NLRB Decision Blocks Nurses’ Freedom to Unionize

On October 3rd, the National Labor Relations Board (NLRB) released its long-awaited decision on the controversial Kentucky River case, a ruling with dire implications for the nursing profession. The NLRB announced that it was broadening the definition of the term “supervisor,” a decision that could effectively deprive hundreds of thousands of registered nurses (RNs) and licensed practical nurses of their right to choose to impact their work environment through collective bargaining.

In denouncing the NLRB decision, American Nurses Association President Rebecca M. Patton, MSN, RN, CNOR, cited the need to protect nurses rights. “We are deeply concerned with the NLRB’s decision because it represents an assault on the rights and preferences of nurses regarding whether or not they choose to join a union,” said Patton. “We recognize that collective bargaining may not be the choice for everyone, but protecting and preserving that right is fundamental to the safety and well-being of both nurses and the patients they serve.” President Patton added, “The three members who have devised these new interpretations of the law clearly do not understand the nature of nursing practice and how being a registered nurse who delegates tasks does not equate to having the managerial duties that Congress identified as necessary to make someone a supervisor under the law.”

ANA takes issue with the NLRB’s view of key terms. The NLRB has provided new definitions for activities which would attempt to make employees “supervisors” who can be excluded from the protective coverage of federal labor law.

(Cont’d. on p. 2)
Under the NLRB ruling, the term “assign” has been given a broad new meaning to include the assignment of “overall duties and tasks” while the phrase “to responsibly direct” was interpreted in a recent companion case to include directions by charge nurses to certified nursing assistants to clip residents nails or empty catheters if the direction were given with requisite accountability to meet the “responsible” test.

“These new definitions that focus on task assignment or direction can create havoc with traditional ideas of what constitutes ‘supervisory’ work, because RNs frequently tell other members of the health care team what to do. That activity doesn’t mean the RN is a supervisor,” said Linda J. Stierle, MSN, RN, CNAA,BC, Chief Executive Officer, ANA.

For more information on ANA’s reaction to the NLRB decision and background on the Kentucky River case, visit www.nursingworld.org/KentuckyRiver/

Can hospitals cause asthma?

New Report Shows Hospitals How to Protect Workers, Patients from Substances in Health Care Settings that Can Cause or Trigger Asthma

ANA participates as a member of Health Care Without Harm (HCWH), an international coalition with 450 groups in 55 countries working to transform the health care industry so it is no longer a source of harm to people and the environment.

Many people with asthma spend extensive amounts of time in hospitals – not only as patients receiving treatment, but also as health care workers or visitors. Yet according to a new report released on October 18, many substances commonly used in health care settings – from fragrances and plasticizers, to cleaners and sterilants – can cause, trigger or exacerbate asthma.

The groundbreaking report, released by Health Care Without Harm, provides a step-by-step guide to help hospitals reduce problematic exposures.

“Many health care providers are unaware that common substances used in the health care setting can trigger, or even cause, asthma. But the good news is, there are many steps hospitals can take to protect patients and workers from harmful exposures,” said Anna Gilmore Hall, RN, executive director of Health Care Without Harm, an international coalition working to reduce pollution in the health care industry.

“As places of healing, hospitals should follow the principle of ‘first, do no harm,’ and take immediate action to clean up the indoor environment.”

Asthma has become a public health crisis in the United States. Asthma in children has risen by a staggering 25-75% per decade since 1960. Asthma is the most commonly reported workplace lung condition, and an estimated 10-23% of adult-onset asthma is due to workplace exposures.

The evidence shows that health care facilities are a particular problem. Health care workers have 40% of all cases of occupationally related, adult-onset asthma.

(Cont’d. on p. 3)
Can hospitals cause asthma?  (Cont’d. from p. 2)

Agents found in healthcare settings that can cause, or exacerbate asthma include:
- Cleaners, disinfectants, sterilants
- Natural rubber latex
- Pesticides
- Volatile organic compounds/ formaldehyde
- Acrylics
- Fragrances
- Phthalates
- Environmental tobacco smoke
- Biologic allergens
- Drugs (medicines)

“Ironically many products used in health care to keep people safe from pathogens can cause or exacerbate asthma in susceptible people,” said Ted Schettler, MD and science director of Science and Environmental Health Network. “Fortunately there are alternative products or practices that accomplish the intended goal without increasing asthma risks.”

To obtain a copy of the report, see www.noharm.org or contact Health Care Without Harm at 703-243-0056.

