policy and advocacy in the state of Missouri for many years. For example, in 2006 the Missouri legislature passed Senate Bill 567 requiring health insurers to cover primary health costs for cancer patients involved in approved phase II clinical trials. Governor Matt Blunt signed the bill into law at a news conference inside the Siteman Cancer Center. At the news conference, bill co-sponsor Patrick Daugherty (now retired) credited Coletti for making the legislation reality.

“We’ve been trying to get this through for a long time, and it wouldn’t have happened without Maryann,” said Daugherty.

Prior to her career as a patient advocate, Coletti was a nurse clinician with the Women’s Cancer Control Program in Columbia, MO where she performed cancer early detection exams for asymptomatic females.

Coletti has been a member of MONA since 1984, and she has served on the MONA-PAC committee and the Governmental Affairs committee, which she currently chairs.
ANA Response to “Mind Your Manners”
Program on The Learning Channel

Silver Spring, MD - ANA would like to thank all the nursing professionals who contacted ANA and The Learning Channel to express opposition to the program “Mind Your Manners” and the recruitment efforts of the production company City Lights Media, which targeted nursing organizations in search of, in their words, “loud, obnoxious nurses.”

Last month, ANA spearheaded a letter writing campaign to protest the “insensitive and unwarranted attack” on the nursing profession and registered nurses from across the country made their voices heard.

The Learning Channel has responded to numerous letters and announced the series has been canceled. Kristin Brown, the Vice President of Communications for The Learning Channel contacted ANA to apologize for any concerns and to state, “We have frequently worked in partnership with the nursing community over the years to help bring viewers a greater understanding of the world of medicine through our nonfiction programming. We are honored to showcase the amazing jobs you do everyday across the country.”

ANA is proud to represent the interests of the nation’s 2.9 million registered nurses, and pleased that The Learning Channel recognizes the invaluable contributions of nurses to the health care system.
Dear Nurse Colleague,

I need your help in shedding light on destructive dynamics in healthcare. A well-known professional publisher is interested in a book idea which builds on nurses’ experiences with abuse/bullying/workplace violence. Passive, aggressive, and passive-aggressive dynamics may be a systemic problem associated with communication failure, nursing retention, patient satisfaction and other issues.

It will not a book about blaming individuals. It will be a book that sheds light on a shadow side of healthcare that affects the care we give and receive. The primary audience will be RNs. The secondary audience will be much larger and include healthcare administrators, consumers and other providers. Your stories promise to be a powerful reality check.

Below you will find some related statistics, resources, my own examples and contact information. It may not be easy to think or talk about and I will be very grateful for the time and emotional energy this may require.

My Examples

When I first started work as a nurse, (20 years ago), I remember a surgeon walking into a patient’s room where I had just arrived and was assessing the woman’s IV site which had infiltrated. He yelled at me, “What the hell are you doing?” At the time I just didn’t like it but now, 20 years later, see it clearly for what it was. It was abusive. He had power over me because of his position as the doctor and he used that power in a humiliating and intimidating way. It was not helpful to the patient on any level and it left me feeling inadequate and fearful. When I think of it now, it makes me angry. I am sure that I dreaded seeing him or communicating with him through two years of work at that facility.

In 2005, as a per diem Home Health RN, I was advising a patient to return to the hospital because I suspected a blood clot. It was a Sunday. The patient yelled at me insisting that I didn’t know what I was doing, when I called the surgeon he insisted I call the PCP. When I called the PCP, she yelled at me, telling me I should call the surgeon, when I told her I had tried she continued to scream about the surgeon. The patient was later readmitted through the ER because of a blood clot. I had done a great job, but was drained.

From an ANA Health and Safety Survey

“...88 percent of nurses reported that health and safety concerns influence their decision to remain in nursing and the kind of nursing work they choose to perform. More than 70 percent said the acute and chronic effects of stress and overwork were among their top three health concerns....The survey further revealed that fewer than 20 percent of respondents felt safe in their current work environment. Seventeen percent had been physically assaulted in the past year, and more than half were threatened or experienced verbal abuse.” ANA Health & Safety Survey, Sept. 7, 2001.
Open Letter Regarding Nursing Stories (continued)

Website resources
- www.laurasofield.com
- www.verbalabuse.com

Your Stories and Contact Information
Tell your story in any way you want. Try to include information such as your age, gender, any specialty, how you were affected by your experience, and the state or region you were working in. Please don’t include identifying info. I want to direct more light on the subject and believe names, places etc. will only lead to censorship. I will not use any names or specific locations and may compile experiences. You can email me at: bbbboynton@earthlink.net or mail your story to me at P.O. Box 1701, York Beach, ME, 03910. I have no idea how many responses this request will yield. We can also talk by phone and the best way for me to do this would be to set up a time via email. If you have questions or comments, I will do my best to address.

About me:
- www.bethboynton.com
- www.healingimageries.com

I believe that more we talk about it; the easier it will be to identify and change. One of the principles used in anti-bullying programs in schools is: “no innocent bystanders.” We need to create cultures where everyone follows a standard of healthy interactions. Nurses are the biggest workforce in healthcare and the most-trusted. We can use our power to influence change.

Thank you for your help,
Beth Boynton, RN, MS
Congratulations Nurses!
The just-released USA TODAY/Gallup Poll reveals that nurses top the list of occupations rated for “Honesty and Ethical Standards” for the sixth consecutive year. Congratulations MONA members, and best wishes to all nurses around the world!

McKesson Foundation Scholarships
McKesson recently announced that a grant from the McKesson Foundation has funded 25 undergraduate scholarships through the Foundation of the National Student Nurses’ Association (FNSNA). FNSNA received a $50,000 grant from the McKesson Foundation to fund undergraduate nursing scholarships over the next two years. The funds will be disbursed in 25 $1,000 scholarships for the 2007-2008 and 2008-2009 academic years, respectively.

In sponsoring undergraduate nursing scholarships through FNSNA, the McKesson Foundation continues to fulfill its mission to build strong and healthy communities that enjoy a high quality of life. For more information on the scholarships or the McKesson Foundation, feel free to contact Robin Wrinn by phone at 404.338.4249, or by email at robin.wrinn@mckesson.com.

Minnesota on a Roll
It seems Minnesota is on a roll...banning mercury and mandatory overtime in the same month.

Prohibition of mandatory overtime (MOT) passed earlier this month and applies to all nurses employed by the state of Minnesota, except those in the Department of Corrections.

Hours: The law defines normal work period as that which is 12 or fewer consecutive hours consistent with a predetermined work shift. The prohibition of MOT applies except during an emergency to which the definition is pretty extensive: “a period when replacement staff are not able to report for duty for the next shift or increased patient need because of unusual, unpredictable, or unforeseen circumstances such as, but not limited to, an act of terrorism, a disease outbreak, adverse weather conditions, or natural disasters which impact continuity of care.”

Protection from retaliation: The law also prevents the state employer from taking action against the nurse: discharging; disciplining; threatening; reporting to the Board of Nursing; discriminating against; or penalizing regarding compensation, terms, conditions, location, or privileges of employment.