



The **CHRISTMAS** 2019 EDITION!

PNASC Newsletter

CHAPTER MEMBER
OF PNAA

July- December 2019

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*VISIBILITY * VIABILITY * VITALITY*

VOL XXVI

R **RECRUIT
& Retain**

I **Innovate
& Inspire**

S **Serve**

E **Empower
& Engage**



Message from The President

TEAM PNASC RISE: *LIVING the SPIRIT of GIVING*

The Philippine Nurses Association of Southern California (PNASC) has evolved to be a multi-functional professional organization operating as a venue for socializations, educational provisions, leadership opportunities, political advocacies, multi-modal philanthropies and many more. The last of the functions maybe the most meaningful if not the most important. This is the spirit of the current **TEAM PNASC RISE**— GIVING...

This Christmas season, what a fitting way to live up with the organization's spirit by launching the Sock Drive Program for the Homeless while having a Christmas banquet. In an article by K. McGrath, over 610,042 people experience homelessness on any given night in the US, and many of them are veterans. In the season of giving, the BEST way to donate to the homeless aside from hot meals, are WARM CLOTHES... This is the motivation of our Sock Drive project launched last December 15, at HOP LI restaurant in Culver City. While the current executive board is seeking to launch fun projects for all PNASC members, the priority is to give meaning to every single organizational endeavor involving not only the members but to extend their whole families and friends. Last year, with the coordination and leadership of the West LA subchapter, the Toiletries Drive Project for the Homeless was successfully introduced. Because

PNASC RISE!!!



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of the realization of the Toiletries Drive, PNASC tried to do a sequel in the form of the Sock Project.

I applaud the PNASC leaders who championed the Sock Drive Project this year. In just a single launch, the team gathered more than 550 sock donations. This will hopefully continue to grow in number since the actual donation will be happening in January 2020 to the Los Angeles Mission. Because of this spirit of giving, memories of my childhood in Bulacan, Philippines came back when our life was simple and hard. During Christmas, my siblings and I would receive at least 2 boxes of used clothes from our rich cousins from Manila. Since we can rarely afford to buy new clothes because our family budget was mainly allotted for our education, those clothes made us extremely excited and happy. As I lead PNASC, I am humbled that our organization can share warmth and GIVE our homeless brothers and sisters the same feeling that I felt when I was young—thankful, blessed, cared for, and happy...

And now that the current tract is to become a charitable organization, PNASC is on its way to further serve its owners, and the communities in Southern California. The plan is to maximize the benefit of a **501 (c) (3) status** (charitable organization). This can translate to more grant acquisitions and financial donations which can aid different organizational programs that the existing executive board wishes to institute.

Indeed, TO GIVE MORE is the spirit of TEAM PNASC RISE. I am proud to be a small instrument facilitating this spirit into tangible reality. Merry Christmas & a bountiful 2020 ahead!

Regalado Valerio, Jr., DNP, CRNA
President 2018-2020





EDITORIAL

Glenda Totten, MSN,
RN, CNS

(Editor)

ASSESSING THE GOALS OF TEAM PNASC 'R.I.S.E.'

Hello PNASC owners, executive board members, students, families and friends. We are at the zenith of this current administration whose mantra is **R.I.S.E.** Before the executive term ends, let us reflect and assess how PNASC is meeting its goals.

Recruit and Retain. PNASC continues to attract new and returning members. The executive board aligned the recruitment goals to those of the PNAA, mother organization. The organization is moving full steam ahead. Reach out, get to know, and invite the new and returning members!

Innovate & Inspire. PNASC held a 5-in-1 event last May 18, 2019. Foremost, celebrating one another as professional nurses and nurses world-wide for the annual Nurses Week celebration. The main event was the General Assembly with President Reggie Valerio presenting a state of the organization update followed by individual reports from committee chairs. It was exciting to hear from the keynote speaker Dr. Joseph Morris, a Bruin graduate, who gave a peek at the innovative new programs at the California Board of Registered Nursing. The day was rounded off by the announcement of high school essay writing contest winners. The high school contenders answered the question-- Why I want to pursue nursing as a profession? Winners were awarded individual iPads witnessed by their proud parents. PNASC also highlighted the current nursing students (college level) by launching the inaugural College Bowl Competition, where students from different colleges were invited to contend in a mind-game of NCLEX review questions. The cherry on the cake was the awarding of scholarship to Ms. Gail Jones in her pursuit of a doctoral degree from Asuza Pacific University.

PNASC **Serves** in the community at large by volunteering at the annual Firecracker Run festival. PNASC members perform much needed blood pressure screenings & provide health education for the Asian and Pacific Islander community in downtown Los Angeles. Our good services have been formally recognized by the Firecracker non-profit organization leadership at their celebration dinner. Aside from providing scholarship & wellness advocacies, PNASC constantly reach out to the less fortunate through, hygiene kit & socks drive for the homeless. What a rewarding endeavor to reach out to our fellow men!

Empower & Engage. PNASC is constantly looking for ways to raise funds for the benefit of students, fellow members for academic scholarships and the underprivileged in our community. PNASC had another successful annual Casino & Education on Wheels. Previous fun fundraiser were the Dodger's Filipino Night and Bowling fundraisers. These activities or projects empower and engage the Southern California community at large.

While we continue our pursuit in achieving goals-- R.I.S.E., the editorial board wishes PNASC to be awarded the 501 c(3) status assigning PNASC as a legitimate charitable organization. This will solidify PNASC to become the premier nursing organization in Southern CA personifying the Spirit of GIVING.

PNASC NEWS

PNASC RELAUNCHES *Casino & EDUCATION ON WHEELS 2.0*

By: Dorriane Tillano, MSN, RN, FNP

The Casino & EDUCATION ON WHEELS 2.0 was a HUGE SUCCESS!!! Last November 23rd, the meaningful trip to Viejas Casino benefitted the PNASC SCHOLARSHIP fund. Huge gratitude to our PNASC & WEST LA Executive Board members, Advisory Council members, families, relatives, & friends who shared the jam-packed bus fun. Big thanks also to all donors who did not make it but were still able to share their blessings to this project.

EDUCATION PORTION OF THE CASINO TRIP

Attendees of the PNASC Casino Day and Education on Wheels 2.0 event on November 23, 2019, may not have won prizes in the casino; But, they are all winners because they obtained 1.5 education contact hours during bus ride! This event was amongst PNASC's innovative ways of empowering and engaging members and the community on relevant current issues.



Education on Wheels 2.0 FLYER



PNASC VIEJAS PLAYERS

The topic discussed was on Marijuana and Mental Health. PNASC did not promote marijuana use. The main objective of the presentation was to educate members and guests on the cannabis medicinal potential, risks, and relationship to mental health.