ANA Supports ICN Call for Action to Resolve the Case of Six Health Care Workers Detained in Libya

The American Nurses Association (ANA) joined the International Council of Nurses (ICN) in its call for a fair trial of five Bulgarian nurses and a Palestinian doctor charged by Libyan authorities with allegedly infecting Libyan children with HIV. ANA and ICN are very concerned for the health professionals whom they believe to be innocent. The six health care workers have been imprisoned since 1999. Their trial has been postponed repeatedly and was adjourned until September 21st and if convicted, they will face the death penalty.

The latest report from Bulgarian National Radio indicates that the court in Tripoli is to hold its final sitting in the trial of the five Bulgarian nurses charged with intentional HIV infection on October 31. A verdict could be expected 30 days after the final sitting. The decision of the Tripoli court could be appealed before the Supreme Court of Cassation. With parliamentary elections just a few months away, securing the release of the Bulgarian nurses would be a significant political achievement.

ANA, as part of ICN’s 129 national nursing associations across the world, is encouraging all nurses to speak out against the injustice facing the imprisoned health professionals by communicating directly with government leaders. ANA is also continuing to urge the United States government to remain vocal in expressing its concern for the health professionals and advocate for a just, fair, and expeditious trial. To read ANA’s Call to Action on this issue, visit www.nursingworld.org/inc/index.htm#BulgarianNurses.

HHS Releases $13 Million for Community Prevention Programs for Older Americans

On September 28, the Health and Human Services Secretary announced the release of more than $13 million to support the delivery of evidence-based programs in 16 states for senior organizations such as nutrition programs, senior centers, senior housing projects and faith based groups. At least 35 communities will have programs up and running within a year.

(Cont’d. on p. 4)
HHS Releases $13 Million for Community Prevention Programs for Older Americans  
(Cont’d. from p. 3)

The announcement is part of a collaboration with The Atlantic Philanthropies and supports President Bush's Healthier US Initiative, which encourages people to take control over their health.

Led by the Administration on Aging (AoA), this collaboration spans several states and involves HHS agencies and public and private community-level organizations. The program aims to empower older people to take control of their own health through lifestyle and behavioral changes. Chronic disease and conditions such as arthritis, diabetes and heart disease as well as age-related disabilities account for more than three quarters of all health expenditures in the United States.

In 2002, ANA partnered with the Atlantic Philanthropies, American Nurses Credentialing Center, Hartford Foundation Institute for Geriatric Nursing and New York University College of Nursing to establish the Nurse Competence in Aging program (NCA). The program’s mission is to enhance the geriatric competence of registered nurses. Since its inception 52 specialty nursing organizations and health care organizations have united with NCA in its mission. To learn more NCA and issues related to nursing care of older adults, visit the NCA website: [www.GeroNurseOnline.org](http://www.GeroNurseOnline.org).

Preserve Respiratory Protection: Contact Your Representative Today!

Congress adjourned in late September without acting on the labor and health appropriations bill containing the ANA-opposed Wicker rider. As you know, the rider prohibits the Occupational Safety and Health Administration (OSHA) from enforcing regulations requiring the annual fit-test of respirators. For the past two years, Rep. Roger Wicker (R-MS) has successfully attached this rider to appropriations legislation, claiming that fit-testing is too burdensome for health care facilities and that a reduction in tuberculosis cases has made the requirement obsolete.

ANA maintains that fit-testing is vital to protecting RNs. The annual test takes about 15 minutes with the estimated cost of testing and training less than $16.80 per person, per year. Manufacturers of the respirators most commonly used in health care settings report that facial hair, dental work or small changes in weight can compromise a respirator's seal. Without fit-testing, OSHA estimates that as many as 50 percent of health care workers’ respirators would not fit properly, thereby dramatically increasing the risk of exposure.

Rep. Major Owens (D-NY) will offer an amendment to remove the Wicker rider from the labor and health appropriations bill when the vote happens some time in November. ANA urges you to contact your member of Congress to support the Owens Amendment to strike the Wicker rider! More information, including draft letters to Congress is available at [www.anapoliticalpower.org](http://www.anapoliticalpower.org).
ANA Hosts the 7th CMA Nationwide State Legislative Agenda Meeting

The American Nurses Association (ANA) convened State Nurses Associations and lobbyists from all over the nation for the 7th annual ANA/CMA Lobbyist Meeting – “Think Nationally, Act Locally” – in Alexandria, Virginia September 13-15, 2006. The group met to discuss strategies and develop legislative solutions to the critical issues facing nurses and patients in today's challenging health care environment. Some of the issues discussed during this meeting included: an update on the Nurse Licensure Compact; an overview of the status of ANA’s Handle with Care program including safe patient handling, movement legislative activities and issues related to advanced practice nursing. Some lobbyists arrived a day earlier to participate in a one day grant-funded session focused on Chemical Policy. The group identified priority items for 2007 and agreed to meet again next September to assess their progress.

