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CNS Communiqué

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The CNS Communiqué is an electronic publication of the National Association of Clinical Nurse Specialists. The purpose of this publication is to keep our members updated on the NACNS headquarters news; connect our members with fast-breaking clinical news; and update clinical nurse specialists on state and federal legislative actions.



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NACNS News



1. NACNS Conference Registration is Now Open!

Registration for our 2012 Conference – *Optimizing Outcomes – Influencing Across the Spheres* – is now open. There are two ways to register – you can select [online registration](#) or print a PDF registration form from our [Conference Page](#). Advance Registration Rates are available through February 24, 2012. Mailed or faxed registration forms are acceptable. The meeting hotel is the Fairmont Chicago, Millennium Park which is offering a discounted rate of \$179/night for single or double occupancy rooms. Please mention the NACNS 2012 Conference when calling in order to receive the discount. Hotel reservations can be made by calling 1-800-526-2008. Discounted rooms can be booked through February 15, 2012. Don't miss out on this exciting opportunity to meet new colleagues and discuss the pressing issues facing CNS practice.

2. CNS Education Standards Recently Released

The *Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Educational Programs* are now available for review on the NACNS Web Site. This multi-year project convened a Validation Panel of stakeholders from more than 20 professional nursing organizations.

An NACNS Board-appointed Task Force of experts developed the initial document (referred to as *Guidelines*), and the NACNS Board then appointed the Validation Panel, to provide input and validation and to revise the initial *Guidelines* as needed. Members of the Validation Panel reviewed the *Guidelines* that had been developed by the Task Force (2009), as well as the national CNS Competency Task Force Report (NACNS, 2008), which included Clinical Nurse Specialist Core Competencies. The final draft document was forwarded to the NACNS Board of Directors who posted it to the NACNS Web Site and invited comments from members and the broad nursing community. The feedback received during that public comment period was reviewed by the Validation Panel, and the *Criteria* refined as needed. The final version is now available for review.

3. NACNS Elections

We need your vote! The NACNS Nominating Committee has finalized its slate of candidates for 2012 elected positions. It's up to you to decide! We are pleased to roll out our first election year allowing for electronic ballots. Watch your inboxes for instructions on participating.

4. NACNS Proposed Bylaws Changes

During the month of November, the NACNS Board asked for your opinions on proposed changes to our Association Bylaws. Thank you to all who provided feedback. All proposed revisions received the support of more than 90% of respondents. Based on this feedback, we have put forth the proposed revisions for your final review.

All amendments must be voted on and approved by membership before they are adopted. The revisions, as well as a ballot with voting instructions, are posted in the NACNS members' only section. Ballots will be tallied during the NACNS Annual Business meeting at the 2012 Conference in Chicago, IL. The Business Meeting is scheduled for Friday, March 9, 2012 at 7:45am.

Members who are unable to attend the 2012 conference may still participate in the vote.

Clinical Headlines



5. CDC Reports on Sexual Violence, Stalking, and Intimate Partner Violence Prevalence in the US

On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States, according to findings released today by the Centers for Disease Control and Prevention. Over the course of a year, that equals more than 12 million women and men. Those numbers only tell part of the story – more than 1 million women reported being raped in a year and over 6 million women and men were victims of stalking in a year, the report says.

The [National Intimate Partner and Sexual Violence Survey](#), or NISVS, is one of CDC's latest public health surveillance systems and is designed to better describe and monitor the magnitude of sexual violence, stalking and intimate partner violence victimization in the United States. It is the first survey of its kind to provide simultaneous national and state-level prevalence estimates of violence for all states.

Launched in 2010, NISVS also provides data on several types of violence that have not previously been measured in a national population-based survey.

