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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

Almost 550 attendees convened in Chicago, IL for the NACNS 2012 Conference, **Optimizing Outcomes-Influencing Across the Spheres** from March 8-10. Thank you to all who contributed to the content and networking opportunities! The sessions featured robust presentations spanning education, research and practice. We were thrilled to have general session speakers that spoke to the history of the CNS, the future of education and the CNSs distinguished contributions to health care:

- Kathleen McCauley, PhD, ACNS-BC, FAAN, FAHA  
*Transitional Care for Vulnerable Elders: Advanced Practice Nurses' Unique Contribution*
- Teresa M. Valiga, EdD, RN, ANEF, FAAN  
*CNS Education Standards*
- Janet S. Fulton, PhD, RN, ACNS-BC, FAAN  
*The Remarkable Journey of Clinical Nurse Specialists in the United States*

We look forward to maintaining our momentum and progress as we look toward the 2013 Conference - **The CNS: Leading Innovations for Health Care Change**- March 7-9, 2013, San Antonio TX. Save the Date!

## 2. Education Criteria Update

The NACNS Board endorsed CNS Education Criteria as finalized by a National Validation Panel representing more than 20 professional Nursing organizations in January. *The Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate and Post-Graduate Certificate Educational Programs* is available for review and endorsement. Read the complete *Criteria* and request for endorsements [here](#).

To date, the *Criteria* has received endorsements from the Association of Rehabilitation Nurses (ARN), Association of Women's Health, Obstetric and Neo-natal nurses (AWHONN), the National Gerontological Nursing Association (NGNA), the Oncology Nursing Society (ONS) and the Society of Pediatric Nurses (SPN). Endorsements are requested by **April 13, 2012**.

## 3. NACNS Election Results

NACNS is pleased to welcome new volunteer leaders who took office at the close of our 2012 Annual Business Meeting in Chicago, IL. Thank you to all who participated in our 2012 Election- *the first to feature an online voting module!* Our elected leaders:

- Tanya D. Williams RN, MSN, CCNS-BC, **Secretary**
- Anne E. Hysong, MSN, CCNS, **Board Member**
- Gayle M. Timmerman, PhD, **Board Member**
- Kimberly W. Elgin, MSN, RN, ACNS-BC, CMSRN, **Nominating Committee Member**
- Susan Barbara Fowler, RN, PhD, CNRN, FAHA, **Nominating Committee Member**

We are also delighted to report that **Carol Manchester, MSN, ACNS, BC-ADM, CDE** was elected **President-Elect** and will serve as President beginning in March 2013. **Anne Muller RN, MSN, ACNS-BC** has been appointed to **Treasurer** for the 2012-2013 year. We are grateful for the dedication and skill each individual brings in service to NACNS.



## 4. NACNS Proposed Bylaws Changes

During the month of November, 2011 the NACNS Board solicited member feedback 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, the NACNS Secretary formally presented these revisions for vote at the 2012 Annual Business Meeting. One revision called for the elimination of the Statement of Purposes from the Bylaws. A motion from the floor was made to add the original Statement of Purposes to strategic planning materials as a guiding tool. Proposals were voted on by members and all passed with more than 80% voting in the affirmative for all measures. A current version of the 2012 Bylaws, incorporating these changes, is posted in the NACNS Members' Section.

## 5. NACNS Awards Announced at Annual Meeting

Seven awards were presented at the March 8-10, 2012 Annual Conference held at the Fairmont Chicago - Millennium Park, Chicago, IL.

The **2012 Brenda Lyon Leadership Award** recipient is Sue Sendelbach, PhD, RN, CCNS, FAHA, Director of Nursing Research, Clinical Nurse Specialist, Abbott Northwestern Hospital, St. Paul, MN. This award recognizes an individual for extraordinary leadership in service to NACNS. It is named in honor of Dr. Brenda Lyon, a founding member, and second President.

The **2012 Sue B. Davidson Service Award** recipient is **Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM**, Senior Director, Nursing Research and Innovation CNS, Kaufman Center for Heart Failure Cleveland Clinic, Cleveland, Ohio. This award recognizes an individual for extraordinary service to NACNS. It was established in honor of Dr. Sue Davidson, a founding member who served two terms as President and, for many years, chaired the NACNS Research Committee.