SUSAN WHITTAKER – December 9, 1951 – October 5, 2006

It is with deep sadness that ANA shares with you that Susan Whittaker, Associate Director of Government Affairs passed away October 5, 2006 at INOVA Fairfax Hospital. Her loss is not only felt by her family, friends, her ANA family, but also to the nursing profession. Sue was instrumental in developing the Nationwide State Legislative Agenda which provided our state nurses associations with legislative initiatives to improve the workplace for nurses. We will all miss her and remember her for her vision, leadership, and commitment to nursing, but more importantly for her kindness and good friendship. Sue’s family created a Guest book on the Washington Post’s legacy page, for those who would like to send a message to the family. The book will be available online until November 7, 2006, the url address is as follows: http://www.legacy.com/washingtonpost/GB/GuestbookView.aspx?PersonId=19510773

McClellan Resigns as CMS Administrator

Dr. Mark McClellan, administrator for The Centers for Medicare and Medicaid Services, announced his plans to step down from the agency on Oct. 15. CMS has the second-largest budget outlay of the Federal Government, insuring approximately 25 percent of the United States population, more than 84 million beneficiaries. CMS processes over one billion claims each year and it contracts with approximately one million providers.

During his tenure at CMS, Dr. McClellan oversaw the implementation of the controversial Medicare Part D prescription drug program, incorporated pay-for-performance and provider price transparency programs into Medicare and added more preventive services. Deputy Administrator Leslie Norwalk will serve as acting agency administrator until a permanent administrator is found. Norwalk has served at CMS for five years and previously served as the agency's chief operating officer. One of the first tasks facing Norwalk is overseeing the next enrollment period for the Medicare prescription drug benefit, beginning Nov. 15.
Final Presentations for the 2006 ANA Elected Leader Series

Reserve the dates for these upcoming offerings:

For Treasurers and Presidents:
- Finance 101
  (Ignore the title…all interested Elected Leaders welcome!)
  Presented by ANA Department of Finance
  Monday, November 13, at 8 pm EST
  Tuesday, November 14, at 1 pm EST and 9 pm EST
  Presentation by ANA staff, focused on the CMA Presidents and Treasurers, with all
  Elected Leaders invited and welcome.

  Registration for this presentation will be announced on the Presidents’ listserv,
  ED Listserv and Key Leader Listserv the week of October 9th.

For Presidents and Executive Directors:
- High Impact Boards – Roles and Responsibilities
  Friday, November 3, 2006 (prior to the November 2006 Constituent Assembly)
  A full day in-person Leadership Development presentation

  Presented by Linda Shinn, MBA, RN, CAE, Principal, Consensus Management Group

  Registration will be offered with the Constituent Assembly Registration

Previous presentations in the ANA Elected Leaders Series are available to you through
the ANA Partnership Plan on the ANA Continuing Education website:

http://www.nursingworld.org/ananet/tools/resources/electcalls.htm#ANANETCE

Thank you for helping to make the 2006 ANA Elected Leader Series a success.

ANA’s Continuing Education Department Introduces
Three New Online Independent Study Modules

ANA Senior Policy Fellow, Patricia Rowell, PhD, RN for the department of Nursing Practice
and Policy, presents two of the Independent Study modules:

The Impact of Disaster on Nurse Responders - 1.1 Contact Hours*

This module discusses the impact of natural disasters on nurse responders/providers and
interventions that can help them overcome the stress/anxiety symptoms they may experience.

(Cont’d on p. 7)
ANA’s Continuing Education Department Introduces Three New Online Independent Study Modules (Cont’d frm. p. 6)

Objectives:

1. Explain the psychological impact of natural disasters on nurse responders/providers.
2. Describe the physiological changes that occur during the stress reaction.
3. Discuss interventions proven to be helpful to individuals experiencing stress-related symptoms following natural disasters.