Key findings in the NISVS 2010 Summary Report include:

- High rates of sexual violence, stalking, and intimate partner violence were reported by women.
 - Nearly 1 in 5 women has been raped at some time in her life.
 - One in 4 women has been a victim of severe physical violence by an intimate partner in her lifetime.
 - One in 6 women has experienced stalking victimization during her lifetime in which she felt very fearful or believed that she or someone close to her would be harmed or killed. Much of stalking victimization was facilitated by technology, such as unwanted phone calls and text messages.
- Almost 70 percent of female victims experienced some form of intimate partner violence for the first time before the age of 25.
- Approximately 80 percent of female victims of rape were first raped before age 25.
- About 1 in 7 men has experienced severe physical violence by an intimate partner at some point in their lifetime.
- One in 19 men has experienced stalking victimization at some point during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.
- Almost 53 percent of male victims experienced some form of intimate partner violence for the first time before age of 25
- More than one-quarter of male rape victims were first raped when they were 10 years old or younger.

The report findings also underscore violence as a major public health burden and demonstrate how violence can have impacts that last a lifetime. For instance, the findings indicate female victims of violence had a significantly higher prevalence of long-term health problems, including irritable bowel syndrome, diabetes, frequent headaches, chronic pain, and difficulty sleeping. And nearly twice as many women who were victims of violence reported having asthma, compared to women who did not report violence victimization.

NISVS provides data that can help inform policies and programs aimed at preventing violence as well as addressing the specific information needs of state and national governmental and nongovernmental organizations, while providing an initial benchmark for tracking the effectiveness of prevention efforts.

6. New NIH National Center for Advancing Translational Sciences

In a move to re-engineer the process of translating scientific discoveries into new drugs, diagnostics, and devices, the National Institutes of Health has established the National [Center for Advancing Translational Sciences \(NCATS\)](#). The action was made possible by Congress' approval of a fiscal year 2012 spending bill and the president's signing of the bill, which includes the establishment of NCATS with a budget of \$575 million.

NCATS will serve as the nation's hub for catalyzing innovations in translational science. Working closely with partners in the regulatory, academic, nonprofit, and private sectors, NCATS will strive to identify and overcome hurdles that slow the development of effective treatments and cures.

A prime example of the type of innovative projects that will be led by NCATS is the [new initiative between NIH, the Defense Advanced Research Projects Agency, and the U.S. Food and Drug Administration](#) to develop cutting-edge chip technology. This new technology will allow researchers to screen for safe and effective drugs far more swiftly and efficiently than current methods. A great deal of time and money can be saved testing drug safety and effectiveness much earlier in the process.

To meet the goals of NCATS, NIH is reorganizing a wide range of preclinical and clinical translational science capabilities within NIH into an integrated scientific enterprise with new leadership and a bold new agenda. While the

effort to recruit an NCATS director continues, organizational changes and realignment of resources will move forward under the leadership of Acting Director Thomas R. Insel, M.D., and Acting Deputy Director Kathy Hudson, Ph.D. The following programs will comprise NCATS:

- Bridging Interventional Development Gaps, which makes available critical resources needed for the development of new therapeutic agents
- Clinical and Translational Science Awards, which fund a national consortium of medical research institutions working together to improve the way clinical and translational research is conducted nationwide
- Cures Acceleration Network, which enables NCATS to fund research in new and innovative ways
- FDA-NIH Regulatory Science, which is an interagency partnership that aims to accelerate the development and use of better tools, standards and approaches for developing and evaluating diagnostic and therapeutic products
- Office of Rare Diseases Research, which coordinates and supports rare diseases research
- Components of the Molecular Libraries, which is an initiative that provides researchers with access to the large-scale screening capacity necessary to identify compounds that can be used as chemical probes to validate new therapeutic targets
- Therapeutics for Rare and Neglected Diseases, which is a program to encourage and speed the development of new drugs for rare and neglected diseases

The budget for NCATS is primarily a reallocation of funds from programs previously located in the NIH Office of the Director, National Human Genome Research Institute, and National Center for Research Resources. NIH is committed to both basic and applied research and has maintained a relatively stable ratio of funding across these two areas of focus. The funding ratio will not be disturbed by the establishment of this new center.

