

2013 CNSA Resolutions

CARRIED

TOPIC: Resolution #1: IN SUPPORT OF STRENGTHENING THE NURSE LICENSURE COMPACT TO REMOVE BARRIERS IN DISASTER RELIEF, TELEHEALTH, LICENSURE REGULATION, AND THE DISPERSEMENT OF MOBILE HEALTHCARE WORKERS TO AREAS OF SHORTAGE

SUBMITTED BY: NATIONAL UNIVERSITY

AUTHOR: KRISTEN ZIMEL

WHEREAS, “The Nurse Licensure Compact (NLC), which enables multistate licensure among its 24 members, could similarly prove useful to such locales in the event of disaster” (Kels & Kels, 2013, p.281); and

WHEREAS, “Implementing the NLC would benefit the public by enabling nurses to practice across state lines to serve in areas of need” (Litchfield, 2010, p. 278); and

WHEREAS, Siow and Ng name the NLC as one of the “factors associated with a higher likelihood of internal migration” translating to movement of mobile nurses where there is a shortage (2013, p. 135); and

WHEREAS, the World Health Organization (WHO) urges members to devise long-term strategic plans for implementing eHealth services, including development of appropriate legal framework and infrastructure, which encourages public and private partnerships (Republic of South Africa, 2012, p. 11); and

WHEREAS, “The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states” (Model Legislation & Rules, 2013); and

WHEREAS, NURSYS, the NLC’s centralized national database for disciplinary action, allows for full transparency to the public, instant licensure verification, and increased communication between the state boards of nursing to provide better public safety (Singh, 2012, p. 13); and

WHEREAS, “[The NLC] provides an effective solution to broad public policy issues that ignore state boundaries, but prevent federal interference” (Nurse Licensure Fact Sheet for Legislators, 2012); therefore be it

RESOLVED, that the California Nursing Students’ Association (CNSA) encourage its constituents to support the NLC in order to better align the nursing licensure process with the needs of the public; and be it further

RESOLVED, that the CNSA publish an article about this resolution in the *Range of Motion* magazine and any other relevant publications, if feasible; and be it further

RESOLVED, that the CNSA increase student nurses awareness of the NLC by holding educational and informational sessions at the annual CNSA convention, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association of California, Association of California Nurse Leaders, California Nurses Association, California State Association of Occupational Health Nurses, Nurse Alliance of California,

the California State Board of Nursing, the California Attorney General and all others deemed appropriate by the CNSA Board of Directors.

CARRIED

TOPIC: Resolution #2: IN SUPPORT OF IMPROVING PERINATAL CARE FOR CHILDHOOD SEXUAL ABUSE (CSA) SURVIVORS

SUBMITTED BY: GROSSMONT COLLEGE

AUTHORS: MAIRE ORLANDO, KATRINA STELL

WHEREAS, the number of women estimated to have experienced childhood sexual abuse (CSA) consistently ranges between 12% and 40% across all socioeconomic, geographic, and cultural groups. CSA survivors suffer numerous long-term effects including a wide range of chronic mental and physical illnesses (ACOG, 2013; Hotelling, 2012; Ross, Roller, Rusk, Martsof, & Draucker, 2009; Yampolsky, Wiesel, & Ben-Zion, 2010); and,

WHEREAS, inherent to the childbearing process are many physiological and psychological factors that exacerbate the symptoms experienced by CSA survivors. They are particularly vulnerable to high stress and re-traumatization during vaginal examinations, the birthing process, breastfeeding, and examination of their newborns (Clark & Smythe, 2011; Coles & Jones, 2009; Hotelling, 2012; Ross, et al., 2009; Yampolsky et al., 2010); and "... are likely to experience perinatal complications, including hyperemesis, hypertension, bleeding, preterm delivery, low-birth-weight infants, low infant Apgar scores, and perinatal death... [and] ...depression and anxiety during the postpartum period" (Ross et al., 2009, pg. 1); and,

WHEREAS, health care providers are in a unique position to affect the perinatal outcomes of CSA survivors (McGregor, Julich, Glover, & Gautam, 2010; Ross et al., 2009). "The clinical encounter... is particularly problematic because it repeats the social power dynamics of the original sexual assault by placing the woman, once again, in a relatively powerless position compared with the professionals" (Coles & Jones, 2009, pg. 231); and,

