



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

Practice & Policy Newsletter

Message from the NACNS President

September/October 2008

As we look forward to this fall, it is hard to not consider the impact of the upcoming federal election on health care programs. The fall congressional work session will be short in order to allow legislators to campaign in preparation for the November 4, 2008 election. This is a big election year. All of the House of Representatives, much of the Senate and office of the President is up for grabs. This election could change the face of the political landscape. Political commentators are anticipating democratic gains in the House and Senate, though it is unlikely that the Senate will gain enough seats in order to vote cloture on a filibuster. The election for President allows either party the opportunity to make history. As the 2008 NACNS President, I have become increasingly aware of the important voice that nurses, and especially clinical nurse specialists, have in the political process. I urge you in the midst of this busy season to take the time to get to know the candidates for the federal, state and local offices. Register to vote. And don't forget to vote!

Sue Sendelbach, PhD, CCRN, FAHA
2008 NACNS President

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NACNS NEWS

Call for Nominations for Open Board Positions and Nominating Committee

The NACNS Nominating Committee is seeking members interested in serving on the NACNS Board of Directors and on the Nominating Committee. This year we will be electing a President-Elect, two Board members and Nominating Committee members. Interested candidates should email a current CV to nacnsorg@nacns.org. Please note the office in which you are interested.

NACNS Annual Awards: Deadline for Nominations is October 15, 2008

CNS of the Year, CNS Educator of the Year, CNS Preceptor of the Year, and CNS Researcher of the Year are awards open to individual members. Affiliate of the Year is open to an NACNS affiliate. See the NACNS website or contact the NACNS office for application forms and information.

NACNS Requests Members' Comments on the Joint Dialogue Report and APRN Regulatory Model

All members are encouraged to visit the Members Only section of the website to read the Joint Dialogue report, Frequently Asked Questions (FAQs) and Executive Summary of the issues in that report. A feedback form is provided for your questions and comments. Recommendations in the report and the future regulatory model, as well as member feedback, will be presented and discussed at the 2009 NACNS conference.

Make Plans Now for the 2009 NACNS Conference - PLEASE NOTE THE DATE AND LOCATION CHANGE -

The 2009 NACNS Conference, *Clinical Nurse Specialists: Vision, Value, Voice*, will be held **March 5 – 7, 2009** at the **Renaissance Grand & Suites Hotel in St. Louis, Missouri**. This meeting will prove to be an excellent opportunity for clinical nurse specialists across the country to network with your colleagues. The 2009 sponsor and

exhibitor information is now available. For more details: www.nacns.org

New Resource Available on Website

New Opportunities to Improve Pressure Ulcer Prevention and Treatment: Implications of the CMS Acute Care Present of Admission (POA) Indicators / Hospital-Acquired Conditions (HAC) Policy is now available on the NACNS website. This publication discussed the impact of the CMS Acute Care Present of Admission Indicators/Hospital Acquired Conditions policy on the treatment and care of patients with pressure ulcers. Please note the copyright, reproduction and disclosure information. For more details: www.nacns.org

Student Scholarships Available

The Clinical Nurse Specialist Foundation is accepting applications for scholarships that will be awarded in March, 2009.

The Foundation will award three \$1,000 scholarships to students pursuing a master's degree in an accredited CNS program or a CNS pursuing a research doctoral degree. The application deadline is Dec. 1, 2008. The application and information are available on the NACNS website www.nacns.org or via the NACNS office at (717) 234-6799.

Hill & Agency News

NACNS Members Respond to Office of Management and Budget Rulemaking

The May 22, 2008 Notice of Proposed Rulemaking for the “Standard Occupational Classification (SOC) – Policy Committee's Recommendations for 2010 SOC Notice” was proposed by the Office of Management and Budget and opened for public comments. If implemented as proposed, this rulemaking would establish the standard occupational classification categories that the Department of Labor (DOL) hopes to use to collect information on professionals from different fields. In this proposed rulemaking, the nurse category is expanded from just “nurse” to “advanced practice nurses” but included only nurse practitioners,

certified nurse midwives and certified registered nurse anesthetists. Clinical nurse specialists were not included in this rulemaking as advanced practice nurses.

The public comment period, which closed July 21, 2008, allowed individuals and associations to respond to this proposed rule. NACNS members led the charge in responding to the omission of clinical nurse specialist as an advanced practice category. A number of professional associations that represent CNSs as well as employers submitted comments in support of including CNSs in the DOL are the standard occupational classification categories. NACNS will continue to monitor this issue as it develops.

