Resolution 2009 #1 Support for Professional Midwives
By Lynne Himmelreich, RN, MPH, CNM, ARNP

- **Whereas**, in the United States this is a person who has graduated from a formal education program in midwifery accredited by an agency recognized by the U.S. Department of Education and the professional midwife has evidence of meeting established midwifery competencies that accord with a defined scope of practice corresponding to the components and extent of coursework and supervised clinical education completed, and
- **Whereas**, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), World Health Organization (WHO) and the and American College of Nurse Midwifes (ACNM) support the International Confederation of Midwives' definition of a professional midwife, and
- **Whereas**, this definition states that successful completion of a recognized midwifery educational program and acquisition of the applicable legal requirements in the country of practice are essential components for a midwife to be recognized for clinical practice, and
- **Whereas**, in addition, this person has successfully completed a national certification examination in midwifery and is legally authorized to practice midwifery or nurse-midwifery in one of the 50 states, District of Columbia or U.S. jurisdictions, and
- **Whereas,** there will always be women desiring out-of-hospital birth and that in the interest of their public health and safety, all women deserve the same standard of care and the safety net provided by access to a full range of providers for consultation, collaboration, and referral with qualified health care professionals and institutions, as needed, within the healthcare system therefore be it
- **Resolved**, that the Iowa Nurses Association supports legal recognition of professional midwives meeting the International Confederation of Midwives' definition as independent providers of health care services to women and newborns in the state of Iowa, and be it further
- **Resolved**, that the Iowa Nurses Association supports a woman's right to choose and have access to a full range of providers and settings for pregnancy, birth and women's health care including hospital, birth center and homebirth, and be it further
- **Resolved,** that the Iowa Nurses Association supports laws and regulations that include:
  1. Successful completion of a formal education program in midwifery accredited by an agency recognized by the U.S. Department of Education.
  2. Successful completion of a national certification examination in midwifery.
  3. Successful completion of regular recertification/continuing education.
  4. A scope of practice that is consistent with the content of the education process and certification exam.
  5. Support for access to a full range of providers for consultation, collaboration, and referral with qualified health care professionals and institutions, as needed, within the healthcare system.

Implementation Steps:

1. Publish an article/s in the *Iowa Nurse Reporter* and post information on the INA website to educate health care providers, legislators, regulators and the public about the many routes to individuals seeking to be recognized as professional midwives.
2. Work in cooperation with all parties who support a woman's choice of birth site and interested in removing barriers to access to a full range of providers for safe care for those women to support legislation to recognize professional midwives

Budget: $0-499 **Priority:** Medium

References:

International Confederation of Midwives. (2005). *Definition of the midwife,* Retrieved December 17, 2008 from http://www.internationalmidwives.org/Portals/5/Documentation/ICM%20Definition%20of%20the%20Midwife%202005.pdf

American College of Nurse-Midwives (ACNM) Issue Brief : "Midwifery Certification in the United States" posted on the web site. *www.midwife.org*
Approved ACNM Board of Directors, September 1997
Revised February 1998; February 1999; January 2008

Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) Position Statement on midwifery at *www.awhonn.org*
The *Midwifery* position statement was approved by the AWHONN Executive Board, April 1985. Reaffirmed, 1990, 1992. Revised and reaffirmed, November 1993. Reaffirmed, 1995. Revised, re-titled and reaffirmed, April 2000. Revised and reaffirmed, January 2009.

Resolution 2009 #2 System of Classification for Direct Care Workers
By Larry Hertel, RN, MSN And Cindy Baddeloo, RN PhD, MPA, BSN

- **Whereas,** nurses have delegated nursing tasks to paraprofessionals; and
- **Whereas**, the titles utilized by paraprofessionals are many and varied in different health, long term, and home care settings; and
- **Whereas**, the educational requirements for paraprofessionals are varied, depending on care setting and type of clients; and
- **Whereas**, nurses are responsible to supervise some of these paraprofessionals; and
- **Whereas**, the supervision of these paraprofessionals is problematic because of the different education requirements required of these direct care workers (DCW); and
- **Whereas**, this problem has been recognized by the Iowa Department of Public Health (IDPH) and the Iowa legislature and;
- **Whereas**, a DCW Advisory Council has issued reports to the Iowa Department of Public Health regarding a DCW career pathway including a system for certification of DCW in November of 2008, September 2009, and future in January 2010, therefore be it

- **Resolved** that the Iowa Nurses Association (fully) support standardized curriculum development for DCW; and be it further
- **Resolved** that the Iowa Nurses Association support and maintain active involvement in development and implementation of a tiered career pathway and certification for DCW; and be it further
- **Resolved** that the Iowa Nurses Association collaborate with the Iowa Department of Public Health and Iowa Board of Nursing to educate nurses in the state of Iowa regarding the DCW Advisory Council

Implementation steps:

1. Monitor and evaluate policy discussions and any proposed legislation that involves DCW.
2. Continue to collaboration with the DCW Advisory Council in developing guidelines for DCW education, career pathways, and certification of DCWs.
3. Publish an article for the *Iowa Nurse Reporter* to educate Iowa's nurses about the DCW Advisory Council's efforts with Career Pathways, Standardized Education, and the System of Certification of DCW

Budget: Up to $500 **Priority:** High

References:

- Direct Care Worker Advisory Council (2008) "Report to the Iowa Department of Public Health regarding Implementation of a System for Certification of Direct Care Workers."
- Direct Care Worker Advisory Council (2009) "Direct Care Worker Contributions to Health Care Reform."

