Message from the President

Advocate for Your Patient & Your Profession

The legislative advocacy season is upon us. Since early January, Indiana State Nurses Association (ISNA - your organization) has been in the halls and chambers of the state house speaking on your behalf. Rest assured our contracted lobbyist and our director of policy and advocacy are deep into the issues which may impact your ability to practice to the full extent of your license. Hopefully, you are also keeping abreast of the issues. Your power to influence any of the issues lies in your power to vote. Your legislators need to hear from you both as an individual and as a nurse. Only a very small percentage of Indiana’s legislators come from a healthcare background. To make informed decisions, they need to hear from you, the patient care expert.

Being an advocate is part and partial of whom you are as a nurse, a parent, an employee and a concerned citizen. Issues such as access to health care, safe patient care, nutritional equity and environmental safety all impact your practice. Once again, the public has ranked nurses as the most trusted professional. The public is telling us they trust us to advocate for them (aka: “to speak for them”). As a nurse, you are forever advocating for your patient; for example, when you advise the patient’s family on post discharge care, investigate a drug’s side effects, assist the patient in formulating questions for the physician, report changes in the patient’s condition, and participate in multi-disciplinary patient care conferences.

Now is the time to take advocacy one step further. Attend a town hall meeting. Meet one-on-one with your legislator. Arrange a hospital/extended care facility shadow experience for your legislator to give him/her a first-hand look into your practice. Serve as a healthcare consultant to your legislator. Let your voice be heard.

You are not alone in your efforts to influence your legislator. As an ISNA member, the ISNAbler and Blayne Miley, ISNA Director of Policy & Advocacy, are great resources. Follow the ISNAbler closely and take quick action when action is indicated. Contact Blayne for background information. If you are not an ISNA member, I urge you to join. Become part of the solution to advancing nursing practice & optimal patient care in Indiana.

Presenting Your New Indiana Nurses Foundation

You may have noticed that ISNA was looking for members to get involved in the Indiana Nurses Foundation (INF). Well, it is now a reality and INF is off and running! If you want to donate money to your favorite charity, please consider INF. It’s easy, just go to www.IndianaNurses.org, and click on “Indiana Nurses Foundation” under the “About Us” menu. The donation form is also on this web page. It is INF’s plan to fund small research grants by 2017. It is all about enhancing the nursing body of knowledge.

For a Foundation to be successful, it must have dynamic leadership. Here is the dynamic leadership of INF for 2015-2017: President, Mike Fights from West Lafayette, Vice President Louise Hart from Winchester, Angie Heckman from Kokomo, and Ella Harmeyer from South Bend. Also serving on the Board are Diana Sullivan from Greenwood, Jeni Embree from Campbellsburg, Sue Johnson from Port Wayne, Janet Adler from Merrillville and Gingy Harshey-Meade from Hamilton. As I said, the INF is off and running!

INF INDIANA NURSES FOUNDATION

Donation Form on page 2.

Policy Primer

Independent Study

The ABC’s of Effective Advocacy: Attention, Bipartisanship, & Collaboration

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Save the Date: Upcoming Meeting of the Members

Don’t forget: Mark Your Calendar

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Volume 42, No. 2

February 2016

Brought to you by the Indiana Nurses Foundation (INF) and the Indiana State Nurses Association (ISNA) whose dues paying members make it possible to advocate for nurses and nursing at the state and federal level. Quarterly publication direct mailed to approximately 106,000 RNs licensed in Indiana.
Since its creation in 1976, the Foundation has provided funds for nurses to gain or continue their nursing education. The Foundation has also sponsored workshops and nationally known speakers in Indiana.

The Foundation serves to accept and dispense monies benefitting the profession of nursing in Indiana. The Foundation has also sponsored workshops and nationally known speakers in Indiana.

The Indiana Nurses Foundation
2915 High School Road
Indianapolis, IN 46224

Or Online: https://www.indiananurses.org/about-isna/indiana-nurses-foundation/

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A Certification Perspective: The Indiana Nurses Foundation

This is not my normal column, but it’s an important one for Indiana nurses. One aspect of certification involves publications or research for professional growth. Many certified nurses focus on continuing education and practice hours exclusively. Research and evidence-based practice studies, including presentation and publication, must be an essential component of certified nurses’ practice to advance our profession and demonstrate excellence.

ISNA is offering opportunities to support Indiana nurses with small research grants through the Indiana Nurses Foundation. I am seeking your assistance in making this a reality. The Foundation is the philanthropic section of ISNA that was incorporated in 1976 as a tax-exempt organization. The purpose of the Foundation is to benefit the nursing profession in Indiana by enhancing education and practice. One avenue to achieve this purpose is through small research grants that will make a positive difference in patient care and in nurses’ careers.

The Foundation needs every nurse’s support to make this endeavor successful. I pledge to support the Foundation myself and ask every Indiana nurse to give $5 (tax deductible) online at https://www.indiananurses.org/about-isna/indiana-nurses-foundation/. Together, we can achieve excellence by supporting the Indiana Nurses Foundation in 2016!
The General Assembly is back in session, and once again there is a flurry of legislative activity, with Committee meetings at the Statehouse. ISNA members receive weekly updates through the ISNAbler, our e-newsletter, and action alerts through our voluntary Grassroots Advocacy Network. I encourage all of you to be involved in the discussions that shape your world by contacting your state legislators!

Indiana General Assembly Bills

Here are summaries of a sampling of the introduced bills affecting nursing. This is a snapshot as of the last week of January, so bills may have been amended by the time you’re reading this. You can find full bill text, hearing schedules, and webcasts of the Indiana General Assembly at legis.in.gov. The summaries include the bill number and designation as a house bill (HB) or senate bill (SB).

Hospital Employee Immunizations

SB 162 requires hospitals to voluntarily administer annually immunizations for (1) influenza, (2) Hepatitis B, (3) Varicella, (4) Measles, mumps, and rubella, (5) Tetanus, diphtheria, and pertussis, and (6) meningococcal. An employee is not required to receive the immunization if (1) they already received it, (2) the immunization is medically contraindicated for the employee, (3) receiving the immunization is against the employee’s religious beliefs, or (4) the employee refuses to permit the immunization after being fully informed of the health risks. The catalyst for the bill is an infant who died after contracting whooping cough from a nurse in the hospital. One obstacle for SB 162 is whether Indiana’s hospitals can agree (1) what immunizations should be on this list and (2) what exemptions should be allowed, because policies on both vary across the state.