WHEREAS, current rates of disclosure to health care providers are as little as 4-10 % which makes it difficult to identify CSA survivors and modify interventions accordingly (Coles & Jones, 2009; McGregor et al., 2010); and,

WHEREAS, *Birth: Issues in Perinatal Care* (2009) published a set of "universal precautions" for perinatal care based on suggestions by CSA survivors to protect undisclosed and disclosed survivors of CSA. The following precautions can be easily utilized for all women and are in concurrence with the principles of informed consent and nonmaleficence (Clark & Smythe, 2011; Coles & Jones, 2009):

- (1) Never assume consent.
- (2) Explain to the woman any professional touch, including examination or procedures, what is to be done, how it will be done, and why it is necessary. Where possible, explain and offer alternatives.
- (3) Explain baby examinations as carefully as an adult examination.

- (4) No procedure or examination should be “routine,” since most professionals will be unaware of the woman’s (or the woman’s mother’s) past history of childhood sexual abuse.
- (5) Obtain informed consent for maternal and baby touch, including examinations and procedures.
- (6) Check in with the woman (or woman’s mother) during examinations: ask “Are you comfortable with this?” or “Is this OK with you?”
- (7) Stop or slow examinations at the woman’s request or in response to her distress.

RESOLVED, (Coles & Jones, 2009, pg. 235); therefore be it that the CNSA encourage its constituents to advocate for increasing awareness of these universal precautions in perinatal care; and be it further

RESOLVED, that CNSA increase awareness of these universal precautions in perinatal care through articles in the *Range of Motion* publication, educational breakout sessions at the annual CNSA convention, if feasible, and other means deemed appropriate by the CNSA board of directors; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the California Association of Midwives, American Congress of Obstetricians and Gynecologists (ACOG)/ District IX: California, American Nurses Association/California (ANA\C), Association of California Nurse Leaders (ACNL), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)/California section, California Association for Nurse Practitioners (CANP), California Board of Registered Nursing (BRN), California Institute for Nursing & Health Care (CINHC), California Nurses Association (CNA/NNOC), Nurse Alliance for California, and all others deemed appropriate by the CNSA Board of Directors.

CARRIED

TOPIC: Resolution #3: IN SUPPORT OF AN INCREASING AWARENESS OF THE EFFECTIVENESS OF PATIENT AND FAMILY CENTERED CARE (PCC/FCC) IMPLEMENTATION IN A PATIENT CARE SETTING

SUBMITTED BY: SADDLEBACK COLLEGE

AUTHORS: ABIGAIL KENNEDY & GERTRUDE CHANCELLOR

WHEREAS, according to American Journal Of Critical Care (AJCC), "family-centered care (FCC) is defined as an innovative approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care patients, families and providers" (Mitchell, Chaboyer, Burmeister, & Foster, 2009, p. 544) and

WHEREAS, in January 2010, The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) "released a set of new and revised standards for patient-centered communication as part of an initiative to advance effective communication, cultural competence, and patient- and family-centered care" (JCAHO, 2011, p. 2); and

WHEREAS, the American Academy of Pediatrics has "demonstrated a decreased length of stay, reduced medical errors, and improved staff satisfaction" with the use of "high quality patient- and family-centered care" (Eichner & Johnson, 2012, p. 397) and

WHEREAS, FCC and PCC appear in the Healthy People 2020 report as integral to patient health, satisfaction, and health care quality (Kuo et al., 2012, p. 300) and

WHEREAS, the American Heart Association (AHA) reports, "family members [...] experience less anxiety and depression and more constructive grief behaviors if they are present during resuscitative efforts" ("Social and Ethical Issues," 2011, p. 166); and

WHEREAS, "80% of family members who have helped with some patient care stated that the act of caregiving resulted in the [patients] having a more positive outlook [as] family members both provide a link with home life that helps orient the patients and produce a calming effect and sense of security" (Mitchell, Chaboyer, Burmeister, & Foster, 2009, p. 544); and

WHEREAS, 80-95% of families prefer teaching and care discussions to be at bedside (Kuo et al., 2012, p. 300); and

WHEREAS, research from the UC Davis Health System indicates that including patients in more of the treatment and care-planning discussion is not only the right thing to do, it is also cost-effective" ("UC Davis study," 2011); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage its constituents to advocate for the incorporation of FCC/PCC within all clinical care delivery settings; and be it further

RESOLVED, that the CNSA publish an article on this topic in *Range of Motion*, if feasible; and be it further

RESOLVED, that the CNSA demonstrate its ongoing commitment to increasing awareness of the principles of FCC/PCC and their effectiveness in the health care system by providing education to faculty and students at the CNSA annual Convention during break-out sessions, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association\California, Association of California Nurse Leaders, American Association of Critical Care Nurses, the Orange County Society of Pediatric Nurses, the National Gerontological Nursing Association/California, and all others deemed appropriate by the CNSA Board of Directors.