Resolution 2009 #3 Safe Haven Act Standard Definitions
Submitted By: Sarah Be & Brach Jones, 2009 Grand View University Graduates

- **Whereas,** the definition of a newborn across the United States ranges from seventy-two hours old to one year of age (Child Welfare Information Gateway, 2007); and
- **Whereas**, for purposes of the Safe Haven Act, Iowa law defines a "newborn infant" as a child that is or appears to be 14 days of age or younger (Iowa Code 2009, 232B.1); and
- **Whereas,** there may be a variety of reasons for taking an infant to a Safe Haven, including but not limited to postpartum depression, psychosis, and abuse; and
- **Whereas,** the onset of postpartum depression is within four weeks of delivery (DSM-IV, 2000); and
- **Whereas**, forty percent of all women experience postpartum depression, half of them will experience depression prior to delivery due to lack of resources and social support (St. Pierre, 2007); and
- **Whereas,** five percent of mothers with postpartum psychosis commit suicide; in addition to four percent committing infanticide one month post childbirth (Engqvist et al, 2007); and
- **Whereas,** new mothers with postpartum depression experience high levels of anxiety, hopelessness, and loss of interest in daily activities (Records et al, 2007); and
- **Whereas,** one in fourteen women who present for a postpartum visit report emotional or physical abuse in the previous year (Certain et al, 2008); and
- **Whereas,** fifty to eighty percent of adolescent mothers are in violent, abusive, and coercive relationships before, during and after pregnancy (Mylant and Mann, 2008); therefore be it

- **Resolved,** that the Iowa Nurses Association will:
  1. Support a universal definition of a newborn to be defined as forty-five days of age or younger across all fifty states.

  2. Encourage the Iowa General Assembly to discuss this issue and find meaning behind the number of days that are established, rather than determining an arbitrary number of days that are allotted for the community to utilize Safe Haven.

  3. Advocate for research to determine if there are common factors that are present in those that do utilize Safe Haven, while still allowing everything to be anonymous.

Implementation Steps:

1. Publish an article for the *Iowa Nurse Reporter* about the inconsistency of Safe Haven and the importance of awareness regarding postpartum

2. Lobby for Iowa to be the first state to set the universal standard of forty five days

3. Collaborate with health care facilities in light of developing a questionnaire for the parent(s) that are utilizing Safe Haven with a prepaid envelope that still provides all privacy, with no questions regarding identity.

Budget: Up to $250 **Priority:** Medium

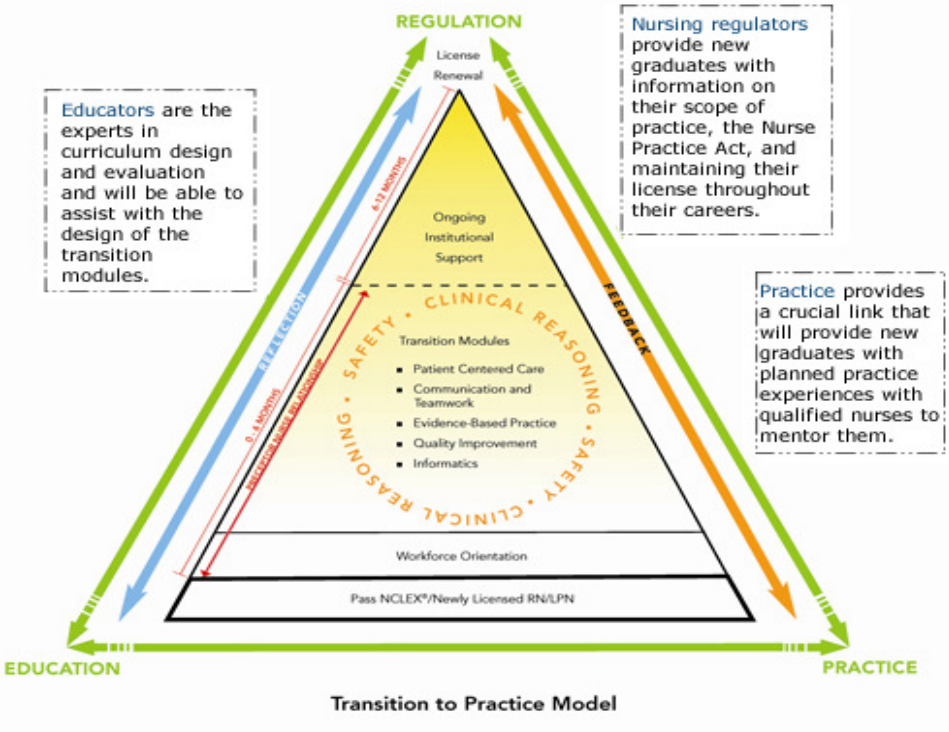
References

- American Psychiatric Association. (2000). DSM-IV
- Certain, H.E., Mueller, M., Jagodzinski, T. & Flemming, M. (2008). Domestic abuse during the previous year in a sample of postpartum women. *Association of Women's Health Obstetric and Neonatal Nurses, 37*(1), 35-41.
- Child Welfare Information Gateway. (2007). Infant safe haven laws: summary of the state laws. Retrieved January 31, 2009 from http://childwelfaresystems.gov/systemswide/laws_policies/statues/safehavenall.pdf Engqvist, I. Nilsson, A., Nilsson, K. & Sjostrom, B. (2007). Strategies in caring for women with postpartum psychosis- an interview study with psychiatric nurses.
- *Journal of Clinical Nursing, 16*, 1333-42.
- Mylant, M.L. & Mann, C. (2008) Current sexual trauma among high-risk teen mothers. *Journal of Child and Adolescent Psychiatric Nursing, 21*(3), 164-76.
- Records, K., Rice, M., Beck, C.T. (2007). Psychometric assessment of the postpartum depression predictors inventory- revised. *Journal of Nursing Measurement, 15*(3), 189-201.
- St. Pierre, C.M. (2007). The taboo of motherhood: postpartum depression. *International Journal for Human Caring, 11*(2), 22-33

