

IN THIS ISSUE . . .

TOP STORY

- P ACTION ALERT: COSPONSORS NEEDED FOR HOUSE AND SENATE BILLS ADDRESSING OPIOIDS**

HEADQUARTER NEWS

- P COMMENT PERIOD OPEN FOR CORE COMPETENCIES OF CNS EDUCATION AND PRACTICE**
- P NACNS BOARD ADOPTS REVISED AFFILIATE AGREEMENTS**
- P REGISTRATION OPEN FOR NACN'S 2018 ANNUAL CONFERENCE**
- P UPCOMING WEBINARS**

AFFILIATE NEWS

- P CENTRAL INDIANA ORGANIZATION OF CLINICAL NURSE SPECIALISTS (CIOCNS)**

ASSOCIATION NEWS

- P NEEDED: VOLUNTEERS TO UPDATE AGCNS EXAMINATION**

CLINICAL NEWS

- P NATIONAL STUDY LINKS NURSES' PHYSICAL AND MENTAL HEALTH TO MEDICAL ERRORS**
- P FDA WARNING ON THE USE OF KRATOM**
- P IMPACT OF ELECTRONIC SEPSIS INITIATIVE ON FACILITY-ONSET CLOSTRIDIUM DIFFICILE INFECTION**
- P FDA DRUG SAFETY COMMUNICATION: CAREFUL MEDICATION MANAGEMENT CAN REDUCE RISKS**

FEDERAL/STATE ISSUES

- P MEDICARE GRADUATE NURSE EDUCATION DEMONSTRATION INCREASES PRIMARY CARE WORKFORCE**
- P STATES NEED STOPGAP CHIP FUNDING**
- P TRUMP NOMINATES FORMER LILLY EXEC FOR HHS SECRETARY**
- P RECENT TRENDS IN BACCALAUREATE-PREPARED RNS, 2004-2013: A LONGITUDINAL STUDY**
- P JOINT COMMISSION NOT MOVING FORWARD WITH PROPOSED TELEMEDICINE STANDARDS**
- P THE CONTROVERSIAL INDEPENDENT PAYMENT ADVISORY BOARD**

RESOURCES

- P *FIRST, DO NO HARM* RELEASED BY THE NATIONAL ACADEMY OF MEDICINE**
- P MEDSCAPE RELEASES 2017 APRN COMPENSATION REPORT**
- P PERINATAL QUALITY IMPROVEMENT ACTION BRIEF**

TOP STORY

ACTION ALERT: COSPONSORS NEEDED FOR HOUSE AND SENATE BILLS ADDRESSING OPIOIDS

The opioid epidemic is taking a toll on individuals, families and communities across the nation. According to the Centers for Disease Control and Prevention, opioids killed more than 33,000 people in 2015. Additionally, the Substance Abuse and Mental Health Services Administration estimates 3.3 million Americans over age 12 misused prescription pain relievers in 2016. Although Congress has increased funding for prevention, treatment and recovery in recent years, a stable, long-term investment is needed to help the hardest hit communities stem the rising tide of this epidemic.



In the Senate, NACNS has endorsed S. 2004, [Combating the Opioid Epidemic Act](#), introduced by Senators Bob Casey (D-PA) and Ed Markey (D-MA). On the House side, Representatives Paul Tonko (D-NY) and Ben Ray Lujan (D-NM) introduced H.R. 3692, the [Addiction Treatment Access Improvement Act](#), which NACNS also supports. The later bill builds on the [Comprehensive Addiction and Recovery Act](#) and would allow clinical nurse specialists (CNS), certified nurse midwives, and certified registered nurse anesthetists to practice to the full extent of their training and education in prescribing medication assisted therapy. Earlier legislation provided this authority for nurse practitioners and physician assistants only.

Both bills need additional cosponsors in order to move forward in their respective chambers. Please contact your Senators and ask them to cosponsor S. 2004 and your Representative to cosponsor H.R. 3692. For additional information on how to contact your Members of Congress and for talking points on both bills, [click here](#).

We need your help now!!

HEADQUARTER NEWS

CNS CORE COMPETENCIES COMMENT PERIOD OPEN

NACNS opened the public comment period on its [2017 Draft CNS Core Competencies](#) on November 1. The NACNS Task Force for the Revision of the NACNS Statement on Education and Practice, a panel of clinical nurse specialist (CNS) experts in education, practice and research, developed the draft competencies since the task force was commissioned in 2015.

