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## CNS Communiqué

November - December 2012 • Issue 11

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.



This message contains graphics. If you do not see the graphics, click [here](#) .

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## Featured Articles

### 1. Diabetes Awareness Month®

In an effort to raise the awareness of diabetes, the American Diabetes Association is once again observing November as American Diabetes Month®. As part of this national program, the [America Diabetes Association](#) is sponsoring activities to bring attention to the issues surrounding diabetes and the many people who are impacted by the disease. The theme for this year’s observance is: “*A day in the Life of Diabetes.*”

Here are just a few of the recent statistics on diabetes:

- Nearly 26 million children and adults in the United States have diabetes.
- Another 79 million Americans have prediabetes and are at risk for developing type 2 diabetes.
- The American Diabetes Association estimates that the total national cost of diagnosed diabetes in the United States is \$174 billion.

One [activity](#) allows interested people to post a photograph in an effort to “Build the True Picture of Diabetes.” CVS is donating \$1 for each upload to a total of \$25,000. Posters and talking points to help with awareness efforts are available on the [Web site](#).

### 2. NACNS Board of Directors Votes to Increase NACNS Dues in 2013

At the October 2012 Board of Directors meeting the NACNS Board voted to increase the NACNS membership dues. “NACNS has not increased its dues since 2005. The Board ultimately voted to increase dues in an effort to meet the NACNS strategic plan and to position the association to better advocate for the role of the CNS in the current political and economic environment,” stated NACNS Treasurer, Anne Muller, RN, MSN, ACNS-BC.

Effective on January 1, 2013 the standard member dues rate will now be \$159.00 annually. This represents a \$34.00 annual increase, about the cost of a cup of coffee house coffee each month for a year. *Student* membership rate will be \$102 and the *Senior* membership rate will be \$80. Institutional membership is posted on the [NACNS Web site](#). NACNS does offer a multi-year membership option that allows NACNS members to realize a percentage reduction in their dues if they renew using this option.

“The NACNS Board has been engaged in a multi-year effort to help the association weather the challenges of this economy. Concurrently, the CNS role has been under attack in different states and there are many options opening for health care providers with the implementation with healthcare reform. NACNS must be positioned to take advantage of these opportunities and counter the threats to our practice,” stated NACNS President Rachel Moody, MS, CNS, RN, “...the dues increase will allow NACNS to make great strides in this direction.”

This increase in dues will allow NACNS to:

- Enhance our federal representation in order to ensure the CNS role is included in health care legislation.
- Provide support to states engaged in CNS scope of practice legislative battles.
- Begin to develop a public relations foundation in order to communicate the cost effective role of the CNS to multiple audiences.
- Enhance the policy development arm of the association in order to address cutting edge issues through the establishment of task forces comprised of NACNS members.

NACNS continues to offer a rich combination of membership benefits:

- A subscription to *Clinical Nurse Specialist: The Journal for Advanced Nursing Practice* -6 issues annually (\$97.91 value).
- The *NACNS Newsletter*, published in the Journal, providing an update of the organization's activities.
- *CNS Communiqué*, cutting edge online newsletter delivered to your email box every other month.
- Blast emails on opportunities from NACNS partners
- Discounts to attend the annual NACNS Conference - the largest gathering of CNSs in the nation.
- Opportunities to be involved on a state and national level.
- Advocacy on the state and national levels.
- Discount fees for ANCC CNS exams.
- Assistance in the development of regional and local NACNS affiliates.
- Networking with CNS colleagues.
- Representation in policy forums addressing your concerns about regulation, certification, reimbursement and other legislative and regulatory issues.
- Communication via the NACNS website and CNS listserv.
- Discounts for liability insurance through NSO.
- Support in celebrating CNS week, September 1-7 annually
- Development, support and dissemination of CNS educational program criteria for evaluation

## Headquarter News

### 3. NACNS Volunteer Update

Thank you to all of you who volunteered for committee appointments. These applications are under review. Selections will be made by the President and President-elect in the next few weeks. You will receive communication from NACNS if you are accepted for a committee. NACNS relies on our membership's expertise to accomplish the work of the association. In addition to committee work, NACNS has established a series of task forces that are meeting to help craft the association's response to emerging issues. Currently NACNS has appointed the following task forces:

- Psych/Mental Health CNS Task Force
- Cost and Outcomes of CNS Practice Task Force
- Transitional Care and the CNS Task Force

Expect to hear about the progress of these important new NACNS membership groups at the NACNS Conference Business Meeting.



