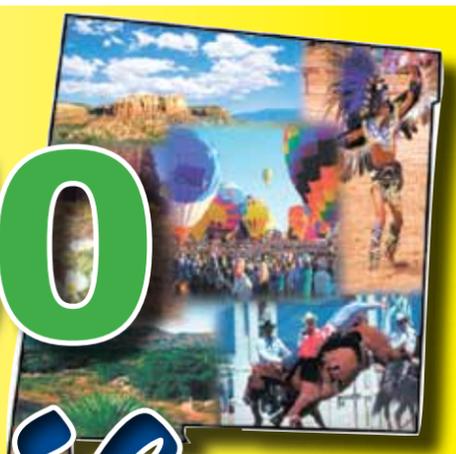


The NEW MEXICO Nurse



The Official
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NIMNA

**NEW MEXICO NURSES
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A Constituent Member Association of the American Nurses Association

Quarterly circulation approximately 25,000 to all RNs, LPNs, and Student Nurses in New Mexico.

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What a Legislative Session!

Linda Siegle, NMNA Lobbyist

The 2012 Legislative Session began on January 17th and ended at noon on February 16th. Though a 30-day session is by law solely for the purpose of developing a state budget almost a 1000 bills, memorials and constitutional amendments were introduced. Many bills were introduced because the governor had given them a "message" allowing for discussion during a 30-day session. Other bills were determined "germane" (able to be discussed) because their content was similar to one of the governor's messages. All in all it was an extremely busy session though the results are limited to the budget (HB2) and approximately 77 bills passing both chambers now on the governor's desk.

A large number of health related bills were introduced, but not all were germane. Three bills were introduced to create the now amorphous health insurance exchange (SB7, SB278 and SB290). Because they did not have a governor's message they were determined NOT germane. You may remember that the Governor in December made the existing Health Insurance Alliance the defacto health insurance exchange when the State applied to the federal government for funding to stand up a state exchange. New Mexico received \$34 million from the feds and is proceeding with setting up the IT structure for the exchange.

Last year a bill passed to require all the licensing boards to collect detailed health care data for workforce issues. In this session the responsibility for compiling that data has been transferred from the Department of Health to the University of New Mexico (HB19). Evidently the Department of Health did not have the resources to compile and utilized this data.

A large number of memorials passed this session. A memorial simple instructs a department of government to do something. Unlike a bill which the governor must sign or veto, a memorial does not require governor action. However, departments can also refuse to perform the duties outlined in the memorial. HM24 requires that licensing boards

examine the problems with provider credentialing. HM38 and SM54 request the Legislative Finance Committee to conduct a study to determine the feasibility of implementing a basic health program to cover eligible individuals with low incomes who do not qualify for Medicaid. HM51 requests that the Department of Health examine nursing ratios in New Mexico hospitals.

The most controversial bill introduced in this session (SB159) began as legislation which explicitly told prescribers the type of informed consent they should provide and restricted how they prescribe opioids. No doubt there is a huge problem with children and adults acquiring opioids and in some cases overdosing. Many family members testified that their children became addicted from a legal prescription, but then turned to illegal drugs resulting in their deaths. Our position, along with the Greater Albuquerque Medical Society and other providers, was that the legislature should not dictate how providers prescribe and that the legislature should not put into statute the jobs of licensing boards. Though the bill passed the Senate, it was tabled (DEAD) in the House Judiciary Committee.

We also introduced our amendments to the Sonographer licensing act which by existing law currently restricts nursing practice of ultrasound. Because the regulations have not been written the restrictions are not yet in place. We have worked on this "fix" of their act for the last two years without success. Though we had been promised a message from the governor it was not forth coming so the bill was not heard. This is an issue which MUST be addressed in the 2013 legislative session.

The legislative session always proceeds at a rapid pace once the first two weeks have passed. It is imperative that all nurses, advance practice nurses and nurse midwives have a presence and a voice at these sessions. Your voice speaking to and emailing your legislators can make the difference in bills passing and failing. Thanks to all of you who emailed and called your legislators on SB159. You make the difference.

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NMNA Board and Staff

President: Mary J. Sletten, DM(c), MSN, RN
1007 Cedardale Dr. Las Cruces, NM 88005-1247
Hm: 575/525-2955 msletten@nmsu.edu
Wk: 575/528-7335 term exp. 2013

First Vice President: Leigh DeRoos, BSN, RN
Las Cruces, NM
Cell: 575/496-6924 lderoos49@yahoo.com
term exp. 2012

Second Vice President: Jennifer Drexler, MSN, RN, CCRN
5920 Unitas Lane, NW Albuquerque, NM 87114
Hm: 505/975-7035 jbomard@hotmail.com
term exp. 2013

Secretary-Treasurer: Andrew Vick, BSN, RN
1366 Grace Street Osogrande, NM 88342
keysmedic@hotmail.com
term exp. 2013

Directors:

Gloria Doherty, MSN, RN, ACNP
1905 Rita Court NE Albuquerque, NM 87106
Hm: 505/243-2628 gdoherly@salud.unm.edu
Cell: 505/351-2291 term exp. 2013

I. Lorraine Goodrich, MSN, RN
841 East 2nd Street Portales, NM 88130-6007
Hm: 575/359-0679 lorraine.goodrich@enmu.edu
term exp. 2012