To develop the competencies, the task force drew from the 2004 and 2010 versions and additional resources to cover more content in accord with the evolution of health care. The overall number of competencies was reduced, from more than 70 in 2010 to 44 in the current draft, and their organization streamlined while incorporating new concepts and language.

The individual competencies are oriented to align with the [Consensus Model for APRN Regulation: Legislation, Accreditation, Certification and Education](#) (2008) and differentiate CNS practice from non-APRN DNPs and clinical nurse leaders. The draft competencies' intent is to provide the basis on which CNSs would build their specialty practice. While CNSs may expand their practice through a chosen specialty, these competencies are intended to apply to all specialties. Like other nursing disciplines'

core competencies, the draft CNS competencies represent the entry level competencies for a CNS graduate, regardless of preparation in a master's or doctor of nursing practice program.

As part of the review process, organizers are asking CNSs to read and examine the [2017 revised CNS Core Competencies](#), [2010 CNS Core Competencies](#), [2004 CNS Core Competencies](#) and a [Letter from Carol Manchester, Chair of the NACNS Task Force for the Revision of the NACNS Statement on Education and Practice](#) before [commenting](#).

The members of the NACNS Task Force for the Revision of the NACNS Statement on Education and Practice are:

Carol Manchester, MSN, APRN, ACNS-BC,
BC-ADM, CDE, **Chair**

Sherri L. Atherton, MS, RN, ACNS-BC, CIC

Kathy A. Baker, PhD, RN, ACNS-BC, FAAN

Niloufar Niakosari Hadidi, PhD, APRN,
ACNS-BC, FAHA

Mary Beth Modic, DNP, APRN-CNS, CDE

Mary Fran Tracy, PhD, APRN, CCNS, FAAN

Jane Walker, PhD, RN

The public comment period will close January 8, 2018. The final 2017 CNS Core Competences will be published as Section Two of the revised *NACNS Statement on Clinical Nurse Specialist Practice and Education*, third edition (*CNS Statement*). The third edition of the *CNS Statement* will provide additional guidance on the role of the CNS and the use of the core competencies in education and practice and is expected to be published by the fall of 2018. The three additional sections of the *CNS Statement* will also be available for public comment as they are drafted.

NACNS BOARD ADOPTS REVISED AFFILIATE AGREEMENTS

The NACNS Board of Directors approved the revised Affiliate agreements at its October 23 meeting. By the end of November, the NACNS web site will only include active Affiliate members that have adopted the new Affiliate agreements. Contact [Laura Huestis](#) if you have questions about the status of your Affiliate or your Affiliate's agreement.

2018 ANNUAL CONFERENCE REGISTRATION OPEN

[Register today](#) and plan to join NACNS in Austin, Texas for the 2018 Annual Conference at the [Renaissance Austin Hotel](#) from February 28 to March 3.

This year's theme *Putting the Pieces Together: CNSs Bridging the Gaps in Health Care* will provide CNSs from across the country a wide selection of sessions that will enhance your skills as an expert clinician and challenge you to engage in new efforts!

What's new in 2018?

- ✓ We are starting the meeting a **half day earlier** to accommodate the number of high-quality abstracts we received!
- ✓ We are adding **four workshops** to the conference agenda. These interactive sessions allow attendees to delve more deeply into a topic. These 120-minute workshops will address: legislative/regulatory tools and tips; management of technology in the clinical setting; cutting-edge infection control updates; and learn about writing for publication.

- ✓ We will hold **focus groups** to present and discuss the work of our task forces and committees.
- ✓ We have **revamped our featured speaker schedule** to make room for a luncheon for the new CNS Institute.

We hope to see you in Austin! Join your colleagues, network and make new connections with CNSs from Connecticut to California at the only gathering dedicated to advancing clinical nurse specialist practice!



UPCOMING WEBINARS

Looking for cost-effective, CNS-specific continuing education? Make sure you check out the 2017-2018 [NACNS Webinar Series](#).



December 19, 2017, 2–3 pm (ET)

PHARM CE

Addressing the Opioid Epidemic: Strategies to Manage Opioid Misuse

Sponsored by the NACNS Opioid/Pain Management Task Force

January 18, 2018, 2–3 pm (ET)

PHARM CE

New Treatments in Stroke Care

Susan Fowler, RN, PhD, CNRN, FAHA

February 15, 2018, 2–3 pm (ET)

What's New in Quality Improvement?