Marijuana under CA proposition 64, any person 21 years and older can grow, possess, and use marijuana for non- medical use. In 2018 it legalized its sale and distribution through a regulated business. Medical and recreational legalization allows people to access it readily; however, there is a need to understand the relationship between marijuana and mental disorder better. Some claim that the chemical components of the plant may

help the symptom of some health problems, but there isn't enough research to show that the whole plant can treat a condition. Marijuana is also known as weed, dope, or pot used by smoking like a cigar or pipe, smoke oils, or its concentrate or mixed with food. The marijuana plant contains THC and CBD. THC can alter the mind while CBD may not. Many of the perceived use is on symptoms of PTSD, anxiety, chronic pains, depression, and schizophrenia. Factors such as the amount of drug use, age at first use, and genetic vulnerability influence the risk of

marijuana and psychiatric disorders.

According to the National Institute of Drug Abuse, people with specific variant of AKT1 gene (a gene essential for the healthy development and function of the nervous system) and particular variant of the gene for catechol-O-methyltransferase or COMT (a gene crucial to organization and coordination of information from other parts of the brain) increases their risk for psychosis.

Marijuana worsens symptoms in schizophrenia. It can produce an acute psychotic reaction in non-schizophrenic people, especially at high doses. However, this fades as the drug wears off.

After the presentation, participants were able to meet the objectives of the project. All qualified nurses received 2 contact hours certificates from PNASC Education Committee.



Dorianne Tillano, Education committee chair, showing an important acupressure landmark in the antecubital space. Aside from Marijuana discussion, PNASC members were also presented a very relaxing ACCUPRESSURE demonstration. The lecture was presented by Bernadette Ramos, Education committee co-chair.



INNOVATION

PNASC Celebrates CHRISTMAS PARTY with a Twist!

SOCKS DRIVE for the HOMELESS, DENIM, DIAMONDS, ETC.

By: Rosario Valerio, RN, BSN

PNASC owners and their families celebrated their annual Christmas party last December 15th at Hop Li Restaurant in Culver City. This time, the executive board innovated the party by adding a twist—Socks Drive to the homeless in a Denim and Diamonds theme. It was indeed a night of fun celebration shared by NEW & SEASONED PNASC owners, families, & friends! Aside from wearing denim with ‘Glitz & Glamour’, most importantly, the PNASC & WEST LA SOCK DRIVE raised more than 550 pairs of socks 🧦🧦🧦!!! Big thanks to ALL donors!!! The sock drive project continues until January 2020. The Executive Board members who helped organized this Christmas party and sock drive project were Roland, Maria, Rochelle, & Cathy.

“Kindness in words creates confidence. Kindness in thinking creates profoundness. Kindness in giving creates love.” - L.T.



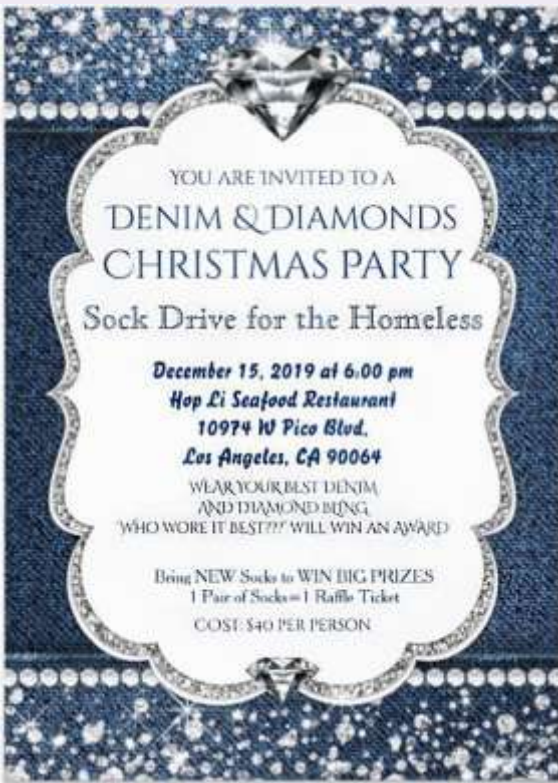
Ruvielle, one of the youngest attendees showing off her denim and sparkles.



Rochelle & Sasha with their loved ones!



GALLERY: [SOCKS DRIVE, DENIM & DIAMONDS](#)



PARTY FLYER



VP Maria Sagun, is the the EARLIEST BIRD!!!



INSPIRATION

PNASC MEMBERS Honored

At the PHII's '2019 Outstanding Filipino-American Nurses Awards'

By: Joseph Albert Melocoton, MSN, RN, NP

On October 12, 2019, The Philippine Heritage Institute International (PHII) Foundation celebrated its 30th anniversary at the Great Wolf Lodge – Redwood Ballroom in Garden Grove, California. In observance of Filipino-American Heritage Month and staying true to its mission to improve the quality of life of Filipino-American Communities through research, education and recognition, PHII paid tribute to outstanding Filipino American Nurses who exemplified academic excellence, professional achievement and volunteerism. The awardees come from various backgrounds and some were nominated by past recipients and fellow PNASC members. It was also a fitting event to remember and continue the legacy of PHII founder, the late Mrs. Naomi Palma-Armada who said, "Service to our people is the only way our community can thrive, so we must always serve selflessly so that we may inspire."



PNASC honorees & the PHII Leaders

PNASC members who were feted at the event include Rochelle Lacuesta Galeon, Dorianne Tillano-Lebrette, Catherine Rubio, Joseph Albert Melocoton, and Marietta Hebreo Salcedo. Family, relatives, friends, and co-workers were in attendance and shared in the celebration of the honorees' achievements. The awardees received a plaque of Recognition and Appreciation, Tribute Ribbon, miniature symbolic statuette, and Tribute Book. Congratulations to the awardees and may they continue to inspire and remain dedicated to the continued evolution, growth, and diversity of the Nursing profession in an



**CONGRATULATIONS TO ALL INSPIRING
PNASC AWARDEES!!!**

ever-changing
healthcare
landscape!

(Cont.) 2019 Outstanding Filipino- American Nurses Awards...

**Congratulations to our
PNASC and West LA Subchapter
PHII 2019 Honorees:**

**ROCHELLE JOY LACUESTA GALEON
JOSEPH ALBERT MELOCOTON
CATHERINE RUBIO
MARIETTA SALCEDO
DORIANNE TILLANO - LEBRETTE**



"I attribute my success to this:
I never gave or took any excuse."
- Florence Nightingale



TEAM PNASC RISE!!!

Recruit and Retain, Innovate and Inspire, Serve, Empower and Engage



PNASC Executive Board 2018-2020

DIVERSITY

NURSING CARE FRAMEWORK TOWARDS ACHIEVEMENT OF UNIVERSAL HEALTH CARE IN THE PHILIPPINES

By: Ms. Rhessa May B. Castro, Ms. Jal-Fem Comodero, Ms. Jerrex Nikka D. Montecalvo, Ms. Grace C. Panes, Ms. Dina Sanagustin, Ms. Anna Mae Secherita, & Ms. Queeny Sol B. Sustituedo

About the Authors:

The authors are graduate students in the Master of Arts in Nursing Program of the Central Philippine University, Iloilo City.