### 4. Membership Renewals and Recruitment

Watch your mail and email for your NACNS membership renewal notice. We mail two reminders, one two months before your membership expires, and another one month before your membership expiration date. In addition we send at least one email reminder, which requires us to have your current email address. Please contact NACNS at [info@nacns.org](mailto:info@nacns.org) if you need to update your email or other contact information. We appreciate your support of NACNS and by paying your dues on time you can avoid any delays in receiving the journal and online newsletter. Remember, if you renew prior to January 1, 2013, you will be able to renew your membership at the current rate.

We need your help recruiting new members! Encourage your colleagues, students and institutions to join NACNS! Members enjoy a subscription to *Clinical Nurse Specialist*, reduced registration rates for the NACNS conference, volunteer leadership opportunities, networking opportunities, and much more. *Plus, the more new members that list you as the referring member, the more opportunity you have to be entered in a drawing to win a free one-year NACNS membership!*

Visit the NACNS [membership Web page](#) for more information.

### 5. NACNS On Facebook

Connect with NACNS on Facebook! Join other NACNS members and volunteer leaders that have joined the NACNS Facebook group. It's easy to join, there's a link right from the NACNS homepage. Join the community of CNS's and help make the NACNS group the go-to resource for information, healthy debate, and gateway to membership and participation in NACNS. The NACNS Facebook group is one more way NACNS is fulfilling its mission to enhance and promote the value of the CNS profession.

## 6. NACNS 2013 Annual Conference – The CNS: Leading Innovations for Health Care Change

The NACNS 2013 Annual Conference, March 7-9, 2013, is just around the corner! We hope you plan to join us in San Antonio, Texas for a conference full of education, networking and fun. Please remind any students that student poster submissions will be accepted until December 3rd. Don't forget the deadline to submit [nominations](#) for the NACNS awards is November 15th. Conference registration will open in November, so watch your email for registration information.

For more information on the conference as well as exhibit and sponsorship opportunities, visit the [NACNS website](#).

## 7. NACNS Board Begins to Plan 2013 NACNS Summit

The NACNS Board has appointed a Task Force to begin planning of the 2013 NACNS Summit. The 2013 Summit will be held July 23rd in Washington, DC. Historically, the NACNS Summit has been an invitational conference focused on a high priority issue for the association. The NACNS Summit will still attempt to retain the smaller more intimate environment of previous meetings, but the task force will work to grow the meeting and open the attendance to a mix of association colleagues, NACNS state and national leadership and members. Please watch the CNS Communiqué and the NACNS Web site for additional information on the 2013 NACNS Summit.

# Clinical Headlines

## 8. CDC and FDA Respond to Multistate Outbreak of Fungal Meningitis

The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA) in collaboration with state and local health departments, is investigating a multistate outbreak of fungal meningitis and other infections among patients who received contaminated steroid injections. **This form of meningitis is not contagious.** The investigation also includes fungal infections associated with injections in a peripheral joint space, such as a knee, shoulder or ankle. CDC and public health officials are referring any patients who have symptoms that suggest possible infections to their health care providers, who can evaluate them further. These and other updates are found on the [CDC Web site](#) :