Tracy B. Chamblee, PhD, APRN, PCNS-BC, CPPS

Senior Director, Quality & Patient Safety, Children's Health

Children's Medical Center, Dallas

The webinars in the 2017-2018 NACNS Webinar Series are designed to help clinical nurse specialists address specific gaps in knowledge and provide resources to improve CNS practice. All NACNS webinars are archived, listen at your leisure and apply for CE certificates. Webinars are competitively priced: member: \$25.00; non-member: \$60.00; and student: \$30.00. For more information regarding contact hours, email info@nacns.org.

AFFILIATE NEWS

CENTRAL INDIANA ORGANIZATION OF CLINICAL NURSE SPECIALISTS (CIOCNS)

The eighth annual Central Indiana Affiliate fall conference occurred on November 16, 2017. This year's theme was **Activate your CNS! Embracing Role Diversity**. Topics included implementation science,

APRN legislation activities, CNSs as patient safety officers, and using humor as a strategy for stress. New this year was a poster exhibition.

CIOCNS encourages CNS students to attend at a reduced rate. Through the submission of applications, we hosted five students who attended the conference at no cost. Last year's students included members of our current student liaisons to the Board. We are encouraged that this is a good way to spread knowledge among students and potential students about the CNS role.

In 2017, the Board added three Student Liaison positions to work towards meeting the needs of CNS students and to engage them optimally in the work of the affiliate. The fall conference offered an opportunity for our student liaisons to become very involved with the affiliate and planning this meeting. These student liaison members have reignited us and have become integral members of CIOCNS.

CIOCNS is investigating the possibility of offering our first Fellowship award sometime in 2018. Watch for updates at CIOCNS.org. This will be the first award based on the work over the past years to establish and endow a CNS fellowship – the CIOCNS Dayhoff Fellowship – in partnership with the Indiana University School of Nursing.

CIOCNS is currently holding elections to the Board. The current Board would like to thank Jennifer Woodward and Brandee Wornhoff for their many years of service and support to CIOCNS as they leave the Board at the end of this year. The succession planning initiated in the 2016 elections is coming to fruition with current President Elect Ann Allison moving into the President role for 2018 and Kerista Hansell moving to Past President.

Current CIO-CNS Board Members:

President: Kerista Hansell
President-Elect: Ann Allison
Treasurer: Debbie Ferguson
Secretary: Brittany Waggoner
Board Member: Brandee Wornhoff

Board Member: Diane Doty
Past President: Jennifer Woodard
Student Liaison: Kate Mills
Student Liaison: Elizabeth Wertz
Student Liaison: Nikkita Adams

ASSOCIATION NEWS

NEEDED: VOLUNTEERS TO UPDATE AGCNS EXAMINATION

The American Nurses Credentialing Center (ANCC) is seeking content expert test development volunteers to create items (questions) that will update the Adult-Gerontology Clinical Nurse Specialist (AGCNS) certification examination. To update the exam, ANCC is hosting an Item Writer Workshop March 22-23, 2018. This is a virtual, two-day meeting in which volunteers learn how to create questions to appear on a certification exam. Volunteers then will have 90 days to write and submit approximately 35 new test questions and answers.



To apply, [download the application](#), complete the form, and email it along with your resume/CV and current job description **by November 30, 2017** to ANCCVolunteer@ana.org. For questions or assistance, phone **800.284.2378** or email ANCCVolunteer@ana.org. Applicants will be notified in January 2018.

CLINICAL NEWS

NATIONAL STUDY LINKS NURSES' PHYSICAL AND MENTAL HEALTH TO MEDICAL ERRORS

A new [study](#) found that 54% of the 1,790 U.S. nurses responding to a national survey reported sub-optimal physical and mental health. The research found that depression is common among nurses and is linked to a higher chance they will make medical errors. The data was generated from a survey offered through nursing organizations and 20 hospitals. Only responses from clinical practice nurses were included in the study. The majority of respondents were white women and the average age of participants was 44, which closely resembles the current demographics of the nursing workforce.

