The Prairie Rose

NDNA North Dakota Nurses Association 1912-2012

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President's Message

Roberta Young

Roberta Young MSN, RN

Greetings North Dakota Nurses,

This has been an exciting summer so far. In June NDNA was present at the ANA Membership Assembly in Washington DC. Besides the Assembly, Jane Roggensack MSN RN and I were able to participate in the Mid-West Multistate Division (MW-MSD) semiannual face to face meeting and participate in ANA Lobby Day. Please make sure and read Jane's article in this edition.

This was the second ever ANA Membership Assembly that reflects the transformations ANA is intentionally making to be relevant in the ever changing world of nursing. Three years ago ANA transitioned from a House of Delegates with delegates from each state based on the size of the Constituent State Nurses Association (C-SNA) to each C-SNA having 2 delegates where each vote is weighted. This allows for a smaller meeting, more time for dialogue and opportunities to network with nurses from all roles and work settings. I did not meet another hospital administrator! But talked with several staff nurses, home care nurses, professors, nurses working for private companies doing training, nurses in private practice, such a vibrant group!

This year the Membership Assembly charged the ANA BOD to work in the areas of promoting full practice authority of all nursing roles, integration of palliative care multi care settings, and promotion of care being delivered by high functioning interdisciplinary teams. Each of the previous areas were explored by a small panel of experts, and then we participated in small group dialogues. Each group provided recommended actions for the ANA Board to include in its strategic plan. The next morning the Reference Committee took all the comments and recommendations and formulated Main Motions. The discussion was robust with the outcome being actionable items in each area.

These topics are fresh and need practical solutions for our practice. This is why it is important for you to join NDNA. When you join NDNA you are joining ANA and have many opportunities opened for you to stay fresh and also influence practice at a local and national level. I've talked before about the Professional Issue Panels that are open to ANA/NDNA members. The new one that was just approved at the June ANA Board meeting is regarding *Civility and Bullying in the Work Place*. If you are a member, watch for the call to action at ndna.org or nursingworld.org. There will be a call to submit an application for the panel. Applicants are put into 2 groups:

Steering Committee – The Steering Committee will typically include up to 15 ANA members who will do a deep dive into the topic. This committee will meet intensively via conference call for a three to six month period, depending on the topic.

Advisory Committee – The Advisory Committee will provide additional information, feedback and advice to ANA and the Steering Committee by responding online to specific questions, documents and dialogue.

So far about 1600 ANA members have participated in the current Professional Issue Panels. (Code of Ethics Revision, Nursing Fatigue, Care Coordination, Nursing Scope of Practice Standards, and Nursing Administration Scope of Practice Standards).

Membership Matters. I want you to consider joining. ANA is the only professional organization representing the interests of all registered nurses, regardless of areas of specialization, clinical setting or work environment. Membership in ANA connects you with nurses from across the country. Your membership provides unique opportunities for you to advance your career, gain knowledge that will improve patient care and influence decisions that impact nurses at the national and state level.

We need your expertise and participation. We will soon be in a Legislative Session in ND. There will be many health and nursing related issues that we need your voice to speak up about. Membership also provides you with relevant materials and learning opportunities. Take a look at NDNA.org and click on the "Join" button. Also please like NDNA on Facebook.

At Membership Assembly I sometimes feel a bit overwhelmed by C/SNAs that have offices that are staffed and lots of programing. In actuality, NDNA and ND have a lot to be proud of. We were lifted up several times for the Full Practice Authority of our Advance Practice RNs. Our membership increased by about 10% the first 6 months of this year. I dream big and truly want you to be a part of NDNA's future.

Blessings, on your end of summer adventures, and I hope you always find joy in your profession.

Join NDNA now!
Use form provided or go to www.NDNA.org

ANA Membership Application

AMERICAN NURSES ASSOCIATION

For dues rates and other information, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

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Type of Work Setting: (ie: hospital) | Current Position Title: (ie: staff nurse)

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Writing for Publication in the Prairie Rose

The Prairie Rose accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and in APA format. The article should be submitted electronically in MS Word to info@ndna.org. Please write ***Prairie Rose article*** in the address line. Articles are peer reviewed and edited by the RN volunteers at NDNA. **Deadlines for submission of material for 2014 Prairie Rose are September 22 and December 23.**

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don't know how or where to start, contact one of the NDNA Board Members.

The Prairie Rose is one communication vehicle for nurses in North Dakota.

Raise your voice.

The Vision and Mission of the North Dakota Nurses Association

Vision: North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

Reflections From a Past Non-Member of NDNA/ANA

Tammy Buchholz, MSN, RN, Assistant Professor, Sanford College of Nursing,
NDNA Vice President–Membership Services

My first year in the role of VP-Membership Services for NDNA is drawing to a close. With this anniversary in mind, I've recently spent some time reflecting on how this new role has impacted me both personally and professionally.