APNs in State Hospitals

SB 206 allows the governing body of a state institution to grant the same privileges as the governing board of a private hospital to a nurse practitioner, clinical nurse specialist, or certified nurse midwife. It is part of a broad Family and Social Services Administration (FSSA) bill that also allows the FSSA secretary to delegate certain functions, changes statutory wording from mentally retarded to intellectual disability, and authorizes FSSA to adopt rules to implement the early education grant pilot program.

APNs in Community Mental Health Centers

HB 1347 requires Medicaid reimbursement for a nurse practitioner or clinical nurse specialist employed by a community mental health center performing the following: mental health services, behavioral health services, substance use treatment, primary care services, and evaluation and management services for inpatient or outpatient psychiatric treatment. The bill also requires reimbursement for a grad student interning at a community mental health center, and establishes the committee on community mental health provider workforce adequacy, which includes one individual representing nurses. The committee is tasked with considering licensure and scope of practice changes to address the shortage of mental health and substance use treatment professionals, including reciprocity and educational curriculum.

Insurer Step Therapy Protocols

SB 41 establishes requirements for any step therapy protocols used by insurers to determine which prescription drugs a patient may receive. During committee, an amendment was introduced to clarify that the prescriber provides the insurance company with the appropriate information to determine which medications the patient receives. The initial amendment language used the term “treating physician.” Fortunately ISNA was there to testify before the committee and the amended language was broadened to “healthcare provider” so as not to exclude advanced practice nurses. ISNA has your back, APNs!

Prescribing via Telemedicine

HB 1263 creates an exception to the rule that a prescriber must see a patient in person before issuing a prescription. The prescriber can only prescribe non-controlled substances via telemedicine and only if the prescriber establishes a provider-patient relationship, satisfies the applicable standard of care in treating the patient, and generates a medical record for the patient indicating the prescription. Telemedicine includes videoconferencing and interactive audio—which includes store and forward technology. It does not include audio-only communication, a telephone call, email, instant messaging, or fax. Prescriber includes advanced practice nurses with prescriptive authority, physician assistants, and physicians.

Limiting the Sale of Ephedrine/Pseudoephedrine

Multiple bills were introduced restricting the sale of ephedrine/pseudoephedrine. Indiana leads the nation in meth lab busts and these bills are aimed at reducing the manufacture of meth in our state. The approaches are:

- Require a prescription for large amounts of ephedrine/pseudoephedrine (SB 237 & HB 1390),
- Require a prescription for amounts of ephedrine/pseudoephedrine, unless the consumer is a patient of record at the pharmacy (amended HB 1390),
- Require pharmacists to make a determination whether there is a legitimate medical and pharmaceutical need before making a sale (SB 80),
- Prohibit sales without a prescription to individuals with a drug-related felony conviction in the last seven years through the National Precursor Log Exchange (NPLEx) (SB 80, SB 161 & HB 1157), and
- Reduce the allowable quantities purchasable without a prescription in law from 750 grams to 250 grams and the yearly amount from 612.5 grams to 250 grams. (HB 1166)

Drug Dealing by a Health Care Provider

SB 174 makes it a level 4 felony for a healthcare provider to prescribe, administer, or provide a controlled substance (1) without a legitimate medical purpose, or (2) outside the scope of the provider’s medical practice. This bill would change the ability to prosecute over-prescribers and increase the punishment so it is more in parity with a drug dealer who is not a healthcare provider. The initial language was not limited to prescribers, because it included registered nurses administering/providing medication as a result of the expansion of PASs and PA programs, but did not advance in the legislative process. The issue was studied by an interim legislative committee over the summer, which led to SB 152. In the 2016 session, this bill was referred to an interim committee, so it it will not be moving forward this year unless it’s amended into another bill.

Medical Malpractice Act Reform

SB 152 increases the medical malpractice cap on damages from $1.25 million to $1.65 million after December 31, 2016. It increases the maximum amount recoverable from the health care provider from $250,000 to $450,000. These figures will be indexed to the Consumer Price Index and be adjusted every four years. Currently, medical malpractice allegations must go before a medical review panel if the lawsuit seeks over $15,000. This bill would change that amount to $75,000. Allows a court to approve bypassing the medical review panel process as a sanction if a party to the lawsuit doesn’t comply with the requirements of the Medical Malpractice Act. In the 2015 Indiana General Assembly two bills on medical malpractice reform passed both chambers, but did not advance in the legislative process. The issue was studied by an interim legislative committee over the summer, which led to SB 152. In the 2016 session, this bill was referred to an interim committee, so it it will not be moving forward this year unless it’s amended into another bill.

Palliative Care and Quality of Life Advisory Council

SB 272 establishes this entity, whose members will be appointed by the state health commissioner and must include a member representing nursing and two or more members who are either a physician or nurse specializes in hospice and palliative care medicine. The purpose of the council is to educate the public, health care providers, and health care facilities; to develop initiatives; and to make policy recommendations.

Patient Protection

HB 1335 requires hospitals and ambulatory outpatient surgery centers to provide patients the option to videotape surgeries and requires...
health insurers to pay for it. SB 365 provides whistleblower protection for long term care facility employees and encourages reporting of health department violations. SB 316 would create a public nursing home complaint registry. SB 350 would require expanded criminal background checks for home health employees.

Nutrition Grant Programs
SB 15 establishes a $1 million fund within the state department of health to increase the supply of fresh and unprocessed foods within a food desert, an underserved geographic area where affordable fresh and healthy foods are difficult to obtain. HB 1977 establishes a grant program to be administered by the Indiana Housing and Community Development Authority to increase the availability of fresh and nutritious food in underserved communities.

Codification of Healthy Indiana Plan 2.0
SB 165 puts into statute the core elements of Healthy Indiana Plan 2.0. The Governor’s office believes this will put Indiana in a stronger negotiating position with the federal government when the current waiver expires, because it locks in components of the program, such as participant contributions and POWER accounts.

INSPECT Changes
HB 1278 allows inclusion of an INSPECT report in a patient’s medical file, allows a healthcare provider to delegate to check INSPECT report in a patient’s medical file, allows a healthcare provider to delegate to check INSPECT report in a patient’s medical file, allows a healthcare provider to delegate to check INSPECT report in a patient’s medical file, allows a healthcare provider to delegate to check INSPECT report in a patient’s medical file, allows a healthcare provider to delegate to check INSPECT report in a patient’s medical file. Requires a county coroner conducting a death investigation to access INSPECT. Requires professional boards to establish prescribing guidelines that, if violated, justify the dispensation of exception reports.