- FDA continues to provide updates for New England Compounding Center (NECC) customers, healthcare professionals and patients on its [Fungal Meningitis Outbreak website](#).
- [FDA announced the voluntary recall of all Ameridose products on October 31, 2012.](#)
- As of October 22, 2012, a total of 54 patients have CDC [laboratory-confirmed fungal meningitis](#) . This form of fungal meningitis is not contagious. CDC's laboratory has confirmed [Exserohilum rostratum](#) in clinical specimens for all but two patients. Of those two patients, one has been found to be infected with [Aspergillus fumigatus](#) and one with [Cladosporium \[JPG - 36 KB\]](#) . These fungi are common in the environment but were not a recognized cause of meningitis prior to this outbreak.
- CDC and FDA have confirmed the presence of a fungus known as [Exserohilum rostratum \[JPG - 183 KB\]](#) in unopened medication vials of preservative-free MPA from two of the three implicated lots (Lot #06292012@26, BUD12/26/2012 and Lot #08102012@51, BUD 2/6/2013). The laboratory confirmation further links steroid injections from these lots from NECC to the outbreak. Testing on the third implicated lot continues.
- CDC and state health departments estimate that approximately 14,000 patients may have received injections with medication from the three implicated lots of methylprednisolone, and nearly 97% have now been contacted for further follow-up.
- Patients and clinicians need to remain vigilant for onset of symptoms because [fungal infections](#) can be slow to develop. In this outbreak, symptoms typically have appeared 1 to 4 weeks following injection, but it's important to know that longer and shorter periods between injection and onset of [symptoms](#) have been reported. Therefore, patients and physicians need to closely watch for symptoms for at least several months following the injection. See updated [Patient Guidance](#) for more information, and contact your physician if you are concerned you may have become ill from your injection.
- Information about the investigation and guidance for clinicians, including interim treatment guidelines, is available at [www.cdc.gov/hai/outbreaks/meningitis.html](http://www.cdc.gov/hai/outbreaks/meningitis.html) . CDC recommendations are subject to change as more information becomes available.
- Recalls of medications beyond the three lots of preservative-free MPA are ongoing.



### 9. FDA expands use of Xarelto to treat, reduce recurrence of blood clots

On November 2, 2012, the U.S. Food and Drug Administration expanded the approved use of Xarelto (rivaroxaban) to include treating deep vein thrombosis (DVT) or pulmonary embolism (PE), and to reduce the risk of recurrent DVT and PE following initial treatment.

Blood clots occur when blood thickens and clumps together. DVT is a blood clot that forms in a vein deep in the body. Most deep vein blood clots occur in the lower leg or thigh. When a blood clot

in a deep vein breaks off and travels to an artery in the lungs and blocks blood flow, it results in a potentially deadly condition called PE.

Xarelto, the first oral anti-clotting drug approved to treat and reduce the recurrence of blood clots since the approval of warfarin about 60 years ago, is already FDA-approved to reduce the risk of DVTs and PEs from occurring after knee or hip replacement surgery (July 2011), and to reduce the risk of stroke in people who have a type of abnormal heart rhythm called non-valvular atrial fibrillation (November 2011).

The FDA reviewed Xarelto's new indication under the agency's priority review program, which provides an expedited six-month review for drugs that offer major advances in treatment or that provide treatment when no adequate therapy exists.

The safety and effectiveness of Xarelto for the new indications were evaluated in three clinical studies. A total of 9,478 patients with DVT or PE were randomly assigned to receive Xarelto, a combination of enoxaparin and a vitamin K antagonist (VKA), or a placebo. The studies were designed to measure the number of patients who experienced recurrent symptoms of DVT, PE or death after receiving treatment.

Results showed Xarelto was as effective as the enoxaparin and VKA combination for treating DVT and PE. About 2.1 percent of patients treated with Xarelto compared with 1.8 percent to 3 percent of patients treated with the enoxaparin and VKA combination experienced a recurrent DVT or PE. Additionally, results from a third study showed extended Xarelto treatment reduced the risk of recurrent DVT and PE in patients. About 1.3 percent of patients treated with Xarelto compared with 7.1 percent of patients receiving placebo experienced a recurrent DVT or PE.

The major side effect observed with Xarelto is bleeding, similar to other anti-clotting drugs.

### 10. Prevention of Diabetes-related Blindness

Diabetes is the leading cause of blindness among working-age adults in the United States. According to recent studies funded by the National Eye Institute (NEI), diabetic retinopathy, one of the most common and debilitating complications of diabetes, increased by 3.7 million new cases over the last decade. Approximately 7.7 million Americans are now affected by diabetic retinopathy. Even more alarming, the rate is projected to climb to 11 million by 2030. People with diabetes are also at greater risk for cataracts, which is a clouding of the eye lens, and glaucoma, which damages the optic nerve. But diabetic retinopathy is by far the most common sight-threatening condition among people with diabetes and is the leading cause of blindness in adults aged 20 to 74 years.