I began my nursing career in 1991 as a slightly older than average, Associate Degree, Registered Nurse. I was married, had two young children and was excited to embark on a new career. Then my husband and I decided to move back to our home state of North Dakota (ND) from Wyoming. I immediately found myself caught in an entry into practice debate that required me to enroll in a baccalaureate nursing program and work toward completing my degree. For those of you unaware of the debate that was occurring in ND at the time let me give you a brief review.

In 1965, forty-nine years ago, the American Nurses Association (ANA) published its first position paper on entry into practice advocating that the baccalaureate degree be the minimum degree for entry into registered nurse practice (ANA, 1965). Soon after the release of that position paper, the ANA created a timeline for implementation of this proposal nationally. They chose four focus states (North Dakota, Oregon, Montana, and Maine) to implement the proposal early, and act as testing sites (George & Young, 1990; Lambeth, 1992; Rose, 2006). The focus states were chosen specifically because it was believed that the policy would easily be adopted in each, but that was not the case.

North Dakota was the only state that was successful in getting the entry into practice proposal fully adopted and implemented, and did so in 1987 after a series of legal hurdles. However, the battle was not over. Nearly each year following the adoption and implementation of the proposal, a bill was introduced in the North Dakota Legislature with the express purpose of rescinding the new entry into practice educational requirements. **The (North Dakota Nurses Association) NDNA/ANA were key advocates during this process, and much of the reason for the continued success at blocking rescinding efforts.** Eventually, the proposal was rescinded in 2003. I completed my baccalaureate degree in December of 1999. I did not join the NDNA until 2006 when I completed my graduate degree.

Why do I share this nursing history lesson with you? To provide you with some perspective regarding my involvement in NDNA/ANA. When I moved to North Dakota, I did not join the NDNA. My reason: **it was too expensive and what were they ever going to do for me?** Sounds pretty ridiculous now, given that the initial victory of having the entry proposal adopted was almost entirely due to the unity and vision of the nursing profession in ND. However, the failure of the proposal years later was due partly to the role that interest groups outside the nursing profession played and the **lack of cohesion within the nursing community** which supporters could not overcome. I would imagine that there were some fierce debates, and perhaps some division within nursing with regards to the side that you were on. But the bottom line is that unity and dedication to a cause are necessary in order to achieve success. Unity- having one voice- is what is needed in order for the nursing profession to gain attention and influence policy.

There are 13, 211 Registered Nurses in North Dakota. The statistics that I received for May of 2014 for the NDNA membership showed that **only 293 of those nurses were members of their own professional nursing association.** A startlingly low number- it would seem that there is clear evidence that there is a lack of unity of the nurses in North Dakota- or worse yet- apathy.

Being a member of NDNA/ANA shouldn't be done out of some sense of obligation, but because you want to be a champion for the nursing profession. It should be part of your **personal and professional development in order to be the best nurse that you can be.** It allows you to be more connected to the profession and gives a sense of belonging to something greater than self. It also allows for a connection and an opportunity to network with peers. When I joined NDNA, I joined for professional development reasons- I began teaching at the baccalaureate level. Although my personal involvement was minimal, it was important for me, at the very least, to have my membership fees used to support the NDNA/ANA advocacy efforts.

The ability to stay informed about professional issues locally, statewide and nationally is an incredible benefit. It allows you to broaden your perspectives outside your own immediate environment. Being around other nurses is important because it reminds you that nurses everywhere- even those outside the United States- are very much the same and have the same passion for their profession. The issues and challenges may be different, but the foundation of what nursing is, does not. **If only I had educated myself years ago and made a commitment to be a part of the NDNA, so that my voice would have been heard.** Instead, I allowed others to make choices for me, my fellow nurse professionals and the community which I serve.

It has been an honor to be involved more directly with the NDNA members, my fellow board members and the issues affecting nursing in North Dakota as well as nationally.

I work with students who often ask me why I am a member of the NDNA. My response often includes the entry into practice story, and my regrets that I was not more informed and involved at the time. I share that there are different ways and amounts to be involved. I also share that whether you choose to be involved or not, issues affecting nursing such as safe staffing and safe patient handling and mobility will continue, as will the need for advocacy by NDNA/ANA. I mention the Code of Ethics for Nurses, position statements and policies that are approved and published, as well as resources that the ANA provides to members.

Each and every nurse reaps the rewards of those nurses who have made a commitment to be involved in NDNA/ANA at any level or amount. I for one am proud to be a member of my professional nursing organization, and will never again have to say that I foolishly chose to not have a voice.

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Report from ANA Membership Assembly

Jane Roggensack

Roberta Young and I had the privilege of attending the 2014 ANA Membership Assembly in Washington, DC on June 12-14. Our days were busy and filled with business, however, we also found time to connect and network with our colleagues.

On June 12, we took the Capitol by storm and over 160 nurses met with their legislators to advocate for a number of issues. We met with legislative aides in the offices of Senators Hoeven and Heitkamp and Representative Cramer to discuss bills related to Safe Patient Handling and Mobility, Home Health and Durable Medical Equipment (DME) and to ask for the legislators' support of the bills. The Home Health and DME bills would allow APRNS to sign home health plans of care and orders for DME and meet the face to face documentation requirements. It was exciting to be on Capitol Hill and have the opportunity to meet with the offices of our state legislators. We appreciated the time that we spent with them and are hopeful they heard the passion in our requests.