Resolution 2009 #4 Mentoring Program to Bridge the Preparation/ Practice Gap in Hospital Nursing
By Michelle Hofbauer RN, BSN

- **WHEREAS**, the number of new nurses entering the workforce has expanded by over 70% since 2001(Nursing Executive Center, 2008); and
- **WHEREAS**, new graduate RN turnover is currently between 35% and 60% within the first 12 months of employment and 57% at 2 years of hire and "most hospitals are operating with high nurse vacancies."; so that whenever new nurses are hired, administrators are eager to deploy them as quickly as possible" (Reinsvold, 2008); and
- **WHEREAS**, many hospitals, nursing homes and home care agencies have no formal support system for new and graduate nurses to access when needed, and
- **WHEREAS**, research indicates that front line nurse leaders in hospital settings feel that graduate nurses have an extensive preparation-practice gap related to basic nurse competencies (Nursing Executive Center, 2008), and
- **WHEREAS**, mentoring programs have proved to be valuable and cost effective in bridging the transition from preparation to practice in other professional settings. A study conducted by researchers at the New Teacher Center at the University of California Santa Cruz found that 98% of school teachers who had been in their Santa Cruz New Teacher Project (SCNTP) mentoring program remained in the classroom teaching after one year and 88% still remained teaching in the classroom at six years. This compares to the national average of 89% at one year and 56% at six years (Strong, 2005); and
- **WHEREAS,** "Nearly all (91.0%) nurses under the age of 30 and 86% of those who had been out of school less than 10 years who work outside of nursing do so because of concerns with the nursing workplace" (Black, Spetz & Harrington, 2008); these are currently licensed RN's who have left nursing due to work environment factors; and
- **WHEREAS**, The National Council of State Boards of Nursing has recognized the need for continued support and education of newly graduated nurses and is proposing a Transition to Practice Model. This model would encompass all newly graduated nurses whom have successfully passed NCLEX and have obtained employment in any health care setting (NCSBN, 2009);

National Council of State Boards of Nursing Proposed Transition to Practice Model



Transition to Practice Model

- **Therefore be it RESOLVED** that the Iowa Nurses Association will:
    1. Actively support the development of policy at the state level to provide financial support for Mentoring and Induction programs for nurses in all settings, as a way to increase nurse retention and decrease the number of nurses leaving the profession.
    2. Encourage hospitals to create, support and adequately fund Mentoring and Induction programs at the organizational level.
    3. Encourage these hospitals to monitor and document outcomes of program related to nursing satisfaction, recruitment and retention for research purposes.
    4. Present these work items at ANA congress.
    5. Recommend ANA actively collaborate with NCSBN and other state and national nursing organizations to request federal funding to support a Mentoring and Induction program as part of a nurses transition into practice.

Implementation Steps:

- Publish an article in *Iowa Nurse Reporter* on the positive effects mentoring can have on recruitment and retention, and the personal responsibility each nurse has as a professional nurse to support and mentor the inexperienced nurse.
- Lobby for state and federal legislation that will provide funding to support a formal Mentoring and Induction program for nurses in the hospital, nursing homes and home care agencies settings.
- Collaborate with NCSBN, Iowa Hospital Association and other nursing and healthcare organizations to develop guidelines for implementing a mentoring program for hospital nurses that clearly defines the required elements of the program, documentation of activities, statistical data to track, and program evaluation.

Budget: $0-499 **Priority:** High

References

- Black, L., Spetz, J., & Harrington, C. (2008, August). Nurses working outside of nursing: societal trend or workplace crisis?. *Policy, Politics, & Nursing Practice*, *9*(3), 143-157. Retrieved May 6, 2009, from CINAHL Plus database.
- National Council of State Boards of Nursing (2009). NCSBN's transition to practice regulatory model. https://www.ncsbn.org/363.htm
- Neuhauser, P. (2002, September). Building a high-retention culture in healthcare: fifteen ways to get good people to stay. *Journal of Nursing Administration*, *32*(9), 470-478. Retrieved May 2, 2009, from CINAHL Plus database.
- Nursing Executive Center. (2008) *Bridging the preparation-practice gap, volume I: quantifying new graduate nurse improvement needs,* Washington, D.C., The Advisory Board Company
- Reinsvold, S. (2008, December). Nursing residency: reversing the cycle of new graduate RN turnover. *Nurse Leader*, *6*(6), 46-49. Retrieved May 2, 2009, from CINAHL Plus database.
- Strong, Michael (2005). *Mentoring New Teachers to Increase Retention: A Look at the Research.* Research Brief, New Teacher Center. http://www.newteachercenter.org/pdfs/NTCResearchBrief.05-01.pdf