Kristin Kuhlmann, PhD, RN, FNP
Wk: 1500 S. Ave K, Station #12-Nursing Dept, Portales, NM 88130
kristin.kuhlmann@enmu.edu
term exp. 2013

Jenny Landen, MSN, RN, FNP
SFCC School of Health & Science Wk: 505/428-1837
6401 Richards Avenue, jenny.landen@sfcc.edu
Sante Fe, NM 87508 term exp. 2013

Stephanie Martin, BSN, RN
Clovis smartin2917@gmail.com
term exp. 2012

Romona Scholder, MS, CNS, RN
5641 State Highway 41 Galisteo, NM 87540
Hm: 505/466-0697 romonascholder@gmail.com
Wk: 505/982-5044 term exp. 2012

NMNA Website: www.nmna.org
Office Mailing Address: P.O. Box 29658, Santa Fe, NM 87592-9658
Office Phone: 505/471-3324
Office Fax: 877/350-7499 toll free

Executive Director: Carolyn Roberts, MSN, RN
3692 State Highway 14 Santa Fe, NM 87508-8063
Hm: 505/471-2169 carrie@nmna.org
Cell: 505/577-0752

Lobbyist: Linda Siegle
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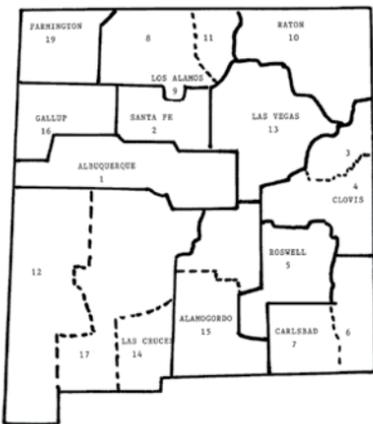
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DISTRICT PRESIDENTS AND CONTACTS

- DNA 1, Albuquerque**—Jennifer Drexler, MSN, RN, CCRN, jbomard@hotmail.com
DNA 2, Santa Fe—Kimberly Stout, 7 Vuelta De la Tusa, Santa Fe, NM 87506, k2stout@msn.com, 505/992-1145.
DNA 4, Clovis—Lorraine Goodrich, lorraine.goodrich@enmu.edu, 575-359-0679.
DNA 7, Carlsbad—Inactive but contact—Tiffany Baggs, 1313 Doepp Drive, Carlsbad, NM 88220, tiffbaggs@gmail.com, Hm: 505/887-6725.
DNA 10, Raton—Tina Bird, 649 Mora Ave., Raton, NM 87740, tbird4444@msn.com, Hm: 505/445-2821.
DNA 14, Las Cruces—Leigh B. DeRoos, 4644 Sandalwood Dr., Las Cruces, NM 88011, lderoos@nmsu.edu, Hm: 505/521-4362.
DNA 16, Gallup—Frankie Spolar, fspolar@rmchcs.org, Wk: 505-863-7039.
DNA 19, Farmington—Nisa Bruce, brucen@sanjuancollege.edu, 505-326-1125.

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DNA 9, Los Alamos;
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DNA 13, Las Vegas;
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DNA 17, Deming



Nursing Information Web Sites

NM Nurses Association: www.nmna.org

Information on the organization, calendar of events, legislative update, on line registration for workshops, job listings for all kinds of health care jobs, and Continuing Education applications for workshops for nurses.

NM Board of Nursing: www.bon.state.nm.us

Lists board meeting dates, download the Nursing Practice Act, Rules and Regulations, download renewal forms, complaint forms, get information on recent rules and regulation changes, get names of board members.

NM Center for Nursing Excellence: www.nmnursingexcellence.org

Information on NMCNE activities to lessen the nursing shortage, recognize nurses for their accomplishments, Links to nursing organizations, workforce reports and much, much more.

NM Nurse Practitioner Council:

www.nmnpcc.org

Information on the organization, activities, legislative initiatives, and formulary for sale to NPs.

American Nurses Association:

www.nursingworld.org

Membership, bookstore to buy standards of various nursing practices, the Code of Ethics for Nurses, Online Journal of Nursing, press releases on various legislative initiatives, connections to state (constituent) nurses associations, American Nurses Credentialing Center, and the American Academy of Nursing.

Exceptional Nurse: www.ExceptionalNurse.com

A nonprofit resource for nurses and students with disabilities. The email address is exceptionalnurse@aol.com.

MISSION STATEMENT

New Mexico Nurses Association is committed to advocating for all licensed nurses, improving health care, and promoting life-long learning.

Core Values

- Promote the professional and educational advancement of nurses.
- Develop alliances with other professional health care organizations on issues affecting nurses and health care.
- Enhance recognition of the contribution of the nurse in health care.
- Promote high standards of nursing practice by upholding the integrity of the New Mexico Nursing Practice Act.
- Improve access to health care services by expanding opportunities for nurses.
- Foster personal and professional self-advocacy.
- Advocate for nurses through legislative, regulatory, and policy making endeavors.

revised 06/03/2008

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Home from Haiti

AliceMarie Slaven-Emond, RN, MS, FNP-C
Health Center – Family Clinic
Farmington, NM

How did you get involved in mission work in Haiti?