Less than half of the survey respondents said they had a good professional quality of life. The study found that nurses who perceived their workplace as conducive to wellness were more likely to report good health. It also concluded that wellness among clinicians must be a high priority for healthcare systems in order to enhance high quality care and decrease the odds of costly preventable medical errors.

FDA WARNING ON THE USE OF KRATOM



The Food and Drug Administration (FDA) is [warning consumers](#) not to use *Mitragyna speciosa*, commonly known as kratom, a plant that grows naturally in Thailand, Malaysia, Indonesia, and Papua New Guinea. FDA is concerned that kratom, which affects the same opioid brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence.

There are no FDA-approved uses for kratom, and the agency has received concerning reports about its safety. FDA is actively evaluating all available scientific information on this issue and continues to warn consumers not to use any products labeled as containing the botanical substance kratom or its psychoactive compounds, mitragynine and 7-hydroxymitragynine.

IMPACT OF ELECTRONIC SEPSIS INITIATIVE ON FACILITY-ONSET CLOSTRIDIUM DIFFICILE INFECTION



A new, single-hospital study suggests that electronic sepsis screenings and treatment protocols could lead to increased use of certain broad-spectrum antibiotics and healthcare facility-onset (HCFO) *C. difficile* infection (CDI) rates. The [findings](#) were published in the October issue of the ***American Journal of Infection Control***.

Among the findings:

- P Over 127,346 total patient days, researchers recorded increased antibiotic use and HCFO CDI during sepsis care bundle implementation, with the period directly following the implementation phase accounting for the highest rate of antibiotic use (50.4 days of therapy per 1,000 patient days).

- P While HCFO CDI rates were decreasing before sepsis care bundle implementation (-1.4 events per 10,000 patient days/month), they began to increase during (1.6 events per 10,000 patient days/month) and following (10.8 events per 10,000 patient days/month) implementation.
- P Over the three-year timeframe, the data recorded an HCFO CDI rate of 14.4 per 10,000 patient days/month.

FDA DRUG SAFETY COMMUNICATION: CAREFUL MEDICATION MANAGEMENT CAN REDUCE RISKS



The Food and Drug Administration (FDA) advises that the opioid addiction medications buprenorphine and methadone should not be withheld from patients taking benzodiazepines or other drugs that depress the central nervous system (CNS). The combined use of these drugs increases the risk of serious side effects; however, the harm caused by untreated addiction can outweigh risks.

When buprenorphine or methadone is used in combination with benzodiazepines or other CNS depressants, healthcare professionals should develop a treatment plan that includes:

- P Educating patients about the serious risks of combined use;
- P Developing strategies to manage using prescribed or illicit benzodiazepines when starting medication-assisted treatment (MAT);
- P Tapering the benzodiazepine or CNS depressant to discontinuation;
- P Verifying the diagnosis if a patient is receiving prescribed benzodiazepines or other CNS depressants, and considering other treatment options;
- P Recognizing that patients may require MAT medications indefinitely;
- P Coordinating care to ensure other prescribers are aware of the patient's buprenorphine or methadone treatment; and
- P Monitoring for illicit drug use.

FEDERAL/STATE ISSUES

MEDICARE GRADUATE NURSE EDUCATION DEMONSTRATION INCREASES PRIMARY CARE WORKFORCE

Under the *Patient Protection and Affordable Care Act*, the Centers for Medicare and Medicaid Services were instructed to provide reimbursement to five sites selected to test the feasibility, effectiveness, and cost of increasing the APRN workforce through Medicare payments to hospitals for the reasonable cost of clinical APRN education.



Centers for Medicare & Medicaid Services

This activity is the [Graduate Nurse Education \(GNE\) Demonstration](#), funded at a total cost of \$200 million, to study whether the demonstration would:

- P Substantially increase the number of APRNs;
- P Graduate more APRNs who go to work in primary care;
- P Increase employment of APRNs in community settings; and
- P Increase minority representation among APRNs.

The five GNE Demonstration sites formed the GNE Demonstration Consortium (GNE-DC) to help model best practices, share information, and collaborate. NACNS joined the Nursing Community-GNE Coalition to assist the GNE-DC.

The October [Report to Congress](#) found that Medicare funding of graduate clinical education of APRNs, including CNSs, would help meet national healthcare workforce needs similar to residency training for physicians. The report concluded: “The GNE Demonstration had a positive impact on APRN growth, and helped transform clinical education within participating GNE schools of nursing.”

