



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

Practice & Policy Newsletter

Message from the NACNS President

November/December 2007

As the year draws to a close, it is a good time to reflect on our accomplishments and plans for the New Year! As you are aware, NACNS is a rapidly growing, exciting professional membership association. We have made significant inroads on many fronts this year. Serving as the NACNS President, I have had the honor to see the immense wealth of talent NACNS members bring to every opportunity that is presented to us. We should all be proud of the work our many colleagues have donated to make NACNS a premier nursing membership association.

As I have said many times, it takes a village, and each of us has a responsibility to work toward the betterment of the greater good, in this case recognition of every CNS in every state with title protection. This and many other things are what we are about on your behalf. Please feel free to explore opportunities to contribute to our “village” by volunteering to serve on an NACNS committee, your state board of nursing, or by developing an NACNS affiliate in your area. There are many opportunities for you to contribute. Sincerely,

Theresa Murray, RN, MSN, CCRN, CCNS

Table of Contents

NACNS News

Member-Get-A-Member.....	1
Vision Paper.....	1
NACNS/ANCC Certification Examination	2
VA CNS Statement	2
AQA Initiative.....	2
CCI Think Tank.....	3
New Member Benefit.....	3
Cardiac Rehab Measures	3
NACNS Leader Elected.....	3
NACNS Conference	3

Hill & Agency News

Health Appropriations	4
CDC/MRSA	4
CDC/Flu Season Update.....	4
CMS NPI Update	5
FDA/Bacterial Meningitis Vaccine	5
FDA/Ixempra Approved.....	5

AHRQ/Chest Pain	6
-----------------------	---

NACNS NEWS

NACNS Member-Get-A-Member Campaign

As NACNS grows in numbers, the power and voice of NACNS will ensure the future viability of the CNS role within healthcare. This is a reminder about the annual Member Get A Member Campaign. This campaign began April 1st and will run through December 31, 2007.

You can win a free NACNS membership for one year if you recruit 5 or more new members. For the NACNS member who recruits the most new members the prize will be **free registration to the 2008 NACNS Conference in Atlanta and free membership for one year.**

For more details: www.nacns.org

NACNS Vision Paper Now Available

As one of your high priority professional “to do’s”, read the NACNS Vision Paper! This paper was developed by leaders and members over the

past year. It presents a comprehensive vision of our future. This document is an essential part of the CNS practice. Go to the NACNS website at: www.nacns.org today to download your copy!

NACNS Working with ANCC on CNS Certification Examination and Portfolio

NACNS is working with ANCC to develop a core examination for CNSs in order to provide a psychometrically sound and legally defensible certification mechanism for those who currently are or could be in the future excluded from practice or licensure due to lack of a relevant CNS specialty examination. The creation of a core examination is intended to remove current and future barriers to practice, and enable a greater number of patients to be served by CNSs. According to the annual survey of CNS education programs published by AACN and NACNS, 10.4% of the 2006 CNS program graduates were prepared for practice in specialties for which there were no current certification examinations. NACNS and ANCC are now recruiting members for a content expert panel that will develop the exam. The goal is for the preliminary test content to be identified by the beginning of 2008, with test development process occurring through until December 2008. NACNS will continue to update its members on the progress of this important work. Please go to: http://www.nacns.org/Overview_for_NCSBN-August_2007.pdf

New on the NACNS Website - CNS Functional Statement Describes CNS Practice in VA Healthcare

The CNS functional statement describes CNS practice in the VA Healthcare system. The functional statement/position description is a collaborative document created by a task force of VA Virtual affiliate members for the NACNS Board of Directors. It has been approved by the NACNS board of directors and is presently being reviewed and revised by a team of the VA affiliate members and personnel from the VA Office of Nursing Services (VA-ONS) and the Advanced Practice Nurses Advisory Committee to the VA-ONS so that it can become an officially sanctioned VA document.

One of the issues taskforce identified was a system-wide lack of consistency of use of terminology when discussing scope of practice, functional statement and prescriptive authority. This document clarifies these terms. In addition, the document strongly argues that CNSs are advanced practice registered nurses (APRN) prepared at a Masters Degree educational level in specialized programs that prepare CNSs for practice within a specialty focus. To read this document go to: www.nacns.org.

