

BULLETIN

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Mohawk Valley Nurse's Association
District #10

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Letters to the Editor accepted and encouraged

District 10 Website:

<http://www.nysna.org/districts/districts.htm>

Have you had your *flu shot*
this year?

It's not too late to register:

The 2nd Evidence-based Practice conference: "Obesity Through the Lifespan" at the Holiday Inn, Johnstown, NY on October 30, 2006. Registration is \$80. Call Julianne Passero at 762-8638 or email Chris Stegel at stegel@frontiernet.net.

On November 6, 2006, the Nursing Research Alliance of the Capital District is sponsoring the 2nd annual Research conference "Nursing Research: Cultivating a Culture of Evidence Based Practice".

Time 12:00 noon – 5:00pm

Place: NYSNA Convention Center, Latham, NY.

During October, a four-part series titled "Remaking American Medicine" is on PBS Thursday evenings, October 5, 12, 19, 26, at 10:00 pm. The first program, Silent Killer, highlighted the urgent need to "fix" the US health care system, to prevent harm to patients, and how Campaign hospitals have taken the lead by implementing six critical, life-saving interventions. To learn more about "Remaking America Medicine", check out their website at:

<http://www.ramcampaign.org/>

Continuing Education Courses are offered on the Internet by:

Cincinnati Children's Hospital has posted a free Continuing Education Module for

Nurses on Genetics. The module is titled “Genetics is Relevant Now: Nurses' Views and Patients' Stories” was pilot tested with a national nursing audience. The module is available for nursing contact hours with “No processing fee”. Registered nurses who complete the content, 10 item post- test, and evaluation will receive 1.5 nursing contact hours. The CE certificate can be printed after completing all components of the module. To access the module, click on the following link and then scroll down the page to the title of the module
www.cincinnatichildrens.org/ed/clinical/gpnf/ce/skill/default.htm.

The Columbus Coalition Against Family Violence in partnership with Columbus State Community College has developed an online CE course on the dynamics of family violence. Nurses can earn 6.0 contact hours through the Community College. The course can be accessed at
www.thecolumbuscoalition.org.

Albert Einstein College of Medicine & Montefiore Medical Center, University of Tennessee College of Pharmacy, The Epilepsy Foundation, and CME present: **Seizure Disorders in the Elderly**. The training is specifically for physicians, nurses, and other health professionals who care for the elderly. To take this training please visit
www.cme2epilepsy.com.

NYSNA for a nominal fee:

The **NYSNA continuing education website has had a “makeover” and is very easy to navigate..** Access www.elearnonline.net. Please check out the site there are many new and updated CE courses - too many to list.

ANA for a nominal fee:

New CE: For nurses who want to update their skills in caring for adolescents, there are three new online CE modules. They are:

Anticipatory Guidance for Promoting Positive Youth Development in Adolescence, Responsible Sexual Behavior in Adolescents: The Role of Nursing, and Consent and

Confidentiality Issues in Caring for Adolescents.

- The latest online Independent Study Module from The Online Journal of issues in Nursing is “Emerging Infectious Diseases at the Beginning of the 21st Century.

- Workplace Violence: The Nurse Victim & Managing Hospitalized Patients with Heart Failure are the first CE articles in ANA’s new journal, *American Nurse Today*.

The **National Environmental Education & Training Foundation (NEETF)** is pleased to announce the launch of its new website and environmental health training tools for pediatric health care providers. The site was developed as part of the Children’s Environmental Health Faculty Champions Initiative, which aims to build health professional capacity to address children’s environmental health issues. The website can be accessed at:
www.neetf.org/health/champions .

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Legislative Activity:

NYSNA Convention activities will be reported in the February newsletter. A summary of the “happenings” can be found on the NYSNA website
www.nysna.org.

NYSNA members attended the open sessions across New York of the NYS’ Commission on Health Facilities in the 21st Century (the Hospital Closing Commission). The members stressed the need to consider overall community healthcare needs; racial and class disparities in healthcare delivery; and the special needs of the young, the elderly, the disabled, and the underinsured. The Commission’s report is due to the legislature and governor by December 1st.

Is there a need for an “Office of the National Nurse”?

Teri Mills, a nurse practitioner and nurse educator in Oregon conceived the idea. The office of the national nurse would facilitate activities related to involving all

Americans in preventive health services, complement health services already in place, establish volunteer national nurse teams to deliver nursing assistance and education to communities in crisis, and give the nursing profession the national attention it needs to solve the current shortage of nurses.

The national nurse would represent nursing in national public policy issues and focus on the nurse's role in the delivery of the national health agenda.