Since the Universal Health Care Act or RA 11223 was enacted last February 2019, the Philippine Healthcare System has been continuously improving the services and the delivery networks to ensure equitable, accessible and affordable quality healthcare to all Filipinos in the Philippines. The law supports the establishment of a) “an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risk that could affect their health”, b) “a health care model that provides all Filipinos access to a comprehensive set of quality, cost-effective, promotive, preventive, curative, rehabilitative and palliative health services”, c) a whole-of-system, whole-of-government and whole-of-society framework in developing and implementing health programs and plans, and d) a people-oriented health care service delivery system which is “cognizant of the differences in culture, values and beliefs” (RA 11223, 2019).

Pursuant to the Implementing Rules and Regulations (IRR) of the Universal Health Care Act, three types of integration processes are required: technical integration (harmonization of health programs and services), managerial integration (synchronized strategies among local, regional and national partners, agencies and stakeholders for health) and financial integration (management of fiscal resources towards health). These processes incorporate the pillars of the Department of Health’s (DOH) Fourmula One Plus Strategy (regulation, financing, governance, service delivery and performance accountability) to ensure a strong foundation for a healthcare provider network in which every Filipino is given the access to appropriate health care regardless of financial status or social strata.

The law aims for accessibility and availability of services all over the country. As such an increased demand for health care professionals who are capable to deliver quality services is mandatory. Nurses as part of the health care delivery system are important components for healthcare to be provided effectively.

Delivery of nursing care is geared towards improving health and well-being. It is important, therefore, that nurses understand how to effectively perform their roles which are contributory to the attainment of quality health care – the core of the Universal health care. Thus, this framework is proposed to emphasize the importance of the roles of both the client and the nurses towards achieving quality healthcare.

This nursing care framework is designed to:

- Describe the roles of the nurses and clients in achieving quality health care; and
- Provide a structure for nursing care in line with the implementation of the Universal Health Care

Theoretical Underpinnings

This framework is influenced by various theories and theorists which explain the innate ability and need of human beings to maintain and restore health.

Nursing is defined as a process of action and interaction in which goals are established to create activities that are geared to facilitate, assist, enable and/or support groups/individuals to maintain stability/health and well-being. These processes in nursing have been cited in the works of nursing theorists Madeline Leininger, Imogene King and Betty Neuman.

In Neuman's Systems Model, clients are identified as human beings which are open systems while Madeline Leininger's Transcultural Nursing emphasizes the cultural differences that shape the perception of clients towards various things including care. As individuals are rational, sentient and social beings capable to expression through communication (Gonzalo, 2014), they are open systems that are in continuous interaction with their environment (Gonzalo, 2019). As such, nursing care practices have been established to therapeutically deal with the entire being and system of a client (individual/group) to restore balance.

Health is within the context of balanced systems. When there are identified stressors or threats to the balance, disease/illness may occur. Human beings have the inherent drive to preserve this balance which is translated into actions toward health.

According to the Health Belief Model, there are two components that drive health-related behaviors: the desire to avoid illness and the belief that a specific action will prevent or cure the illness (LaMonte, 2019). This assumption establishes the foundation of health-related actions (preventive, curative, rehabilitative and/or palliative). Degree, manner and type of actions taken depend on the when and how the disturbance to the system occurs.

There are three levels of prevention according to Neuman, primary prevention is before a stressor occurs (prevention), secondary level of prevention occurs after the system has reacted to the stressors (curative and carative) and the third level of prevention is after the system has been managed by secondary prevention strategies. These levels of prevention are similar to the Levels of Prevention Model by Leavell and Clark which identified four levels of prevention: primordial in which actions are made to decrease risk development, primary is before the onset of the disease, secondary is occurs to halt the disease and tertiary is to reduce or limit disabilities (Current Nursing, 2012). Nurses therapeutically engage in interactions to deliver care in any of these levels. Hildegard Peplau's Interpersonal Relations Theory identified the various roles of the nurse to exhibit a therapeutic interaction which aims to assist the client in attaining his/her health depending on the needs of the client.

For a receptive care to occur, however, nurses and clients need to understand and work towards a common health goal. Likewise, it is important that nurses consider cultural care similarities and differences.

Major Concepts

a. Client

Defined by Merriam-Webster (2019) as "a person who engages the professional advice or services of another". In this framework, clients refer to an individual or group of human beings which are open systems, and capable to think, act and interact with his or her environment to perform activities and roles to manage his/her health and well-being.

b. Motivator

Originally defined as a person, factor or situation that motivates or impels someone or something (Merriam-Webster, 2019). In this framework, a motivator is a role that can be assumed by nurses and clients in health promotion and disease prevention.

Nurses are trained for health promotion expertise in which they may be general health promoters, patient-focused health promoters and managers of health promotion projects (Kemppainen, Tossavainen, Turunen, 2013). Motivators, however, focus on the roles of nurses as general and patient-focused health promoters only, while managers of health

promotion projects fall under a different category in this framework. For nurses to be effective motivators or health promoters, various competencies are needed. These are: knowledge of health on different age groups; communication skills, ability to support behavioral changes in patients, skills to respond to patients' attitude and beliefs, teamwork, time management, information gathering and interpretation. Moreover, competence with respect to attitude, and personal characteristics because nurses are perceived as healthy role models (Kemppainen, Tossavainen, & Turunen, 2013).

Clients on the other hand, individual or group, act as motivators of themselves towards health. Clients engage in healthcare practices to prevent diseases and control health conditions. These actions complement the role of the nurses in promoting health through proper health education and information dissemination.

c. Facilitator

A facilitator provides guidance, supervision or indirect assistance to help bring outcomes (Merriam-Webster, 2019). In this framework, a facilitator is a role engaged by nurses and clients to restore health.

Facilitated interventions have been used since the 1980's in primary care to improve prevention and early detection of diseases, manage long-term conditions (Fullard, Fowler & Gray, as cited by Petrova et al., 2010), and support the design and implementation of various quality improvement projects (McCowan et al., as cited by Petrova et al., 2010).

In some countries, health care facilitators are organized health care professionals who are knowledgeable counselors capable to provide assistance in resolving health plan issues (University of California, 2019). In the United Kingdom, the Gold Standards Framework (GSF) promoting high quality primary palliative care involves facilitators who support individuals or groups to achieve beneficial change (Petrova et al., 2010). In some references, facilitators engaged in health care are referred to as practice facilitators. According to the Agency for Healthcare Research and Quality (2017), practice facilitators are specially trained individuals engaged with primary care practices to make meaningful changes designed to improve patients' outcomes.