NACNS Involvement in AQA Continues – Support for Advanced Practice Nurse and Other Clinician Quality Measures Continues

Founded in 2004 by the American Academy of Family Physicians, the American College of Physicians, America's Health Insurance Plans (AHIP), and the Agency for Healthcare Research and Quality (AHRQ), the AQA Alliance was initially developed to effectively and efficiently improve performance measurement, data aggregation, and reporting in the ambulatory care setting.

AQA is now a broad-based national coalition of over 150 organizations working together on a strategy to measure, report on, and improve health care provider practice. AQA's members represent dozens of physician and other clinician specialties; consumer groups; employers; government; health insurance plans; and accrediting and quality groups.

AQA's role is to reach consensus on and to facilitate the widespread implementation of standard measures that have been through the review process of the National Quality Forum (NQF) or will be referred for action by the NQF. These are measures that are developed by organizations such as the AMA-convened Physician Consortium for Performance Improvement and the National Committee for Quality Assurance.

As part of the October 18, 2007 meeting the AQA Alliance members voted for seven non-physician, or "other clinician" measures. NACNS worked on a task force to develop these measures. Included in this list were measures related to: Pain

Assessment, Patient Co-development of the Treatment Plan/Plan of Care; Screening for Clinical Depression; Screening for Cognitive Impairment; Universal Documentation and Verification of Current Medications in the Medical Record; Universal Influenza Vaccine Screening and Counseling; and Universal Weight Screening and Follow-UP. A complete list of AQA-adopted measures and their specifications can be found at www.aqaalliance.org.

NACNS Participates in CCI Think Tank 2007

NACNS participated in the Competency & Credentialing Leadership Forum held September 16-18, 2007. This meeting was held as part of CCI's ongoing commitment to convene thought leaders and scholars to advance thinking on topics of importance to patient safety. One of the key agenda items at this meeting was how nursing can work together to develop a framework for continued competence driven by the principles of patient safety. The event was designed to achieve a single, significant outcome: to reach a shared understanding of how nursing can ensure ongoing competence development that enhances both the profession and patient care.

NACNS Announces New Member Benefit

As a new member benefit, NACNS is pleased to offer its members a subscription to JBICconnect. Through this subscription, NACNS members may access an array of web-based resources of the Joanna Briggs Institute, designed to support the use of evidence in clinical decision making at the point of care. In order to try out this exciting, new member benefit, go to: www.nacns.org and log on to the members only section of the NACNS website.

NACNS among Nine Organizations that Support Cardiac Rehabilitation Performance Measures Geared Toward Secondary Prevention

The first performance measures to increase cardiac rehabilitation (CR) referrals and establish standards of excellence for this highly effective but vastly underutilized service were jointly released by the American Association of Cardiovascular and Pulmonary Rehabilitation

(AACVPR), the American College of Cardiology (ACC) and the American Heart Association (AHA) on September 26, 2007. These standards were published in the September/October issue of the *Journal of Cardiopulmonary Rehabilitation and Prevention*, and the Oct. 2 editions of *Circulation* and the *Journal of the American College of Cardiology*.

These measures were endorsed by NACNS and the following organizations: The American College of Physicians; American College of Sports Medicine; American Physical Therapy Association; Canadian Association of Cardiac Rehabilitation; European Association for Cardiac Rehabilitation and Prevention; Inter-American Heart Foundation; Preventive Cardiovascular Nurses Association; and the Society of Thoracic Surgeons.

NACNS Leader Elected to National Nursing Leadership Position

NACNS leader and Georgia Nurses Association President Cindy Balkstra was elected by the American Nurses Association (ANA) Constituent Assembly membership to serve in the role of Vice Chair for that national body for a two year term. This term was effective as of November 2007. The ANA Constituent Assembly is comprised of the Chief elected officer and the Chief staff officer of the 54 ANA constituent member associations.

NACNS Conference in Atlanta, Georgia – Plan Now!

Sign up today!

Special Event

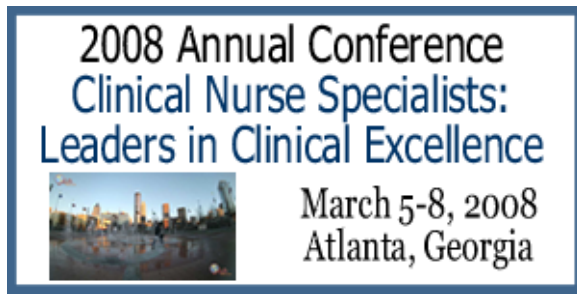
Planning Your Financial Future: The Importance of Financial Literacy – dinner March 6th - sponsored by the CNS Foundation . This is limited to 25 participants.