In the summer of 2009, I had planned to go to Haiti to help at an orphanage with an impressive website. I knew I would have to plan ahead to cover costs at my own clinic and also as a missionary, you pay your own way. Also, I am intolerant of extreme heat and decided that January in the Caribbean was a better time for me. As it happened, the earthquake occurred on Port au Prince (PaP) January of 2010. I was on stand-by for two weeks till the orphanage notified me to come to help care for the PaP children they were flying into Ouanaminthe out of the quake zone. This orphanage is HOPE FOR HAITI'S CHILDREN CENTER (known as Danita's Children in the US).

As a nurse practitioner what can you do in a mission situation?

I can do anything I can prove to be competent to do. The last two times, I have been allotted the same privileges that I have here at home. I see all ages for two days and then children only, thereafter at the Institution Universe Medical Centre in Ouanaminthe as a family health care provider. Interestingly enough, the Haitian staff knows that I have more university level education than most of the staff providers. This time I did a considerable amount of wound care but also saw some very sick children. As a nurse, I can feed, medicate, clean up messes, change beds and comfort the ill.

What kinds of illness do you usually see?

Well, culturally, sickle cell and thalassemia is pretty common given the African heritage. Malaria, dengue fever, typhoid and cholera are always on the list in poverty stricken areas.



Unknown patient came to clinic for care wearing the same student nursing uniform that I and my classmates wore many years ago in the states!

Dehydration from diarrhea and malnourishment from protein deficiency are common. Congenital defects are seen. I had a 7 year with congestive heart failure. Her legs weren't bigger around than a silver dollar and the pitting edema was 4+. We were lucky; the cardiac mission team from Miami was in the Milot hospital (40 minutes away). We had her labs done and transported by motor bike within a short period of time. My guess is she'll have open heart surgery in Miami.

How can other nurses donate their time in these types of countries?

Scour the Internet and begin finding the groups that serve in these countries. Be prepared to fill out extensive volunteer applications and make sure your passport is up to date. Groups are formed for ortho surgery, general surgery, primary care, dentistry, maintenance, education, etc... If you can

assess a patient accurately, you are needed. We always have RNs and "nurse assistants" on our team. This year we had a freshman in high school with us and her dad was our Certified Nurse Anesthetist. She organized the supply shelves. Each group's website usually has the mission schedule listed. Be sure to get your vaccinations and malaria medicine started early enough to make you immune. Check the CDC website for information. Be prepared for rules for every team. Breaking the rules can get you sent home or uninvited for the next trip.

What groups have you worked with?

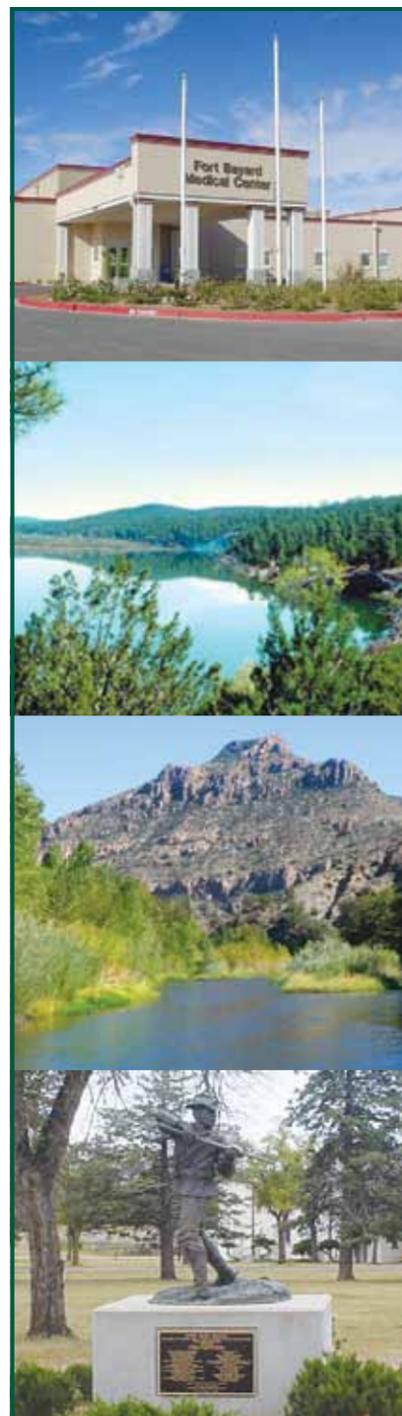
I have only been in Ouanaminthe which is about an hour south of the north shore and on the eastern border with Dominican Republic. You can see these two groups on the net: Danitaschildren.org (Hope for Haiti's Children Center) and C.O.C.I.N.A. (Coalition of Children in Need Association). This later one is the Institution Universe which has the Medical Centre I have been at for two years.

What else can we do if we can't go to volunteer?

Give money. Collect supplies and ship them to the flying missionary services used by the different groups. Need to make sure that you give the flying service the cost of shipping the freight also or the receiving organization gets the flying bill. Just be sure that the Haitian group has a legitimate 501c3 here in the USA. I like donating to groups I know are really getting the money to the people. Help support someone's cost who can go. We have to pay our own transportation, room and board. For a single person, it's quite expensive. If you carry extra supplies, you have an additional luggage charge.