Resolution 2009 #5 Revised and Reaffirmed 2003 Resolution #12 Requiring Medication Aide/Manager Course in Assisted Living Programs
By Cindy Baddeloo, Betty Lord-Dinan and Jewl Russell

- **Whereas**, on average, older adults use 5 prescription medications, and those with 3 or more chronic conditions use 6 to 7 prescription medications per month (Wilson, Schoen, Newman, Strollo, Rogers, Change, Safran, 2007); and
- **Whereas,** a 2001 study of medication usage patterns in Assisted Living (AL) reported the number of medications used by AL residents to be 6.2 (+/-3.4) (Armstrong, Rhodes, Meiling, 2001); and
- **Whereas,** the average Assisted Living resident in Iowa is 87 years old, needs help with 1.6 activities of daily living (ADL), and 3.4 IADLs. Approximately 72% of AL tenants require assistance with medication management. (Iowa Center for Assisted Living, 2006); and
- **Whereas,** on average, older adults use 5 prescription medications, and those with 3 or more chronic conditions use 6 to 7 prescription medications per month (Wilson, Schoen, Newman, Strollo, Rogers, Change, Safran, 2007); and
- **Whereas,** a 2001 study of medication usage patterns in Assisted Living (AL) reported the number of medications used by AL residents to be 6.2 (+/-3.4) (Armstrong, Rhodes, Meiling, 2001); and
- **Whereas**, the average Assisted Living resident in Iowa is 87 years old, needs help with 1.6 activities of daily living (ADL), and 3.4 IADLs. Approximately 72% of AL tenants require assistance with medication management. (Iowa Center for Assisted Living, 2006); and
- **Whereas,** wrong time errors are a significant problem in assisted living and nursing homes. In one study, an administration error rate of 27% in AL settings was reduced to 15% when a 4-hour interval was scheduled as opposed to a 2-hour interval for administration (Young et al 2005); and
- **Whereas,** preventable adverse drug events in the average size nursing home cost up to $171,000 per year per home (GAO, 2000); and
- **Whereas,** because of the high number of medications AL residents take, they are at increased risk for drug interactions and other negative outcomes (McAllister, Schommer, McAuley, Palm, Herring, 2000); and
- **Whereas,** medication errors in the elderly occur because they cannot read the label, could not open or close the container, could not tell between certain colors, and had trouble swallowing the pill (Griffiths, Johnson, Piper, & Langdon 2004); and
- **Whereas,** most likely types of medication errors in assisted living were reported by the Center for Excellence in Assisted Living, 2008 as:
    - Medication out of stock or not delivered to AL facility [Dispensing error]
    - Medication given at the wrong time [Administering error]
    - Medication given at the wrong dose [Administering error]
    - Wrong medication sent by the pharmacy [Dispensing error]; and
- **Whereas,** forgetting and not understanding their illness led the elderly to be non-compliant with taking their medication as well (Duijnstee, Grypdonck, Schuurmans, & Vliet, 2006); and
- **Whereas,** elderly are more likely to be compliant if they have someone to help them such as a caregiver (Duijnstee, Grypdonck, Schuurmans, & Vliet, 2006); and
- **Whereas,** training and curriculum is generally lacking in the study of pharmacology (King, 2004, p. 298); and
- **Whereas,** there is a need for adequate training for nursing and medical staff (Davies, Guy, Harvey & Persaud, 2003, p. 289); and
- **Whereas,** the bulk of medications given in AL settings are low risk and routine; therefore, the focus of medication management should be on high-risk drugs and residents. Very few errors pose a potential for harm. Medication aides generally do remarkable well with the level of training and preparation they receive (Reinhard, 2003); and
- **Whereas,** in Iowa there is a Medication Aide course for caregivers in skilled nursing facilities and a Medication Manager course for caregivers in residential, home and community based settings; therefore be it

- **Resolved** that the Iowa Nurses Association support increasing the awareness of nurses working in AL programs, that optimize their understanding of the AL philosophy and to emphasize the importance of their role in medication management. AL medication plans should be based on the resident's decision-making capacity, competency, medical needs, and lifestyle choices. When delegating unlicensed personnel to pass medication, they need to be aware that the unlicensed personnel need to be sufficiently trained in a Certified Medication Aides/Manager course.
- **Resolved** to encourage processes incorporating the use of e-MARs to help reduce errors and increase quality systems; and be it further
- **Resolved** to participate on the Direct Care Worker Advisory Council to establish an education requirement which strikes a balance between Iowa's Medication Aide and Medication Manager Course where there should be more rigorous training about high-risk medications (eg, warfarin, insulin, and digoxin).

Implementation Steps:

1. Participate in the Direct Care Advisory Council when addressing the education curriculum for Medication Aides/Managers.
2. Publish an article in the *Iowa Nurse Reporter* publication to include comparing and contrasting the differences in medication administration between care facilities and AL programs and education resources for RNs and unlicensed assistive personnel (UAPs) on medication management in AL.
3. Collaborate with Iowa Nurses of Assisted Living (INAL) and Center for Excellence in Assisted Living (CEAL) on disseminating pocket medication guides to RNs delegating to UAPs in Assisted Living settings.
4. Co-host with INAL a webinar on medication management in 2009 or 2010 for nurses and UAPs in AL settings.