The formation of NCATS has been a methodical process highlighted by the recommendation of the NIH Scientific Management Review Board in December 2010 to create a new center dedicated to advancing translational science. This recommendation was followed by a year of intensive feedback and expert insight from all sectors of translational science through advisory meetings and extensive public consultation.

7. HIV Study Named 2011 Breakthrough of the Year by *Science*

The journal *Science* has chosen the [HPTN 052 clinical trial](#), an international HIV prevention trial sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, as the 2011 Breakthrough of the Year. The study found that if HIV-infected heterosexual individuals begin taking antiretroviral medicines when their immune systems are relatively healthy as opposed to delaying therapy until the disease has advanced, they are 96 percent less likely to transmit the virus to their uninfected partners. Findings from the trial, first announced in May, were published in the *New England Journal of Medicine* in August. The complete top 10 list of 2011 scientific breakthroughs appears in the Dec. 23, 2011 issue of *Science*.

8. American Heart Association Study on Middle-age Blood Pressure Changes

Middle-age is a significant time for many of us. Thanks to a new study published in the American Heart Association's [December 19, 2011 issue of the journal *Circulation*](#) we now know how you deal with your blood pressure during middle age can significantly impact your lifetime risk for cardiovascular disease (CVD). The researchers found individuals who maintained or reduced their blood pressure to normal levels by the age of 55 had the lowest lifetime risk for CVD (between 22 percent to 41 percent risk). In contrast, those who had already developed high blood pressure by age 55 had a higher lifetime risk (between 42 percent to 69 percent risk).

Using data from 61,585 participants in the Cardiovascular Lifetime Risk Pooling Project, researchers examined how changes in blood pressure during middle age affected lifetime CVD risk. Previous studies had considered a single measurement at a given age. In this study, age 55 was considered a mid-point for middle age.

Researchers also found:

- Almost 70 percent of all men who develop high blood pressure in middle age will experience a CVD event by 85.
- Women who develop high blood pressure by early middle-age (average age 41) have a higher lifetime risk for CVD (49.4 percent) than those who have maintained normal blood pressure up to age 55.
- Women, in general, had higher increases in blood pressure during middle age.
- At an average age 55, 25.7 percent of men and 40.8 percent of women had normal blood pressure levels; 49.4 percent of men and 47.5 of women had prehypertension.
- The overall lifetime CVD risk for people 55 years or older was 52.5 percent for men and 39.9 percent for women, when factoring in all blood pressure levels.
- The lifetime risk for CVD was higher among Blacks compared with Whites of the same sex, and increased with rising blood pressure at middle age.

9. CNS Foundation Offers Funding for Research and Health Policy Activities

Clinical Nurse Specialists and CNS students may apply to the CNS Foundation for funding to support research on outcomes of CNS practice and projects/activities.

The Christine Filipovich scholarship fund was established by past Presidents of NACNS to honor the former NACNS CEO. This fund is designated for two separate purposes: 1) support of CNSs and CNS students who are conducting research projects that address outcomes of CNS practice and 2) support for CNS and CNS student activities that focus on health policy.

To apply for these funds please access the information for the Filipovich scholarship on the CNS Foundation website, CNS-Foundation.org. or call the CNS Foundation office at 717-703-0033.

10. NACNS Foundation Silent Auction Silent Auction at 2012 Annual Conference

Plan now to join the fun at the CNS Foundation Silent Auction during the 2012 NACNS annual conference at the Fairmont Hotel in Chicago, March 8-10, 2012. Baskets donated by NACNS affiliate groups will be on display for bidding during the conference. The highest bidder for each basket will receive a special array of items donated by an NACNS affiliate group.

The CNS Foundation is grateful for the generous support of the affiliates who have volunteered to provide items for the silent auction. If your affiliate plans to participate but has not yet signed up, please notify CNS Foundation President Kathleen Baldwin at k.baldwin@tcu.edu or Christine Filipovich in the CNS Foundation office at christine@pronursingresources.com.