Clients, as primary actors on their health and well-being, play an important role to restore health. Patient engagement can lead to tailored-fit healthcare interventions (American College of Rheumatology, 2019) which lead to better patient outcomes.

d. Resource Manager

Resource management is a process involving planning and control of resources to maximize efficiency in the accomplishment of a certain task. This process involves resource allocation, resource leveling and resource forecasting. Resource managers monitor capabilities (Kraft, 2019) and participate in activities which aim to manage the various forms of resources for effective and efficient delivery of healthcare services. In this framework, resource managers are identified roles assumed by nurses and clients in managing available resources such as human resources, natural resources, projects, finances, infrastructure, facility, capital assets, public assets, digital assets, inventory and IT services, towards health.

A health resource manager is one who oversees materials, personnel, facilities, funds, time and logistics used for providing health care services. Management of human resources for health considers the composition of the health workforce in terms of both skill categories and training levels. These nurse managers ensure that novice health professionals receive proper training and orientation in the performance of their roles and responsibilities.

Resources are available for both nurses and clients. While nurses manage health-related resources, clients manage personal resources to perform health-related activities.

e. Navigator

According to the IRR of RA 11223, navigation “refers to the function of coordinating and directing the individual to obtain health services needed to manage a wide range of health needs”. In this framework, a navigator is a role assumed by both the nurses and clients when coordinating health-related practices and/or services.

Healthcare navigators are similar to global positioning system equipment helping patients through the healthcare system (Heath (2017)). Healthcare navigators may exist in various spaces. In a payer space, the health navigator is responsible for guiding clients to access and manage finances towards health care. In the clinical space, they help patients find and access treatment, understand their illnesses, and understand their care plan (Heath, 2017). During clinic and between appointments the patient-centered, preventive, proactive approach may increase patient activation and earlier management of symptoms, decreasing the likelihood of unplanned admissions or inefficient care (JAMA (2017) as cited in Heath (2017)). Nurses as navigators engage health partners in the community or clinical setting to manage a client’s health.

The client’s ability to access health care services is a navigator role to complement the care roles of the nurses and other health professionals.

f. Quality Health Care

Health care quality is the level to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Institute of Medicine as cited in Agency for Healthcare Research and Quality, 2018). In health, quality of care is characterized as safe, effective, timely, efficient, equitable and people-centered (World Health Organization, 2019). In this framework, quality health care refers to a comprehensive set of safe, effective, timely, efficient and people-centered promotive, preventive, curative/carative, rehabilitative and palliative health services.

The achievement of UHC is highly dependent on the quality of health care services that are accessible and available. The healthcare services require quality as a foundation and at the center of the country, regional and global action to progress towards effective UHC.

Major Assumptions

- Clients and nurses, as human beings, are open systems capable of thinking, acting and interacting to facilitate actions towards health.
- Nurses assume various roles independently or collaboratively to assist the client in attaining optimum health. Clients may independently or collaboratively assume roles which are similar but complementary to the nurses’ role towards health.
- When nurses and clients assume complementary roles, quality healthcare exists.

Application

a. Education – The framework is designed to emphasize the various roles nurses assume in assisting the client. Nursing in academic and practice settings, therefore, may need to explore newer teaching strategies in strengthening the capacity-building of nurses in the performance of these roles.

Towards the achievement of UHC, nurses must do more above and beyond the basic general education. As per Sec. 25.1 of the Implementing Rules and Regulations of RA 11223, “Commission on Higher Education, Technical Education and Skills Development Authority, Professional Regulation Commission and Department of Health shall develop and plan the expansion of existing and new allied and health-related degree and training programs based on the health needs of the population”. As such, expansion to higher education that may allow nurses to function more than the usual expected

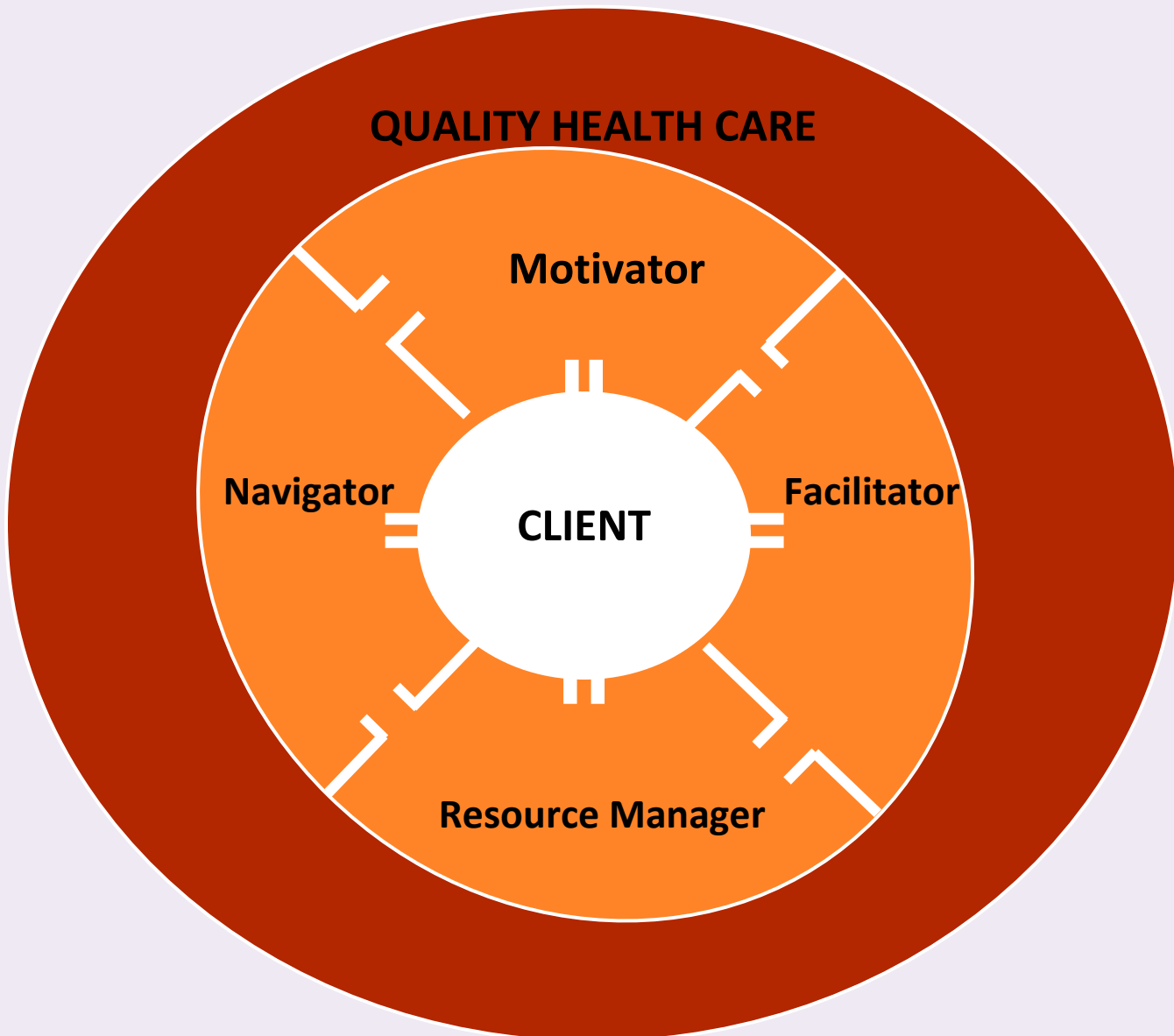
roles may be considered in this framework. In most advanced countries, advanced practice nurses have been part of the health care system to augment healthcare management.