CARRIED

CNSA SPONSORED RESOLUTION IN THE 2014 NSNA HOUSE OF DELEGATES

TOPIC: Resolution #4: IN SUPPORT OF AWARENESS AND ADVOCACY FOR CONSERVATIVE USE OF DIAGNOSTIC PROCEDURES INVOLVING RADIATION

SUBMITTED BY: CALIFORNIA STATE UNIVERSITY, SACRAMENTO

AUTHORS: JULIE MONTOYA, SANDY BURLANDO, VICTORIA CONLU, CHELSEA HALLFORD, CARRIE WILLIAMS

WHEREAS, the use of medical imaging procedures has increased annually from approximately three million in 1980 to over 70 million procedures today (Koontz, 2012); and

WHEREAS, according to the US Environmental Protection Agency, there is no level at which radiation exposure is considered to be safe and free of risk (EPA, 2012); and

WHEREAS, the U.S. Department of Health and Human Services has recognized medical imaging modalities which utilize ionizing radiation such as computed tomography, fluoroscopy, and radiography as potential carcinogens since the 2011 Report on Carcinogens, 12th Edition (NTP, 2011); and

WHEREAS, according to a 2012 study funded by the US National Institute of Health of over 175,000 “children and young adults,” (p. 1) CT scans during childhood may lead to an increased risk of leukemia and brain cancer (NIH, 2012); and

WHEREAS, Dr. Maria Neira of the World Health Organization stated, "Reduction of unnecessary radiation exposure by justification of radiological medical procedures is a major goal for the Global Initiative [on Radiation Safety in Health Care Settings]" (WHO, 2013, p. 3); and

WHEREAS, accessibility of patient medical records, utilization of referral guidelines, and education of clinicians and technicians can reduce unnecessary procedure use and radiation exposure; optimization of radiological procedures can reduce inappropriate techniques and radiation doses; and utilization and compliance with radiation dose limits for medical workers can reduce excess population exposure (WHO, 2008); and; therefore be it

RESOLVED, that the CNSA encourage its constituents to advocate for increasing awareness of the risks, benefits, and alternatives to radiographic imaging studies; and be it further

RESOLVED, that CNSA and its constituents encourage patients to maintain personal records of all imaging studies conducted; and be it further

RESOLVED, that the CNSA publish an article about this topic in the *Range of Motion*

magazine, if feasible; and be if further

RESOLVED,

that the CNSA send a copy of this resolution to the American Nurses Association\California, Association of California Nurse Leaders, Association for Radiologic and Imaging Nursing\CA-Golden Gate Chapter, California Association of Clinical Nurse Specialists, California Association of Colleges of Nursing, California Hospital Association, California League of Nursing, California Nurses Association, California Organization of Associate Degree Program Directors, and all others deemed appropriate by the CSNA Board of Directors.

CARRIED

TOPIC: Resolution #5: IN SUPPORT OF INCREASING AWARENESS AND EDUCATION OF ALARM FATIGUE TO PROVIDE A SAFER ENVIRONMENT IN THE HOSPITAL SETTING

SUBMITTED BY: MAURINE CHURCH COBURN SCHOOL OF NURSING

AUTHOR: MELISSA SADOWSKY

WHEREAS, the Joint Commission's (TJC) Sentinel Event Alert (Issue 50), on April 8, 2013, states, "the constant beeping of alarms and an overabundance of information transmitted by medical devices such as ventilators, blood pressure monitors and ECG (electrocardiogram) machines is creating alarm fatigue that puts hospital patients at serious risk" (Eaken Zhani 2013); and

WHEREAS, "the number of alarm signals per patient per day can reach several hundred depending on the unit within the hospital, translating to tens of thousands of alarm signals throughout the hospital every day [and] as a result clinicians become desensitized or immune to the sounds, and are overwhelmed by information – in short, they suffer from alarm fatigue" (TJC 2013); and