What do you think? More information can be found at www.nationalnurse.blogspot.com (source: www.medscape.com-article 528757, accessed 4/13/06)

The **ANA Bill of Rights for Nurses** can facilitate discussions about workplace issues. The Bill of Rights for Nurses was created by the ANA to set forth workplace expectations and environments that nurses across the United States recognize are necessary for sound professional practice. They are:

1. Nurses have the right to practice in a manner that fulfills their obligations to society and to those who receive nursing care.
2. Nurses have the right to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.
3. Nurses have the right to a work environment that supports and facilitates ethical practice, in accordance with the *Code of Ethics for Nurses with Interpretive Statements*.
4. Nurses have the right to freely and openly advocate for themselves and their patients, without fear of retribution.
5. Nurses have the right to fair compensation for their work, consistent with their knowledge,

experience, and professional responsibilities.

6. Nurses have the right to a work environment that is safe for themselves and for their patients.
7. Nurses have the right to negotiate the conditions of their employment, either as individuals or collectively, in all practice settings.

Nurses House:

Nurses House has been assisting nurses in need since 1922. Over the past several years, we have actively been trying to get the word out about Nurses House. This has proven to be a double-edged sword...More publicity means more requests for money from nurses who truly need the service.

Donations of money can be sent to: Nurses House, Inc

VMD Center of Nursing
**2113 Western Avenue, Suite 2
Guilderland, New York 12084**

Nurses Helping Nurses...A National Fund for Nurses in Need

Healthcare turnover is higher than other industries: The American Society for Healthcare Human Resources Administration and Watson Wyatt Worldwide surveyed 110 healthcare providers and found a 14.1% voluntary turnover rate compared to with a 10.6% rate for all other industries. Among nurses the median voluntary turnover was 12%. Employers said that relocation, limited opportunities for promotion and pay scale were the three primary reasons for turnover in all areas.

Newsletter Highlights:

NYYSNA REPORT – (September 2006 issue only)

“Can technology Prevent Medication Errors?” is an excellent article on pg. 12 of the September issue. The article provides a list of strategies that organizations have used to reduce medication errors. JCAHO has made medication management a priority for focus. Three examples of ways technology can assist with medication management are bar-code systems, Smart infusion pumps, and computer order entry

(COE). There is also an excellent follow-up article related to medication reconciliation on pg. 7. Nurses play a key role in medication management and medication reconciliation. The Institute of Medicine estimates 82% of medication errors are caught by nurses. The "Ask the Expert" column informs a nurse that BLS, ACLS, and PALS certification is not all the same and if a nurse is certified in one area that does not mean certification in another area. NYS Dept. of Health does not mandate that a nurse have a specific certification unless they work in the ER then the nurse is required to have ACLS certification within one year of assignment. (pg. 3)

ANA The American Nurse –

(September/October 2006 issue only)
ANA, as an advocate for patient safety, provided testimony to the Institute of Medicine (IOM) committee on identifying and preventing medication errors. Medication administration and medication reconciliation has become areas of focus for healthcare organizations nationwide as well as for the Joint Commission (JCAHO). The article on pg. 1, 14, & 15 provides an excellent summary of nurses' role prescribing and administering medications. Preventing medication errors and adverse events is a healthcare systems issue. We need to encourage and promote an environment that supports reporting near misses and errors. Transparency is key. A nationwide study found that regular nursing rounds every 1-2 hours were associated with a significant reduction in call light use, fewer patient falls, and greater patient satisfaction. The study that measured the use of a protocol by nursing staff to proactively intervene to reduce call light use and improve patient satisfaction is in the September 2006 issue of the American Journal of Nursing. (pg 4)
ANA has added to its website (www.nursingworld.org) a new page to help nurses with chemical dependencies and their colleagues. (pg. 5)
The American Nurses Credentialing Center has launched "ANCC Online" (www.nursecredentialing.org). In the first phase, two services are available: certification verification and self-service updating (by certified nurses) of personal information. ANCC is moving to more

electronic communication and documents to improve service and efficiency. If you have a certification through ANCC, you are encouraged to go to their website and update your personal information to include an email address. (pg. 10)

An excellent article on ANA's nurse advocacy efforts related to pandemic or seasonal flu is summarized on pages 1 & 11.

Nursing Humor:

You know you are a nurse if:

1. You would like to meet the inventor of the call light some night in a dark alley.
2. You know the smell of different diarrhea to identify it.
3. You have been telling stories in a restaurant and made someone at another table throw up.
4. Every time someone asks you for a pen you can find at least four of them on you.
5. Your bladder can expand to the size of a Winnebago's water tank.
6. You find yourself checking out other customer's veins in the grocery waiting line.
7. Your finger has gone places you never thought possible
8. Your sense of humor gets more warped. Almost everything can seem humorous... eventually.
9. You live by the motto "to be right is only half the battle, to convince the doctor is more difficult".