Where can we get a hold of you if we have more questions?

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The Future of Nursing and Implications for New Mexico Nursing Education

Jean Giddens, PhD, RN, FAAN
Professor and Executive Dean
UNM College of Nursing
Leadership Council for NMNEC

The delivery of health care in the United States has unquestionably become more complex during the last two decades. Because nursing represents the largest health care delivery workforce, nurses have a central and critical role in shaping the future of health care delivery—particularly ensuring the delivery of safe, quality, and patient-centered care. In the landmark report *The Future of Nursing: Leading Change, Advancing Health*,¹ eight specific recommendations for professional nursing practice are considered critical for the future of health care delivery in the United States. These recommendations are framed within the following four key messages:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Two recommendations from *The Future of Nursing* specifically impact nursing education: 1) increase the proportion of nurses with a baccalaureate degree to 80% by 2020, and 2) double the number of nurses with a doctoral degree by 2020. These recommendations represent national workforce goals that are also critical for meeting the long-range health care needs for New Mexicans. Given the fact that only 37% of the nursing workforce in New Mexico is prepared at the bachelor's level, a different model for nursing education is needed to successfully respond to these recommendations.

How are New Mexico Nurse Educators Responding to These Recommendations?

New Mexico nurse educators from across the state (representing university and community college programs) are in the process of developing a statewide plan for nursing education through the New Mexico Nursing Education Consortium (also known as NMNEC). The two primary goals of NMNEC are:

1. Increase the number of BSN-prepared nurses throughout the state by providing

access to BSN education through university-community college partnerships.

2. Improve the efficiency, quality, and educational outcomes of nursing education across the state through a contemporary, common curriculum and through sharing faculty and teaching/learning resources.

Through a statewide curriculum plan, entry-to-practice nursing students admitted to a participating community college will have an opportunity to graduate with a BSN degree in the standard 4-year time-frame within their home communities and will also retain the option to graduate with an associate degree from the community college. Earning the BSN degree will be made possible because students will complete lower division courses offered by the community college and upper division courses offered by the partnering university on the community college campus through a faculty sharing model, or through distance education. The expected long-range goal of the NMNEC model is to increase the number of nurses enrolled in graduate nursing programs. Increasing the number of advanced practice nurses is critical to improve health care access and increasing the number of nursing faculty is critical for the sustainability of nursing education programs. These both will directly impact future health care in New Mexico.

The NMNEC model for nursing education exemplifies collaboration and has gained widespread support from many nursing organizations (such as New Mexico Nurses Association, New Mexico Board of Nursing, New Mexico Center for Nursing Excellence, and the Center to Champion

Nursing in America), chief nursing officers, nurses in clinical practice, non-nursing leaders within New Mexico higher education (including many college Deans and presidents), and state government leaders (including state lawmakers and the NM Higher Education Department). The work of NMNEC not only has the potential to significantly influence nursing education in New Mexico and in other states, but it also has the potential to positively influence the future of higher education delivery in New Mexico.

Get Involved!

Successful implementation of the NMNEC model, planned for 2014, will require the widespread support of practicing nurses throughout the state. The effective delivery of clinical education requires strong partnerships and collaboration with health care agencies and the nurses within these agencies. Nurses can become involved in many ways. The NMNEC meetings are open to those interested in attending; nurses are welcome to join a NMNEC committee. Nurses can also become involved through clinical education delivery, whether by providing a welcoming atmosphere for students or by serving as a clinical preceptor. Learn more about NMNEC and the statewide activities by going to the NMNEC website www.nmneec.org or talk to a director or faculty member at a nursing program in your local community.

¹Institute of Medicine (2010). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press.