The **2012 CNS Educator of the Year Award** was received by **Terri Church, MSN, APN, ACNS-BC**. The award acknowledges a CNS educator's commitment to excellence and innovation in preparing CNSs and in implementing the NACNS statement on CNS Practice and Education. Ms. Church is a clinical specialist for critical care and informatics at the Washington Regional Medical Center in Fayetteville, Arkansas.

The **2012 CNS of the Year Award** was given to **Stephenie Cerns, MSN, RN, ACNS-BC, RN-BC, CHPN**, a Clinical Nurse Specialist in Palliative Care at Froedtert Hospital, in Milwaukee, Wisconsin. This award was created by

NACNS to nationally recognize a NACNS member for outstanding professional achievement in all aspects of CNS practice. The award acknowledges a nurse who demonstrates CNS competencies and exemplary practice in patient care, nursing and health care delivery systems.

The **2012 CNS Preceptor of the Year** recipient is **Francesca Levitt, MSN, RN-BC, ACNS-BC**, Surgical Clinical Nurse Specialist from St. Vincent Indianapolis Hospital, Indianapolis, Indiana. The award acknowledges a CNS preceptor who has demonstrated commitment to teach, coach and mentor CNS students to achieve CNS competencies as reflected in the NACNS Statement on CNS Practice and Education published in 2004.

The **2012 CNS Researcher of the Year** was awarded to **Francesca Levitt, MSN, RN-BC, ACNS-BC**, Surgical Clinical Nurse Specialist from St. Vincent Indianapolis Hospital, Indianapolis, Indiana. This award was designed to nationally recognize a NACNS member for outstanding professional achievement as a clinical nurse specialist who has conducted original nursing research that has significantly enhanced the science of autonomous nursing practice, patient and family outcomes, and/or health care systems. The award acknowledges a nurse for an accomplished program of research that has significantly contributed to advancing the nursing profession.

Please visit the NACNS Web site for more information about these award winners.

## 6. NACNS Releases Statement on the Advanced Practice Registered Nurse (APRN) Consensus Model Implementation

On March 12, 2012, the NACNS Board of Directors released its position statement, "NACNS Statement on the Advanced Practice Registered Nurse (APRN) Consensus Model Implementation." 2012 NACNS President Rachel Moody, MS, CNS, RN, stated, "...NACNS supports the APRN Consensus Model. In order to realize the changes called for in this model, change must be coordinated and planned in order to minimize any negative impacts on clinical nurse specialists and their patients." This statement was developed by the NACNS APRN Consensus Model Taskforce that was appointed by the Board in 2011. The statement outlines areas of concern that need to be addressed in order to successfully execute the APRN Consensus Model. The position encourages state boards of nursing, accrediters, credentialing agencies and other APRN healthcare professional organizations to collaborate with NACNS to attain successful implementation of this important model. A copy of this statement is available on the NACNS Web site.

## 7. NACNS Releases Response to Institute of Medicine's Future of Nursing Report

On March 27, NACNS announced the release of a response to the Institute of Medicine's Future of Nursing Report. This statement was reviewed and approved by the NACNS Board at its March 8 – 10, 2012 Annual Conference, held at the Fairmont Chicago – Millennium Park, Chicago, IL and distributed at the March 27, 2012 Champion Nursing Coalition-Champion Nursing Council sponsored by the American Association of Retired Person's (AARP) Center to Champion Nursing in America, Washington, DC. Read the entire response on the NACNS [Web site](#).

## Clinical Headlines



### 8. Update in Guidelines for Field Triage of Injured Patients

In 2011, the Centers for Disease Control and Prevention (CDC) convened an expert panel to review its existing guidelines on field triage. Field triage is a process used to make decisions about the most appropriate destination hospital for injured patients. These guidelines were last reviewed in 2006. The [new report](#) explains the revisions and modifications and provides rationale for the changes. This document is intended to provide guidelines for prehospital-care providers to recognize an injured individual that would most likely benefit from specialized trauma center resources. This document is not a resource for mass casualty triage.