Budget: Up to $500 **Priority**: Medium

Resolution 2009 #6 Revised and Reaffirmed 2003 Resolution # 10
Supporting School Nurses in Iowa
By Iowa School Nurse Organization (ISNO), Sharon Yearous

- **Whereas**, there is an established link between a student's health and academic achievement; and
- **Whereas,** there are many intervening variables affecting students of all ages such as, but not limited to, child abuse, neglect, domestic violence, obesity, suicide, substance abuse, bullying, adolescent pregnancy and parenting, environmental health, mental health and lack of health insurance coverage that can impede academic growth; and
- **Whereas,** there is a federal mandate that all children have an equal and significant opportunity to obtain an education and reach proficiency *(*No Child Left Behind Act of 2001*);* and
- **Whereas**, advanced medical technology has made it possible for students with serious acute and chronic health problems to attend school and federal legislation has required school districts to provide the least restrictive environment to students with serious health problems (Individuals with Disabilities Education Act, Free and Appropriate Public Education); and
- **Whereas,** a healthy school environment is essential to student achievement and to the development of attitudes and behaviors which promote the values of a healthy lifestyle; and
- **Whereas,** students should become active participants in their own health through health education and health literacy provided by the school nurse; and
- **Whereas,** the Iowa Legislature requires that school boards adopt a policy which addresses school health services; and
- **Whereas,** the National Association of School Nurses (NASN) defines seven roles of the school nurse (and INA and ISNO support these defined roles) including 1) provide direct health care to students and staff, 2) provide leadership for the provision of health services, 3) provide screening and referral for health conditions, 4) promote a healthy school environment, 5) promote health education, 6) serve in a leadership role for health policies, programs, and disaster preparedness, and 7) serve as a liaison between school personnel, family, community, and health care providers; and
- **Whereas,** a registered school nurse's primary role is to support student learning by acting as an advocate and liaison between the home, school and medical community regarding physical and psychosocial health concerns that are likely to affect a student's ability to learn; and
- **Whereas,** registered school nurses have the appropriate academic preparation and professional ability to develop and manage health care plans and services that are necessary to ensure students have full access to academic opportunities; therefore be it
- **Resolved**, that the Iowa Nurses Association (INA) and the Iowa School Nurse Organization (ISNO) support legislation that ensures that registered nurses are employed by school districts or other partnering organizations for the purpose of coordination, planning, provision and assessment of school health services, and be it further
- **Resolved**, that the Iowa Nurses Association (INA) and the Iowa School Nurse Organization (ISNO) recommend at least one school nurse be available in each school building each day and the minimum number of hours a school nurse should be available is determined by a ratio of students per registered nurse that is based on the needs of the students and the needs of the individual school community with recognition of additional weighting for students with serious health problems.

Rationale:

- All students have a right to learn in an environment which supports the development of healthy attitudes and behaviors and academic success.
- School nurses, act as active members of interdisciplinary student services teams, facilitate positive responses to normal development, promote health and safety, intervene with actual and potential health problems, provide case management services and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.

Implementation Steps:

- Publish an article in the *Iowa Nurse Reporter* from a representative of the Iowa School Nurse Organization.
- Monitor and introduce supportive legislation regarding school nurses' issues and healthy students.
- Identify the number of school nurses in Iowa and the number of school buildings which do not have a registered nurse present each day.

Budget: Up to $1000 **Priority**: High

Resolution 2009 #7 Revised and Reaffirmed 1993 and 2003 Resolution #1
INA Membership Retention and Recruitment
Revised by Rhonda Carney

- **Whereas**, ANA/INA believe membership retention and recruitment is a top priority, and
- **Whereas**, the strength of a professional Association is dependent on an actively involved membership, and
- **Whereas**, there are 42,000 active licensed registered nurses in Iowa, but only 1180 belong to INA, and
- **Whereas**, new graduate members bring perspective and strength necessary to the growth of the Association, and
- **Whereas**, the most effective recruitment technique by far is personally asking someone to join, and
- **Whereas,** the growth of the internet and social networking through the internet has become an increasingly popular way for individuals to network and engage in discussions,
- **Whereas**, it is critical to reach and maintain high levels of existing member Commitment, and
- **Whereas**, the Membership/Public Relations Commission has set a goal of 2000 members by 2014; therefore, be it
- **Resolved**, that the Regional and State Membership Committees and the INA Board of Directors continue to evaluate and improve present means to retain and recruit members to ensure a strong professional organization; and be it further
- **Resolved,** that INA continue to research and utilize a variety of new technologies to improve networking and communication such as: Facebook, Skype, webinars, You Tube, and Twitter.
- **Resolved**, that each INA Region contact all Schools of Nursing in their region annually addressing the benefits of ANA/INA membership.
- **Resolved,** that each INA Region promotes our annual INA convention by awarding one or more convention registration certificates to non-INA members in order to promote awareness and to allow for personal networking and conversation with INA members

Rationale: Recruitment must be an ongoing priority-A membership-driven, non-profit organization depends on constantly bringing in new members to be successful. Everyone-not just the president, membership chair or the Board-can help recruit nurses to join. Retention is even more important than recruitment. Given the intense competition every organization faces for members, money, volunteers and attention, treating members like customers who may "shop" elsewhere makes good sense. (Clearly an organization cannot keep every member; some leave for reasons that are out of any organization's control. And it is not possible to provide all members exactly what they want at all times-that's not what most members expect. There is much, however, that can be done to keep interested members from becoming dissatisfied and alienated. Keep up with what members are thinking and whether they are satisfied with their membership.)