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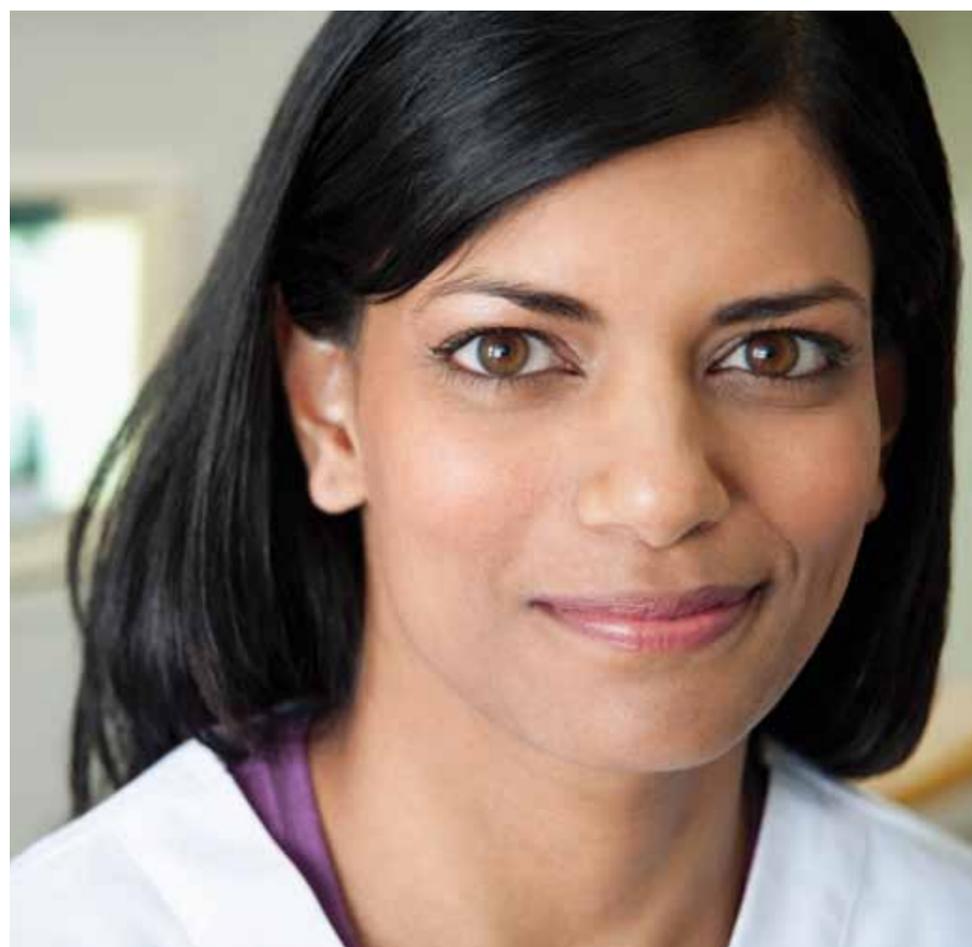
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HOUSE MEMORIAL 28

50TH LEGISLATURE - STATE OF NEW MEXICO – SECOND SESSION, 2012

INTRODUCED BY Danice Picraux

A MEMORIAL
RECOGNIZING NURSES FOR THEIR VITAL
ROLE IN NEW MEXICO'S HEALTH CARE
SYSTEM AND DECLARING JANUARY 26,
2012 "NURSES DAY" IN THE HOUSE OF
REPRESENTATIVES.

WHEREAS, the nursing profession is the largest
segment of the nation's health care work force; and

WHEREAS, the practice of nursing covers a
broad continuum, from promoting wellness to
disease prevention to coordination and delivery of
care to all patient populations; and

WHEREAS, licensed practical nurses, registered
nurses and advanced practice nurses work in many
settings, including hospitals, schools, homes, retail
health clinics, long-term care facilities, colleges,
prisons, battlefields and community and public
health organizations; and

WHEREAS, New Mexico recognizes the
important role that advanced practice nurses such
as nurse practitioners, clinical nurse specialists,
certified registered nurse anesthetists and
certified nurse-midwives play in the delivery of
health care; and

WHEREAS, the institute of medicine report,
"The Future Of Nursing: Leading Change,
Advancing Health", recommends that nurses be
full partners, with physicians and other health
care professionals, in redesigning health care in
the United States; and

WHEREAS, the report suggests that nurses can
and should play a fundamental role in improving
the nation's health care system through increased
involvement at the local, state and national levels;
and

WHEREAS, the report suggests that nurses
should achieve levels of education and training
through an improved education system that
promotes seamless academic progression; and

WHEREAS, New Mexico has enacted legislation
that expands the scope of nursing practice,
ensuring that nurses are able to practice to the full
extent of their education, training and licensure; and

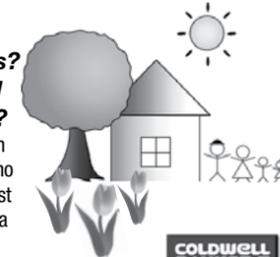
WHEREAS, the New Mexico nurses association
represents professional nurses across the state,
encouraging lifelong learning and the provision of
high-quality continuing education;

NOW, THEREFORE, BE IT RESOLVED BY
THE HOUSE OF REPRESENTATIVES OF THE
STATE OF NEW MEXICO that January 26,
2012 be declared "Nurses Day" in the house of
representatives; and

BE IT FURTHER RESOLVED that a copy of
this memorial be transmitted to the New Mexico
nurses association.

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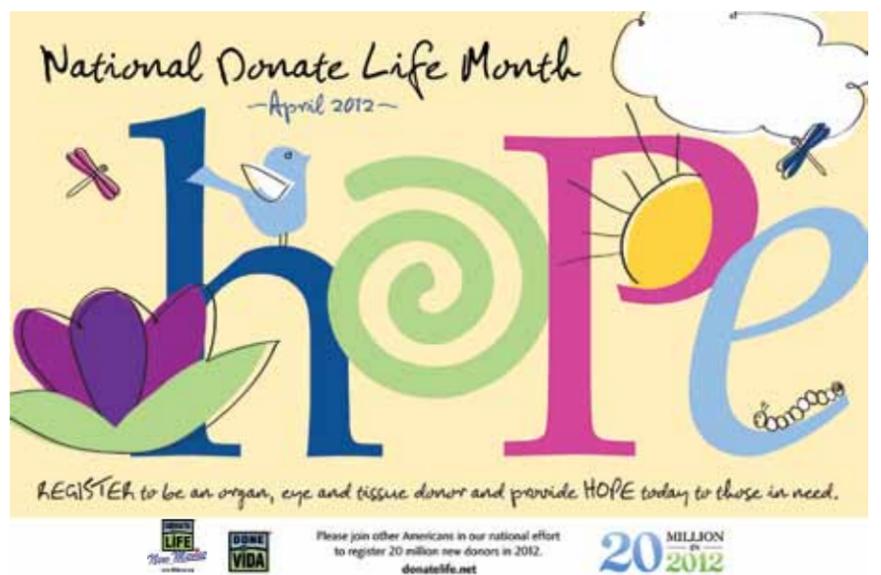