The Demonstration will conclude at the end of June 2018. In the meantime, NACNS is collaborating with other stakeholders to improve access to affordable health care by promoting permanent funding to roll out this successful program nationally.

STATES NEED STOPGAP CHIP FUNDING



The Children's Health Insurance Program (CHIP) provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. CHIP, along with the Medicaid program, has helped reduce the nation's uninsured rate for children to a record low of 5%.

Like Medicaid, CHIP is a state-federal partnership with each state administering CHIP coverage via its specific state plan. CHIP's federal funding expired at the end of September because Congress still is debating the details of its reauthorization. According to the [Kaiser Family Foundation](#), a few states have started running out of monies for their programs, and more will face a funding squeeze in 2018.

On November 3, the House passed its bill to reauthorize federal funding on a 5-year CHIP extension. CHIP traditionally has enjoyed bipartisan support. However, the House vote fell largely along party lines due to disputes about funding CHIP by reducing benefits and coverage for children and other beneficiaries. All eyes now are on the Senate, which has yet to determine ways to pay for the funding. A final CHIP reauthorization bill likely will not reach President Trump's desk until December.

TRUMP NOMINATES FORMER LILLY EXEC FOR HHS SECRETARY



President Donald Trump announced November 13 that he is nominating Alex Azar to serve as the next secretary of the Department of Health and Human Services (HHS). Azar is a former Eli Lilly and Co. executive and HHS deputy secretary during President George W. Bush's administration. If confirmed, Azar also would take the lead in implementing the president's campaign promise to dismantle the ***Affordable Care Act***. Republican lawmakers, as well as some industry trade groups praised the nomination, but several Democrats and health policy experts questioned Azar's ties to the pharmaceutical sector and raised concerns on whether he can fairly implement measures to lower pharmaceutical profits.

RECENT TRENDS IN BACCALAUREATE-PREPARED RNS, 2004-2013: A LONGITUDINAL STUDY



JOURNAL OF
NURSING SCHOLARSHIP

The proportion of front-line nurses with bachelor's degrees in U.S. hospitals increased from 44% in 2004

to 57% in 2013. However, according to a new study, the increase falls short of a national goal to reach 80% percent by 2020. The former Institute of Medicine, now the National Academy of Medicine, recommended in its 2010 milestone report, "[The Future of Nursing: Leading Change, Advancing Health](#)," that 80% of nurses should have at least a BSN by 2020.

For the new [study](#), researchers examined 2004-2013 data from the Registered Nurse Education Indicators, part of the National Database of Nursing Quality Indicators (NDNQI). Analyzing 2,126 nursing units from 377 acute care hospitals in the NDNQI, the researchers found a 30% increase in the proportion of nurses holding at least a BSN. While the growth began several years before the 2010 report, the increase accelerated from 2010 onward. On average, the proportion of nurses with a BSN in a unit increased by 1.3% annually before 2010 and by 1.9% each year from 2010 on.

Based on current trends, the researchers expect that 64% of hospital-based nurses will have a bachelor's degree by 2020; the 80% goal likely will be reached in 2029. Nurses on critical care units, however, are projected to reach the 80% goal first, by 2025.

JOINT COMMISSION NOT MOVING FORWARD WITH PROPOSED TELEMEDICINE STANDARDS

Last May, [The Joint Commission](#) (TJC) proposed changes to its accreditation standards to account for direct-to-patient telehealth services. The standards would have required those providers using direct-to-patient telemedicine to confirm the patient's location so it could pair the patient with a provider who meets licensing requirements and regulations, and to discuss treatment – including the medium (e.g., video, telephone) – during the informed consent process.

Presently there are no federal rules in place for telemedicine, and the regulation task has fallen to states, [whose requirements vary](#), according to the American Telemedicine Association. TJC standards could function as federal rules since three-quarters of healthcare organizations are accredited by The Joint Commission. However, TJC has decided not to pursue any proposed standards after receiving feedback from a technical advisory panel, a standards review panel, and an online field survey, which indicated that extant requirements are sufficient.