In its early stages, diabetic retinopathy has no symptoms. The disease begins to damage the small blood vessels in the retina, the light-sensing layer of tissue in the back of the eye, causing them to leak fluid and blood. As the disease progresses, blood vessels become blocked and rupture or new vessels grow on the retina, leading to permanent and sometimes profound vision loss.

Fortunately, there are effective treatments to help prevent vision loss from diabetic eye disease, but early detection and timely treatment are critically important. During American Diabetes Month this November, the National Eye Institute, a part of the National Institutes of Health, encourages people with diabetes to take steps to prevent complications of diabetes. In addition to controlling blood glucose and blood pressure through healthy eating, adequate exercise, and medication, people with diabetes should have annual dilated eye exams to identify early signs of diabetic retinopathy and other diabetic eye disease. Comprehensive dilated eye exams allow eye care professionals to monitor the eye, including the retina, for signs of disease. Ninety percent of diabetes-related blindness is preventable through early detection, timely treatment, and appropriate follow-up care.

NEI currently dedicates about 40 million dollars in research funding each year to better understand, prevent, and treat diabetic retinopathy.

The Action to Control Cardiovascular Risk in Diabetes Eye Study, sponsored in part by the NEI, showed that intensive control of blood glucose and blood lipids, including cholesterol, slows the progression of diabetic retinopathy.

Through its National Eye Health Education Program (NEHEP), NEI provides free English and Spanish language

resources to educate and increase awareness about diabetic eye disease. During American Diabetes Month, NEHEP will expand its year-round efforts in educating people with diabetes about the importance of early detection, with special emphasis on populations at higher risk of vision loss including African Americans, Hispanics/Latinos, American Indians, and Alaska Natives with diabetes.

To learn more about [NEHEP resources](#) and to obtain materials. To [help a friend or family member](#) learn more about diabetic eye disease, get tips on finding an eye care professional or find organizations that may be able to provide financial assistance for eye care. The [National Eye Institute \(NEI\)](#), part of the National Institutes of Health, leads the federal government's research on the visual system and eye diseases. NEI supports basic and clinical science programs that result in the development of sight-saving treatments.

### 11. Health Hazards Associated with Laundry Detergent Pods

The [October 18, 2012 MMWR](#) (*Morbidity and Mortality Weekly Report*) research the frequency of poisoning through ingestion of laundry detergent pods. Laundry detergent pods are single-dose capsules containing concentrated liquid detergent. Prompted by reports between May–June 2012 of adverse health effects among children ingesting the contents of laundry pods, CDC and the American Association of Poison Control Centers began tracking reported exposure to laundry detergent from pods. Investigators found that between May 17–June 17, 2012, 94 percent of laundry pod exposures involved children 5 years of age and younger. Among children 5 years of age and younger, laundry pod detergent exposure was more often associated with gastrointestinal and respiratory adverse health effects, and mental status changes compared to non-pod laundry detergent exposure. *Parents and caregivers should keep laundry detergent pods, and other household cleaning products, out of reach and out of sight of children.*

### 12. Tdap Immunization Recommended for Pregnant Women

The Advisory Committee for Immunization Practices (ACIP) voted October 23, 2012, to recommend that providers of prenatal care implement a Tdap immunization program for all pregnant women. Health-care personnel should administer a dose of Tdap during each pregnancy irrespective of the patient's prior history of receiving Tdap. If not administered during pregnancy, Tdap should be administered immediately postpartum.

This builds upon a previous recommendation made by ACIP in June 2011 to administer Tdap during pregnancy only to women who have not previously received Tdap. By getting Tdap during pregnancy, maternal pertussis antibodies transfer to the newborn, likely providing protection against pertussis in early life, before the baby starts getting DTaP vaccines. Tdap will also protect the mother at time of delivery, making her less likely to transmit pertussis to her infant. If not vaccinated during pregnancy, Tdap should be given immediately postpartum, before leaving the hospital or birthing center.

The U.S. remains on track to have the most reported pertussis cases since 1959, with more than 32,000 cases already reported along with 16 deaths, the majority of which are in infants.