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Guidelines: Registered Nurse Staffing

Endorsed by NM Organization of Nurse Executives, the NM Hospital Association, the NMNA, and the NM Center for Nursing Excellence

Background

In 2006, the New Mexico Organization of Nurse Executives (NMON), in conjunction with the NM Center for Nursing Excellence (NMCNE), established "Voluntary Consensus Guidelines for Nurse Staffing" after a thorough review of the literature and discussion with nurse leaders around the state. The NM Hospital Association (NMHA) and the NM Nurses Association endorsed the Guidelines in 2007.

In 2008, a survey done by NMHA showed that only 48% of nurse leaders in the state who answered the survey had incorporated the Guidelines into their hospital policy. Only 44% of those who answered the survey planned to have any collaboration with staff nurses on a collaborative staffing plan.

Over the past several years, states have addressed nurse staffing in various ways.

- CA, CT, IL, ME, MN, NV, NJ, NY, NC, OH, OR, RI, TX, VT, WA enacted legislation and/or adopted regulations to address nurse staffing
- CT, IL, NV, OH, OR, TX, WA require hospitals to have staffing committees responsible for plans and staffing policy
- CA stipulates in law and regulations the required minimum nurse to patient ratios to be maintained at all times
- IL, NJ, NY, RI, VT require some form of disclosure and/or public reporting¹

Recent research demonstrates a positive relationship between appropriate nurse staffing and its impact on patient outcomes, safety of patients and nurses, nurse physical and psychological health, and nurse satisfaction. Of particular concern is the correlation of nurse fatigue and nursing errors. NMON recognizes that appropriate staffing policies are but one component of a positive practice environment.

NMON does not support regulated nurse patient staffing ratios to resolve staffing issues. Though ratios may be one of several approaches and tools an organization uses, determining appropriate staffing for any given unit and/or facility is complex and should take into account myriad variables, including shift-to-shift variables, patient turnover, and the experience, education, skills and competency of available staff. Mandated ratios imply a one-size-fits-all approach that NMON feels is inappropriate for the diverse healthcare organizations of New Mexico.

Nurse Leaders have a professional and ethical responsibility to provide a safe patient environment by providing appropriate levels of staffing to reduce the impact of nurse fatigue on patient care and quality. Furthermore, NMON believes that we, as leaders, can impact safe practice environments—without legislative mandate—through monitoring and tracking hours worked by registered nurses. The ANA's position is that the registered nurse has an ethical responsibility to consider their fatigue prior to accepting an assignment (ANA, 2006).

The New Mexico Nurse Practice Act, as well as the American Nurses Association Code of Ethics, outlines each nurse's responsibility to ensure safe patient care. NMON recognizes that nurses at all levels have accountability to ensure safe and quality patient care through appropriate work scheduling.

Nurse executives Leaders are accountable for establishing and upholding appropriate work scheduling policies.

Nurse Managers are accountable to provide and monitor for a safe patient environment including monitoring staff for excess fatigue.

Staff nurses are accountable to provide safe patient care, to identify and report unsafe work scheduling patterns, and to monitor their own fatigue levels.

Recommendations

1. Healthcare organizations are required to develop clearly articulated guidelines that address staffing practices. "The ratio of licensed nursing personnel to patients shall

be determined by the acuity of patients, the patient census, and complexity of care that must be provided (NMAC 7.7.2.27)."

a. With collaboration between staff nurses and management, departments of nursing are strongly encouraged to develop a staffing framework and planning process that takes into account the number, skill mix and experience of nursing personnel, the acuity of patients and the complexity of their care, the availability of support staff, available technology, and the physical environment of a given nursing unit.