FY 2009 Appropriations for Nursing Education

Yearly, the House and Senate must develop a budget and designate funding to the federal programs it supports. Nursing education funding is captured in Title VIII of the Public Health Service Act. This annual process requires the House and the Senate to develop separate budgets which after passed by their chamber are conferenced. This process allows the agencies to spend money on the programs that have been legislated and are under their authority.

Not surprising in an election year, the appropriations process has stalled. The Senate has passed their appropriations funding bill. The House Subcommittee has reported their funding recommendations, but the full House has not acted on it, and it is unlikely that they will. Since Congress will stop work to campaign for the November elections after September 29, 2008, it is unlikely that the House will finish its bill. Without the House bill, there will be no further action on the Senate bill.

Instead, it is likely that the federal programs, including health programs such as Title VIII nursing education funding will be funded by a different legislative mechanism. It is anticipated that Congress will pass a continuing resolution prior to their departure which will set out the funding levels for the federal programs. The continuing resolution will be passed with an

expiration date. This will force Congress to consider the spending bills early in the new Congress. Historically, Congress previous continuing resolutions have level funded many programs such as the nursing education programs. NACNS is advocating for the \$20 million funding level for nursing education programs.

Grant Reviewers Needed!

Grant reviewers are an essential part of the Health Resources Services Administration's (HRSA) process to fund the best projects from competitive groups of applicants. Reviewers are chosen for specific grant programs, based on their knowledge, education, experience, and absence of any conflict of interest. Grant review panels are selected to reflect diversity of ethnicity, gender, experience and geography.

Reviewers use their expertise to objectively evaluate and score applications against published evaluation criteria. Reviewers gain understanding of the grant-making process while assisting HRSA in its funding decision making.

HRSA grant reviews usually are held in the Washington, DC metropolitan area and last for 3 to 5 days. Some reviews are conducted via teleconference or field reader reviews (a type of objective review approach where reviewers independently review applications from where they are based, with no group discussion of the applications).

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

HRSA also needs many reviewers each year with experience as an Academic or Program Director, Faculty Member, or healthcare provider with an advanced practice credential. If you are interested in becoming a HRSA Grant Reviewer, please visit the Grant Reviewer Portal Start at <https://grants.hrsa.gov/webReview/> and begin the process by clicking on [registering](#). Complete the *registration and application* processes, upload your

resume or CV, and submit your application as instructed.

Vaccine Coverage Rates for Children Remains High

On September 4, 2008, the CDC announced that childhood immunization rates remain at or near record levels, with at least 90 percent coverage for all but one of the individual vaccines in the recommended series for young children, said the CDC's 2007 National Immunization Survey (NIS).

More than 77 percent of children were fully vaccinated with all vaccines in the series of recommended vaccines; there were no differences in coverage among any racial or ethnic group for the complete series. Importantly, less than 1 percent of children had received no vaccines by age 19 months to 35 months.

The recommended vaccine series measured by NIS consists of four doses of diphtheria, tetanus, pertussis vaccine (DTaP) ; three doses of polio vaccine, one or more doses of measles, mumps and rubella vaccine (MMR); three doses of Haemophilus influenzae type b vaccine; three doses of hepatitis B vaccine; and one more doses of varicella or chickenpox vaccine. This set of immunizations begins shortly after a child is born and continues through age 2. The fourth dose of DTaP vaccine is the only vaccine of the recommended series that has not reached 90 percent coverage (84.5 percent). For more details: <http://www.cdc.gov/media/pressrel/2008/r080904.htm>

New Tools for Hospitals to Evaluate Their Disaster Response Plans

A new tool from the U.S. Department of Health and Human Services' (HHS) Agency for Healthcare Research and Quality (AHRQ) that will allow hospitals to evaluate the strengths and weaknesses of their disaster response plans.

Beginning in September, hospitals participating in the Hospital Preparedness Program, administered through HHS, will be required to provide executive summaries of the results of disaster drills they conduct. AHRQ's new *Tool for Evaluating Core Elements of Hospital Disaster Drills* is designed to help hospitals meet this requirement.

Hospital disaster response drills are real-time tests of a facility's readiness to respond to a sudden demand for services resulting from a community-wide disaster. Routine evaluation of these drills can help a hospital make sure it is ready to meet community needs and provide high-quality care during a disaster event.

The tool is a series of evidence-based modules that provide standardized checklists to document observations during a disaster drill. Using the observations, hospitals can identify areas for improvement, make appropriate changes and set benchmarks to track those changes over time.