On June 13, prior to the official opening of the Membership Assembly, we participated in a surprise activity. As we entered the assembly room, we noted that there were violins, violas, drums or other percussion instruments on our tables. Our mission, if you will, was to learn how to play either a stringed instrument or a percussive instrument. We divided in to the two groups and spent about 30 minutes learning our parts and then came back together as a whole and practiced a few times before our final playing of Pachelbel's Canon in D. We had percussive instruments at our table so our task was to learn how to play the instrument as well as keep time to the music. The end result was a surprisingly impressive performance. We all quickly learned new roles and collaborated to achieve an amazing outcome! President Daley in her message to the Assembly reported on some of the efforts that ANA has undergone during her four year tenures as President which include the Race for Relevance, the staffing conference, the work of the newly developed Professional Issues Panels, and the impact of the IOM Future of Nursing Report. Also on this day, we participated in dialogue forums at each of our tables around three topics that were brought forward for discussion and action at Membership Assembly. The forums were on Scope of Practice and Full Practice Authority for All RNs, Integration of Palliative Care into Health Care Delivery Systems, and High Performing Interprofessional Teams. Following our discussion, the comments were to be compiled and reviewed and brought forward to the Assembly for a vote on the recommendations the following day.

On June 14, we heard highlights from our CEO, Marla Weston, PhD, RN, FAAN regarding our achievements over the past two years. We have had significant strides in membership growth, engagement opportunities through our Professional Practice Panels and this has resulted in our ability to address issues in a more timely manner. We also listened to a message from the NSNA President, Kelly Hunt, who recommended that we advocate for the new graduate. She reported that they had over 3100 attendees at their recent convention with 91 poster presentations! We also heard a report from our ANA Treasurer, Terri Haller, RN, MSN, MBA, NEA-BC, and we remain a strong, viable organization.

We ended the meeting with recommendations and voting on these recommendations for ANA to advance our work on the discussion topics from the previous day as well as learning the results of the election of officers. We have a newly elected ANA president, Pamela Cipriano, PhD, RN, NEA-BC, FAAN, who is a nurse consultant and the former editor-in-chief of ANA's journal, American Nurse Today. She is looking forward to "working to serve nurses, improve the quality and safety of care for our patients, and continue to transform our nation's health."

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Recap of 2014 ANA Membership Assembly

When Nurses Talk: Washington Listens

Roberta Young and Jane Roggensack with "Karen Daley" Immediate Past President of ANA. We had an opportunity to donate to the American Nurses Foundation in Karen Daley's honor and got our picture taken with her!

Susan Wozniak MSN, RN, ANA MI President and Roberta Young MSN, RN, NDNA President being part of the percussion team.

We had cloudy rainy days, but always bright spirits!

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American Nurses Association Elects Pamela Cipriano As President

Representatives elect officers, board and committee members

SILVER SPRING, MD – Representatives at the American Nurses Association's (ANA) Membership Assembly elected Pamela Cipriano, PhD, RN, NEA-BC, FAAN, of Charlottesville, Va., to serve as president of the professional association that represents the interests of the nation's 3.1 million registered nurses (RNs).

Pamela Cipriano

The voting representatives of ANA's Membership Assembly also elected three other members to serve as officers of the 10-member board of directors.

Cipriano, senior director at Galloway Consulting, which helps hospital groups, health care payers and providers improve their operations, outcomes and profits, succeeds Karen A. Daley, PhD, RN, FAAN. Cipriano, who is also a research associate professor at the University of Virginia School of Nursing, served as the inaugural editor-in-chief of ANA's official journal, *American Nurse Today,* and is a member of the Virginia Nurses Association.

Cipriano oversaw more than 3,000 University of Virginia Health Systems employees as the chief clinical officer and chief nursing officer. She earned her doctorate in executive nursing administration from the University of Utah in 1992 and a master's of science in physiological nursing from the University of Washington in 1981. She previously served two terms on the ANA Board of Directors, including one term as treasurer, and has served for more than 30 years on state and national committees for ANA and the American Academy of Nursing. From 2010 to 2011, Cipriano served as the Distinguished Nurse Scholar in Residence at the Institute of Medicine, where she helped study the safety of health information technology assisted care.

She currently chairs the Task Force on Care Coordination at the American Academy of Nursing.

"This is indeed the most impressive honor in my entire career. I look forward to working with you to serve nurses, improve the safety and quality of care for our patients, and continue to transform our nation's health," Cipriano told 350 nurses attending ANA's annual Membership Assembly, the association's governing body.

Elected as officers were Vice President Cindy R. Balkstra, MS, RN, ACNS-BC, Georgia Nurses Association; Secretary Patricia Travis, PhD, RN, CCRP, Maryland Nurses Association; and Treasurer Gingy Harshey-Meade, MSN, RN, CAE, NEA-BC, Ohio Nurses Association and Indiana State Nurses Association.