2. **Shift Length:** The literature strongly indicates that errors and near misses dramatically increase after 12 hours of work. NMON recommends shifts not to extend beyond 12 hours.
3. **Flexible Shift lengths:** Though 12-hour shifts are the norm, they may not be the best option for all nurses, particularly for mature nurses. With 45% of New Mexico nurses over age 50, flexible shift length may offer retention options. Flexible scheduling options provide an opportunity for all nurses to balance the demands of their professional and personal obligations.
4. **Rest Between Shifts:** NMON recommends a minimum of 8 hours of rest between shifts.
5. **On Call:** On call is to cover acute, emergent influxes in patient care needs. When called in to work, principles of staffing such as shift length, limitations rest between shifts, and total hours worked should apply.
6. **Scheduled On Call:** Some units, based on their patient population and type of service, have unpredictable and highly variable workloads (operating room and labor and delivery are examples of these types of units). Scheduled on call is used to manage the variable workload, and should be clearly articulated as the expectation of the job by the unit/department written guidelines. Scheduled on call may result in overtime, but would not be considered mandatory overtime. Principles of staffing such as shift length limitation, rest between shifts, and total hours worked should apply.
7. **Total Hours Worked:** NMON encourages and supports the practice of limiting hours worked by the registered nurse to no more than 60 hours in seven days. Nurses who work at more than one facility have personal accountability to ensure they receive rest periods between shifts to ensure their ability to provide safe patient care.
8. **States of Emergencies:** Scheduling policies may not apply to states of emergency as declared by municipal, county, state, or federal officials. In these extreme situations, nurse leaders, in collaboration with the nursing staff, establish a plan that ensures safe, quality patient care as well as the safety of the nursing staff. Organization executives, managers, and staff must consider the total number of hours worked, the conditions of work, and the effects of fatigue and stress on human performance when making decisions and assignments.
9. **Education:** NMON urges all nurses to review the New Mexico Nurse Practice Act. Evidence of patient safety and the impact of nurse fatigue/patient errors have been clearly demonstrated in the literature. All nurses are urged to monitor their own personal work schedule, including time management, as delineated in these guidelines, to ensure they are capable of providing safe patient care.

APPENDIX A

In developing staffing guidelines, defining key terms for the organization are helpful.

Definitions:

Regularly Scheduled Hours: Based on 40 hours per week/80 hours per pay period.

Overtime: Hours worked in excess of 40 hours per week/80 hours per pay period.

Mandatory overtime: Work scheduled by the employer that exceeds regularly scheduled hours

Voluntary overtime: The employee voluntarily works hours that exceeds regularly scheduled hours.

Total Work Hours: Regularly scheduled hours + overtime hours (mandatory and voluntary)

Appropriate Nurse Staffing: Appropriate nurse staffing is a match of registered nurse expertise with the needs of the recipient of nursing care services in the context of the setting and situation. The provision of appropriate registered nurse staffing is necessary to reach quality outcomes, and it is achieved by a dynamic, multifaceted decision making process that takes into account a wide range of variables.

¹ http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/State/StateLegislativeAgenda/StaffingPlansandRatios_1.aspx

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Carrie's Corner



Carrie Roberts

It has been a very challenging legislative session for those of us trying to track bills affecting nursing, nursing education, and health care in general... usually a short (even year) session of 30 days is mainly consumed by budget issues, and this year it was very busy with those issues, but this year there were a number of bills unrelated to budgets that our lobbyist was racing to track through committee hearings, amendments, and floor debates.

Weather has been weird—we heard it would be a La Niña year, with hardly any snow (nice for driving, but damaging when the aquifers drop, plants and trees don't get the water they need), but a snow storm we had in mid-December has left a patch of ice in the North/shady side of my house that is still, 2 months later, dangerous to walkers!

Here I am stuck in Farmington for an extra day because a storm intensified, and is expected to drop 6-10 inches of snow in higher elevations and the area between Bloomfield and Cuba is expected to be treacherous! It has been so warm and dry recently, I did not think the weather would turn so tough this week—silly me.

NMNA committees are gearing up to review the nursing practice act and rules for the long 60 day session in 2013. There are a few sections of the nursing practice act that need to be revised

for various issues, and if we are opening the act, perhaps it is time to revise it to get the language into current standards for titles, education, and more.

SAVE the DATE: We are planning a conference for **September 28th, 2012** at the Hilton Buffalo Thunder Resort north of Santa Fe, with three tracks: A. Leadership and policy development; B. Controlled substance prescribing and preventing/treating substance use disorder; and C. a clinical track with evidence-based topics of assessment and nursing interventions specific to the needs of nurses in New Mexico. In addition there will be a pre-conference on Writing Continuing Nursing.

Education Applications, based on ANCC's newest iteration of the manual on Thursday, 9/27. A Welcome Reception on Thursday 9/27 evening will kick off the annual meeting at the resort. Buffalo Thunder Resort is breathtaking, with over \$30 million of art work throughout. Their spa gives a discount to those staying in the hotel, and the facilities (and menus) are delightful. They include a golf course, indoor heated pool, hot tub, the spa, smoke-free casino and regular casino, and several restaurants. Truly a place to bring you significant other and family for a treat!

We will publish a registration form in the July 1 issue of this newsletter, but now is the time to schedule the time off to attend this exciting statewide conference.

SAVE the DATE: New Mexico Nurses Political Action Committee (NM Nurses PAC) is having a fundraiser on Saturday, **April 28, 2012** at the the Taylor-Barela-Reynolds-Mesilla State Monument, better known as the J. Paul and Mary Taylor Home in Old Mesilla, NM. All nurses and their families are invited to come for a tour in advance of the site opening. It is a time to meet former Representative Taylor who has always been a strong advocate for nursing practice. Come tour this fabulous museum and help us to have a more powerful voice in the political world!

You may see us in your neighborhood this late spring, summer and early fall—we want to get out to the districts, meet the nurses, and meet with a handful of nurses and legislators about our issues.

Look forward to seeing you soon!