WHEREAS, the Emergency Care Research Institute (ECRI) ranked alarm hazards as number one on their annually Top 10 Health Technology Hazards for 2013 and 2012, stating that, "alarm hazards remain a high-impact, high-profile patient safety concern [and] healthcare facilities can continuously improve the manner in which alarms are managed" (ECRI 2013); and

WHEREAS James P. Keller, ECRI Institute's Vice President, Health Technology Evaluation and Safety, states, "alarm-related adverse incidents typically involve one of the following: staff becoming overwhelmed by the sheer number of alarms; alarm settings not being restored to their normal levels after being modified to accommodate temporary conditions; and alarms not being properly relayed to ancillary notifications systems" (Keller 2011); and

WHEREAS, "nuisance alarms represent the 95% of alarms that do not require a clinical intervention [and] reducing the overall occurrence of nuisance alarms is essential in creating and maintaining a safe clinical environment" (Welch 2012); and

WHEREAS "From 2005 through 2008, the U.S. Food and Drug Administration Manufacturer and User Facility Device Experience (MAUDE) database received 566 reports of patient deaths related to monitoring device alarms" (Cvach 2012); and therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage its constituents to support increased awareness and education of optimal management of monitoring systems and their alarms; and be it further

RESOLVED, that the CNSA encourage and support further research and evidence based studies focused on enhancing patient safety by implementing improved alarm guidelines and parameters and promoting innovative solutions in the clinical setting; and be it further

RESOLVED, that the CNSA publish an article on alarm fatigue in *Range of Motion* magazine, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution and all supplementary material to the California Nurses Association, American Nurses Association\California, Association of California Nurse Leaders, the Nurse Alliance of California, the California Board of Registered Nursing, and all others deemed appropriate by the CNSA Board of Directors.

CARRIED

TOPIC: Resolution #6: IN SUPPORT OF ADHERENCE TO PROFESSIONAL CONDUCT BY EACH CNSA CHAPTER

SUBMITTED BY: CNSA FRESNO STATE

AUTHOR: JORDAN BURNS

WHEREAS, Provision 9 of the American Nurses Association's *Code of Ethics for Nurses* asserts, "The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values.." and, "..for maintaining the integrity of the profession and its practice.."; (2001) and

WHEREAS, the National Student Nurses' Association (NSNA) has published a *Code of Professional Conduct* while CNSA does not possess or publish such a document; (April 1999) and

WHEREAS, CNSA bylaws state under Article I. Name and Auspices, "...the California Nursing Students' Association.." [is] "...a constituent of the National Student Nurses' Association.."; and

WHEREAS, the California Nursing Students' Association (CNSA) Values Statement states, "...the image and standards of nursing practice in all activities, according to the Code of Ethical Student Conduct, and the NSNA Code of Professional Conduct and NSNA Code of Academic and Clinical Conduct."; (2013) and

WHEREAS, CNSA bylaws state under Article III Section 1. Objectives and Purposes, "...encourage collaborative relationships with ANA\California as well as all other nursing and health-related organizations."; and

WHEREAS, the CNSA Values Statement further promotes, "...the professional and positive image of nursing in all media relations, public presentations, and publications."; therefore be it

RESOLVED, that CNSA encourage each chapter to develop a Professional Code of Conduct or adopt the NSNA Professional Code of Conduct for members to sign prior to attending any official CNSA meeting, conference, or event; and be it further

RESOLVED, that a copy of this resolution be sent to constituent chapters of CNSA, and all other individuals or organizations deemed appropriate by the CNSA Board of Directors.

AS AMENDED

TOPIC: Resolution #7: IN SUPPORT OF INCREASING EDUCATION AND AWARENESS OF MENTAL HEALTH CARE NEEDS IN NURSING CURRICULUM

SUBMITTED BY: NATIONAL UNIVERSITY, FRESNO

AUTHORS: DESIREE CULLUM

WHEREAS, according to a report by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) "In 2011, there were an estimated 45.6 million adults aged 18 or older in the United States with any mental illness (AMI) in the past year" representing 19.6 percent of all adults in this country. Furthermore "in 2011 there were an estimated 11.5 million adults aged 18 or older in the United States with (serious mental illness) SMI in the past year". This represented 5 percent of all adults in the United States (Center for Behavioral Health Statistics and Quality, 2011); and