Workplace Violence: The Nurse Victim - 1.4 Contact Hours*

Interpersonal violence and trauma are all too common in today’s society. Nurses are not immune to workplace violence. The experience poses a threat to the nurse’s sense of safety and well being and can result in changes in physiology, behaviors, and thoughts and their related symptoms. Due to the seriousness of workplace violence against nurses and the problems associated with the resulting primary and secondary trauma, this module discusses the impact, prevention, and treatment for nurses who have experienced interpersonal violence.

Objectives:

1. Describe secondary traumatization to care providers.
2. Describe the signs of stress and anxiety disorders associated with secondary traumatization.
3. Discuss interventions which assist the victim to deal with the sequelae of secondary traumatization.
4. Discuss prevention strategies.

The third Independent Study module, is presented by Cindy Cunningham, RN, MS, APRN-BC, Coordinator of the Heart Failure Program at Baystate Medical Center in Springfield, MA.

Managing Hospitalized Patients with Heart Failure - 2.1 Contact Hours*

This module is based on the very first CE article published in ANA’s new journal, *American Nurse Today*. You’ll learn what you need to know about the new practice guidelines for evaluation, care, and treatment of heart failure patients in the hospital.

Objectives:

1. State the role of neurohormonal activation in heart failure (HF).
2. Identify tests used to evaluate patients with HF.
3. Describe nursing care of the patient hospitalized with HF.
4. Summarize the rationale for drug therapy used to manage patients with HF.

*The American Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

ANA is approved as a provider by the California Board of Registered Nursing, Provider Number CEP6178. The online continuing education independent study modules, can be found at: [www.nursingworld.org/ce](http://www.nursingworld.org/ce).
Call for Nominations!

The CMAs have been issued the call for nominations for fall appointments of the ANA Board of Directors. Responses are due by the close of business, Friday, November 10, 2006. The following positions will be appointed at the December 2006 ANA Board of Directors meeting:

- Committee on Honorary Awards
- Subcommittee on Mary Mahoney Award
- Subcommittee on Pearl McIver Public Health Nurse Award
- Subcommittee on Shirley Titus Award
- Subcommittee on Mary Ellen Patton Staff Nurse Leadership Award
- Subcommittee on Hall of Fame Award
- Subcommittee on Jessie M. Scott Award
- Subcommittee on Barbara Thoman Curtis Award
- Delegate Credentials Committee
- Reference Committee

All appointments are for a two-year term, commencing January 1, 2007 and ending December 31, 2008.

Questions on appointments should be directed to DeJuan Mason, senior governance specialist, Leadership & Library Services, at (301) 628-5109 or dejuan.mason@ana.org. After November 17, 2006, please direct all inquiries to Carlos Bennett, director, Leadership & Library Services, at (301) 628-5041, or carlos.bennett@ana.org.

Detailed information on the above mentioned positions can be found at www.nursingworld.org/about/appoint.

100,000 Lives Campaign featured in October PBS Series, "Remaking American Medicine"

ANA is an active participant in the Institute for Healthcare Improvement's "100,000 Lives Campaign." The campaign was featured prominently in the first installment of a four-part PBS series, entitled, "Remaking American Medicine," which aired on Thursday nights throughout October.

The first program, "Silent Killer," aired Thursday, October 5th. It highlighted the urgent need to address medical errors in the health care system to prevent harm to patients, and how several hospitals involved in the Campaign have taken the lead by implementing six critical, life-saving interventions. In doing so, the TV series highlights the complex and difficult work that goes into patient care and lets our communities know that nurses and other health care professionals are deeply committed to patient care and safety.

To learn more, visit the "Remaking American Medicine" website at www.ramcampaign.org/pages/aboutRAM.htm

For further information about the "100,000 Lives Campaign," visit www.nursingWorld.org/patientsafety, or www.ihi.org/IHI/Programs/Campaign/, and see the July/August issue of The American Nurse.
2006 Race for the Million Update
The ANA-PAC Race for a Million campaign is still going strong and has one more checkpoint to go before we get to the finish line. Which CMA will win? This quarter, the CMA with the highest average dollar given per member will have the opportunity to send one member to attend swearing-in ceremonies in January 2008 on Capitol Hill. This is your chance to be a part of American history!

This is an important election year across the country and it is critical that everyone get involved. ANA-PAC has raised more than $700K including over $64K that was raised in June at the ANA House of Delegates, but we’re still short of our one million dollar goal. Contribute today by going to www.anapoliticalpower.org and clicking on ANA-PAC.