Rationale: social media communications are free and faster than traditional communications. One person can post to an individual or groups of multiple members and/or non-members. It can be a powerful grassroots tool to promote practice discussions and nursing interactions

Implementation Steps:

1. Appointment by Region Boards of a representative to the INA Membership/Public Relations Commission to ensure communication of activities and resources.
2. Establish and maintain a “Facebook” page to promote INA membership and post links back to the INA web page, promotional projects and/or events.
3. Provide Membership folders with pertinent information to new members and recruitment activities throughout the state.
4. Publish the membership benefits and services in each printing of the Iowa Nurse Reporter.
5. Plan programs that focus on identified member interest yearly within each region, publishing this information in the INR upcoming events.
6. Offer annual convention registration certificates to non-INA members at the region level.
7. Offer reduced rate membership to non-members attending the annual meeting (convention).
8. Utilize media promotions for recruitment.
9. Plan INA member visits to regions colleges to promote membership.
10. Implement activities to engage nurses in social interaction which ultimately promotes INA membership (INA team for Race for the Cure, get together with local nurses after work).
11. The INA president, executive director and ANA delegates lobby ANA for 50% reduction in dues for new graduates for three years.

Budget: $1000 **Priority**: High

Resolution 2009 #6 Revised and Reaffirmed 2003 Resolution # 10 Supporting School Nurses in Iowa
By Iowa School Nurse Organization (ISNO), Sharon Yearous

- **Whereas**, there is an established link between a student's health and academic achievement; and
- **Whereas,** there are many intervening variables affecting students of all ages such as, but not limited to, child abuse, neglect, domestic violence, obesity, suicide, substance abuse, bullying, adolescent pregnancy and parenting, environmental health, mental health and lack of health insurance coverage that can impede academic growth; and
- **Whereas,** there is a federal mandate that all children have an equal and significant opportunity to obtain an education and reach proficiency *(*No Child Left Behind Act of 2001*);* and
- **Whereas**, advanced medical technology has made it possible for students with serious acute and chronic health problems to attend school and federal legislation has required school districts to provide the least restrictive environment to students with serious health problems (Individuals with Disabilities Education Act, Free and Appropriate Public Education); and
- **Whereas,** a healthy school environment is essential to student achievement and to the development of attitudes and behaviors which promote the values of a healthy lifestyle; and
- **Whereas,** students should become active participants in their own health through health education and health literacy provided by the school nurse; and
- **Whereas,** the Iowa Legislature requires that school boards adopt a policy which addresses school health services; and
- **Whereas,** the National Association of School Nurses (NASN) defines seven roles of the school nurse (and INA and ISNO support these defined roles) including 1) provide direct health care to students and staff, 2) provide leadership for the provision of health services, 3) provide screening and referral for health conditions, 4) promote a healthy school environment, 5) promote health education, 6) serve in a leadership role for health policies, programs, and disaster preparedness, and 7) serve as a liaison between school personnel, family, community, and health care providers; and
- **Whereas,** a registered school nurse's primary role is to support student learning by acting as an advocate and liaison between the home, school and medical community regarding physical and psychosocial health concerns that are likely to affect a student's ability to learn; and
- **Whereas,** registered school nurses have the appropriate academic preparation and professional ability to develop and manage health care plans and services that are necessary to ensure students have full access to academic opportunities; therefore be it
- **Resolved**, that the Iowa Nurses Association (INA) and the Iowa School Nurse Organization (ISNO) support legislation that ensures that registered nurses are employed by school districts or other partnering organizations for the purpose of coordination, planning, provision and assessment of school health services, and be it further
- **Resolved**, that the Iowa Nurses Association (INA) and the Iowa School Nurse Organization (ISNO) recommend at least one school nurse be available in each school building each day and the minimum number of hours a school nurse should be available is determined by a ratio of students per registered nurse that is based on the needs of the students and the needs of the individual school community with recognition of additional weighting for students with serious health problems.

Rationale:

- All students have a right to learn in an environment which supports the development of healthy attitudes and behaviors and academic success.
- School nurses, act as active members of interdisciplinary student services teams, facilitate positive responses to normal development, promote health and safety, intervene with actual and potential health problems, provide case management services and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.

Implementation Steps:

- Publish an article in the *Iowa Nurse Reporter* from a representative of the Iowa School Nurse Organization.
- Monitor and introduce supportive legislation regarding school nurses' issues and healthy students.
- Identify the number of school nurses in Iowa and the number of school buildings which do not have a registered nurse present each day.

- **Budget:** Up to $1000 **Priority**: High

Resolution 2009 #8 Revised and Reaffirmed 2003 Resolution #2 Funding for Public Health Nursing Revised by Rosemary Holland

- **Whereas**, Public Health is the vital foundation for providing services for the poor and uninsured, in 2006 83% of Iowa's underserved population, those who are uninsured, underinsured or have other barriers to health care services, did not have access to health care services; and
- **Whereas,** public health nursing is the largest professional healthcare workforce in public health agencies; and
- **Whereas,** public health nurses have provided care for poor, chronically ill patients and uninsured and under insured patients aged 19 to 64 yrs.; and
- **Whereas,** patients are released from the hospital unable to care for themselves physically and financially, needing assistance with wound care, IV therapy, assessment and evaluation of their health status and referrals to other health care providers and community services; and
- **Whereas,** public health nurses are the primary providers of well child care, including immunizations and preventive services for pregnant women; and
- **Whereas**, it is well documented, over time, that nurse home visits have reduced child abuse and neglect and preterm births; and
- **Whereas**, public health nursing has been historically underfunded, since fiscal year 2001 the funding has decreased by 24%, $3,393,977, even though the numbers of uninsured and underinsured have increased; and
- **Whereas,** Title V (Federal) funds have decreased since 2003, the state, until now, has used money from the surplus to fund the counties; and
- **Whereas,** the public health nurses at the county level are unable to provide home care services, denying needy families community services; and