### 9. Unique Collaboration Intended to Facilitate Drug Development

Three federal agencies, the National Institutes of Health (NIH), the Food and Drug Administration (FDA) and the Defense Advanced Research Projects Agency (DARPA) will be collaborating on [new technologies](#) to screen drugs in development for toxicity to humans. They will develop a chip to screen for safe and effective drugs far more swiftly and efficiently than current methods, and before the drugs are tested in humans. The chip will be loaded with specific cell types that reflect human biology as a way to test these drug prototypes. This fall, the two agencies, in coordination with FDA, will solicit proposals from industry, government labs, academic institutions, and other research organizations on how best to develop the chip, bringing together the latest advances in engineering, biology, and toxicology to bear on this complex problem. According to Francis S. Collins, MD, PHD, NIH director, it is important to know which drugs are safe and effective much earlier in the drug development process. The development and use of this chip can speed development of effective therapies and save time in getting these important drugs to the market.

Over the next five years, the NIH plans to commit up to \$70 million and DARPA will commit a comparable amount to this effort. This groundbreaking effort is an example of the types of innovative projects that would be led by the proposed National Center for Advancing Translational Sciences (NCATS). NCATS would help identify barriers to progress and provide science-based solutions to reduce costs and the time required to develop new drugs and diagnostics. FDA will help determine how this new technology can be utilized to assess drug safety, prior to approval for first-in-human studies.

### 10. RARE Autoimmune Disease

NIH scientists have identified a [genetic mutation](#) that causes cold temperatures to trigger allergic reactions—a condition called cold urticaria. In addition to pointing the way toward a potential cure, this finding will help shed light on how the immune system functions.

Cold urticaria is an allergic disease in which cold temperatures bring itchy, sometimes painful hives, episodes

of fainting and potentially life-threatening immune reactions. Earlier research had tied the disease to immune system cells called mast cells. Mast cells release toxic compounds that help destroy invading microbes in a process called degranulation. In people with cold urticaria, mast cells degranulate in response to cold. What leads to this problem is not known.

A research team led by Dr. Joshua Milner of NIH's National Institute of Allergy and Infectious Diseases (NIAID) and Dr. Daniel Kastner of NIH's National Human Genome Research Institute (NHGRI) set out to investigate. Support for the study also came from NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). Results appeared in the online edition of the *New England Journal of Medicine* on January 11, 2012.

The scientists studied 27 people from 3 separate families. All the participants suffered from an inherited form of cold urticaria. A genetic analysis uncovered mutations in the gene for phospholipase C-gamma2 (PLCG2), an enzyme involved in activating immune cells. These mutations cause the enzyme to function without shutting off. The team named the condition PLCG2-associated antibody deficiency and immune dysregulation, or PLAID.

The researchers found that patients with PLAID can have excessive or deficient immune system reactions. Analysis of blood samples revealed that many participants produced antibodies to their own cells and tissues (autoantibodies), making them more likely to develop autoimmune disease. More than half had a history of recurrent infections. Three had common variable immunodeficiency, which requires frequent intravenous infusions of antibody to prevent severe infections. Seven suffered from granulomas (inflamed masses of tissue) on their fingers, ears, nose and other parts of their skin.

Laboratory tests showed that the mutated gene causes abnormal activity in several types of immune cells, including B cells, which are responsible for producing antibodies. Mast cells with the mutations spontaneously degranulate at cool temperatures, which could explain why the patients develop cold-induced hives.

These results suggest that inhibiting PLCG2 activity could be a way to treat PLAID. They also suggest that people previously diagnosed with common variable immunodeficiency disease or granulomas might have a PLCG2 gene mutation.

### 11. 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.

### 12. AHRQ Offers Emergency Department Tools and Resources

The Agency for Healthcare Research and Quality (AHRQ) offers [information and tools](#) for clinicians and hospitals to improve quality, efficiency, and patient safety in emergency departments (EDs). These links go to four AHRQ resources to help health providers attain these outcomes.

- [Improving Patient Flow and Reducing ED Crowding](#)
- [Emergency Severity Index](#)
- [Door-to-Doc Toolkit](#)
- [ED Pharmacist as a Safety Measure](#)

### 13. Women Report More Pain than Men

In an [article](#) that summarizes a *Journal of Pain* study done by researchers at Stanford University, they found that even though women are able to endure childbirth, overall males appear to endure pain better than women. The researchers emphasize that while this is a large study, they hesitate to state that their findings are conclusive. The study looked at 47 common health problems that affect men and women. They compared the pain scores of over 72,000 patients of both sexes. The results were that in 39 of the 47 health problems women rated higher levels of pain than men.