PLA Continuing Education
HB 1272 places the responsibility of professional continuing education with the Professional Licensure Agency (PLA), instead of the individual boards within the PLA. Makes the auditing of license renewals optional, and changes the amount of audits from 1-10% to up to 5%. An individual called to active duty must be allowed to fulfill all continuing education requirements by distance learning methods.

I welcome input from any nurse or nursing student on any of the pending bills. If you have any comments, please send them my way: hmilev@indiananurses.org.

Policy Conference
This year ISNA once again hosted our annual policy conference on February 10th, and attendees were treated to the following presentations:

1. Syringe Access Policy and Evidence Based Advocacy
   • Beth Meyerson, PhD, Assistant Professor, IU School of Public Health
   • How evidence-based communication was used to shape Indiana’s syringe access policy

2. Family and Social Services Administration Policy Initiatives that Impact Nurses
   • Tatum Miller, MPA, Provider Relations Director for Indiana Medicaid
   • Reporting on recent and upcoming changes to Medicaid and the Healthy Indiana Plan

Thank you to all who attended!

Indiana Court of Appeals Decisions on Collaborating Physician Liability
For me, this week’s litigation was both law but lawyerly, but I’d like to review two Indiana Court of Appeals (Court) opinions dealing with lawsuits by patients of advanced practice nurses against their collaborating physicians, because I think it’s important for advanced practice nurses and collaborating physicians both to be knowledgeable on the subject. Medical malpractice in a collaborative practice agreement (CPA) does not establish a physician-patient relationship between the collaborating physician and the patient of an advanced practice nurse (APN) with whom the physician is collaborating (Harper v. Hippensteel). The plaintiff in Harper failed to prove a duty existed, because there was no affirmative act on the part of the physician toward the patient, therefore they could not successfully sue the physician for malpractice.

Recently, the Court ruled in Collip that the existence of a CPA with whom the physician is collaborating (Collip v. Ratto). What distinguishes Collip from Harper, is the Collip lawsuit was a general tort action, not a malpractice case. Although general and malpractice lawsuits both require a duty as one of their elements, what can satisfy that element is different. In a malpractice case, the provider must prove that the failure under the CPA (Collip v. Ratto) establishes a duty of care to the APN’s patients against the collaborating physician. In a general tort action, the plaintiff must establish breach of the duty, causation, and damages. That breach would be based on the physician’s responsibilities under the CPA (such as not reviewing charts), not based on the actions of the APN. So a collaborating physician who does not participate in the care of an advanced practice nurse’s patient cannot be sued for malpractice, but could be sued under general tort law for negligence.

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The ABCs of Effective Advocacy: Attention, Bipartisanship, & Collaboration

This independent study has been designed to enhance nurses' ability to increase their knowledge about why and how to become politically active. 1.5 contact hours will be awarded for successful completion of this independent study.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Expires: 6/2017.

DIRECTIONS

1. Please read carefully the enclosed article, “The ABCs of Effective Advocacy: Attention, Bipartisanship, & Collaboration.

2. Complete the post-test, evaluation form and the registration form.

3. When you have completed all of the information, return the following to the Indiana State Nurses Association at 2915 N. High School Road, Indianapolis, IN 46224.

A. The post-test; completed registration form; evaluation form and $20 payment.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Marla Holbrook at Indiana State Nurses Association, 2915 N. High School Road, Indianapolis, IN 46224, 317-299-4575 or nholbrook@indiananurses.org

Every year legislators at both the state and federal levels enact laws that directly affect nurses and nursing practice. One such law, the Patient Protection & Affordable Care Act (ACA) was enacted in March 2010. Known as health care reform or “Obamacare”, this law makes significant changes in the way health care is delivered and paid for. The law incentivizes community-based care with a focus on care management and prevention rather than on the sheer volume of services rendered. The ACA, despite ongoing challenges, will undoubtedly change the face of health care, emphasizing activities that are the foundation of nursing. For the even more enduring paradigm, experts predict that admission to the hospital will be viewed as a system failure rather than a normal every day expectation.

Although nurses, as the largest segment of the health care workforce, will inevitably experience changes in their practice as a result of the ACA, they have been largely silent during the health care reform debates. Many legislators remark, “Nurses do not show up” when asked to describe their influence over health care reform and other initiatives. By not showing up, nurses are on the outside looking in when they should be front and center at the policy-making table.

Advocacy, seeing a need and finding a way to address it, is the cornerstone of nursing. An advocate builds support for a cause or issue and influences others. The American Nurses Association’s Code of Ethics for Nurses, Nursing: Scope & Standards of Practice, and Nursing’s Social Policy Statement provide foundational documents of the profession, all recognize that advocacy goes beyond the bedside and must extend to the profession as a whole. “Nurses are educated to practice within a holistic framework that places a major emphasis on advocacy. So nurses not only have the ability to be an incredible advocate in their own practices, but the evolving new policy makers also rely upon nurses’ expertise”. (Hashel, 2013 p 15).

While other recognize the important role nurses can and should play in the policy-making arena, nurses themselves find this aspect of their professional role distasteful, uncomfortable, and non-essential. “I did not become a nurse to engage in these sorts of political activities. I simply want to take care of my patients. I do not have time to take on policy responsibilities.” While this attitude may appear sound to many, in reality nursing is a regulated profession in a regulated industry. Showing up/advocacy, therefore, is not an option. Rather, it is an obligation.

Contrary to what many believe, engaging in professional advocacy need not be time consuming or a mysterious process taken on only by those who are convinced of its essential nature. All nurses, if encouraged, mentored, and coached appropriately, can make a difference for both their profession and for their patients. Effective advocacy starts with attention to process, people, politics, and perceptions. This study will first address the processes that shape law and rule making. The policy process and factors or forces influencing it will be presented, as will the role of politics in determining the “winners and losers” at the table. People and relational factors will be considered along with how perceptions affect the ultimate outcomes. Finally, the importance of bipartisanship and collaboration to nurses’ advocacy efforts will be highlighted, particularly with respect to the role these factors play in determining the staying power of the advocacy endeavor.

Attention to Process—How a bill becomes a law

(Information presented here is generalized, recognizing that each state, as well as the federal government, has its own unique nuances that shape the overall process). Many people study the law making process in junior high and high school government classes thinking that the information is something they will never need to use. They forget the details as soon as the school bell rings. But knowing the rules of lawmaking is important to those who need or want to have an influence over the end results. Like other processes or systems, there are certain norms or rules that govern how the game is played. Just as one cannot play football without knowing what the game is all about, one cannot play in the lawmaking arena without having an idea about the rules of the road.