THE CONTROVERSIAL INDEPENDENT PAYMENT ADVISORY BOARD

The *Patient Protection and Affordable Care Act* introduced the idea of an Independent Payment Advisory Board (IPAB). The Board would be a 15-member panel of appointed officials charged to constrain the undue growth of Medicare costs. Note that the IPAB only becomes operative if Medicare costs increase by more than a specified target rate for a five-year period as determined by the Center for Medicare and Medicaid Services' (CMS) actuaries. If that rate is exceeded, the IPAB submits to Congress recommended measures to reduce Medicare costs. Congress then has one year either to reject those recommendations by a three-fifths vote or to enact alternatives with similar cost reductions. If Congress does neither, the recommendations automatically become effective.

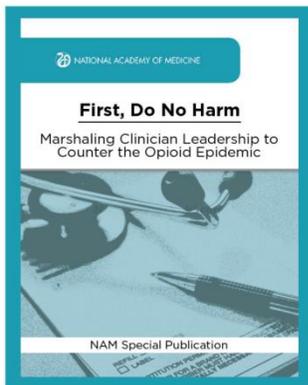
The IPAB's mandate has never been triggered by the rise in Medicare costs and no members of the Board have been appointed. As reported in the January – February 2017 issue of the *Communiqué*, it was estimated that 2017 would be different, but the CMS Chief Actuary again concluded that the growth rate will not be exceeded and said so in a [July 13 IPAB Determination](#).

Nonetheless, IPAB is opposed by elected legislators, who believe IPAB is an unaccountable arm of the executive branch, having powers that infringe on their legislative prerogatives. [H.R.849, *Protecting Seniors Access to Medicare Act*](#), would abolish the IPAB. The bill passed the House November 2 and has moved to the Senate for action. Two other similar bills also are being examined in the Senate.

RESOURCES

FIRST, DO NO HARM RELEASED BY THE NATIONAL ACADEMY OF MEDICINE

The National Academy of Medicine recently released [First, Do No Harm – Marshaling Clinician Leadership to Counter the Opioid Epidemic](#). The publication was developed to counter the opioid crisis and states that clinicians are not expected to heal the crisis alone – they must work with patients and families, community leaders, elected officials and the business community.



The 21-page guide is designed for CNSs and other clinicians who prescribe opioids or manage a patient who presents with a likely opioid use disorder. According to the guide, clinicians first should look to non-opioid approaches proven effective for chronic pain control. If the realistic benefits outweigh the serious risks of opioids for a patient, clinicians should use them in combination with other modalities, as appropriate, to provide greater benefits in improving pain and function. In addition, when prescribing opioids, clinicians should follow five axioms that include tailoring the treatment for each patient, employing precautionary protocols, actively managing and monitoring the patient, working as a team with the patient and family, and linking to treatment services.

MEDSCAPE RELEASES 2017 APRN COMPENSATION REPORT



Medscape released the results of its 2017 APRN [compensation survey](#). According to the report, most APRNs saw their compensation continue to grow in 2016, with six-figure pay now the norm across all categories. The biggest pay hikes belonged to CNSs, who received \$102,000 last year, 7.4% more than in 2015. Certified registered nurse anesthetists and nurse practitioners registered smaller gains, 3.4% and 2.9%, respectively, while compensation for nurse-midwives slipped 1%. More than 3,400 CNSs, nurse practitioners, nurse midwives, and certified registered nurse anesthetists participated in the survey.

PERINATAL QUALITY IMPROVEMENT ACTION BRIEF



The [Institute for Perinatal Quality Improvement](#) (PQI) was organized to help perinatal health professionals expand their use of improvement science to eliminate preventable perinatal injuries and deaths. Recently PQI announced its enhanced website to assist Perinatal QI leaders in:

- P Implementing QI;
- P Keeping staff engaged in QI;

- P Connecting with and learning from other perinatal QI leaders; and
- P Developing QI education and tools.

[Subscribers to PQI](#), will receive [two Action Briefs](#) a year (one maternal and one neonatal). Each Action Brief includes:

- P a case study;
- P a facilitator's guide;
- P an action template; and
- P case specific QI tools

Subscribers also will be invited to attend and receive links to the Action Brief webinars. The webinars will discuss the case study presentation and how to use the action template and case specific QI tools. PQI has announced that the first PQI Action Brief will be released on November 29, 2017.

The CNS Communiqué is an electronic publication of the National Association of Clinical Nurse Specialists. If you have any questions or wish to advertise in this publication, please contact Laura Huestis at lhuestis@fernley.com.