- **Resolved, that the Iowa Nurses Association will (vigorously) advocate for:**
  - Adequate funding for public health nursing services at the state and county level.
  - Education, by nurses, of our legislators, congressmen, other health care providers and the public about the importance of public health nursing.
  - Advocate that congress supports budget request for the Nurse Home Visitation program and resumption of the Title V grants and/or any other funding needed by Public Health.
- **Whereas,** the President has requested in his budget proposal $87 million, for the states, over the next 10 years for a Nurse Home Visitation program: therefore be it

Implementation Steps:
- Publish an article in the INR encouraging members to talk with nonmembers about the need to support funding for public health nursing services.
- Continue to encourage adequate funding for public health nursing in the Association's Public Health Policy Agenda.

Budget: $500 **Priority**: High

References:

- Iowa Department of Public Health web site. www.idph.state.ia.us
- Conversation with Maternal & Child Health Bureau Chief Jane Borst, 2009
- Mary O'Brien, "Funding For Public Health Nursing."
- Prevent Child Abuse America, "Update on the President's Budget Request for Nurse Home Visiting."

Resolution 2009 #9 Revised and Reaffirmed 2003 Resolution #6 ARNP Hospital Privileges
Revised by Diane Anderson

- **Whereas,** ARNPs are licensed independent providers under Iowa Code Chapter 152 and Iowa Administrative Code 655, Chapter 7, and
- **Whereas,** ARNPs do NOT require physician supervision or oversight to practice within their specialty scope of practice, and
- **Whereas,** ARNPs providing care to their clients within their scope of practice does NOT constitute a 'medically delegated function', and
- **Whereas,** all hospitals in Iowa are required to be licensed under Iowa Code Chapter 135B, and
- **Whereas,** 135B.7 prohibits denial of clinical privileges to licensed ARNPs, solely by reason of licensure or education, and
- **Whereas,** 135B.7 allows hospitals to establish procedures for interaction between patients and practitioners, and
- **Whereas,** 135B.7 does NOT provide for hospitals to establish rules or policies for privileges that are discriminatory, and
- **Whereas,** Iowa hospital medical staff bylaws, rules and regulations have consistently developed privilege criteria that require a physician supervision and/or sponsorship, and
- **Whereas,** Iowa hospitals have consistently classified ARNPs under categories such as "allied Health Professional" or "ancillary Personnel"; of which such category also includes Physician Assistants, Certified Surgical Technicians, dental assistants, and licensed practical nurses, and
- **Whereas,** Iowa hospital medical staff bylaws, rules and regulations have changed privilege criteria for dentists and doctors of podiatric medicine without a requirement of 'supervision' or 'sponsorship', and have classified these providers as "associate professionals" or consider them as part of the medical staff, and
- **Whereas,** under 135B.7, clinical privilege rules that apply <u>only to ARNPs</u> are, by definition, discriminatory, particularly if they establish policy or rules that are contrary to, or in addition to, state ARNP scope of practice and collaboration/consultation statutes and rules, and
- **Whereas,** requiring sponsorship or supervision for privileges for ARNPs allows physicians to limit ARNPs access to acute care services for their clients and this limitation constitutes discrimination against ARNPs and creates a barrier to practice of ARNPs and, as such, constitutes restraint of trade, and
- **Whereas,** The Joint Commission (for Accreditation of Healthcare Organizations (JCAHO)) defines a Licensed Independent Practitioner as a health professional who is permitted by law and also permitted by the hospital to provide patient care services without supervision or direction, and
- **Whereas,** the Iowa Nurse Practice Act makes it clear that ARNPs in Iowa are permitted by law to practice without supervision or direction, and
- **Whereas,** despite the fact that Iowa ARNPs would otherwise be considered Licensed Independent Practitioners, the restrictive and anticompetitive medical staff bylaws, rules and regulations of Iowa hospitals deny ARNPs the right to practice without supervision or direction; therefore be it

- **Resolved,** that the Iowa Nurses Association will seek to assist ARNPs with access to full, non-restricted clinical and admitting hospital privileges to practice within their full scope of practice, and
- **Resolved,** that INA and ARNPs will seek legislative and legal support to resolve the restraint of trade imposed on ARNPs by the discriminatory rules/privilege criteria promulgated by hospitals and physician/medical staffs.

Implementation Steps:

- Publish an article in the *Iowa Nurse Reporter* to educate members about the issue.
- Collaborate with other advanced practice nurse organizations in Iowa for the development of such legislation.