Association News

11. Nurse in Washington Internship - February 26-28, 2012.

The Nurse in Washington Internship, sponsored by the Nursing Organizations Alliance is hosting its Nurse in Washington Internship on February 26-28th in Washington, DC. NIWI is open to any RN or nursing student (all levels of education) that is interested in an orientation to the legislative process. There is not an application or acceptance process to attend NIWI. You just need to register and pay the registration fee. NIWI typically begins on Sunday at noon and concludes on Tuesday with a closing reception at 5pm. [Click here](#) to view the 2011 NIWI Agenda.

Internship Objectives

- Describe how nurses can be involved and influence policy at the local and national level.
- Discuss how to work effectively with legislative staff to advance policy agendas.
- Describe key steps to effect change in the legislative process.
- Identify techniques to advance legislative issues at the grassroots level.
- Identify legislative, political, and economic forces driving health care policy and delivery changes today.
- Learn to schedule Capitol Hill meetings.

The NIWI Experience

- Advocacy 101/201 Breakout Sessions: Overview of Public Policy Process
- Advocacy Training
- Panel Session with Professional Nurse Advocates
- Congressional Staff Panel Session
- State Team Break Outs for Hill Preparation, including role playing
- Opportunity to meet with your Representative and Senators on Capitol Hill
- Networking with other nurses with similar clinical and political interests

The Liaison Capitol Hill, an Affinia Hotel
415 New Jersey Avenue, N.W.
Washington D.C. 20001
Phone: 866-233-4642

Room Rate: \$259 plus 14.5% tax

Reservations made after 1/27/12 will be based on availability at the hotel's prevailing rate.

Nursing Contact Hours

This activity has been submitted to the Tennessee Nurses Association for approval to award contact hours.

Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more Information please contact Alliance Headquarters Offices at 859-514-9157 or szach@AMRms.com .

12. January is National Birth Defects Prevention Month

The Centers for Disease Control and Prevention (CDC) is featuring several resources and activities to promote this year's focus on congenital heart defects, the most common type of birth defect. A series of Web features will be posted on the CDC Web site this month, with the first one highlighting congenital heart defects and available at <http://www.cdc.gov/Features/HeartDefects/> . Other topics addressed will include folic acid use, medications and pregnancy, and screening for critical congenital heart defects. In January, CDC will also post weekly messages on its Facebook page at <http://www.facebook.com/#!/CDC>) and Twitter (follow them at #NCBDDD). Also access the January 6th issue of the CDC Morbidity and Mortality Weekly Report (MMWR) for information about the month at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6051a6.htm?s_cid=mm6051a6_e%0d%0a . The month is sponsored by the National Birth Defects Prevention Network at http://www.nbdpn.org/national_birth_defects_prevent.php.

13. National Student Nurses Association Survey Shows Oversupply of New Graduate Nurses

The [November/December 2011 issue](#) of the National Student Nurses Association (NSNA) *Dean's Notes* Diane J. Mancino, EdD, RN, CAE, FAAN provides an [analysis](#) of the fourth annual NSNA marketing data from new NSNA members who are new graduates. The survey asked questions related to a variety of subjects, including academic progression, demand for registered nurses, securing entry-level RN positions, and workplace orientation and support. The Spring 2011 study found that there was a 10% increase in those reporting that they "were employed as RNs" over previous year's survey. This translated into 64% of the 3,733 respondents.