WHEREAS, the World Health Organization (WHO) and the World Organization of Family Doctors (Wonca) state: "Strong research evidence has revealed the multidirectional links between mental and physical health and illness. Thoughts, feelings and health behavior have a major impact on physical health status. Conversely, physical health status considerably influences mental health and well-being. Mental disorders can be precursors to physical health problems, or consequences of physical health" (WHO, 2008); and

WHEREAS, multiple studies have shown "people with mental illness are twice as likely as the general population to be diagnosed with physical illnesses" such as; diabetes, cardiovascular and infectious diseases. Additionally those with severe mental illness (SMI) experience an increase in mortality risk and a shortened life expectancy compared to that of the general population. "The most common causes of death are often treatable effects of physical health" (Happell, Scott, Platania-Phung, & Nankivell, 2012); and

WHEREAS, according to the Health Resources and Services Administration (HRSA) nursing is the nation's largest health care profession, with more than 3.1 million registered nurses nationwide (Health Resources and Services Administration, 2010). Furthermore nurses "are the primary providers of hospital patient care, and deliver most of the nation's long-term care" (American Colleges of Nursing, 2013); and

WHEREAS, Whitehead contends "nurses have great potential to make a contribution to health promotion because of their education and access to the community. Nurses are also the largest group of health professionals and have a high degree of visibility and credibility within the community... therefore play a pivotal role in making health promotion and illness-prevention services available to all population groups, including those who are vulnerable and underserved (as cited in Wand, 2011, p.135). It is this aspect of nursing which indicate a need "for nurse-led health

RESOLVED, promotion, education and research across all settings and not just in primary care (Wand, 2011); therefore be it that the California Nursing Students' Association (CNSA) promote awareness of mental health needs in the United States through student-aimed publications, such as *Range of Motion*, if feasible; and be it further

RESOLVED, that the CNSA support and encourage its constituents to promote an increase in discussion of mental health care needs across the nursing curriculum specific to the patient population targeted in each class; and be it further

RESOLVED, that CNSA send a letter written by the author and approved by the Board of Directors to the Deans and Directors of each School of Nursing in California, advocating steps to further an awareness of mental health needs at the undergraduate level, where applicable; and be it further

RESOLVED, that CNSA send copies of this resolution for review to the following: American Nurses Association\California, Association of California Nurse Leaders, California Association of Clinical Nurse Specialists, American Psychiatric Nurses Association\California, California League for Nursing, California Association of Colleges of Nurses any other organizations deemed appropriate by the CNSA Board of Directors.

CARRIED

TOPIC: Resolution #8: IN SUPPORT OF PATIENT ACCESS TO ELECTRONIC HEALTH RECORDS: EMPOWERING PATIENTS BY IMPROVING ONLINE BASED COMMUNICATION

SUBMITTED BY: CALIFORNIA STATE UNIVERSITY SAN MARCOS

AUTHORS: KATE NELSON

WHEREAS, according to The Department of Health and Human Services Federal Register (2012), granting patient electronic access to their records “has the potential to empower patients to play a greater role in their own care coordination and could help assist in reducing the amount of redundant an duplicative imaging-orientated tests performed”; and

WHEREAS, a study published by the American College of Physicians, 99% of patients given electronic access to their notes wanted to continue to have this access (Delbanco, 2012); and

WHEREAS, “all patients should have an equal opportunity to access their electronic health information without barriers or diminished functionality or quality” (Health Information Technology, 2012); and

WHEREAS, 72% of adult population use social networking as a source of information exchange (Brenner, 2013) but only 21% of the population who track their health data, utilize technology to do this” (Fox, 2013); and

WHEREAS, the Department of Health and Human Services has issued a Blue Button Pledge encouraging public support by pledging “We pledge to make it easier for individuals and their caregivers to have secure, timely, and electronic access to their health information. We encourage individuals to use this information to improve their healthcare” (Blue Button Pledge, 2013); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) pledge support to the Blue Button Pledge initiative.; and be it further

RESOLVED, that the CNSA publish an article about this topic in *Range of Motion* magazine, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses' Association\California, Association of California Nurse Leaders, the California Nurses Association, the Nurse Alliance of California, the California Board of Registered Nursing, National Coordinator of Health Information Technology, Kaiser Permanente, and all others deemed appropriate by the CSNA Board of Directors.