b. Practice –Embracing the whole framework is quality health care. The effective performance of nurses' roles results to the delivery of health care services compliant to standards. Likewise, quality health care is a result of good interaction and understanding between nurses and clients they serve. It is, therefore, important that the capacities of nurses are continuously improved.

The identified roles can provide nursing managers objective points in reviewing performance of nurses as well. It can help outline expected nursing tasks and provide nurses a structure in the performance of their roles.

c. Research – All efforts towards achieving the UHC is a paradigm shift in the delivery of healthcare in the Philippines. How effective these nursing and client roles to attain quality health care and progress towards UHC is a venue for future researches. Likewise, this framework may serve as an evaluation point of UHC as a healthcare model in the context of improving nursing care modalities.

FRAMEWORK



*Sample Case***Situation**

The household Santos is composed of Juan, 35 years old, head of the household who works as an administrative assistant in a brewery company. Juana, 30 years old, is a one and a half month postpartum to baby Juanita. The family lives about 20 kilometers away from the nearest hospital, and health care services are accessible through the rural health units situated seven kilometers from where they live.

Nurses and Clients as Complementing Motivators

Nurse Ana act as a primary educator to Juan and Juana to ensure that Juanita receives the vaccines appropriate for her age. To complement the Nurse Ana's actions, Juan and Juana perform activities related to health motivation by listening to the health education of Nurse Ana and decide to avail of the immunization services.

Nurses and Clients as Complementing Facilitators

Nurse Ana provides the prescribed Paracetamol Syrup to Juanita who was febrile after immunization. Nurse Ana instructed Juana on how to administer the medication at home, to give a tepid sponge bath and monitor Juanita's body temperature. Juana complements as a health facilitator by performing the tasks related to decreasing Juanita's body temperature.

Nurses and Clients as Complementing Resource Managers

As a resource manager, Nurse Ana ensures the availability of vaccines and medications to provide Juanita and Juana the necessary services. As the public health nurse, she manages her and the midwives' time and tasks to ensure that Juanita and all other clients in the rural health unit are provided with their appropriate services. Juana, to utilize the health care services in the rural health unit, shall manage her personal resources (time and finances) so she could make an appointment with the rural health unit to avail of the immunization services for her baby.

Nurses and Clients as Complementing Navigators

As a navigator, Nurse Ana ensures that she is available and equipped with the necessary knowledge and skills to make necessary referrals should Juanita remains febrile despite initial management. As a navigator, Juana knows that she should seek immediate professional help either through the rural health unit or the nearest hospital if Juanita's condition is not relieved.

Nurses and Clients in Different Complementary Roles

At the peak of Juanita's fever, Juana assumes the role of a resource manager - managing her time and finances to access health services, while, Nurse Ana complements this by assuming the role of a facilitator - providing the necessary medications and health care services to restore Juanita's health.

If the roles of the nurses and clients do not complement each other or one failed to deliver the expectations of the roles, quality health care may not be achievable. Assuming Nurse Ana provided health teachings and medications to alleviate Juanita's fever (facilitator), but Juana was not able to buy the medicine because of financial constraint (resource manager). Juanita's fever will not be relieved. If Juana decides to avail of the immunization (motivator) and Nurse Ana ran out of stock out of vaccines (resource manager), quality health care service may not be delivered.

ALL ABOUT TRANSPARENCY

Treasurer Report

AS OF December 30, 2019

By Antonette Nunez, MS, RN, CJCP



Membership Report

AS OF December 30, 2019

by Amy Lentz, MBA, RN, BSN



ACCOUNT	AMOUNT
Checking	\$56,322.94
CDs	\$9,311.33
	\$47,011.61
Total	\$56,322.94 + \$ 2,020.00 (Casino Fundraiser for Scholarship)

	PNASC	PNASC-WLA	PNAAL ACTIVE
LIFETIME	338	2	11
ANNUAL	72	16	88
ASSOCIATES	1	2	3
STUDENTS	9	2	11
TOTAL	420	22	120



What's Up In PNAA?



Save the Date 2020

41st PNAA Annual National Convention



Manchester Grand Hyatt San Diego
July 1-5, 2020
www.mypnaa.org

RELEVANT PUBLIC SERVICE ON NURSING PROFESSION

California Assembly Bill 5 Regarding Independent Contractors/ Locums Tenens (includes RNs/APRNs)

By: Velma Yep, MSN, APRN ,GNP

AB5 was introduced by California assemblywoman Lorena Gonzalez] and endorsed by Governor Gavin Newsom. It was approved by the California State Senator. It took effect January 1, 2020. The law codifies the ABC test, which was first established by the State of Massachusetts Legislature on July 19, 2004. The test includes a three-prong assessment to determine if a worker was misclassified.



The bill, introduced in December 2018, places the ruling on a statutory footing by inserting §2750.3 to the California Labor Code, and, puts the burden of proof on employers to show that a worker is properly classified as an independent contractor where all three of the following conditions :

- a) the worker is free from the control and direction of the hirer in connection with the performance of the work.
- b) the worker performs work that is outside the usual course of the hiring entity's business
- c) the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

AB5 entitles workers classified as employees to greater labor protections, such as minimum wage laws, sick leave, and unemployment and workers' compensation benefits, which do not apply to independent contractors.

Reference: California Legislative Information

https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB5

CA AB 890 for Nurse Practitioners

Assembly member Jim Wood (D-Santa Rosa) has introduced AB 890, legislation that would allow nurse practitioners to practice to the full extent of their education and training in order to ensure direct access to millions of Californians who often struggle to find health care provider. A significant body of research shows that a shortage of primary health care providers, especially in rural and underserved areas, results in lower utilization and greater numbers of hospitalizations and emergency room visits. The commission's report identifies as a priority maximizing the role of NPs to fill the gap in primary care by expanding NP education and reforming scope of practice regulations so that NPs can achieve full practice authority after a transitional period of collaboration with a physician or experienced NP.