Jesse M. L. Kennedy, RN, Oregon Nurses Association, was elected to serve as a director-at-large, recent nursing school graduate.

Remaining on the board to complete their terms are: Devyn K. Denton, RN, Oklahoma Nurses Association; Andrea Gregg, DSN, RN, Florida Nurses Association; Faith Jones, MSN, RN, NEA-BC, Wyoming Nurses Association; and director-at-large staff nurse members, Linda Gural, RN, CCRN, New Jersey State Nurses Association and Gayle M. Peterson, RN-BC, ANA Massachusetts.

Elected to serve on the Nominations and Elections Committee are Edward Briggs, DNP, ARNP, Florida Nurses Association; Linda Beechinor, DNP, RN, APRN-BC, Individual Member Division; and Elissa E. Brown, MSN, RN, PMHCNS-BC, ANA\California.

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A Welcome to New Nurses and a Gentle Reminder to Seasoned Nurses

Tammy Buchholz, MSN, RN, Assistant Professor, Sanford College of Nursing, NDNA Vice President–Membership Services

As nursing graduates prepare and take their board examinations this summer, our hospitals, clinics and other health-care settings are preparing for the influx of new nurses that have been hired to help meet the demand. These new nurses come with great anticipation, and an eagerness to finally put into practice all that they have spent years learning.

They are also often scared that they will make an error and harm a patient. It is important that the seasoned nurses who will be mentoring these new nurses be nurturing and supportive while offering proper guidance to help these new professionals navigate the transition from school to career.

If you're a seasoned nurse, try to remember what it felt like back when you were new to the nursing profession. What was it like when you began your first job? Did you feel properly prepared? Were you frightened that maybe you weren't quite ready? Did you feel like you had forgotten everything you had learned in school?

Some seasoned nurses have been known to roll their eyes when a novice nurse joins the staff. They are of the opinion that this new hire will just create more work in terms of teaching, guiding and assisting them with their practice. It is important for seasoned nurses to remember how it was when they began their career, and how one helpful and supportive colleague can make all the difference in successfully transitioning into practice.

It is also important for new nurse professionals to utilize their mentors and not be afraid to ask for guidance or assistance when needed. Learning is a life-long process and certainly doesn't stop when you graduate from nursing school! Learn to be patient with yourself in your first months as a nurse. Some days will be amazing and you will leave work with a feeling of affirmation that nursing is indeed your calling. Other days you will leave work and wonder what in the world you were thinking going into this crazy profession. Hopefully there are far more good days that will help your confidence soar.

Last, I'd like to offer some practical advice and resource suggestions to both new and experienced nurses. Remember to take care of yourself, so that you are able to provide safe quality care to your patients. Make an effort to balance work with personal life, especially if you begin to feel overwhelmed. Be sure to stay hydrated and eat healthy. Being a nurse means that you will always be busy, but be sure to make time for your meals and snacks.

Oftentimes nurses have poor sleep quality because of rotating shifts and other life responsibilities. Take some time to unwind after work, and leave the "thoughts" of the day at work. You need to allow your body, mind and spirit to recharge and restore in order to give your best care to your patients. Last, don't stop moving; make exercise a part of your weekly schedule. Work as a nurse is strenuous, but it is important to include exercise such as cardio and strength training in a non-nurse way in order to stay healthy and strong.

The American Nurses Association (ANA) defines a healthy nurse as one who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing. A healthy nurse lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates and educators personally for their families, their communities and work environments and ultimately for their patients (ANA, 2014).

To this end, the ANA has created resources for nursing professionals. They provide a comprehensive health risk appraisal (HRA) in collaboration with Pfizer Inc. free of charge. This appraisal offers nurses real-time data on their health, safety and wellness, personally and professionally. Upon completion of the HRA, nurses are directed to a web wellness portal filled with interactive quizzes, games and pertinent resources. I encourage all nurses to utilize these resources by visiting www.anahra.org to take the HRA.

Congratulations to all new nurses entering the profession this summer! We are proud to have you join the ranks of seasoned nurses and look forward to seeing you grow into confident, strong, professional nurses during the coming years. To the seasoned nurses providing guidance to this new "crop" of nurses; thank you for your dedication to the profession and for sharing your time and talents. Not only do our new nurses benefit, but your service also benefits the colleagues who work with that confident new nurse and the patients who receive that nurse's care.

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Total Contact Cast— The Gold Standard for Offloading and Healing Diabetic Foot Ulcers

Morgan Lien PA-C, Shari Lee RN, CWON, Nancy Moore RN, CWON, Nikki Oliver RN, CWON, Emily Greenstein RN, CWON, Nikki Fischer-Buccholz RN, WON

Approximately 23.6 million people in the United States have diabetes. It is estimated that 12.7% of patients with diabetes have a history of foot ulcers, with a lifetime risk of development of a foot ulcer at 25%. (Abbott et al, 2002) As nurses, we have the privilege and accountability to ensure proper skin care and healing.