The individual modules assess the adequacy of response by different functional "zones" set up within a hospital during a disaster: command center, decontamination, triage and treatment. A pre-drill module is also included, and a debrief module helps capture feedback from all participants, including observations that occur across multiple functional zones.

The tool is an abridged version of a more comprehensive evidence report developed by AHRQ's Johns Hopkins University Evidence-based Practice Center in Baltimore. The new version singles out only the critical elements that all hospitals should evaluate during disaster drills.

The Tool for Evaluating Core Elements of Hospital Disaster Drills is available on the AHRQ Web site at:

<http://www.ahrq.gov/prep/drillelements>. Single, free copies can be ordered by sending an E-mail to ahrqpubs@ahrq.hhs.gov or by calling 1-800-358-9295.

For more information about the Hospital Preparedness Program, visit <http://www.hhs.gov/aspr/opeo/hpp>.

The Cancer Genome Atlas Reports First Results of Comprehensive Study of Brain Tumors

The Cancer Genome Atlas (TCGA) Research Network, a collaborative effort funded by the National Cancer Institute (NCI) and the National Human Genome Research Institute (NHGRI) of the National Institutes of Health (NIH), reported

the first results of its large-scale, comprehensive study of the most common form of brain cancer, glioblastoma (GBM). In a paper published Sept. 4, 2008, in the advance online edition of the journal *Nature*, the TCGA team describes the discovery of new genetic mutations and other types of DNA alterations with potential implications for the diagnosis and treatment of GBM.

Among the TCGA findings are the identification of many gene mutations involved in GBM, including three previously unrecognized mutations that occur with significant frequency; and the delineation of core pathways disrupted in this type of brain cancer. Among the most exciting results is an unexpected observation that points to a potential mechanism of resistance to a common chemotherapy drug used for brain cancer.

More than 21,000 new cases of brain cancer are predicted in the United States this year, with more than 13,000 people likely to die from the disease. GBM, which is the type of brain cancer most often found in adults, is a very fast-growing type of tumor. Most patients with GBM die of the disease within approximately 14 months of diagnosis.

Like most cancers, GBM arises from changes that accumulate in cells' DNA over the course of a person's life — changes that may eventually lead to the cells' uncontrolled growth. However, until recently, scientists have understood little about the precise nature of these DNA changes and their impact on key biological pathways that are important to the development of new interventions.

The NCI and the NHGRI initiated TCGA in 2006 to accelerate understanding of the molecular basis of cancer through the application of current genome characterization technologies, including large-scale genome sequencing. TCGA was launched as a pilot program to determine the feasibility of a full-scale effort to potentially systematically explore the universe of genomic changes involved in all types of human cancer.

In its *Nature* paper, the TCGA Research Network describes the interim results of its analyses of GBM, the first type of cancer to be studied in the

TCGA pilot. The pioneering work pulled together and integrated multiple types of data generated by several genome characterization technologies from investigators at 18 different participating institutions and organizations. The data include small changes in DNA sequence, known as genetic mutations; larger-scale changes in chromosomes, known as copy number variations and chromosomal translocations; the levels of protein-coding RNA being produced by genes, known as gene expression; patterns of how certain molecules, such as methyl groups, interact with DNA, known as epigenomics; and information related to patients' clinical treatment.

The pathway mapping promises to be particularly informative for researchers working to develop therapeutic strategies that are aimed more precisely at specific cancers or that are better tailored to each patient's particular subtype of tumor.

As in the Human Genome Project, TCGA data are being made rapidly available to the research community through a database, <http://cancergenome.nih.gov/dataportal>. The database provides access to public datasets, and with required review and approval, allows researchers access to more in-depth data.

Wonderful Websites

This new feature of the NACNS newsletter has been developed in order to feature excellent websites for your practice.

Centers for Disease Control and Prevention – Emergency Preparedness & Response
<http://emergency.cdc.gov/disasters/hurricanes/>

This website provides extensive information and resources for consumers and health professionals about a variety of disasters. You will find information that is helpful in dealing with a range of emergencies such as: bioterrorism, mass casualties, chemical emergencies, and natural disasters & severe weather.

**Department of Health and Human Services
Office of Women's Health**
<http://women'shealth.gov>

This website is identified as the federal

government's source for women's health information. You will find information about specific women's health diseases, health and wellness campaigns and breaking news related to women's health. Information is available in Spanish and English.

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