Reference: California Association for Nurse Practitioners

RESEARCH & EDUCATION CORNER:

PNASC Partners with City of Hope on PCORI PROJECT

By: Regalado Valerio Jr., DNP, CRNA

The Philippine Nurses Association of Southern California supports the City of Hope (COH) Beckman Research Institute's engagement award project-- Patient-Centered Outcomes Research Institute Project (PCORI). This project is a multiethnic community engagement endeavor aiming to promote PCORI's efforts in medically vulnerable regions where cancer and other chronic illnesses are prevalent



and a large minority under-representation in research exists. Further, the PCORI is poised to increase capacity and power of our the Multiethnic Community Research Ambassadors (N=20) and Research Navigators (N=100) with representation of African American/Black, Latino and Asian (Korean, Pilipino) for bidirectional engagement with COH leadership and policy makers to increase community responsive PCOR using elements from the PCORI Engagement Rubric. The goals of the PCORI project to increase community engagement in patient centered outcomes research and to improve representation of diverse communities in research benefiting understudied and medically vulnerable population align perfectly with the goals of PNASC.

One of the main outcomes of this research project is to create a Multiethnic Research Engagement Best Practices Toolkit for engaging our ethnically diverse and medically vulnerable community members. The Guide aims to inform institutional strategic planning prioritizing, funding, implementing and monitoring community-responsive research to improve patient and family centered outcomes, especially among underserved populations.

Twenty Research Navigators' from PNASC is formed and will undergo training who will serve the understudied population to increase community research education, awareness, receptivity and participation.

RESEARCH & EDUCATION CORNER:

Ethical Issues Faced by Nurses In Caring for Transgender Women Population:

A Prelude to a Study on Transgender Women's Perceptions to Nursing Care



By: Sasha Rarang, PhD, MSN, CCM, RN

Nursing as a profession is built upon the model consisting of person, environment, nursing, and health. To care for a certain individual person, the nurse must consider each of this metaparadigm carefully. That understating leads to the ability to provide for an individualized and holistic kind of nursing care (Levesque, 2015). In caring for the male-to-female transgender individuals, who are also known as transgender female, nurses must articulate all of these metaparadigms to ensure that an individualized and holistic care can be achieved. Individualized and holistic care includes ability to consider gender and sexual related and sensitive issues. Nowadays, providing a gender and ethically sensitive care is part of the growing needs for a culturally and ethically sensitive nursing care toward transgender female individuals. This ethically and culturally sensitive nursing care will not only prevent possible experience of less than optimum care but also improve the lack of sensitive and possible unethical treatment among them.

The code of ethics for nurses is a set of moral rules that defines a nurse relationship with patients, staff members, and the profession itself. Peter (2018) stated that, ethics does not only constitute by issues that garner public attention (i.e., euthanasia), but also those issues that constitute moral obligations as intrinsic as interpersonal relationship with clients. These interpersonal relationships exist in the real time and social space of nurses and their clients, in nurses' social roles, and practices. It is important for nurses to understand that no matter how miniscule these interactions are, these are of continual ethical significance and can have a powerful and lasting impact. Thus, the nurse's responsibility in their daily professional and personal lives is to ensure that ethical reasoning and actions are observed.

Nurses are required fundamentally to fulfill their ethical duties and responsibilities to their clients and the public. Nevertheless, in an ever-changing world, these ethical duties and responsibilities are challenged. Nurses are increasingly challenged and faced with novel realities regarding humanity. This includes providing care to transgender women. During the past decade, nursing and medical schools have placed an emphasis on teaching and providing culturally competent and patient-sensitive care (Columbia University, 2019). Appropriate health care is broader than just the client-nurse relationship. It starts the second the patient enters the health care environment or when they make an appointment on the phone. How does the culture of the nurse influence the delivery of transgender women sensitive and ethical care? This discussion aims at presenting the importance of ethical awareness and culturally congruent care as components of ethical and culturally competent care towards transgender women.

Caring for Transgender Women by Observing Social Justice



Nurses' takes an oath to protect the health and safety of patients and/or clients and that oath does not end at the bedside. For those patients/clients whose gender identity or innate sense of their own gender doesn't match with that assigned to them at birth, unraveling and expressing their healthcare needs can be complex and difficult (The University of New Orleans, 2018). While social justice is a logical extension of the nursing profession, it can be difficult for nurses to navigate these divisive areas and ensure every individual receives timely and high-quality care. In caring for transgender women, a nurse must be fair when distributing healthcare among patients and must not develop a patient preference. Nurses must be educated on the following to ensure that social justice in nursing care can be achieved: (a) Transgender patients often avoid care, (b) The fear of discrimination may result to lower quality of nursing care, (c) The lack of insurance access can be paralyzing to transgender women in seeking proper healthcare access, (d) Just entering the doors of healthcare providers or hospitals takes courage (Nurses.org, 2017). Therefore, for nurses to provide social justice in caring for transgender women, nurses must ask themselves how they could demonstrate open and nonjudgmental attitude and reward that courage by transgender patients/clients in seeking healthcare. The emphatic demonstration of attitude such as acting like the nurses has been with one before before, even if they have not and make the client/patient believe this is an everyday occurrence for them and nothing to be ashamed of will have a huge impact about caring for Lesbian, Gay, Bisexual, Transgender, and Questioning individuals where transgender women belong. But first and foremost, nurses must remember that a transgender patient is a person with a health concern and that nurses' job as professionals is to provide equitable care.



Caring for Transgender Women by Observing Beneficence

Beneficence is demonstrated when a nurse act in the patient's best interest and do the right thing. Beneficence is valuable because it encourages a superior standard of nursing performance. It also emphasizes compassionate care and advocates for continual striving toward excellence (Husson University, 2019). Nurses must be wary, however, of the downside of this principle, as it can lead to paternalism when executed improperly. When a patient's autonomy is sacrificed for providing care that is deemed "right," acting in the name of

beneficence can be damaging rather than helpful. For example, if a patient denies a certain treatment on gender related issue such as advising the patient/client to go for a pap smear, or the nurse recommending sexually transmitted diseases annual check due to noted gender characteristics. These actions from the nurse can be perceived as stereotyping and can be damaging to the psychological aspect of the client for the lack of understanding. Although the nurse may have

good intentions for the patient, the nurse may take away the patient's clearly defined right to choose his or her own course of treatment due to lack of understanding and knowledge of transgender person care.

The Standard of Care for Transgender individuals published by the World Professional Association for Transgender Health (WPATH) can help familiarize providers and nurses with a comprehensive approach to transgender-specific health care. This includes knowledge and understanding of the individual's changes in gender role and feminizing medical procedures (Columbia University, 2019). In a clinical setting, the nurse must ask the transgender patients about how they define their identity and about their transition goals. An example of observing beneficence is asking their patients if they smoke. Tobacco is a major issue in the LGBT community and smoking poses extra risks for transgender women taking hormones (Columbia University). This is a good example of an act advocating for transgender client/patient's best interest.