Foot ulcers are the leading cause of non-traumatic lower extremity amputations. The rate of lower extremity amputation for patients with diabetes is 28 times greater than for individuals without. Implementation of a multidisciplinary foot care service has been shown to lower contralateral amputation rates to as low as 7% (Armstrong, D.G., Bevilacqua, N.J., Isaac, A.L., & Wu, S.C. (2014)).

Offloading and redistributing pressure is the main principle involved in the treatment and prevention of foot ulcers and lower extremity amputations. Evidence has shown Total Contact Casts (TCC) to be the gold standard of treatment in relieving pressure and healing diabetic foot ulcers (Bryant & Nix). The cast equalizes pressure loading of the plantar surface by equalizing the contact of the cast material with plantar skin. Studies have shown TCC healing rates between 73%-100%.

The Sanford Wound Care Center Fargo ND, collaborated with Podiatry to bring in the EZ TCC. Since commencement 4 months ago we have been able to achieve healing in chronic diabetic foot ulcers. Patients are followed by podiatry for debridement and substitute tissue placement when necessary with cast placement at the wound clinic. When healed, patients are assessed by an Orthotist and placed in custom orthotics to prevent reoccurrence.

Nurses have a large role in exceptional wound care and healing. We see and assess the whole picture to allow a patient to have success.

Resources:

Abbott CA, Carrington AL, et al. The North-West Diabetes Foot Care Study: incidence of, and risk factors for, new diabetic foot ulceration in a community-based patient cohort. *Diabetic Medicine*. 2002;19:377–84.

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Update on Continuing Education – CE for Individual Activities or Approver Provider Status

Jill Kliethermes, MSN, RN, FNP-BC
Chief Executive Officer / Midwest Multistate Division Leader

Jill Kliethermes, MSN, RN, FNP-BC

The North Dakota Nurses Association is participating in the Midwest Multi-State Division (MW MSD) a collaboration of states from the Midwest including Iowa, Kansas, Michigan, Missouri, Nebraska, North Dakota and Wisconsin to promote operating efficiencies and growth. One of the MW MSD's collaborative efforts is in the area of continuing nursing education.

Beginning in the fall of 2014, the Midwest Multi-State Division Accredited Approver Unit will be operational. The Midwest Multi-State Division will be accredited as an approver through the American Nurses Credentialing Center's Commission on Accreditation. Agencies/Organizations from North Dakota will be able to seek approval to award nursing contact hours for individual activities/ conferences they would like to provide or seek approval as an Approved Provider of continuing nursing education (CNE).

If you are interested in providing CNE for an upcoming event, or if you would like to learn more about your facility/agency/organization becoming an Approved Provider please contact Sara in the Midwest Multi-State Division Office at 573-636-4623 ext. 102 or by email at sara@missourinurses.org.

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Conversations Before Crisis

Written on behalf of the NDACP
by Nancy Joyner, RN, MS, APRN-CNS, ACHPN
Palliative Care Clinical Nurse Specialist
NDACP Coalition member

We plan for many events in our life, such as college, marriage and childbirth. These are all anticipated events. Dying is anticipated too, so why don't we plan for this important time of our life? The problem is that the United States is a death denying, death defying society, focusing on youth and anti-aging. We don't like to talk about end of life or dying. However, trigger events that force reflection on our own mortality include serious or life limiting illness, the death of a family member or friend, a new diagnosis or decline in health status. These triggers are often a time of crisis and not the best time for conversations and decisions.

Advance care planning is making decisions about the type of care and treatment a person would want to receive if one would happen to become unable to speak for himself/herself. These are an individual's own decisions to make, regardless of what is chosen for treatment and care. The decisions are based on one's personal values, preferences, and discussions with loved ones and the healthcare team. The key is that the conversations occur.

An **advance directive** is the written results of the conversation(s) that has/have occurred. It is **not** a medical order. The healthcare team needs to translate one's preferences into medical orders for the current medical situation.

In 2013, a group of dedicated individuals, including healthcare professionals, community service providers, educators, lawyers, chaplains, and community representatives established the North Dakota Advance Care Planning (NDACP) initiative to improve the end of life care experience of the people of North Dakota. To date, we have over 60 members representing over 36 different agencies, organizations, and community members from across North Dakota.

NDACP VISION:
To create a culture across ND where continuous (on-going) advance care planning is the standard of care and every individual's informed preferences for care are documented and upheld.

NDACP MISSION/GOAL:
To assist statewide community partners with the development and implementation of a comprehensive advance care planning program by December 2016.

For more information about the NDACP initiative or how you could support this important work, contact:

Sally May, RN, BSN, CH-GCN
Senior Quality Improvement Specialist
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3520 North Broadway
Minot, ND 58703
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Fax: 701.857.9755
Email: sally.may@hcqis.org or smay@ndhcri.org

ANA News

American Nurses Association Releases 2nd Edition of "Psychiatric-Mental Health Nursing: Scope and Standards of Practice"

This edition covers key topics in current nursing practice in psychiatric-mental health care and is designed as a resource for practicing RNs and other professionals who work in the ongoing transformation of the mental health care system in this country.

