



4thThursday eNews

June 2010
Volume 4 Issue 5

Orlando, Florida.
www.centralfloridacmsa.org

Message from the Board

By Marty Bassett RN, BSN, MA, President



Thank you to all who volunteered at the National CMSA Conference that was held at the Coronado Springs Resort in Disney World June 8-11. The Case Management Society of America celebrated their 20th anniversary this year! A big thank you to Lloyd Baxter, who scheduled the volunteers from our chapter during the conference. It was a great opportunity to meet other case managers from around the country.

A panel was held for "Discover Case Management" on Friday morning during the National CMSA Conference week. This was a session for nurses, who are working in other fields, but are interested in learning more about the field of case management. It was June 11 from 8 am to 12 noon in the Bonnet Creek Tournament Room at Disney's Osprey Ridge Golf Course in Lake Buena Vista. Thanks to those Central Florida Chapter members who were on the panel: Darlene Armstrong, Lisa Bloder, Patti Dorrell, Marilyn Doty and Kevin Glennon representing hospital, rehab, insurance, work comp and other areas in case management.

Marty Bassett, RN, BSN, MA
President

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"On this June day the buds in my garden are almost as enchanting as the open flowers. Things in bud bring, in the heat of a June noontide, the recollection of the loveliest days of the year - those days of May when all is suggested, nothing yet fulfilled."

- Francis King

BECOME A MEMBER

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Chapter Notes

Present:

Marty Bassett, Darlene Armstrong, Lisa Bloder, Patti Dorrell, Victor Sargeant, Lynne Bergey, Marsha Stein, Joanne Davenport, Victor Sargent, Lynn Roberts, Laurie Davis, Candice Nagata, Lloyd B.

Marty called the meeting to order at 8am. The minutes from the last meeting were reviewed. Darlene motioned to approve the minutes seconded by Patti and the minutes were approved by the board.

Board Member Positions: Candace Nagata is now the membership chairman, Sally Ayala is now the email chairman, and Angella Clemons is now the Member at Large. Espy Lockwood resigned from the board when she took a new position that is not related to case management.

Meeting was adjourned at 9:am.

Respectfully submitted,
Patti Dorrell, Secretary

MEETINGS

4TH THURSDAY OF EVERY MONTH.

Educational offering with CEU & CCM

Location: Bahia Shrine Auditorium.
2300 Pembroke Dr.
Maitland. 32701

RSVP- Member-free
Non-member-\$15
Non-RSVP- Member-\$5
Non-member-\$20
First time guest—FREE

RSVP to: -Darlene Armstrong @
866-838-1580 or
Via website @
www.centralfloridacmsa.org



Government News

Medicines: rational use of medicines

Key facts

- More than 50% of all medicines are prescribed, dispensed or sold inappropriately, and half of all patients fail to take medicines correctly.
- The overuse, underuse or misuse of medicines harms people and wastes resources.
- More than 50% of all countries do not implement basic policies to promote rational use of medicines.
- In developing countries, less than 40% of patients in the public sector and 30% in the private sector are treated according to clinical guidelines.
- A combination of health-care provider education and supervision, consumer education, and an adequate medicines supply is effective in improving the use of medicines, while any of these interventions alone has limited impact.

Rational use of medicines refers to the correct, proper and appropriate use of medicines. Rational use requires that patients receive the appropriate medicine, in the proper dose, for an adequate period of time, and at the lowest cost to them and their community.

Incorrect use of medicines

WHO estimates that more than half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take them correctly. This incorrect use may take the form of overuse, underuse and misuse of prescription or non-prescription medicines.

Common problems include:

- polypharmacy (use of too many medicines);
- overuse of antibiotics and injections;
- failure to prescribe in accordance with clinical guidelines;
- inappropriate self-medication.

In developing countries, the proportion of patients treated according to clinical guidelines for common diseases in primary care is less than 40% in the public sector and 30% in the private sector. For example:

- less than 60% of children with acute diarrhoea receive necessary oral rehydration therapy yet more than 40% receive unnecessary antibiotics;
- only 50% of people with malaria receive the recommended first-line antimalarial;
- only 50–70% of people with pneumonia are treated with appropriate antibiotics, yet up to 60% of people with viral upper respiratory tract infection receive antibiotics inappropriately.

What are the consequences of incorrect use of medicines?

Incorrect use of medicines occurs in all countries, causing harm to people and wasting resources. Consequences include:

- **Antimicrobial resistance.** Overuse of antibiotics increases antimicrobial resistance and the number of medicines that are no longer effective against infectious disease. Many surgical procedures and cancer therapies are not possible without antibiotics to fight infection. Resistance prolongs illnesses and hospital stays, and can even cause death, leading to costs of US\$ 4–5 billion per year in the United States of America¹ and €9 billion per year in Europe².
- **Adverse drug reactions and medication errors.** Harmful reactions to medicines caused by wrong use, or allergic reactions to medicines can lead to increased illness, suffering and death. Adverse drug reactions have been estimated to cost millions of dollars each year^{3,4}.

This article can be continued at <http://www.who.int/mediacentre/factsheets/fs338/en/index.html>

BULLETIN BOARD



Treasurer's Report

Income: \$3,015.00

Expenses: \$ 709.50



KEEP THE DATES 2010

Jan 28, 2010

Feb 25, 2010

Mar 25, 2010

April 22, 2010

May 27, 2010

June 24, 2010

July 22, 2010

Aug 26, 2010

Sept 23, 2010

Oct 28, 2010

CF-CMSA BOARD



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