Caring for Transgender Women by Observing Non-maleficence



Non-maleficence is demonstrated when a nurse must do no intentional or non-intentional harm to patients. To prevent nurses from performing a non-intentional harm to their transgender women patients/clients, the nurse must educate themselves of the following: (a) When caring for patients who are transgender, the first step is for the healthcare professional including nurses to self-reflect. The nurse must ask the question: "Do I have potential bias toward a patient who is lesbian, gay, bisexual, or transgender?" According to Maryniak (2018), awareness of potential bias can assist with being able to work through any emotional responses, and help the healthcare professional or a nurse to seek out appropriate information; (b) Another concern when working with transgender patients is that the healthcare professionals or nurses may offend the transgender patient. Maryniak pointed out that it is important to have open discussions with the person. The healthcare professional or the

nurse should ask, "Which gender do you identify with? Do you prefer to be called a he or a she? What name do you prefer?" Some patients may refer to themselves by slang or derogatory terms. It is important for healthcare professionals and nurses to be aware of these self-references to decrease an unintentional reaction to the language; (c) Nurses must also be aware of the stage the transgender patient is on. Additional questions to ask by the nurse to their client/patient include: "Is the patient transitioning? What does that mean to the patient? Is there a physical transition occurring, such as hormone use and/or surgery?" A key point to remember is that, if a healthcare professional unintentionally offends a transgender patient, an apology will demonstrate caring and sensitivity (Substance Abuse and Mental Health Services Administration [SAMSA], 2012)

Caring for Transgender Women by Observing Autonomy

In healthcare, autonomy denotes to the right of the client to sustain control over his or her body (Nightly Nurse, 2019). A health care professional such as nurses can suggest or recommend nursing interventions that are evidence-based, but any actions that attempt to persuade or coerce the client into making a choice are considered violations of this principle. In the end, the patient must be allowed to make his or her own decisions, whether or not the medical provider believes these choices are in that patient's best interests – independently and according to his or her personal values and beliefs.



In caring for transgender women, again self-bias have to be analyzed. A nurse must accept the individualism of each patient and understand that individuals have the right to their own opinions and decisions. A nurse must understand that each patient has the right to accept or reject all treatments and the nurse does not have the right to judge or force said treatments against the patient's or client's will. Nurses have an ethical responsibility to treat all patients with dignity and respect. It is important to gain awareness and understanding of the population of transgender patients, and to provide culturally sensitive care. If the nurse is caring for a patient/client who is receiving medical treatment for transitioning, including hormone therapy and surgery, learning about the specific care required is invaluable.

It is also important for nurses remember that gender identity does not necessarily correlate with sexual orientation. Transgender individuals may identify as lesbian, gay, bisexual, or heterosexual. In addition, the term "transition" means the period of time when a transgender person is learning how to cross-live socially as a member of the sex category they identify with, which may involve changing names and gender on legal documents, and/or medical interventions to physically change sex designation (Centers of Excellence for Transgender Health, 2016).

The Disparity in Healthcare Related Needs Among Transgender Individuals

The percentage of American adults identifying as lesbian, gay, bisexual or transgender (LGBT) increased to 4.5% in 2017, up from 4.1% in 2016 and 3.5% in 2012 when Gallup began tracking the measure.

This 2017 update on LGBT identification underscores two significant conclusions. First, the percentage of adults in the U.S. who identify as LGBT has been increasing and is now at its highest point across the six years of Gallup's tracking of this measure. Second, the increase has been driven almost totally by the Millennials, whose self-reports of being LGBT have risen from 5.2% six years ago to 8.1% today (Gallup 2019). Third, 5.1% of women identify themselves as LGBT, compared with 3.9% of men. The smaller number of men who considered themselves transgender comprise of individuals who transitioned from male-to-female makes it more difficult to study their healthcare needs and that vulnerability to unethical and less culturally sensitive healthcare is imminent.

Data collection on health disparities among transgender people is very limited, but the data reveal a healthcare system that is not meeting the needs of the transgender community (Human Right Campaign, 2019). In a 2012 needs assessment by the Washington D.C. Trans Coalition, forty-four (44) percent of those surveyed identified health as one of their top priorities. It was found that access to transgender-sensitive healthcare was their most significant need (Human Right Campaign). Therefore, the reality to barriers related to obtaining medically necessary health services and encountering medical professionals who lacked transgender health care competency is real. According to Human Right Campaign, the National Transgender Discrimination Survey found that almost 20 percent of respondents had been refused medical care outright because of bias. While advocates continue working to remedy these disparities, change cannot come too soon for transgender people. Visibility and true advocacy through ethically and culturally sensitive nursing care to be spearheaded by nurses would help remedy this disparity. Nurses can also promote the positive images of transgender people in the media and society and continues to make a critical difference for them. Nurses must have an understanding that visibility is not enough and comes with real risks to the safety of the transgender women, because of marginalization. Nursing as the epitome of unbiased and altruistic care must commit to continuing support and advocate for the transgender community, so that the transgender individuals have an equal chance to succeed and thrive.

Conclusion and Recommendation

Because there is a growing number of patients/clients in the United States and all over the world coming from the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population and of this group, transgender women are of remarkable needs in terms of medical and nursing care needs. There is a need of learning how to work with this population in a respectful, ethical, and culturally sensitive manner. This endeavor should be considered an ongoing process and requires continued support for improvement and development. As nurses, it is important to be ethically and culturally sensitive to all patients, respective of diversity, and appropriate with care. As social acceptance has grown, and the awareness of gender identity and sexual preferences among population have increased recently, the ability to response to these changes must also be accompanied with ethical and culturally congruent care. Gender identity is how individuals feel about themselves internally, which is more concerned with the social norms about roles, qualities, and attributes, such as masculinity and femininity. Sex assigned at birth refers to the genitalia of the individual, which may or may not be associated with gender identity.

In the current state of healthcare in the United States and around the world, nurses are leading the way in providing patient/client care. As the leading professional in the healthcare industry, a need to evaluate whether the care provided to LGBTQ population particularly to transgender women is of appropriate. Part of this is the need to evaluate how culturally and ethically sensitive the nursing care provided. Patient/satisfaction data with nursing care delivered are routinely collected as an indicator of the quality of services delivered. It is not uncommon that patient satisfaction emanates from patient's perceptions. However, this prevalent collection and reporting of data, which serves as the theoretical basis in understanding patient satisfaction of nursing care receive remains ambiguous. Without a clear theoretical base, interpretation of patient satisfaction findings is hampered and the entire line of patient satisfaction research is of questionable validity. It is suggested that, to understand patient satisfaction, patient perceptions of their care must first be understood. Thus, to truly understand how transgender women nursing care received currently are of culturally and ethically sensitive care, a study to explore their experiences and perceptions not only in the Los Angeles and Orange County areas but around the world must be initiated.