Legislative Process—

A bill is introduced into the chamber to which the bill’s sponsor belongs. Once a bill is introduced, it is assigned a number, sequentially, that it maintains throughout the entire process. That is a house bill would be HR 1 even when it goes to the Senate for action by that body and vice versa.

Independent Study continued on page 8

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The Bulletin • Page 7
Introduction

The opportunity for nurses to have input into proposed laws occurs throughout the legislative process, beginning even prior to the bill’s introduction. It is not unusual for several versions of a potential bill to be drafted prior to the actual introduction. Nurses can contribute their expertise at this point so that the emerging bill is as accurate as possible.

Determining who will be a bill’s sponsor is a very strategic decision. Proponents (nurses) influence the legislator’s perceptions about the issue that is being debated and can help bring other legislators on board, perhaps as co-sponsors. Having a sponsor who believes in the issue(s) addressed in the bill helps to ensure that legislative leadership and committee chairmen and others take it seriously. The sponsor must be a watchdog who shepherds and guides the bill through the entire process, which begins with referral to a committee. Referring a bill expeditiously to a standing committee helps get it on the radar screen of committee chairs and other decision-makers. Thousands of bills are introduced during each legislative session. Having someone who believes in the issue that is the subject matter of the bill will help to ensure the proposal gets committee attention in a timely manner. A sponsor should also ideally be a member of the majority party to help guarantee that the bill receives attention, otherwise the bill will likely languish in committee without the legislators having taken any action whatsoever on the proposal.

Committee action

While the committee hearing process may appear spontaneous, in actuality it is well orchestrated. Proponents typically put on the same type of testimony. Again, nurses’ expertise can be invaluable as details are worked out. Committee members may ask questions and others take it seriously. The sponsor must bring other legislators on board, perhaps as co-sponsors. Having a sponsor who believes in the issue that is being debated and can help bring other legislators on board, perhaps as co-sponsors. Having a sponsor who believes in the issue that is being debated and can help bring other legislators on board, perhaps as co-sponsors.

A moving bill may be amended to include language that lawmakers believe should be enacted without going through the tedious committee process. After a general election when a legislative session is winding down, the newly elected lawmakers or executive may have a different political philosophy or agenda than the current office holders. Consequently, there is considerable

Committee action may appear to be chaotic to an onlooker with few lawmakers paying attention to what the witnesses are saying. In reality, while the committee process is important, most crucial decisions about contentious issues are made during interested party meetings that occur in legislative offices outside of the public eye. One gets to these key meetings, however, by demonstrating interest during committee meetings.

Bills may also be referred by the full committee to a subcommittee, where more complicated matters can be debated and compromises attempted. Again, while participation in the subcommittee action is critical, nurses must realize that much of the most meaningful work occurs in less formal settings. Once its work is completed, a subcommittee sends the bill back to the full committee for the ultimate decision as to whether the bill will move forward.

Full chamber action

When a committee recommends a bill favorably, house or senate leaders determine when (or if) it will be placed on the agenda of their respective houses for a formal vote. Lobbyists and bill sponsors are keys to leadership decisions in this regard. If no one is urging a full floor vote, the bill will most likely languish and ultimately die from inattention.

Votes by the full chamber or by committees or subcommittees are keys to leadership decisions in this regard. If no one is urging a full floor vote, the bill will most likely languish and ultimately die from inattention. Committee votes may be held behind closed doors, and others may never be aware of the outcomes. Committee meetings are made up of representatives who are making decisions about issues that will affect their constituents. In practice, some decisions are made in that forum, and leaders choose not to bring those same issues back to committee.

A moving bill may be amended to include language that lawmakers believe should be enacted without going through the tedious committee process. After a general election when a legislative session is winding down, the newly elected lawmakers or executive may have a different political philosophy or agenda than the current office holders. Consequently, there is considerable
pressure to get the legislative agenda enacted quickly before the personnel changes take place. During this so-called lame duck session, bills are amended frequently often with little regard to subject matter relevance. Sometimes called Christmas tree bills, these proposals are a conglomeration of selected provisions from multiple bills, some of which have stalled in committee and others that may have been introduced only recently. Regardless of the source, these bills are typically a potpourri of concepts that may or may not fit together coherently or logically. Following these rapidly changing measures poses many challenges for even the most veteran legislative watchdogs.

While the typical nurse may not be expected to know the details of the lame duck session, and all the deal-making that characterizes it, understanding that the phenomena exists is essential to effective advocacy. Time truly is of the essence in the waning days of Congress or state legislatures, which means getting a message to a law maker in a timely manner may require immediate targeted contact. For those not aware of this strategy, the process can pose significant challenges and frequent legislative surprises. Awareness of the phenomena, however, makes it a tool that can be used to one's advantage.

Policy Process

Policy-making occurs in many venues both public and private. For purposes of this study public policy (laws and rules enacted by governmental entities) is the focus. However, the principles are largely the same whether policy is being made in the workplace, by an organization, or by a legislative body.

“Policy is the deliberative course of action chosen by an individual or group to deal with a problem”. (Mason 2012 p. 3) Policy-making entails choice. It is all about choosing between two or more options for dealing with an identified problem. Laws and rules are the ultimate reflection of the policy choices that are made, but how do people determine what those laws and rules should address? The process has four discernible stages.

1. Problem identification or agenda setting
2. Development of the plan to solve the identified problem
3. Implementation of the plan
4. Evaluation

(Note the parallels between the policy process and the nursing process). The process is not linear nor is it an isolated exercise that takes place free from the dynamic forces that affect every facet of the overall system. Those forces include values, analysis & analysts, advocacy and activism, politics, media, interest groups, science & research, and presidential (or executive) power. (Mason. 2013).

To apply these concepts think about the enactment of the ACA and how these forces affected the ultimate legislation or policy options that were approved. While some may have preferred single payer universal health care, the force at play dictated what was and was not possible to achieve.