While the 2011 survey results indicate an overall improvement in the hiring of new RN graduates, there are regional unemployment trends. In Western states it is 28% unemployed and in central states there is 28% unemployment. The general trend of fewer jobs than expected for new graduates is thought to be due to delayed retirements due to the economy. In the discussion section of this article, Dr. Mancino discusses the impact of unemployment for new RN graduates. She poses the question, "What is higher education's rationale for disregarding supply and demand data when planning admissions and enrollments for all disciplines?" She notes that the "fabrication of job-placement data is a growing concern of accrediting bodies." She infers that colleges may be "forced into accountability for reporting accurate job placement data as lawsuits emerge from overstatement of job placement figures." Dr. Mancino proposes that nurse educators are in a position to "... exercise moral leadership by advocating for their students, by speaking up about the hardship faced by new graduates, and by strategically planning admissions, enrollments, and graduations based on supply and demand." Dr. Mancino makes an argument that it is time to break the cycle of nurse shortage and oversupply with reliable real-time data to assist programs in enrolling students that will more equitably meet the employment demand.

14. 7th International Nurse Practitioner/Advanced Practice Nursing Network Conference

The International Council of Nurses (ICN) supports the International Nurse Practitioner/Advanced Practice Nursing Network. Their [7th Annual Conference](#) will be held at the Imperial College, London, England August 20-22, 2012. This event is hosted by the Royal College of Nursing, United Kingdom and will take place in London, the host city of the 2012 Olympic and Paralympic Games. The event will emulate the Olympic motto of 'Citius, Altius, Fortius' (Faster, Higher, Stronger) by showing how advanced nurses excel and lead in clinical practice development across the world.

This conference will bring together nurse practitioners, advanced practice nurses, clinical nurse specialists, researchers, educators, policy makers, and managers from around the world to discuss, debate and analyze how advanced nursing, through its innovative practice development, can strive to meet the ever increasing demands placed on both local and global health care systems.

The conference aims to celebrate the global diversity and success of advanced nursing practice in meeting the health care needs of patients and populations in different clinical settings. There will be an emphasis on advanced practice professional regulation, prescribing, educational preparation, applied research, and advanced nurses working in challenging environments. For details go to <http://icn-apnetwork.org/> .

Can't attend the meeting this August? Consider planning for a future international meeting in 2014. The Finnish Nurses Association will be hosting the 8th ICN – INP/APN Network conference.

Federal and State Policy

15. The Impact of the Supercommittee Failure

The November 23, 2011 official announcement that the Congressionally appointed Supercommittee was unable to make the specified \$1.2 trillion in cuts could mean sweeping automatic budget cuts totaling billions of dollars. These cuts would include everything from Medicare to education and defense spending. Medicare and Medicaid will be treated slightly differently than other programs. Under the law that established the Supercommittee, the automatic cuts will not affect Medicaid. Medicare would be cut by 2 percent. This 2 percent will all come from cuts to payments to hospitals and other care providers.

The November 30, 2011 online issue of the [Bloomsburg Businessweek](#) noted that the failure of the Supercommittee is likely to delay any major deficit-reduction activity until after the next presidential election. This delay may pose an immediate threat to the struggling U.S. economy. On a positive note, Standard & Poors (S&P) announced that the U.S. credit rating of AA+ would remain. There were concerns that the bond rating would be further reduced if the Supercommittee did not act.

So what about the defense department? The Pentagon is currently tasked with cutting about \$450 billion from its budget over the next decade. These cuts are the result of the Budget Control Act signed into law on August 2, 2011. The Supercommittee's failure to reach an agreement increases the defense cuts by about \$500 billion, excluding interest savings, starting in January 2013. Unless there is congressional action to curtail these scheduled cuts, the Defense Department's budget would face reductions of about \$1 trillion over a decade, the largest cut of any department.

The Congressional Budget Office estimates that 71 percent of the cuts will come from domestic programs such as environment, transportation veteran's health, education and health care.

So what was the cause of the failure of the Supercommittee? The inability to come to a resolution is being blamed on partisan positioning. The issues on the Republican side were their unwillingness to reverse the tax cut enacted under the Bush Administration. These tax cuts have an impact on taxes on wages, dividends and capital gains. On the Democratic side there was reported an unwillingness to allow changes to Medicare that would reduce costs. This failure is likely to be the topic of political banter and positioning in the presidential election. In the meantime, there may be efforts to derail the automatic cuts through legislative means. The Obama Administration has gone on record that they will oppose any efforts to stall or alter the automatic cuts and will veto any attempt to do this.