Advisory Council's PERSPECTIVE:

I knew that being President was not going to be an easy role. However, to lead an organization such as the Philippine Nurses Association of Southern California, who recently celebrated its 58th Anniversary was a privilege!

Being in a leadership role is challenging, but it only confirmed the importance of teamwork and working towards the same vision and objectives. The goal to be the organization of choice for Southern California Filipino nurses rallied my colleagues in our Executive Board to put forward projects that would allow PNASC to be known to the community. Our efforts, resulted in 265 hours of volunteer work. These hours included providing health screenings and education to the community. Our outreach also impacts the future of nursing through our presentations to high school and college students. Our two-year work allowed us to reach out to over 300+ students sharing our experiences about the profession of Nursing and how an individual can make a difference in someone's life. These events promoted what a viable and exceptional opportunity it is to be part of Nursing profession. As a professional nursing organization, PNASC also supports higher education and thus we provided scholarships to those who aspire to continue their nursing education.

Being known as the Filipino Nursing organization of Southern California allowed as to be recognized by and collaborated with, other organizations to support the celebration of our culture as well as in representing the Filipino community in research projects.

In my journey of professional and personal growth as a lifetime member and as President of PNASC, my experience confirmed the importance of ethical morality. Following guidelines and protocols and doing what is right for the organization is the

priority. Communication as well as collegial support is key in maintaining an effective team.

Being a member of PNASC made me an ambassador for Filipino nurses. Being President strengthen my leadership and supported my professional and personal growth. PNASC provides an essential support, professionally and personally to Filipino nurses and continues to impact nurses everywhere. During my term, my team and I worked to ACT MORE- Activate, Collaborate through Mentorship, Outreach, Research and Engagement!



Sonia Sabado, MSN, RN, FNP-BC

Immediate Past President of PNASC

(2016-2018)

PNASC ELECTION 2020 TIMELINE

Timeline based on May 23, 2020 General Assembly

NOMELEC Members

Sonia R Sabado, MSN, RN, FNP-BC (Chair)

Emma Cuenca, DNP, CCRN, CNS

Dorianne Tillano, MSN, RN, FNP

Gina Delos Reyes, MSN, RN

Catherine Rubio, RN, BSN

Adviser

Mila Velasquez, MN, RN

Timeline	Date	Activity
PNASC 2020 Election (30 days)	March 31 – April 30, 2020	Electronic voting via weblink managed by Election-Runner
1. Notification of PNASC EB of Election Timeline	<ul style="list-style-type: none"> On or before January 16, 2020 	<ul style="list-style-type: none"> NOMELEC shall prepare a written election timeline and approved by the Executive Board at least 120 days prior to the General Assembly (PTGA)
2. Voter Eligibility: Paid PNASC members sixty (60)) days before first day of election	<ul style="list-style-type: none"> Jan 29, 2020 	<ul style="list-style-type: none"> Deadline for payment of chapter membership dues submitted to PNASC Treasurer
3. Candidate Filing: One Hundred (100) days PTGA	<ul style="list-style-type: none"> Feb 4, 2020 	<ul style="list-style-type: none"> Deadline for filing candidacy via electronic application to NOMELEC
4. Candidate Roster to EB: Four (4) days after deadline of candidacy filing	<ul style="list-style-type: none"> Feb 6, 2020 	<ul style="list-style-type: none"> NOMELEC Chair will send list of candidates to PNASC President and Executive Board.
5. Membership Verification: Treasurer will validate and submit an official eligible voter roster using Excel file, certified by President 55 days PTGA	<ul style="list-style-type: none"> March 21, 2020 	<ul style="list-style-type: none"> PNASC Treasurer and Membership Chair will verify and reconcile PNASC Membership List Prepare official PNASC Membership List with members' email
6. Submission of Verified Membership List	<ul style="list-style-type: none"> March 22 2020 (or earlier) 	<ul style="list-style-type: none"> PNASC Membership Chair will submit Membership List to NOMELEC Chairperson, PNASC President, & Executive Board including email and postal mailing addresses and other pertinent information for final reconciliation.

7. Election begins	<ul style="list-style-type: none"> March 31, 2020 	<ul style="list-style-type: none"> Election Runner will send blast email to qualified voters with valid emails Election website will be opened at 12:00 AM Eastern Standard Time
8. Election ends	<ul style="list-style-type: none"> April 29, 2020 	<ul style="list-style-type: none"> Election Runner will close election website at 11:59 PM Pacific Standard Time
9. Electronic voting results	<ul style="list-style-type: none"> April 30, 2020 	<ul style="list-style-type: none"> Election Runner reports final election results to NOMELEC Chair
10. Verification of voting results	<ul style="list-style-type: none"> May 5, 2020 or earlier 	<ul style="list-style-type: none"> NOMELEC will verify election results
11. Report of election results	<ul style="list-style-type: none"> May 6, 2020 May 7, 2020 	<ul style="list-style-type: none"> NOMELEC Chair will report the official election results to the PNASC President. NOMELEC will email the official election results to the candidates and PNASC EB the day after informing the PNASC President. All candidates will be notified at the same time
12. Presentation of election results	<ul style="list-style-type: none"> May 23, 2020 	<ul style="list-style-type: none"> NOMELEC Chairperson will present the official election results at the annual PNASC Convention General Assembly.
13. Archive electronic ballots	<ul style="list-style-type: none"> Jun 23, 2020 	<ul style="list-style-type: none"> Electronic ballots will be archived in database for 30 days after the official announcement at the annual PNASC General Assembly, then electronically deleted if there are no appeals. If there are appeals, electronic ballots will remain archived until all appeals are resolved.



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PNA of America**

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OTHER NEWS FOR JULY- DEC. 2019

- PNAA HOLDS ANUAL Convention in Georgia
- Dr. Cuenca SPEAKS at the 36th GRAND REUNION SYMPOSIUM
- PNASC PARTICIPATES AT THE ANUAL YOUTH CONGRESS
- PNASC WEST LA HOSTS FAMILY DAY FOR PNAS RISE
- PNASC REPRESENTATIVES MEET AMBASSADOR RUMUALDEZ AT PGC OFFICE
- PNASC APPROVES FORMATION OF ETHICS COMMITTEE
- PNASC JOINS Kalayaan Incorporated Induction & Christmas Party

*** For details log on to www.mypnaa.org

The Philippine Nurses Association of Southern California (PNASC) Executive Board and Advisory Council would like to thank the members and readers who provided articles for this newsletter. We encourage your continued contribution! Photos are welcomed.

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"PNASC RISE! Recruit & Retain, Innovate and Inspire, Serve, Empower & Engage"