ACA & Policy Forces

Values—small government, choice, independence, state's rights, limited taxes all shaped or limited policy options.
Media—emphasized the conflicts and protests; 24-hour news shows & multiple news sources—some reliable some not. Many had their own bias or prejudice that shaped public opinion and perceptions.
Interest groups—the medical association, nurses association, the pharmaceutical industry, hospital association, long-term care, health plans, and business interests were all at the table initially but some distanced themselves when their members voiced loud opposition to the policy that was emerging. Resistance to change the status quo was often paramount, especially for those benefiting from the current system. Keeping these interest groups neutral (or from becoming vocal opponents to the bill) led to many compromises.
Advocacy and activism—people rallied to oppose the law often without understanding the complexity of the health care system and the current reimbursement processes. Opposition was bipartisan, with the media focusing on the protests and angry responses across the country. Can we afford the new system? Will our value/preference for small government go by the wayside if the ACA is implemented? Proponents emphasized the lack of sustainability of the current system. “If something cannot go on forever it will stop”, Stein's Law (Herbert Stein). What alternatives are possible?

Rule making—the lifeblood of bureaucracy

As if law making were not enough, the executive branch of government (agencies such as boards of nursing, and departments such as Health & Human Services, the Environmental Protective Agency etc.) have been granted authority by the legislative branch to engage in rule making. The laws basically direct these agencies to adopt rules on specific issues. In other words the law tells affected parties what they must do and the agency's rules tell them how to do it. Typically, rules are more detailed than laws and must be adopted in accordance with the federal or state administrative procedures acts. Most importantly from an advocacy perspective, these procedures always include a public comment period. Generally, agencies heed what they receive from the public and make changes to the proposed rules before final filing takes place.

While some may believe it is the law that matters most, in reality, when properly enacted, a rule has the force and effect of a law and is often where far-reaching policy decisions are debated and made.

Of particular significance when considering rule making is the fact that there is no time frame paralleling the two-year legislative cycle. In other words, agencies are constantly proposing rules for adoption, putting the proposed rule out for public comment (usually electronically) and seeking public input during a specified time period without regard for whether Congress is in session or pending adjournment.
Policy analysis—the cost of health care in the U.S. is not sustainable and the general outcomes are not reflective of the amount being spent. Many are uninsured and baby boomers are looming to create even greater demand on existing services. The current system pays for the wrong things, rewarding volume rather than quality. There is general agreement that the current system cannot continue unchanged.

Politics—opposition was loud and persistent. Passage of the bill was partisan creating dynamics that played out in the 2012 elections and various court decisions. Repeal and lack of acceptance of the law remain rampant. The U.S. House of Representatives has voted 50 times to repeal the ACA.

Presidential power—President Obama made health care the cornerstone of his first term identifying it as the primary objective of his administration. The makeup of Congress allowed the bill to pass with no support from the Republicans setting up a political tsunami, that continues to cause backlash, unrest, and a lack of commitment to the complexities of implementing this complicated law. States became the battleground as implementation moves forward. Whether to authorize Medicaid expansion or to administer the insurance exchanges required by the law have been hot topics with significant long-standing implications.

Science & research—indicate that U.S. outcomes are not reflective of the amount spent on health care. We are not getting our monies worth. Many dollars are going to pay for preventable chronic diseases. There is a need to emphasize prevention and better care management of chronic diseases.

Nurses tend to get involved in the policy process at the implementation stage when not surprisingly the plan to be implemented may not be easily put into place nor will it work effectively to address the underlying problems. To be the most effective, the time to be at the table is at the agenda setting stage. How a problem is framed will determine the ultimate plan; therefore, framing the issue is critically important to the entire process. Nurses need to be part of those early discussions and debates.

Agenda setting

As more individuals have health insurance coverage because of requirements in the ACA, access to care could be problematic. In fact people in policy-making roles have recognized that there are not enough primary care providers to meet the anticipated demand. This problem can be framed in one of two ways—we need more primary care physicians to meet the need or the smallest amount of regulation nurses must be allowed to practice to the full extent of their education and training. Obviously, the way the problem is characterized or framed will dictate the policy solutions adopted to address the access void. How can the problem be framed to help ensure a stronger nursing presence in the programs developed to fill the identified void?

A further example of agenda setting can be seen in conjunction with the tragic school shootings that occurred in December 2012 in Sandy Hook, CT. Immediately following the shooting many advocacy groups began to opine about what must be done to prevent similar tragedies in the future. Briefly, there were several options vying for the policy spotlight—better mental health care for young people; a ban on assault weapons/background checks to ensure guns are not available to those who should not have them; and finally regulating video games so as to minimize young peoples’ exposure to the violence depicted in them. Quickly, the policy forces (values, interest groups, the president, and political) combined to turn the debate into a conflict between those who wanted a measure of gun control and those who believed even the smallest amount of regulation of gun sales would violate the 2nd Amendment of the U.S. Constitution. Mental health issues and video game violence became non-factors and were subsumed by the loud debate on the emotional gun control issue. Policy solutions followed suit.

Planning

Once the policy issue is on the agenda, policy-makers may have multiple possible solutions to propose. As the debate moves forward, it becomes apparent how various policy forces will limit the viability of certain programs or options. Enforcement considerations can also pose challenges. Will the policy be enforced by imposing a penalty for non-compliance (the stick approach) or will compliance be encouraged via rewards (the carrot approach)? If there is to be a penalty, what should it be, and who will enforce it? If a reward approach is adopted, how will that be administered? What source of funds will be tapped to provide the carrot? Careful Policy-makers may decide to forego both the carrot and stick approaches believing that compliance will occur once the public is sufficiently educated regarding its benefits.

All enforcement tools have inherent limitations, and political considerations often dictate the approach taken. Frequently, opponents can be convinced to remain neutral when proponents agree not to include penalty language in the bill. Getting a measure through the legislature, even an imperfect something, can be viewed as a victory that may pave the way toward more extensive action at a later date.

Public policy around obesity

How to address the increasing prevalence of childhood obesity challenges policy-makers. Is it time to educate mothers about the inherent health implications of childhood obesity, or is a different approach necessary? Should access to unhealthy foods (sugar-sweetened soft drinks) be limited? Should healthy food choices be rewarded? What barriers hinder these measures? How can these barriers be overcome? Merely identifying a problem is not enough. Policy-makers also need to be made aware of possible solutions.

Implementation

Merely enacting a law or initiating a policy change is only the beginning. Moving from concept to reality carries its own set of challenges. When a measure is passed without widespread support, opposition may emerge to effectively impede the roll out of the policy in action. One of the most effective tactics is to generally limit or refuse to appropriate sales would violate the 2nd Amendment of the U.S. Constitution. Mental health issues and video game violence became non-factors and were subsumed by the loud debate on the emotional gun control issue. Policy solutions followed suit.