Carrie

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A: = Alternative Therapies

Date	Location	Title	CE	Sponsor	Contact
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TBA Exp. 2/28/13	TBA	Homeopathy, a Complementary Therapy	6.5	The Mirus Foundation	Lia: 505-474-4917
Anytime Exp. 4/30/13	Home Study Surveillance	Infection Control Statistics, Outbreak Investigation and	1.25	RBC Limited Healthcare and Management Consultants 518-456-0525	Tammy Mortier rbcmortier@nycap.rr.com
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AMERICAN NURSES ASSOCIATION - FACT SHEET -

Navigating the World of Social Media

The number of individuals using social networking sites such as Facebook, Twitter, LinkedIn, and YouTube is growing at an astounding rate. Facebook reports that over 10% of the world's population has a Facebook presence while Twitter manages more than 140 million Tweets daily. Nurses are making connections using social media. Recently, the College of Nurses of Ontario reported that 60% of Ontario's nurses engage in social networking (Anderson & Puckrin, 2011).

Social networks are defined as "web-based services that allow individuals to 1) construct a public or semi-public profile within a bounded system, 2) articulate a list of other users with whom they share a connection, and 3) view and traverse their lists of connections and those made by others within the system" (Boyd and Ellison, 2007).

These online networks offer opportunities for rapid knowledge exchange and dissemination among many people, although this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to either enhance or undermine not only the individual nurse's career, but also the nursing profession.

Benefits

- Networking and nurturing relationships
- Exchange of knowledge and forum for collegial interchange
- Dissemination and discussion of nursing and health related education, research, best practices
- Educating the public on nursing and health related matters

Risks

- Information can take on a life of its own where inaccuracies become "fact"
- Patient privacy can be breached
- The public's trust of nurses can be compromised
- Individual nursing careers can be undermined

ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient — nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

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September 2011



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- Victoria L. Fitton
- Linda Lea Hanks
- Effie Hardin
- Lisa Ann James
- Kerri Amanda Jones
- Veronica F. Mata
- Melissa M. Meth
- Andrea L. Olguin-Macduffee
- Clyde P. Sanchez

District 2—Santa Fe area

- Veronica O'Halloran
- Mary Ellen Henderson
- Karen C. Lovett
- Stacey King

District 4—Clovis/Portales area

- Janna Hackett

District 14—Las Cruces area

- William M. Kocan
- Dorothy Martinez Portillo

District 15—Alamogordo area

- Rhonda Alterson

District 16—Gallup area

- Michelle Kellywood-Yazzie
- Jennifer Moore

District 19—Farmington area

- Emily F. Caudill
- Ann Hardy
- Tanya Masten
- Steve Schmalz

District 50- "At Large" members

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- Gloria Collins- Silver City area
- Brent Crabtree- Roswell area
- Kerry L. Marler- Edgewood area
- Loretta E. Stapleton- Los Alamos area



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<input type="checkbox"/> Special—75% reduction in membership fees <input type="checkbox"/> > 62 y/o and not employed or <input type="checkbox"/> Totally disabled	\$57.50 yearly or	\$5.30 /month

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District 14— Las Cruces; **District 15**— Alamogordo; **District 16**— Gallup and **District 19**— Farmington.

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<input type="checkbox"/> Full membership	\$218.00 yearly or	\$18.67 /month
<input type="checkbox"/> Reduced 50% reduction in membership fees <input type="checkbox"/> Not employed <input type="checkbox"/> Full Time student <input type="checkbox"/> New licensee within 6 mo. of graduation <input type="checkbox"/> 62 y/o and not earning more than Social Security allows	\$109.00 yearly or	\$9.58 /month
<input type="checkbox"/> Special—75% reduction in membership fees <input type="checkbox"/> > 62 y/o and not employed or <input type="checkbox"/> Totally disabled	\$54.50 yearly or	\$5.05 /month

Choice of payment:

- Full Annual Payment (submit application with a check payable to ANA for the yearly amount)
 - Online (www.nursingworld.org—credit card only)
 - E-Pay (This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA)). By signing on the line, I authorize my Constituent Member Association (CMA)/ ANA to withdraw of 1/12 of my annual dues plus bank fees from my account.
 - Checking—Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.

Monthly Electronic Deduction Authorization Signature _____

- Automated Annual Credit Card Payment This is to authorize annual credit card payments to American Nurses Association, Inc., (ANA). By signing on the line, I authorize my Constituent Member Association (CMA)/ ANA to charge the credit card listed in the credit card information below for the annual dues on the 1st day of the month when the annual renewal is due.
- Monthly Electronic Payment through Credit Card Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

CREDIT CARD INFORMATION

VISA Mastercard

Bank Card Number and Expiration Date _____

Authorization Signature _____

Printed Name on Card _____ Amount _____

Please mail your completed application to: New Mexico Nurses Association, P. O. Box 29658, Santa Fe, NM 87592 or American Nurses Association Customer and Member Billing, P. O. Box 17026, Baltimore, MD 21297-0405

By signing the Monthly Electronic Deduction Authorization or the Automatic Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts or chargebacks.

NMNA-only or NMNA/ District- ONLY membership (Not ANA)

Membership Category (check 1)

- NMNA only \$128.00/year
- NMNA & active district only \$140.00/year

LPN Affiliate membership (Not ANA)

Membership Category (check 1)

- NMNA only \$50.00/year
- NMNA & active district only \$62.00/year

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