Pre and post conference sessions:

Clinical Nurse Specialists: Leading in Political Arenas – March 5, 2008 (8 am – 12 N)

Acquiring and Managing Data to Promote Clinical Excellence - March 5, 2008 (1 pm -5 pm)

CNS Leadership for a Staff-Nurse Evidence-Based Fellowship Program - March 8, 2008 (1 pm- 5pm)



Hill & Agency News

FY 2008 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.

Nursing funding is included in the fiscal year (FY) 2008 Labor, Health and Humans Services, Education Appropriations bill. On November 1, 2008, the House-Senate conferees on the FY 2008 Labor-HHS-Education Appropriations bill approved a conference agreement on the bill. The conference agreement includes \$167.7 million, an increase of \$18.0 million -- 12% -- over the FY 2007 budget. As you'll recall, the House bill had provided \$165.6 million, while the Senate had provided \$169.7 million for Title VIII.

Congress sent this legislation to the President for consideration on November 13, 2007. The President vetoed the legislation, declaring concerns with the funding levels and earmarks. Congress failed to override a veto by two votes on November 15th, 2007. Currently, Congressional leaders are working on a negotiating with the White House in order to develop a strategy to ensure continued program funding.

CDC Announces Estimates for Invasive Drug-Resistant Staff Infections for 2005

Methicillin-resistant staph aureus (MRSA) caused more than 94,000 life-threatening infections and nearly 19,000 deaths in the United States in 2005. Most of these infections are related to health care settings. The findings of this CDC expert report were published in the October 17 edition of the Journal of American Medical Association (JAMA.) This report will serve as the first national baseline by which to assess future trends in invasive MRSA infections. MRSA infections can range from mild skin infections to more severe infections of the bloodstream, lungs and at surgical sites.

The study found about 85 percent of all invasive MRSA infections were associated with health care settings, of which two-thirds surfaced in the community among people who were hospitalized, underwent a medical procedure or resided in a long-term care facility within the previous year. In contrast, about 15 percent of reported infections were considered to be community-associated, which means that the infection occurred in people without documented health care risk factors.

The 2005 rates of invasive infection were highest among people 65 years of age or older. Black people were affected at twice the rate of whites, which could be due to higher rates of chronic illness among blacks.

This baseline data will provide facilities with an understanding of the scope of the problem and allow hospitals and other health care settings to implement policies and procedures to reduce the incidence of these costly and devastating infections. For more information, go to: http://www.cdc.gov/ncidod/diseases/submenu/sub_mrsa.htm. OR http://www.cdc.gov/ncidod/dhqp/ar_mrsa_prevention.html.

Prepare for Flu Season!

November 26 – December 2, 2007 is National Influenza Vaccination Week. The Centers for Disease Control and Prevention (CDC) has designated the week after Thanksgiving as National Influenza Vaccination Week. In addition, the CDC offers many resources for both clinicians and the general public. As we enter into flu season, it may be helpful for you to check out the CDC's influenza information. Information about both the basics of the flu and flue vaccine

are available as well as information on who should not receive the flu vaccine, details about vaccine supply and storage as well as key *MMWR* articles related to influenza. Similar web information is available on other important and timely health care issues. For influenza information, go to: <http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm#supply>

CMS - National Provider Identifier (NPI) Update

The Centers for Medicare & Medicaid Services (CMS) continues with the implementation of the NPI number for all providers. Recently they announced an important message for physicians, other practitioners, providers, and suppliers that bill Medicare carriers, A/B Medicare Administrative Contractors (MACs), and DME MACs using an Electronic Claim Form (ASC X12 837P) or Paper Claim Form (CMS-1500).

Effective March 1, 2008, Medicare fee-for-service claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI. You may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable beginning March 1, 2008. Until further notice, you may continue to include legacy identifiers only for the secondary fields. More information and education on the NPI can be found through the CMS NPI page at www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203.

FDA Announces Change in Recommended Age Range for Bacterial Meningitis Vaccine

The U.S. Food and Drug Administration announced on October 18, 2007 that the expanded approved age range for Menactra, a bacterial meningitis vaccine, to include children ages 2 to 10 years. Previously, the vaccine was recommended for people ages 11 – 55 years.