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evaluation of the outcomes. Occasionally, the legislation that creates the change includes expectations regarding the evaluation. Pilot programs may be authorized with built-in criteria to be addressed and reported on before the program is replicated on a broader scale.

Even without a formal evaluation, policy analysts and those who are involved in the program are good resources for determining the effectiveness of a particular policy. Is it reaching the intended target? Is the program affordable from a cost-benefit analysis perspective? Is the change envisioned by the program being realized? These are the questions to which policy-makers may seek answers before being convinced that further change is warranted.

Nurses are frequently charged with the evaluation responsibility. Developing appropriate evaluation tools that measure outcomes fairly can be challenging, especially when those invested in the program have a lot at stake in the evaluator’s findings. The most effective evaluators are those who have a firm grasp of both the policy being analyzed and the process undertaken to achieve policy enactment.

Attention to People—it truly is who you know

Certainly knowledge of the legislative/regulatory process is important, but success in the policy-making arena is equally all about relationships—who trusts whom; who can influence; who can manipulate; who knows whom. Studying the personnel is key to the preparation athletic teams go through before a game. They watch endless game film to identify their opponents’ patterns. What are their weaknesses, their strengths? Entering a game without that preliminary preparation virtually guarantees a losing endeavor. That same level of preparation ought to be part of any legislative endeavor.

Who you should know

First and foremost, nurses should know the identity of their federal and state representatives and senators. While some may know their constituents well and those they name as their state representatives. Although federal lawmakers are important, state lawmakers have a greater impact on everyday nursing interests; therefore, knowing who they are is essential. First step: These individuals are often more accessible, and their counterparts regularly conducting meetings with their constituents in local libraries and restaurants. State government websites are good sources for the needed information. Not only do these sites identify the individuals, they also include biographical information and photographs that enable their constituents to readily identify them.

When a nurse or an organization has an issue that needs legislative action, whether at the federal or state level, they should look more closely at what is needed. The political ‘game’ they are playing is no different than the most arduous game. It is merely the process through which people make decisions that form the basis for the authoritative allocation of values. Through politics, decision-makers determine with authority who gets what. Workplace politics that form the basis for the authoritative allocation of values. Through politics, decision-makers determine with authority who gets what. Workplace politics often determine who gets what, the office work assignments, and even coveted promotions. The underlying dynamics of the political game are the same regardless of the setting in which it is being played. Despite its inevitability, politics is the proverbial elephant in the room, often being cited as the reason people (nurses) do not want to participate in the law and rule-making activities. Before so readily opting out of the policy-making arena, however, nurses should look more closely at what is at stake in the evaluator’s findings. The most effective evaluators are those who have a firm grasp of both the policy being analyzed and the process undertaken to achieve policy enactment.

Attention to Politics—the elephant in the room

Process and people do not exist in a vacuum. For better or worse, neither can be separated from the political considerations that characterize both the public and private policy-making worlds. “Intrigue”, “expediency”, “minister”, “control”, “sinister”, “contrived”, “opportunistic”, “dirty” are a few negative connotations associated with politics. In actuality, politics is neither negative nor positive. It is merely the process through which people make decisions that form the basis for the authoritative allocation of values. Through politics, decision-makers determine with authority who gets what. Workplace politics often determine who gets what, the office work assignments, and even coveted promotions. The underlying dynamics of the political game are the same regardless of the setting in which it is being played. Despite its inevitability, politics is the proverbial elephant in the room, often being cited as the reason people (nurses) do not want to participate in the law and rule-making activities. Before so readily opting out of the policy-making arena, however, nurses should look more closely at what is

Getting a lawmaker's attention

Busy lawmakers seldom have time to read in-depth multiple page documents no matter how sound the information or how impressive the research findings. Brevity is key. Summarizing the key points of an issue—the so-called one-pager or leave behind—increases the likelihood a legislator will actually read the information provided. Professional jargon should also be kept to a minimum.
As a profession, nurses readily divide themselves according to their specialty areas of practice. "I'm a school nurse." "I work in oncology." "I work in the OR." "I'm a staff nurse." "I'm a nursing practitioner." If the issue does not affect one's practice directly, nurses generally will not become involved in it. As a result, when three million nurses could be communicating with their elected officials, only the thousands directly impacted by an issue send messages. The real extent of nursing's power base goes unrecognized and untapped and success in the legislature is diminished. Characterized as a "sleeping giant", nursing's power would be enhanced ten-fold if its practitioners could come together cohesively to advocate as a unit without regard for practice specialty, educational preparation, or union affiliation. Nursing's lack of unity is fostered by those groups with interests that are best served by keeping nurses off balance. Subtly emphasizing divisive differences within nursing allows rival groups to enhance their own power positions at nursing's expense. Until nurses refuse to fall into that trap they will continue to face unnecessary obstacles in achieving their legislative goals.

Attention to perceptions

The cliché, "a picture is worth a thousand words" holds true in the policy-making arena. While advocates may produce mounds of data to support a particular position, lawmakers' personal connections remain a powerful force that words cannot always overcome, especially if the message being conveyed is inconsistent with personal perceptions.

Most legislators know a nurse and many have been trained nurses or nurses' assistants. These connections a legislator's knowledge of nurses and nursing practice may be based on watching nurses work, having a friend or relative who practices or has been affiliated. If the media were the primary sources of lawmakers' understanding of the role nurses play in health care delivery, it would not be a surprise if they believed that nurses are not the significant source of potential power that cannot be readily duplicated. Making nurses and others refuse to engage in political advocacy, while money is important, it is not the only source of political power. Numbers can be equally influential, and nurses as the largest segment of the health care workforce have numbers others can only envy. These numbers give nurses an enviable source of potential power that cannot be readily duplicated. Making those numbers work is a major challenge facing those who advocate on behalf of nursing's professional interests.
Legislators frequently remark that nurses do not show up. That reputation makes it easier for political leaders and public relations professionals to give short shrift to nurses’ legislative agenda, especially when other competing interest groups are in opposition or are making noisy demands regarding their own initiatives.

A graduate nursing student attended an informal meeting with a legislator’s office where various interest groups were invited to come together informally to discuss their concerns about a scope of practice bill that would have expanded one discipline’s authority with respect to prescribing medications. After listening to the participants and their concerns, the student observed that group A was “too nice”. They were too willing to make accommodations. Group B was more demanding and seemed unyielding. While its demeanor was more aggressive, Group B also came across as more self-assured and confident in the correctness of its arguments. Such perceptions often make the difference between success and failure. Nurses often find themselves in the group B category when the group B approach would serve their interests better.