ACIP's recommendations will be forwarded to CDC's Director for approval. If the ACIP recommendations are approved by the CDC Director, they will be published in CDC's *Morbidity and Mortality Weekly Report* (MMWR) and represent the official CDC recommendations for immunizations in the U.S.; until then, they are considered provisional.

### 13. Institute of Medicine (IOM) Committee on Sports-Related Concussions in Youth

An IOM committee will conduct a study on sports-related concussions in youth, from elementary school through young adulthood, including military personnel and their dependents. The committee will review the available literature on concussions, in the context of developmental neurobiology, in terms of their causes, relationships to hits to the head or body during sports, and the effectiveness of protective devices and equipment. The committee will also review concussion risk factors, screening and diagnosis, treatment and management, and long-term consequences.

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## Association News

### 14. International Council of Nurses- Advanced Practice Network

The International Council of Nurses (ICN) International Nurse Practitioner/Advanced Practice Nursing Network (INP/APNN) was established to provide an international resource for nurses practicing in the Nurse Practitioner (NP) or Advanced Practice Nurse (APN) roles as well as interested others such as policymakers, educators, regulators and/or health planners. If you are interested in influencing advanced practice nursing on an international level and increasing CNS visibility, become a member. Registration is free! <http://icn-apnetwork.org/>

The 8th ICN INP/APNN Conference -- *Advanced Nursing Practice: Expanding Access and Improving Healthcare*

*Outcomes* -- will be hosted by the Finnish Nurses Association and will take place in Helsinki, the capital city of Finland, 18-20 August 2014. Abstract submission will be accepted from 3 June - 30 September 2013. Registration opens 7 January 2014.

### **15. National Nursing Staff Development Organization (NNSDO) Becomes Association for Nursing Professional Development (ANPD)**

On October 9, 2012, the National Nursing Staff Development Organization (NNSDO) Annual Convention in Boston, NNSDO announced that its name was changing to the Association for Nursing Professional Development (ANPD). The change was made to better meet the new demands for the nursing professional development specialty. Recent changes to the Scope and Standards for the specialty incorporated new language that indicated a shift away from "nursing staff development" to "nursing professional development." This vernacular adjustment marks a critical change to the future direction and growth possibility of the NNSDO community. The Board of Directors appointed a task force in 2010 to investigate and put forth recommendations for consideration to best align NNSDO. It was deemed necessary for NNSDO to change its name to better meet the new demands for nursing professional development.

ANPD will also roll out a newly designed Web site later this fall to reflect the new branding. The new Web address will be [www.anpd.org](http://www.anpd.org).

### **16. AHRQ Reports Currently Open for Comment**

The AHRQ Effective Health Care Program encourages public comment on their research projects. There are a variety of projects that periodically open for comment Research [key questions](#) ; [Draft reports](#) of research findings; draft methods reports by the [DEcIDE Network](#) ; draft methods guidance by the [EPC Program](#) ; and [White Papers](#).

Please click on the link to go to the following reports or white papers to offer your comments.

- [Future Research Needs for Strategies To Reduce Cesarean Birth in Low-Risk Women](#) - Oct. 22–Nov. 19, 2012
- [Finding Evidence and Assessing for Reporting Biases when Comparing Medical Interventions: AHRQ and the Effective Health Care Program](#) - Oct. 24–Nov. 21, 2012
- [The Empirical Evidence of Bias in Trials Measuring Treatment Effect](#) - Oct. 31–Nov. 28, 2012
- [Evaluation and Treatment of Tinnitus: A Comparative Effectiveness Review](#) - Oct. 31–Nov. 28, 2012
- [Antiplatelet and Anticoagulant Treatments for Unstable Angina/Non-ST Elevation Myocardial Infarction](#) - Nov. 1–29, 2012

### **17. ANA's Request for Comment – Safe Patient Handling and Mobility National Standards**

The American Nurses Association has released a draft of its ["Safe Patient Handling and Mobility National Standards"](#) for public comment with the goal of establishing a uniform, national foundation for programs to improve safety for patients and healthcare workers. This document is the result of the work of ANA's 26 –member Safe Patient Handling National Standards Working Group. This group is comprised of a range of health care experts from nursing, occupational and physical therapy, ergonomics, healthcare systems, risk management and other disciplines. [Comments](#) will be accepted through November 30, 2012. This document is intended to fill a policy gap; there are no broadly recognized national standards for safe patient handling. While [10 states](#) have enacted safe patient handling laws, there is a lack of consistency in these regulations.