Regardless of the political positioning, the lagging economy will have a continued impact on state budgets. This pinch will continue to be felt by universities and health care providers. This fiscal environment calls for a season of frugality that includes programmatic changes. Health care reform, when fully implemented, will have both new costs and reallocated costs attached to it. States will need to carefully plan for this transition. The fiscal environment will not change the growing need for a well prepared health care workforce. The challenge will be finding funding methodologies to support the production of these critical workers.

16. A Nurse to Lead the Centers for Medicare and Medicaid Services (CMS)

President Obama has nominated [Marilyn Tavenner](#) to succeed Donald M. Berwick as the administrator of CMS. Don Berwick was never confirmed by the Senate but was appointed as CMS Administrator through a recess appointment from Obama. His appointment expired at the end of 2011. He officially stepped down from this role on December 2, 2011.

Marilyn Tavenner is a critical care nurse who previously served as secretary of Virginia's Health and Human Services department where she oversaw 12 agencies that employed 18,000 people. Her career also included 25 years working for the for-profit Hospital Corporation of America where she started as a staff nurse and became president of outpatient services, according to an alumni profile posted on Virginia Commonwealth University's website.

Dr. Berwick's appointment was strongly criticized by Republicans who accused the pediatrician of favoring health care rationing. Democrats did not accept the Republican's evaluation of Dr. Berwick's approach to health care reform. Politics being what they are, it is assumed that Ms. Tavenner's official nomination may suffer a similar political tension as Dr. Berwick's.

17. CMS Issues Proposed Rule to Reduce Hospital's Regulatory Burden and Removes Some Barriers to APRNs Practice

In October, the Center for Medicare and Medicaid Services (CMS) issued a proposal to change the Medicare and Medicaid Hospital [Conditions of Participation](#) many of which would have a significant impact on Clinical Nurse Specialists, including the changing of the definition of the CNS under Medicare. NACNS worked with other nursing organizations in developing comments and issued their comments on the following.

CMS proposed a new definition of the CNS. NACNS built upon that new definition and recommended that a CNS be

a person who is a registered nurse with a nursing degree at the master's or doctoral level from an accredited educational institution that is authorized to practice as a CNS based on state nurse licensing laws and regulations. NACNS specifically recommended the addition of the phrase "CNS...is authorized to practice as a CNS based on state nurse licensing laws and regulations" because the Boards of Nursing in the states granting CNSs the title have determined the educational and practice requirements for these individual programs prior to granting CNSs the title to work as a CNS in their state. In addition, given the flux of change in regulations and licensure due to the APRN Consensus Model, it would be best to allow the state to define the CNS.

CMS also proposed changes that would enhance the membership of APRNs on the Medical Staff by providing hospitals the clarity and flexibility they need under federal law to maximize their staffing opportunities for all practitioners, and particularly for non-physician practitioners, under their individual States' laws. This change will ensure that each applicant is reviewed and considered based upon their experience and expertise with grounding in state law. Presently, not all applications for clinical privileging submitted by APRNs are reviewed.

NACNS recommended additional steps to improve CMS's goal of maximizing staffing opportunities. These include a requirement that Medical Staffs are representative of the types of health professionals, including APRNs, authorized to provide services and that all applications for clinical privileges be reviewed with a determination made within a sixty-day period, including written notification and an explanation of the determination.

CMS proposed allowing APRNs to order drugs and biologicals and to sign and document for them. NACNS asked that they clarify that all categories of APRNs be included in this provision and recommended that these practitioners also be able to authenticate orders where state law and scope of practice allows.

The CNS Communiqué is an electronic publication of the National Association of Clinical Nurse Specialists.
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