Nurses need not compromise their integrity to be effective in the legislative arena. By speaking with a consistent voice with patience, persistence and perseverance, nurses will get the message that nurses are not going away nor are they willing to sit by and watch their interests be ignored. While the process of grassroots lobbying can be time-consuming but worthwhile in the long run. The first step is recognizing the importance of perceptions and the need to make changes.

**Bipartisanship**

The political game, and it is truly a game, is a marathon not a sprint; therefore, taking a long-term view is essential for prolonged success. That means developing relationships and connections that can span legislative sessions and election results, and other partisan considerations. Those who recognize the long-term nature of the game will develop sustainable relationships that span legislative sessions and election turnarounds. Politicians indeed make strange bedfellows.

Today’s opponent may be tomorrow’s sponsor. They represent different constituents and it is unlikely that the same sort of cross-party support will be favorably acknowledged, will make it difficult to reach any meaningful level of consensus within the coalition.

**Turf battles** are another reality that can hamper effectiveness. For some groups, getting credit for outcomes is critically important so control over the processes becomes an issue that can ultimately doom the effort.

Too much planning, too many meetings and too few resources deter and discourage even the most ardent supporters. Few coalitions can survive without resources, but nurses often pride themselves on their ability to get results within limited budget. While that may be admirable, in reality it is a guaranteed road to frustration and failure.

Communicating within the coalition and outside of it must be carefully considered. Who will speak for the group and what will the message be? How will members of the coalition be kept informed of developments? Because of the value a collaborative effort can have, overcoming the challenges is often well worth the effort. With planning and attention to possible pitfalls from the outset an effective coalition can be built and sustained.

**Conclusion**

Nurses who want to make a difference for their profession and ultimately for their patients need not be intimidated by the idea of advocacy in the policy-making arena. Several relatively simple steps provide a roadmap to success.

- Accept the obligation to be involved, at least to some extent. Involvement need not be a full-time job, but it is also not an option.
- Connect with a nursing organization to build networks and stay informed. Policy-making is often more sensitive and always dynamic. While employers may be good resources for information, always look elsewhere for additional perspectives to make sure you have the fullest picture possible of the issues.
- Share information with colleagues. Your enthusiasm could be contagious and influence others to also get involved.
- Recognize you are the boss—elected officials work for you. Many have very little in-depth knowledge about nursing and health care delivery so you are the expert. They need you!
- Vote for those who will be representing you in congress, at the statehouse, and on school boards and city councils. AND vote knowledgeably.
- Reach out to your own legislators at the local, state and federal levels. Know who they are and offer your considerable expertise to help them understand some of the complex issues they must deal with around health care.

Remember, “Those who refuse to participate in politics shall be governed by their inferiors” -Plato

**References**


**Independent Study Post-Test continued on page 14**

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For confidential consideration, send your resume to Human Resources 1800 N. Oak Dr., Plymouth, IN 46563, fax to 574-435-8076 or email to becky.newicki@corizon.com
THE ABCS OF EFFECTIVE ADVOCACY: ATTENTION, BIPARTISANSHIP, & COLLABORATION

POST-TEST AND EVALUATION

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: ____________________________

Date: ____________________________ Final Score: ______

Match the following terms with the correct definition.

1. Christmas Tree Bill:  ________
   a. Legislation intended to add language to a bill that was not initially part of the original legislation in order to have it passed with the legislation.

2. Advocacy:  ________
   a. The act of promoting something, often with the goal of persuading others to support it.

3. Politics:  ________
   a. The study of government and political systems.

4. Legislators:  ________
   a. Members of a legislative body, such as representatives or senators.

5. Legislature:  ________
   a. A legislative body, such as a state legislature, that makes laws.

6. A new session of Congress began in January 2013. A bill introduced into the Senate must pass the Senate by December 2013 or be re-introduced in 2014.
   a. True
   b. False

7. A nursing organization has convinced a legislator to have a bill drafted that would eliminate mandatory overtime as a routine staffing strategy in acute care hospitals. In the first version of the bill hospitals that did not comply faced a $10,000 penalty per violation. The policy maker is relying on the ________ approach as an implementation/enforcement tool to encourage compliance.
   a. Stick
   b. Carrot

8. In identifying potential sponsors for the mandatory overtime prohibition bill which of the following would be most important to consider?
   a. Party affiliation with members of the majority party being more likely
   b. Legislators A is a member of the standing committee to which the bill is likely to be referred.
   c. Legislator A has sponsored multiple health care bills and is recognized as having expertise in the subject by his peers.
   d. All of the above
   e. b & c only

9. The mandatory overtime prohibition bill has been and will be affected by policy forces. Match the force with its effect.
   a. Stimulus
   b. Carrot

10. Interest group:  ________
    a. A group that seeks to influence public policy in order to advance its members' interests.

11. Scientific research:  ________
    a. A systematic investigation that uses the scientific method to test hypotheses.

12. A bill becomes a law upon signature by the governor.
    a. True
    b. False

13. The stages of the policy process include:
    a. Agenda setting, intervention, revision, & public comment
    b. Problem identification/agenda setting, planning, implementation, & evaluation
    c. Introduction, committee action, vote by the legislature, & signature of the president or governor
    d. Critical thinking, hearings, revision, evaluation

14. The legislative branch of government is the only branch with authority to make public policy.
    a. True
    b. False

15. Once a bill is enacted, supporters of the legislation can be assured that the policy will be implemented as intended.
    a. True
    b. False

16. Agencies with rule making authority can propose new and revised rules without regard for the two-year legislative cycle that governs activities within the legislature.
    a. True
    b. False

17. A lawmaker has noted that many of the teenagers in his daughter’s class at school are overweight, bordering on obese. He asks for a meeting with a family friend who is also a school nurse to discuss his concerns. The nurse prepares for the meeting but upon arriving at his office learns that she will be meeting with the legislative aide rather than her friend. The nurse should:
    a. Politely refuse to meet with the aide because she was prepared to meet with the legislator, and the aide will not understand the points she wants to make.
    b. Ask the aide to re-schedule the meeting for a time when the legislator is able to attend.
    c. Provide the aide with the materials she has prepared and discuss the pros and cons of developing public policy to address the problem.
    d. Meet with the aide to let him know how upset she is that the legislator is not available emphasizing how much time she spent preparing for the meeting.