The standards propose guidelines for eight broad areas considered essential to implementing an effective program to safely lift, move and transfer patients. Among the areas are creating a culture of safety, implementing and sustaining a program, incorporating prevention through design, managing technological resources, educating and training staff and evaluating the program. The standards apply to multiple healthcare disciplines and settings and to different intensity levels of patient care.

It is anticipated that the final document will be used to create policies, laws and regulations to protect healthcare workers and patients from injury and encourage best practices in patient handling and mobility. The standards also may serve as the basis for resource toolkits and certifications.

### **18. The Partnership to Fight Chronic Disease Brings Attention to Multiple Chronic Diseases**

The Partnership to Fight Chronic Disease (PFCD) has released a [paper](#) that discusses the challenge of treating patients with multiple chronic diseases. There is a significant and growing number of Americans coping with more than one chronic condition. It is estimated that more than one in four Americans lives with multiple chronic conditions, including one in 15 children. Almost \$2 out of \$3 spent on health care in the U.S. is directed toward care for the twenty-seven percent of Americans with multiple chronic diseases. PFCD is advocating for research and increased attention to the challenges of treating individuals with multiple chronic diseases. This will require changing the focus of care from a disease focus to a patient focus.

NACNS is a member of PFCD and had a representative serve on the review team for this paper.

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## Federal and State Policy

### 19. Presidential Election and the Lame Duck Session

The re-election of President Obama to a second presidential term has been seen, by some in the health care field, as a vote in support of health care reform. As soon as Congress returns for their lame duck session, it is expected that they will need to take up critical budget issues that are pending and may have a significant impact on the public.

Congress will be addressing how and when to stop the automatic budget sequester and whether and how much to extend the expiring Bush-era tax cuts. These issues have a direct impact on the economy. If Congress does not address these issues, the country may face a dramatic increase in the severity of the recession.

The sequester is a process that will automatically go into effect if Congress does not act. It will trigger automatic, across-the-board cuts that would reduce spending by nearly \$1.2 trillion over the next 10 years. The cuts were set in motion by last year's debt limit law, which mandates cuts to defense and domestic programs if Congress did not agree on specific cuts to reach the legislatively identified budget goal. The first \$109 billion in cuts are set to take effect in January, 2013. The Title VIII Nursing Workforce Development Programs would be reduced by 8.2% on January 2, 2013 unless Congress stops the cuts.

### 20. Final Physician Payment Rulemaking – CRNA Services

On Nov. 1 the Medicare agency published the 2013 physician fee schedule final rule, authorizing Medicare direct reimbursement of CRNA chronic pain management services and of all services within CRNA scope of practice in a state where the services are permitted to be furnished. The agency's action takes effect Jan. 1, 2013. NACNS joined other nursing organizations in supporting this position in the proposed rulemaking phase.

The final rule states, "Anesthesia and related care means those services that a certified registered nurse anesthetist is legally authorized to perform in the state in which the services are furnished."

- The preamble states, "In addition, we agree with commenters that the primary responsibility for establishing the scope of services CRNAs are sufficiently trained and, thus, should be authorized to furnish, resides with the states."
- The preamble further states, "By this action, we are defining the Medicare benefit category for CRNAs as including any services the CRNA is permitted to furnish under their state scope of practice. In addition, this action results in CRNAs being treated similarly to other advanced practice nurses for Medicare purposes. This policy is consistent with the Institute of Medicine's recommendation that Medicare cover services provided by advanced practice nurses to the full extent of their state scope of practice."
- The agency's fact sheet states, "Among other changes, the final rule also expands access to services that can be provided by non-physicians practitioners. The rule allows Certified Registered Nurse Anesthetists (CRNAs) to be paid by Medicare for providing all services that they are permitted to furnish under state law. This change will allow Medicare to pay CRNAs for services to the full extent of their state scope of practice."

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