SILVER SPRING, MD — The American Nurses Association today released a new edition of "Psychiatric-Mental Health Nursing: Scope and Standards of Practice." The book is co-published by the American Nurses Association (ANA), the American Psychiatric Nurses Association (APNA) and the International Society of Psychiatric-Mental Health Nurses (ISPN).

"Psychiatric-Mental Health Nursing: Scope and Standards of Practice" articulates the essentials of psychiatric-mental health nursing, its activities and accountabilities — the who, what, when, where and how of practice — at multiple levels and in multiple settings. It specifies the standards and competencies for practice and professional performance in this nursing specialty, and reflects the diverse activities of general and advanced practice psychiatric-mental health registered nurses.

"ANA is pleased to co-publish this latest edition with APNA and ISPN," says Cheryl Peterson, MSN, RN, ANA's senior director, nursing programs. "The new 'Scope and Standards of Practice' is the definitive resource for nurses working in psychiatric-mental health or involved in care settings affected by these issues."

This new edition also features a public health model of mental health care that is person- centered, recovery-oriented and grounded in prevention, reflecting a paradigm shift in this care arena. Psychiatric-mental health nurses don't just provide care and treatment; they partner with patients and their families to assist in their individual recovery goals. These nurses are uniquely qualified for leadership in the ongoing transformation of mental health care; this book is about, by and for them.

"This quintessential guide on psychiatric-mental health care is a must for every psychiatric-mental health nurse, with an expanded focus on early intervention, integrated care, rehabilitation and recovery," says ISPN Board President Sara Horton-Deutsch, PhD, PMHCNS- BC, RN, ANEF.

While this book is primarily for practicing psychiatric-mental health nurses, it is also an important resource for nursing faculty and students, other health care providers, researchers and scholars, and anyone involved in funding, legal, policymaking and regulatory activities around psychiatric-mental health care.

Kris A. McLoughlin, DNP, APRN, PMHCNS-BC, CADC-II, who co-chaired the task force on behalf of APNA, says, "It was important to the task force to ensure that 'Scope and Standards' continues as an indispensable resource to guide psychiatric-mental health nurses and provides the public with a comprehensive picture of the broad range of skills and capabilities encompassed by our profession."

To request a review copy of "Psychiatric-Mental Health Nursing: Scope and Standards of Practice," contact Cynthia Lee at cynthia.lee@ana.org.

Nurses Urge Lawmakers on Lobby Day To Support Safer Staffing, More Efficient Home Health Care

Hundreds Venture to Capitol Hill to Advocate for Issues Crucial to Patient Care

SILVER SPRING, MD – More than 200 registered nurses met with congressional representatives June 12 to advocate for safer nurse staffing, expansion of safe patient handling and mobility programs, and removal of restrictions that prevent certain nurses from certifying patients for a home health benefit and ordering durable medical equipment.

The Capitol Hill visits were organized for the American Nurses Association's (ANA) annual Lobby Day, which leads into the association's two-day Membership Assembly, ANA's governing body.

"If there's one thing I know for certain, it's that when nurses talk, Washington listens," ANA President Karen A. Daley, PhD, RN, FAAN, told RNs from state nurses associations before they fanned out on Capitol Hill. "Whether you are advocating for legislation to advance safe staffing, or working to remove barriers that prevent consumers from benefitting from advanced practice registered nurses' full scope of practice, be proud that we speak with one strong voice for nursing,"

Six RNs from ANA-New York briefed Sen. Chuck Schumer (D-NY). As the co-sponsor of The Home Health Care Planning Improvement Act (H.R. 2504/ S. 1332), Schumer said he would be "pushing the home health bill pretty hard" and looking for an opportunity to offer it as an amendment to another health care bill with a good chance to advance. That bill would allow nurse practitioners, clinical nurse specialists, certified nurse midwives and physician assistants to certify home health services for Medicare patients. Current law requires a physician to sign home care plans, which can cause delays in care and lead to hospital readmissions.

The ANA-New York contingent emphasized to Schumer that the restriction on advanced practice registered nurses (APRNs) ordering durable medical equipment, such as oxygen equipment and blood glucose monitors, without a physician signature should be addressed at the same time. The nurses contended that it would be "nonsensical" to gain the authority to sign home health care plans and certify patients for the benefit, but be prohibited from ordering necessary equipment for those same patients. Schumer agreed he would work to move such a bill as a co-sponsor if nurses could secure a lead sponsor in the Senate.

Seven members of the Oregon Nurses Association urged a staff aide to Sen. Jeff Merkley (D-OR) to support the same issues, noting that in many rural areas of Oregon, there are no physicians and APRNs serve as primary care providers. They also commended Merkley for sponsoring the RN Safe Staffing Act of 2013 (H.R. 1821) and supporting The Nurse and Health Care Worker Protection Act of 2013 (H.R. 2480), which would require health care facilities to implement safe patient handling and mobility programs.

In association with Lobby Day, ANA also honored U.S. Sens. Susan Collins (R-ME) and Barbara Mikulski (D-MD) for their advocacy and work on behalf of issues important to nurses and the health care system.