Meningitis is a serious inflammation of the lining that surrounds the spinal cord and brain. It can result in death or permanent injury to the brain and nervous system. In the United States, about 2,600 people become ill from bacterial meningitis annually. About 10 percent die from the infection and another 15 percent or so suffer brain damage or limb amputation.

Menactra now joins Menomune as the two meningococcal vaccines for use in children, ages 2 years and older. Both products are manufactured by Sanofi Pasteur Inc. of Swiftwater, Pa. Both vaccines offer protection against four groups of *Neisseria meningitidis*, the bacterium that can cause meningitis. For more information, go to: <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01729.html>

FDA Announces Approval of Ixempra for Advanced Breast Cancer Patients

The U.S. Food and Drug Administration (FDA) has approved Ixempra (ixabepilone), a new anti-cancer treatment, for use in patients with metastatic or locally advanced breast cancer who have not responded to certain other cancer drugs. The FDA evaluated Ixempra under priority review, completing its assessment of the drug's safety and effectiveness in six months.

Ixempra was approved for use in combination with another cancer drug, capecitabine, in patients who no longer benefit from two other chemotherapy treatments. These prior treatments included an anthracycline (such as doxorubicin or epirubicin) and a taxane (such as paclitaxel or docetaxel). Ixempra was also approved for use alone in patients who no longer benefit from an anthracycline, a taxane and capecitabine.

According to the American Cancer Society, about 180,000 new cases of breast cancer are diagnosed each year in the United States. Metastatic breast cancer is the most advanced stage of breast cancer and has the potential to spread to almost any region of the body.

Ixempra's significant side effects included peripheral neuropathy (numbness, tingling or burning in the hands or feet) and bone marrow suppression. Other commonly observed toxicities

included constipation, nausea, vomiting, muscle pain, joint pain, fatigue and general weakness.

Women taking Ixempra should avoid taking drugs that are strong inhibitors of CYP3A4, one of the enzymes that metabolize Ixempra. Ixempra should not be taken by women who have had severe allergic reactions to drugs that contain Cremophor or its derivatives or by women who have baseline bone marrow suppression determined by low white blood cell or platelet count. The combination of Ixempra and capecitabine should not be given to patients with moderate or severe liver impairment due to the increased risk of toxicity and death.

Ixempra is administered by intravenous infusion. It is distributed by Bristol-Meyers Squibb Company, Princeton, New Jersey. For more information on Ixempra, go to:
<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01732.html>

Agency for Health Care Research and Quality (AHRQ) Report Offers Insight into Chest Pain Relief from Angioplasty vs Open Heart Surgery

Coronary artery disease, a common type of heart disease, affects about 15 million Americans and is the leading cause of death for men and women. In an October 15, 2007 press release, AHRQ announced that patients with mid-range coronary artery disease are more likely to get relief from painful angina and less likely to have repeat procedures if they get bypass surgery rather than balloon angioplasty with or without a stent.

The analysis drew on 23 randomized controlled trials that compared treatments for patients with mid-range coronary disease treatable with either angioplasty or bypass surgery. As defined by the report, mid-range disease may occur in three ways: a single blockage of the vital left anterior descending artery, blockage of two arteries or some forms of less-severe blockage of three arteries.

The report also found that for mid-range coronary artery disease, bypass surgery and angioplasty patients had about the same survival rates and similar numbers of heart attacks, but that bypass

surgery presents a slightly higher risk of stroke within 30 days of the procedure

For patients with most extensive disease that limits blood flow in several arteries, bypass surgery is typically used. For those with the least extensive disease, less-invasive angioplasty is the standard choice. The new federal study, funded by AHRQ's Effective Health Care program and completed by the Agency's Stanford-UCSF Evidence-based Practice Center, compared the outcomes and risks of the procedures in patients with mid-range coronary disease, where either procedure might be chosen. For more information, go to:
<http://www.ahrq.gov/news/press/pr2007/effcadpr.htm>

NACNS Staff -

Editor: Melinda Mercer Ray, MSN, RN NACNS
Executive Director: Christine Filipovich, RN, MSN

For questions or comments on this publication, please contact:

NACNS, 2090 Linglestown Road, Suite 107 - Harrisburg, PA 17110
Phone: (717) 234-6799 Fax: (717) 234-6798
nacnsorg@nacns.org.