18. Because politics is a power game that nurses are not well equipped to play, they may refuse to be involved in any public policy-making activities.
    a. True
    b. False

19. Developing collaborative relationships can enhance the likelihood that a policy initiative will be successful; however, effective collaboration requires all but the following:
    a. Agreement as to how the group will function and make decisions
    b. Resources sufficient to support the work of the collaborative
    c. Having people with decision-making authority at the table
    d. Frequent meetings to make sure everyone is kept abreast of all developments.

20. A single party holds a strong majority in both the senate and house and also controls the executive branch. Several legislative initiatives are enacted that a nursing organization adamantly opposes. The organization is considering sponsoring a series of televised ad spots ridiculing targeted lawmakers in the majority party. The organization should recognize:
    a. Lawmakers do not pay attention to these sorts of ads so there will be no repercussions.
    b. The ads will ensure the offending lawmakers are not re-elected thus changing the balance of power in both the legislative and executive branches of government.
    c. The ad campaign may backfire thus making it more difficult for the organization to get its legislative initiatives addressed.
    d. Lawmakers will understand the organization’s concerns and take steps to revise the offending initiatives.

21. The agenda setting phase of the policy process is the point where a problem is framed or defined thus setting the stage for how the policy will be shaped.
    a. True
    b. False

22. Because the Affordable Care Act was enacted without bipartisan support its implementation may have been affected by any of the following:
    a. Lawsuit challenging the constitutionality of various provisions in the Act
    b. Refusal by some states to agree to take on administrative responsibility for the insurance exchanges that must be in place by 2014.
    c. Inadequate appropriation of the funds needed to fully enforce certain provisions of the Act
    d. None of the above
    e. a, b, & c

23. Policy evaluation is undertaken to determine whether a program is working effectively and may include:
    a. Cost benefit analysis
    b. Pilot programs with built-in criteria that shape the analysis
    c. Determinations as to whether the changes envisioned are being realized
    d. Analysis as to whether the program is reaching its intended target
    e. All of the above
    f. All except b

24. The legislative process can never be short-circuited for expediency purposes because doing so violates the federal and state Constitutions.
    a. True
    b. False

25. When a bill is introduced into the House of Representatives or Senate it will be numbered sequentially and will maintain that same number throughout the process.
    a. True
    b. False

Evaluation

1. Were you able to achieve the following objectives?
   a. Discuss the Patient Protection and Affordable Care Act (ACA).
   b. Describe the legislative process.
   c. Describe the policy process and how it relates to ACA.
   d. Identify the various ways in which nurses can be politically involved.

2. Was this independent study an effective method of learning?
   a. Yes
   b. No

3. How long did it take you to complete the study, the post-test, and the evaluation form?
   a. Less than 20 minutes
   b. 20 minutes to an hour
   c. More than an hour

4. What other topics would you like to see addressed in an independent study?

Registration Form

Name: ___________________________________________

Address: ____________________________ Street

City/State/Zip: ____________________________

Daytime phone number: __________ RN

LPN

Please email my certificate to: ____________________________

Email address: ____________________________________________

Fax: ____________________________ ($20)

Indiana State Nurses Association

2915 N. High School Road

Indianapolis, IN 46224

ISNA OFFICE USE ONLY

Date Received: __________  Amount: __________

Check No.   __________

Date Received:  Amount:

Make check payable to the Indiana State Nurses Association (ISNA)

Enclose this form with the post-test, your check, and your check number.

Indiana State Nurses Association

2915 N. High School Road

Indianapolis, IN 46224
Overarching Key Messages

- Safety is everyone's responsibility. There is no hierarchy. Safety requires empowering every voice.
- A culture of safety is one where nurses feel supported, listened to and understood. A culture of safety fosters transparency, accountability and results.
- Nurses foster open conversations about safety issues, such as fatigue, stress, safe patient handling, workplace violence, incivility and bullying.
- Nurses prioritize safe staffing and help connect individual, team and organizational safety goals.
- National Nurses Week celebrates the contributions nurses make every day to make positive changes for patients.

In recognition of the impact nursing has on patient outcomes and the quality of care, the American Nurses Association (ANA) has designated 2016 as “Culture of Safety” and the tagline is “Safety 360 Taking Responsibility Together.” Keeping with this focus, the theme for National Nurses Week 2016 (May 6-12) is “Culture of Safety—It Starts with You.”

Nurses ensure the delivery of quality health care to patients, families and society.
Nurses are recognized by the public for upholding the highest ethical standards. An annual Gallup survey shows that the public has ranked nursing as the top profession for honesty and ethical standards for 14 years straight.
Nurses have a critical responsibility to uphold the highest level of quality and standards in their practice, including fostering a safe work environment.
Nursing leaders ensure resources are available to achieve safety results, providing resources for adequate staffing, equipment and education.
Nurses use quality measurements to improve patient outcomes.
The American Nurses Association (ANA) has a long-standing commitment to ensuring the health and wellness of nurses in all settings. ANA supports improving the work life of health care providers: what’s good for nurses is good for patients.

Additional Background and Examples

It has been 15 years since the Institute of Medicine (IOM) issued the call for a safer health care system in its landmark reports To Err Is Human and Crossing the Quality Chasm. To Err Is Human found that between 44,000 and 98,000 hospitalized patients die each year from preventable medical errors. Many nurses were shaken by the report, as “do no harm” is at the core of nursing.

The follow-up report, Crossing the Quality Chasm, had a broader focus and suggested a roadmap for reforming the nation’s health care system. Taken together, these two reports have shaped the modern patient safety conversation.

ANA endorsed the National Patient Safety Foundation report which reiterates the importance of establishing and sustaining a culture of safety. The report emphasizes “the wellbeing and safety of the healthcare workforce.” ANA supports the concept that a healthy nurse leads to a healthy community.

Recent studies suggest U.S. patients experience a far greater number of adverse events each year than even suggested by the IOM 15 years ago. A 2013 study published in the Journal of Patient Safety revealed that preventable adverse events accounted for 210,000 to 440,000 deaths of hospital patients every year. There is still work to be done and nurses will play a key role.

Nurses have been instrumental in improving the quality and safety of health care particularly when it comes to hospital-acquired conditions. According to the Agency for Healthcare Research and Quality (AHRQ) these conditions declined 17 percent between 2010 and 2014. There were 2.1 million fewer hospital-acquired conditions, 87,000 saved lives, and $20 billion in savings.

A culture of safety fosters transparency, supported, listened to and understood. Every voice.
A culture of safety is one where nurses feel supported, listened to and understood.
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