New law provides benefits for 9/11 workers and volunteers: Registration open for a year

By Jonathan Bennett (*byline may be omitted*)

Thanks to a new law, most people who performed rescue, recovery or cleanup work after the collapse of the World Trade Center are now eligible to register with the New York State Workers' Compensation Board. If someone who is registered develops a 9/11-related illness at any time in the future he or she will be eligible to file a workers' compensation claim. Failure to register by August 14, 2007 will make it impossible to file a claim, even if the worker develops a 9/11-related illness. The importance of the new law was underlined in early September, when doctors at New York's Mt. Sinai School of Medicine published a study

showing that more than 70 percent of 9,500 9/11 workers and volunteers who had been examined had developed potentially serious respiratory illness.

Those who did rescue, recovery or cleanup work after 9/11 now have an opportunity to ensure that if they ever become ill as a result, all their medical expenses will be covered.

Many workers and volunteers have been prevented from getting compensation because they only began to become sick after the 2-year deadline for filing a claim. Others who were exposed to the toxic atmosphere in Lower Manhattan are healthy now, but may develop a 9/11-related disease in the future. Under the old rules, they would also have been prevented from receiving benefits.

The law applies to most people who did paid or unpaid rescue, recovery or cleanup work in Lower Manhattan south of Canal or Pike Streets between Sept. 11, 2001 and Sept. 12, 2002. It also applies to those who worked at the Staten Island landfill, the barge operation between Manhattan and Staten Island or the New York City morgue. The only workers who are not covered are those who are not in the workers' compensation system: NYC uniformed services (firefighters, police, sanitation workers), NYC teachers and federal employees. But even those workers are eligible if they also performed any off-duty rescue, recovery or cleanup work, as many of them did.

Anyone who has already filed a claim for 9/11-related workers' compensation and been turned down because the claim was filed after the 2-year filing deadline had passed, can register and file a new claim under the new law.

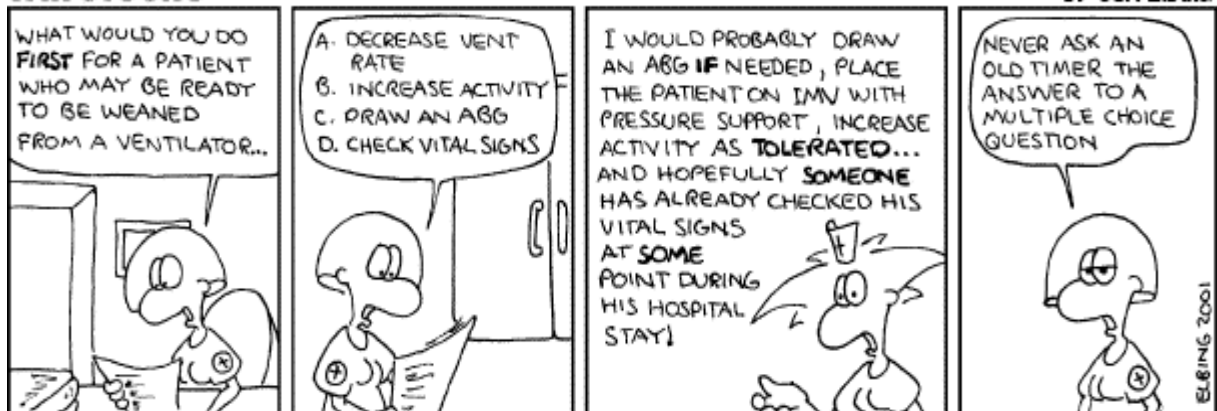
Workers who have already filed for workers' compensation for injuries suffered during the rescue, recovery or cleanup operation should also register under this program in case they develop a 9/11-related condition that is different from the basis of their established claim. In an effort to inform everyone, whether sick or healthy, who did paid or unpaid work in Lower Manhattan after 9/11 about the program, a group of medical, labor, legal and business organizations have formed a coalition to publicize the program and facilitate registration of everyone who is eligible. Leaders of the coalition, which includes representatives of the World Trade Center Medical Monitoring Program, the Laborers' Health and Safety Trust Fund, the New York Committee for Occupational Safety and Health (NYCOSH), the Business and Labor Coalition of New York (BALCONY), and workers' compensation law firms issued a statement about the compensation program's importance.

"It is imperative that anyone who worked within the boundaries or at the sites detailed in the law register with the New York State Workers' Compensation Board whether they are sick or not," said the statement. "By joining the registry before the deadline next August, workers and volunteers will preserve their rights to benefits. Failure to register will prevent individuals who may develop cancer or other slow starting diseases from receiving benefits."

For information about registering and filing claims, contact your union or, on the Internet, visit <http://www.nycosh.org>. Or call NYCOSH at 212-227-6440 ext. 23 (for English) or ext 24 (for Spanish).

Nurstoons

by Carl Elbing



www.nurstoons.com