Cost: $1,000 **Priority**: Medium

Resolution 2009 #10 Revised and Reaffirmed 2003 Resolution #11 Epidemic of Obesity
Revised by Rosemary Holland

- **Whereas**, the Centers for Disease Control and Prevention (CDC) has declared that obesity needs to be a major priority for the health care system, and
- **Whereas,** obesity is second only to smoking as the leading cause of preventable deaths, and
- **Whereas,** it is projected by the CDC that one in three children born in the United States in 2000 will develop diabetes due to obesity and lack of physical activity, and
- **Whereas**, the Iowa Department of Public Health (IDPH) study revealed that one in five adults engage in high level physical activity and one in four adults engage in little or no activity;(IDPH) studied youth, ages thirteen to eighteen, and found that 25% of females and 42% of males engaged in physical activity one hour per day, five days per week, and
- **Whereas,** the IDPH in 2005 found that 18.1% of third, fourth and fifth graders are obese and are likely to become obese adults, and
- **Whereas,** the CDC reports that 70% of the obese children aged five to seventeen years have one cardiovascular (CVD) risk factor (high cholesterol level, high blood pressure, abnormal glucose tolerance) and 39% of these children have 2 CVD risk factors, and
- **Whereas,** in 2006, 34% of the nation's adults were obese compared to 62% (1,500,000) of Iowans who were obese, a 36% increase since 1997, and
- **Whereas**, the IDPH found in 2005 that 45% of Iowans engaged in some form of physical activity outside of work, and
- **Whereas,** health care costs for treatment of obesity and overweight conditions in Iowa are $783,000,000, and therefore be it,

- **Resolved**, that the Iowa Nurses Association support national and state legislation that will promote prevention of obesity state, and be it further
- **Resolved**, that nurses, in their practice settings advise their patients/clients about diseases that are caused by obesity and about the availability of programs that promote good nutrition and physical activity such as the IDPH Iowans Fit For Life Nutrition and Physical Activity, and www.healthyiownas.gov web site and be it further
- **Resolved,** that nurses, in their practice settings help patients/clients develop goals on improving their exercise and nutritional state, and be it further
- **Resolved,** that the Iowa Nurse Association support efforts to maintain healthy nutrition and physical activity programs in our children's schools, and be it further
- **Resolved,** that all nurses serve as role models for healthy weight

Implementation Steps:
- Publish an article in the INR about the impact of obesity on personal health and the programs available that promote healthy nutrition and physical activity.
- Encourage nurses to educate public on and role model healthy nutrition and physical activity behaviors.

Cost: up to $250 **Priority:** High

Resolution 2009 #11 Revised and Reaffirmed 1998 and 2003 Resolution #7
Equity in Medicare Reimbursement
Revised by Rosemary Holland

- **Whereas,** Iowa citizens pay the same amount of Medicare tax as the citizens of the other 49 states, and
- **Whereas**, the Medicare reimbursement for an Iowa citizen is $3000 per person and $7000 per person for a resident of Louisiana making this an unequal distribution of Medicare funds, and
- **Whereas,** Iowa has the highest population of persons over 85 who have the greatest health care needs and many of these needs are not met due to the disparity from state to state in covered services, and
- **Whereas,** there is an inequity between rural and urban reimbursement within the state of Iowa itself, and
- **Whereas,** all Iowa nurses' salaries and benefits are negatively impacted by the low Medicare reimbursement in all health care settings and for all health care providers, therefore be it

- **Resolved,** that the Iowa Nurses Association encourage all nurses, their friends and families contact their state and national elected officials asking them to pass legislation that will bring about fair and equal distribution of Medicare funds

Implementation Steps:

- Publish an article in the *Iowa Nurse Reporter.*
- Utilize the Voter Voice broadcast email service subscribed to by the Iowa Nurses Association to contact elected officials with the message.

Budget: $500-750 **Priority**: High

Resolution 2009 #12 Revised and Reaffirmed 1998 and 2003 Resolution #9
End of Life Decision Making
Revised by Rosemary Holland

- **Whereas**, the aging population in Iowa is increasing and the decisions about end of life care need to be addressed on a more frequent basis, and
- **Whereas**, patient/family or other decision makers may not be informed about end of life issues, how to manage them, and where to get information about these issues, and
- **Whereas,** many people do not have access to information about advance directives and or living wills, until a time when imminent need interferes with the deliberative decision making process which may result in unwanted end of life care procedures, and
- **Whereas,** advance directives and living wills may be signed without consideration for different situations e.g. if a person does not want to be put on a ventilator, during an episode of pneumonia , when all other systems are functioning adequately, and
- **Whereas,** it is difficult for family members to have conversations about their wishes for end of life care, due to social and /or cultural constraints, that will bring all members to consensus so that the wishes of the dying person are honored; therefore be it

- **Resolved**, that the Iowa Nurses Association encourage members to become informed about end of life care issues by publishing in the *Iowa Nurse Reporter* available resources, and be it further
- **Resolved,** that members encourage all nurses to become educated about end of life issues, and converse with their patient's families/decision makers about end of life care wishes, and be it further
- **Resolved**, that the Iowa Nurses Association encourage members to become informed about end of life care issues by publishing in the *Iowa Nurse Reporter* available resources, and be it further
- **Resolved,** that members encourage all nurses to become educated about end of life issues, and converse with their patient's families/decision makers about end of life care wishes, and be it further

Implementation Steps:

1. Publish article in the *Iowa Nurse Reporter.*
2. Encourage member responsibility and commitment through self-education and education of patients, families and the public.

References:

- Colby, Bill; THE LONG GOODBYE
- Dubler, Nancy and Nemmons, David; ETHICS ON CALL
- Rothman, David J.; STRANGERS AT THE BEDSIDE

Budget: Up to $250 **Priority:** Medium