Fast PAC Fact
The American Nurses Association Political Action Committee, ANA-PAC, was established in 1974 to promote the improvement of the health care system in the United States by raising funds from CMA (Constituent Member Associations) members and providing financial support to worthy candidates for federal office who have demonstrated their belief in the legislative and regulatory agenda of the American Nurses Association. ANA-PAC has helped us achieve many important and historic legislative advances at the Federal level in recent years. For more information, please contact Angela Song, PAC Administrator at 301-628-6096 or Angela.Song@ana.org

CALENDAR
October/November Association Current and Future Meetings and ANA President’s and CEO’s Activities

September 27 – October 1  National League for Nursing - Summit, New York***
October 4 - 6  ANCC/ICI 10th Annual Magnet Conference, Denver, CO, Colorado Convention Center
October 4  New Hampshire Nurses Association Annual Membership Meeting, Concord, NH
October 6 -7  New York State Nurses Association Convention 2006, New York
October 9  National Council of State Boards of Nursing*
October 9  American Nurses Foundation Board of Trustees*/**/****
October 11  ANA Board of Directors*/**/****
October 11  Friends of the National Institute of Nursing Research (FNINR) Nightingala, Washington, DC***
October 12  ICI Governing Council*
October 12  Kansas State Nurses Association, Kansas City, KS**
October 12  National Policy Conference on Quality (NQF) Forum, Washington, DC***

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October/November Association Current and Future Meetings and ANA President’s and CEO’s Activities
(Cont’d. from p.9)

October 15-16  Rhode Island Nurses Association, Providence, RI***
October 16  ANA Coming to You, Cincinnati, OH**
October 17  ANCC Board of Directors Orientation***
October 17  America’s Best Hospitals Advisory Group Meeting, Washington, DC
October 18 – 20  ANCC Board of Directors Meeting**/****
October 20 -24  Hawaii Nurses Association, Honolulu, HI**
October 24  ANCC Accreditation Symposium, Wyndham Burlington Hotel, Burlington, VT
October 24 - 25  ANCC Accreditation Consumer Workshop for Accredited
October 25  American Nurses Association - Nurse Competence in Aging Partners Meeting, Holiday Inn on the Hill, Washington, DC****
October 26  Kentucky Nurses Association, Louisville, KY**
October 28  Excellence in Nursing Alumni Dinner, Kent State University, Cleveland, OH**
October 30  ANA Committee on Planning and Budget Meeting**/****
October 30 - 31  ICI Journey to Nursing Excellence and Magnet Designation Workshop, Spartanburg Regional Medical Center, Spartanburg, SC
October 30 – November 1  TIGER Informatics Summit Reception, USUHS, Washington, DC**/**
October 31  ANA/ANCC Monthly Leadership*/**/**
November 1 – 2  ANCC Certified Retired Nurse Ambassadors Training
November 1- 2  ANA CMA Executive Director Orientation***
November 2 – 3  ANCC Medical-Surgical Nurse Standard Setting Study
November 2  ANA Board of Directors Executive Committee Orientation**/**
November 2  ANA Board of Directors Executive General Orientation**/**
November 3  ANA Board of Directors Executive Business Meeting Holiday Inn on the Hill, Washington, DC**/**
November 3 – 4  ANCC Passing Score Study
November 4 – 5  ANA Constituent Assembly, Holiday Inn on the Hill, Washington, DC*
November 5  ANA Board of Directors Meeting, Holiday Inn on the Hill, Washington, DC**
November 7 – 12  American Academy of Nursing Board Meeting and Annual Convention, Miami, FL**
November 9  ICI Governing Council*
November 14  ANA/ANCC Monthly Leadership*/**/**
November 10 -12  ANCC Commission on Certification (COC) Face-to-Face Meeting
November 15 – 20  International Council of Nursing Credentialing Forum, Copenhagen, Denmark**

(Cont’d. on p. 11)
### October/November Association Current and Future Meetings and ANA President’s and CEO’s Activities
*(Cont’d. from p.10)*

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<td>ICI Journey to Nursing Excellence and Magnet Designation Workshop, Middlesex Hospital, Middletown, CT</td>
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<td>November 16 – 18</td>
<td>Nursing Organization Alliance (NOA), Memphis, TN***</td>
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<td>November 19</td>
<td>Organizational Affiliate Meeting, Nursing Organization Alliance (NOA), Memphis, TN***</td>
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<tr>
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<td>ICI Journey to Nursing Excellence and Magnet Designation Workshop, University of Alabama University Hospital, Birmingham, AL</td>
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* Conference Call
**ANA President
***CEO Schedule