ANA News

Safe Patient Handling and Mobility Programs Make Sense for Safety and Economic Reasons, ANA Tells Capitol Hill Audience

Rep. Conyers Says Time to Move Bill 'As Fast as We Can'

SILVER SPRING, MD – American Nurses Association (ANA) leaders, health care worker safety experts and a congressman urged action on a bill that would reduce injuries by eliminating manual patient lifting and require employers to implement a safe patient handling and mobility plan, at a Capitol Hill briefing May 28.

ANA President Karen A. Daley, PhD, RN, FAAN, told about 50 congressional staff members that a successful safe patient handling and mobility program has the potential to increase patient safety and decrease staff injuries by as much as 95 percent, while increasing nurse retention and recruitment.

"In no other profession would we ask workers to lift 90 pounds or more without mechanical support— nurses and health professionals should not be the exception," Daley said. "It is in everyone's best interest to support policies that result in the elimination of manual patient handling."

ANA sponsored the briefing to support federal legislation protecting nurses and other health care workers from costly, potentially career-ending injuries and musculoskeletal disorders (MSDs) caused by manual patient handling, such as lifting, transferring, and re-positioning. A comprehensive safe patient handling and mobility program also protects patients from injuries caused by falls and complications from immobility, such as pressure ulcers.

The Nurse and Health Care Worker Protection Act of 2013 (H.R. 2480), crafted with input from ANA, is sponsored by Rep. John Conyers (D-MI), a long-time champion, Rep. George Miller (D-CA) and 12 co-sponsors.

"We think it's time," Rep. Conyers told the audience. "It's obviously the largest cause of accidents. This is a way to save money, not a disincentive."

The legislation incorporates principles from ANA's *Safe Patient Handling and Mobility: Interprofessional National Standards*, a foundation for creating, implementing, and managing a safe patient handling and mobility program. The standards apply to diverse health care settings, such as hospitals, long-term care, and rehabilitation, and are designed to infuse a stronger culture of safety in health care work environments.

Health care worker injuries have been a long-standing problem. RNs ranked fifth among all occupations in 2012 for cases of musculoskeletal disorders resulting in days away from work, with 11,610, according the Bureau of Labor Statistics. In ANA's 2011 Health and Safety Survey, 62 percent of RNs indicated that suffering a disabling musculoskeletal injury was one of their top three safety concerns, and more than half experienced musculoskeletal pain that was caused or made worse by their job in a 12-month period.

Nurses Must Have Chance for Input on School Decisions Affecting Nursing Responsibilities, California Court Rules

ANA Claims Win for Board of Nursing's Authority

SILVER SPRING, MD – The American Nurses Association (ANA) claims a recent legal victory ensuring that registered nurses (RNs) will have an opportunity to express their concerns when California's education department proposes regulatory changes that affect school and other RNs.

The ruling is significant in underscoring the state Board of Nursing's authority in regulating nursing practice and protecting against other agencies issuing regulations that affect nursing practice without the profession's input.

"The nursing profession is committed to vigorous self-regulation to ensure provision of safe and high-quality care," said ANA President Karen A. Daley, PhD, RN, FAAN. "It's a dangerous practice to allow other professions to make unilateral decisions about how to provide safe health care services that fall under nursing's responsibilities. The court made a wise ruling in the best interests of nurses, students and patients."

A California appellate court agreed with ANA that the California Department of Education violated state law when it promulgated a new regulation in 2007 allowing unlicensed school personnel to administer insulin to students with diabetes. The education department issued the regulation without giving nurses and other stakeholders notice and a chance to comment, a violation of California's Administrative Procedures Act, which says no regulation can be enacted without such notice and a comment period.

The education department's 2007 regulation ran counter to longstanding positions published by both the department and the California Board of Registered Nursing that said unlicensed school employees could not administer insulin. California's Nursing Practice Act provides that administering medication is a nursing function and the Nursing Practice Act prohibits unlicensed individuals from engaging in the practice of nursing.

In a related decision, the California Supreme Court ruled in favor of the American Diabetes Association in 2013 to allow unlicensed personnel to administer insulin to students, overriding two lower courts that ruled that the practice was an unlawful violation of the Nursing Practice Act's prohibition against the unlicensed practice of nursing.

The current ruling by the California appellate court on requirements to provide notice and opportunity for comment does not affect or overturn the California Supreme Court's decision allowing unlicensed personnel to administer insulin to students.

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ANA News

Connection Between Nurse Staffing and Patient Outcomes Can be Made in All Hospital Clinical Areas with Expanded Measures

SILVER SPRING, MD – The nation's largest database assessing nursing care quality has expanded its measures of nurse staffing to the entire clinical practice area of hospitals by adding several new patient care unit types.

By measuring staffing in emergency departments, perioperative services and perinatal services as part of NDNQI®, a quality improvement solution of the American Nurses Association (ANA), hospital quality improvement teams now can generate data to correlate nurse staffing levels with patient outcomes in these areas. That data can assist the teams in developing staffing plans and strategies to improve outcomes, such as reductions in patient falls and infections that result from hospitalization.

