



4thThursday eNews

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www.centralfloridacmsa.org

Message from the Board



By Lisa W. Bloder RN, CCM, President.

May brings to my mind pictures of the last days of school and a time to slow down. As a case manager however, this time of year shows very little promise of slowing down. As you all heard at the last meeting, now is the time to let our voices be heard with regard to the Nursing Compact Agreement. There are many of us who practice case management at risk, as we do not hold a license in every state where we have clients. If you were unable to make it to the last meeting and would like more information on this issue please refer to www.cmsa.org then look under legislative issues.

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I also want to inform you of the latest undertaking by your board. We have just completed a review and revision session of our bylaws. Once they have been submitted and approved by CMSA National we will publish them to the website for your review.

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KEEP THE DATE 2009

May 28th, 2009

TOPIC and Lunch Sponsor:
Laser Spine Surgery
(Laster Spine Institute)

**"The world's favorite
season is the spring.
All things seem possible in
May."**

- Edwin Way Teale

BECOME A MEMBER

National Office
CMSA
8201 Cantrell Rd.
Suite 230.
Little Rock, AR. 72227.
501-225-2229
Fax 501-221-9068

Website: www.cmsa.org

Chapter Notes

Chapter Notes

By Terri Grein, RN, Secretary

If you were not able to attend last month's meeting, here is what you missed:

- > Charles Illean gave an informative talk on C-Dif
- > Marilyn Doty gave an update on the Compact Law and nursing CEU requirements.
- > Lisa reminded everyone that job posting are on the website
- > Esperanza Lockwood won the trip in June to Phoenix for the National CMSA Conference.

MEETINGS
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

Cont'd from page 1- President's Message -----

Your board has really put in a great deal of time to make our bylaws not just a document, but a tool that can help not only the current board but for boards of the future.

I would like to encourage each and every one of you to get involved. We are constantly looking for members who would be interested in serving on the board. If you are unsure perhaps starting as a member at large would be a good introduction for you. Please feel free to speak to me or any board member regarding the opportunities that we have coming up.

Make the Most of May!
Lisa

Lisa W. Bloder, RN, CCM

Government News

The Phases of a Flu Pandemic

The World Health Organization uses six phases to determine how countries should prepare for and respond to a potential flu pandemic.

News Alert: [World Health Organization Raises Swine Flu Alert Level](#)

When the swine flu or another type of flu strain occurs, the World Health Organization (WHO) issues alerts based on how the virus is being transmitted, how many people may be affected, and where cases have been reported. The following descriptions of these six phases of a possible pandemic are from the WHO Web site:

Pandemic Phase 1: No Animal-to-Human Infections

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

Pandemic Phase 2: Animal-to-Human Infection Identified

In **Phase 2**, an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

Pandemic Phase 3: Several Animal-to-Human Infections Confirmed

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Join today: www.cmsa.org

Pandemic Phase 4: Human-to-Human Infections Confirmed

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Pandemic Phase 5: Human-to-Human Infections in Different Countries Within 1 WHO Region

While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Pandemic Phase 6: Human-to-Human Infections in Two WHO Countries and Another Country (Global Pandemic)

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave. Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate "at-ease" signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.



BULLETIN BOARD



Treasurer's Report

Income: \$1220.00
Expenses: \$ 1224.72



KEEP THE DATES 2009

Jan 15, 2009

Feb 26, 2009

Mar 26, 2009

April 23, 2009

May 28, 2009

June 25, 2009

July 23, 2009

Aug 27, 2009

Sept 24, 2009

Oct 22, 2009

Nov 12, 2009-Annual Vendor Show

Dec 10 2009- Holiday Party

CF-CMSA BOARD

CONFERENCE OBJECTIVES

CMSA strives to meet the following objectives set for the sessions during 2009:

- Investigate new concepts, resources, collaborative opportunities, and integrated practices that enhance opportunities for case managers to facilitate patient engagement.
- Contrast the past and present of case management and make reasonable assumptions about the future to assess new ways of practice.
 - Examine new and emerging case management practice techniques to increase consumer engagement in the personal health care process and outcomes
- Identify opportunities and discuss health system design and performance to develop successful strategies with case management intervention.

CMSA's 19th Annual Conference & Expo June 16-19, 2009

Phoenix Convention Center
Phoenix, AZ

www.cmsa.org/conference

| | Office/Chair | CONTACT |
|-------------------|--------------------------------|--|
| Lisa Bloder | President | lbloder@wservices.org lbloder@embarqmail.com 407-839-5050 |
| Marty Bassett | President Elect | mbassett@cfl.rr.com 407-623-3454 |
| Teri Grein | Secretary | Terrie.Grein@hartfordlife.com |
| Patti Dorrell | Treasurer | patriciadorrell@yahoo.com 407-647-3580 |
| Cathi Borowski | Treasurer in Training | cathiborowski@gmail.com |
| Jackie Snook | Past-Pres/ Vendor Show | jsnook@cfl.rr.com 407-669-9011 ext 106 |
| Darlene Armstrong | Membership | Jerry_darlenearmstrong@hotmail.com 866-838-1580 |
| Joanne Davenport | Programs | joanne_v_davenport@uhc.com 407-520-7925 |
| Lynn Roberts | CCM, CEU | louisegardner@cfl.rr.com 407-659-7219 |
| Marilyn Doty | Legislative Chair | marilyn.doty@FLHOSP.org 407-616-6558 |
| Cheryl Gulasa | Newsletter | cheryl.gulasa@amerisys-info.com 407-949-3100 |
| Brenda Randall | Nominations | brenda.randall@orlandohealth.com 407-852-2740 |
| Laurie Davis | Special Projects / CMOY | oakvalleyfl@cfl.rr.com |
| Susan Gregory | EMAIL / website | sgregory@cfl.rr.com 407-919-6745 |
| Marsha Stein | Historian | marsha.stein@FLHosp.org 407-303-8095 |
| Victor Sargent | Bylaws | vsargent@cfl.rr.com 407-629-1141 |
| Lynn Bergey | Member at Large | lynne.bergey@flhosp.org 407-691-8297 |
| Patricia LaBerge | Member at Large | Patricia.LaBerge@hartfordlife.com 407-919-6702 |

Happy Spring!



CF CMSA

2300 Pembroke Dr

Maitland, FL. 32701

Phone: 407-691- 5440

Fax:

E-mail: info@centralfloridacmsa.org