The idea that men suffer more when in pain than women could well be a myth, according to a new report written by Stanford University researchers in the *The* authors say that their large study found that even though women are able to endure childbirth, an ordeal that males never have to go through, their findings showed that overall, males appear to endure pain better than women.

In comparison to males, female patients tend to be more sensitive to pain related to breathing, circulation, digestion and joint conditions or disorders. Women also reported (in this study) higher levels of pain than men in migraines and neck pain.

Health care providers should challenge their assumptions when it comes to pain assessment and pain management. The authors argue that if females are enduring higher levels of pain than their male

counterparts, it is important that health care professionals take this into account.

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## CNS Foundation

### 14. Clinical Nurse Specialist Foundation Celebrates Success of First Silent Auction

Many NACNS affiliates and the NACNS Board of Directors joined the Clinical Nurse Specialist Foundation Board of Trustees in providing items for the Foundation's silent auction held during the 2012 NACNS annual conference. This event, the first of its kind for the Foundation, received outstanding support in the form of auction items and donations of money from NACNS affiliates. The silent auction raised \$ 2,293.

The Foundation is grateful to ALL who participated as auction bidders and especially thanks the NACNS affiliates, the NACNS Board of Directors, Melinda Ray, Elissa Brown and Springer Publishing for their generous donation of auction items.

### 15. The Christine Filipovich CNS Scholarship

Early in 2011, the Foundation established a new scholarship to honor former NACNS CEO Christine Filipovich. The Christine Filipovich CNS Scholarship was established by past presidents and past board members of NACNS in recognition of the many years of service that Chris provided to NACNS. The Foundation offers Filipovich scholarships to support research projects related to CNS outcomes and to support CNS health policy activities. CNS students and CNSs who are not students are encouraged to apply for these funds.

More information about these and all the Foundation's scholarships can be found on the Foundation's website [www.CNS-Foundation.org](http://www.CNS-Foundation.org).

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## Association News

### 16. JCAHO National Patient Safety Goals

JCAHO has made available, for free, [slides](#) on their National Patient Safety Goals.

### 17. ANA Call for Comments – Care Coordination

The American Nurses Association (ANA) invites [public comment](#) on the draft ANA position statement: **Care Coordination and Nurses' Essential Role**. ANA has drafted this position statement articulating the need for registered nurses to be integral in care coordination efforts.

The dual goals of health reform - quality improvement and cost control - are largely reliant on effective coordination of patient care. This position statement articulates the essential role of the registered nurse in the care coordination process. ANA is deeply committed to improving the quality of outcomes for patients and providing greater health care efficiencies through care coordination centered on the needs and preferences of patients and their families.

Comments on this position statement until **Thursday March 15 at 5 pm ET**. For questions or technical issues, please contact [npp@ana.org](mailto:npp@ana.org).

### 18. Celebrating Certified Nurses Day - March 19, 2012

Certified Nurses Day™ honors nurses worldwide who contribute to better patient outcomes through national board certification in their specialty. A registered nurse (RN) license allows nurses to practice. In 2008, the American Nurses Credentialing Center (ANCC) and the American Nurses Association (ANA) collaborated to create Certified Nurses Day and garner support from leading nursing organizations and governments including the US Congress.

NACNS joined in the recognition of certified nurses at the NACNS Annual Meeting Award Luncheon by distinguishing all certified nurses in attendance and encouraging celebration on March 19.

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## Federal and State Policy

### 19. New! Starter Kit for Impacting Change at the Government Level

With the implementation of the APRN Consensus Model and other legislative issues impinging on the practice of the CNS, NACNS has developed a [Starter Kit](#) to guide you when working with members of your state legislature and regulatory agencies, such as the Board of Nursing.

Working with government agencies and legislators can be very confusing at times and a virtual unknown to some. NACNS wants to make this easier with this Starter Kit that provides you with many guides and fact sheets that include: meeting with your Congressional representative; developing legislation; participating in the regulatory process; working with the media; and getting appointed to the state board of nursing. It also provides you with information on the APRN Consensus Model that is being actively implemented in many states.