"Optimal nurse staffing is a critical component in improving the quality of patient care and preventing avoidable complications," said ANA President Karen A. Daley, PhD, RN, FAAN. "The expansion of the NDNQI staffing measures to these new areas will give hospitals a complete view of their performance when developing their staffing plans."

The emergency, perioperative and perinatal areas present more complexities in measuring staffing than other patient care areas because of short patient lengths of stay and involvement of other, specialized types of personnel, such as paramedics, surgical technologists or lactation consultants who may or may not be nurses. Perioperative care includes services provided before, during and after surgery; the portion of perinatal care being measured for staffing levels includes postpartum services.

ANA worked with the Emergency Nurses Association (ENA), the Association of Perioperative Registered Nurses (AORN) and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) in developing the method to quantify staffing levels per amount of patient time spent in each of the three care areas. Each specialty nursing organization is an organizational affiliate of ANA. Each organization sets its own standards for nurse staffing; the NDNQI measure is not intended to replace those standards, but to help identify the connection between staffing and patient outcomes and to facilitate comparison of staffing levels with the standards developed by the nursing specialty organizations.

"We are grateful for the collaboration with ENA, AORN and AWHONN," said Daley. "NDNQI relied on their experts' generous contributions to help inform the development of staffing measures for these units," she said.

About 2,000 hospitals participate in NDNQI, which tracks a broad range of outcomes that indicate the quality of nursing services, such as hospital-acquired pressure ulcers. NDNQI establishes links between patient outcomes and nurse staffing characteristics, such as nursing care hours, education level, certification and turnover. NDNQI allows nursing units to compare their performance to similar units at other hospitals in their community, region or nationwide, and use the data to set benchmarks for excellence in nursing care.

Registered Nurse Safe Staffing Bill Introduced in Senate

Bill Highlights Importance of Nurse Staffing Levels

SILVER SPRING, MD – The American Nurses Association (ANA) today applauds the introduction of federal legislation in the U.S. Senate that empowers registered nurses (RNs) to drive staffing decisions in hospitals, protect patients and improve the quality of care.

The Registered Nurse Safe Staffing Act of 2014 (S. 2353), crafted with input from ANA, is sponsored by Sen. Jeff Merkley (D-OR). ANA supports a companion staffing bill introduced in the House in May 2013, the Registered Nurse Safe Staffing Act of 2013 (H.R. 1821).

"It is encouraging that members of both chambers of Congress understand the connection between nurse staffing and patient safety. There is no room for debate: when there are appropriate nurse staffing levels, lives are saved and patient outcomes improve," said ANA President Karen A. Daley, PhD, RN, FAAN. "With federal legislation we can vastly advance the quality of patient care and improve working conditions for nurses."

Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors, and even death. And when unanticipated events happen in a hospital resulting in patient death, injury, or permanent loss of function, inadequate nurse staffing often is cited as a contributing factor.

"As the husband of a nurse, I know firsthand the many challenges nurses face and how critical their care is to patients," said Sen. Merkley. "Safe staffing that enhances patient care, reduces medical errors and bolsters nurse retention all at the same time would be a tremendous improvement to health care delivery."

The bill would require hospitals to establish committees that would create unit-by-unit nurse staffing plans based on multiple factors, such as the number of patients on the unit, severity of the patients' conditions, experience and skill level of the RNs, availability of support staff, and technological resources.

"As a nurse, and someone who's been involved in both patient care and policy discussions about staffing for decades, I'm so pleased to see Sen. Merkley standing up for patients in hospitals across the country," said Susan King, MS, RN, CEN, FAAN, executive director of the Oregon Nurses Association, a constituent member of ANA. "We know that nurse staffing levels impact patient outcomes and nurse retention, and—as the people providing care to patients—nurses bring an intimate understanding of patient needs to the discussion about how to most appropriately staff a facility. This is critical legislation for every patient in a hospital and for the nurses who care for them."

The safe staffing bill also would require hospitals that participate in Medicare to publicly report nurse staffing plans for each unit. It would place limits on the practice of "floating" nurses by ensuring that RNs are not forced to work on units if they lack the education and experience in that specialty. It also would hold hospitals accountable for safe nurse staffing by requiring the development of procedures for receiving and investigating complaints; allowing imposition of civil monetary penalties for knowing violations; and providing whistle-blower protections for those who file a complaint about staffing.

Additionally, ANA has advocated for optimal nurse staffing through the development and updating of ANA's Principles for Nurse Staffing, and development of a national nursing quality database program that correlates staffing to patient outcomes.

To date, seven states have passed nurse safe staffing legislation that closely resembles ANA's recommended approach to ensure safe staffing, utilizing a hospital-wide staffing committee in which direct care nurses have a voice in creating the appropriate staffing levels. Those states are Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington.

For more information on ANA's safe staffing legislative efforts, please visit http://www.RNaction.org/.

ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public. Please visit www.nursingworld.org for more information.

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