The **Starter Kit** also includes model legislation and regulations for scope of practice that can be helpful to you when your state is working on the APRN Consensus Model. To give the CNS an idea as to how other states are doing in the area of titling and prescriptive authority, the Starter Kit includes this information for each state on tables.

The Federal Trade Commission (FTC) letter to Texas is included as a resource and support for removal of physician supervision and the IOM Report on the Future of Nursing is provided as an additional resource. This report contains recommendations supporting the practice of the APRN.

## **20. Funding Available – Reduction of Premature Birth**

The Department of Health and Human Services [announced](#) the availability of \$40 million in grant funding for a new initiative which aims to reduce the frequency of premature births (less than 37 weeks of gestation) in pregnant Medicaid beneficiaries. Through the Strong Start campaign, the Center for Medicare and Medicaid (CMS) Innovation Center will award up to \$43.2 million through a competitive process to providers, States and managed care plans to achieve better care, improved health and lower costs for pregnant Medicaid beneficiaries and their newborns. This grant funding opportunity is a four-year initiative to test and evaluate enhanced prenatal care interventions for women with Medicaid coverage who are at risk for having a preterm birth. The deadline for interested parties who wished to apply was March 16, 2012.

## **21. NACNS Endorses Federal NP Survey**

The Health Resources Services Administration (HRSA) is working on a new strategic agenda for the National Center for Health Workforce Analysis. In collaboration with seven health professional groups, HRSA is looking to implement a minimum dataset (MDS) for the profession that would be collected by the different Boards, including the Board of Nursing in each state. This would provide real-time, ongoing data for each of the professions. Due to this work, the National Sample Survey for Registered Nurses will not be done in 2012. This survey was done every four years and is a large, expensive process that does not yield timely data.

Accompanying the MDS work is the strategy to collect targeted/focused data to answer hot-topic questions or where data are limited to inform current policymaking. At this time, HRSA and many state and federal agencies are working hard to implement health care reform. This effort requires knowledge of the number of primary care providers currently working in their states/regions, and what capacity there is in states/regions to cover additional insured lives as of 2014. It is necessary that data about nurse practitioners, where they are working, what services they are providing, how many are providing care, etc. was limited and inconsistent. This led to the development of the National Sample Survey of Nurse Practitioners (NSSNP). This type of targeted data collection will continue as needed to inform policy. NACNS was asked to review and support the NSSN. After a thorough review by the NACNS Board of Directors and NACNS experts, the Board voted to endorse the NSSNP.

HRSA is at the beginning of their design of a new supply and demand model for both nursing and physicians, a Public Health enumeration and a Diversity of Health Professions report. NACNS will be monitoring this work and look for opportunities for the CNS to be represented.

## **22. NACNS Applauds President's Budget**

The President's budget requests \$251 million to fund Title VIII, Nursing Workforce Development Programs, at the Health Resources and Services Administration. This program supports the preparation of entry-level nurses, advanced clinicians, and nurse faculty. Included in this budget request is a proposed \$20 million increase to the Advanced Education Nursing program (a 31.3% rise over the FY 2012 level) by reallocating monies from the Prevention and Public Health Fund. The Advanced Education Nursing program supports the education and training of Advanced Practice Registered Nurses. Without this reallocation of funds, the Title VIII funding level is essentially level funded.

In the FY 2013 budget proposal, the President is calling for a slight decrease in funding for the National Institute of Nursing Research (NINR) for a total of \$144 million.

NACNS with her colleagues in the Nursing Community has sent a letter to the President thanking him for his budget request for Title VIII in FY 2013.

## **23. Missouri Legislation Introduced to Remove Limits on APRN Practice**

The Missouri legislature has introduced bills that would allow APRNs to practice without the geographic limitations of collaboration. Currently APRNs, including clinical nurse specialists, nurse practitioners and certified nurse midwives, must have a collaborative agreement with a physician who is no more than 50 miles away from where they are practicing. The legislation would remove the geographic barrier, as well as allow advanced practice registered nurses to prescribe controlled substances, give orders to respiratory therapists and allow them to be reimbursed by Medicaid.

According to the NCSBN, 21 states and the District of Columbia do not require clinical nurse specialists to have a supervisory relationship with another health care provider.

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