

# THE BULLETIN

**INF**  
INDIANA NURSES FOUNDATION

**ISNA**  
INDIANA STATE  
NURSES ASSOCIATION



Volume 42, No. 2

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.

February 2016

**Save the Date: Upcoming Meeting of the Members**

Don't forget:  
Mark Your Calendar

Page 3

**Policy Primer**



Page 4

**Independent Study**  
**The ABC's of Effective Advocacy: Attention, Bipartisanship, & Collaboration**



Page 7

current resident or

## 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](http://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 Fort 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.**

## 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 ISNAbl and Blayne Miley, ISNA Director of Policy & Advocacy, are great resources. Follow the ISNAbl 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.**



Non-Profit Org.  
U.S. Postage Paid  
Princeton, MN  
Permit No. 14



## INDIANA NURSES FOUNDATION DONATION FORM

The Foundation serves to accept and dispense monies benefitting the profession of nursing 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.

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Email \_\_\_\_\_
- On Behalf Of \_\_\_\_\_
- Member Status:  Member  Non-Member
- INF Contribution Amount: \$ \_\_\_\_\_

To Make Donation by Check, Mail to:

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

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



School of Nursing

### Open Faculty Position:

**Clinical Assistant/Associate Professor or Assistant/Associate Professor** (rank dependent upon educational preparation and experience).  
More information or apply online at  
<http://indiana.peopleadmin.com/postings/2021>

**Salary is very competitive.**  
For more information contact Dr. Linda Delunas at [lidelunas@iun.edu](mailto:lidelunas@iun.edu).

### Education

Moraine Valley embraces our role as an educational resource to our local community by offering excellent education, a variety of programs, cultural events, and entertaining performances for all.

### Nursing Instructor Full-time Tenure Faculty

This position requires a strong commitment to teaching and diversity while incorporating technology and innovation in the delivery of instruction. The ability to infuse new approaches into the teaching/learning process is essential. Candidates must be able to work actively and collegially with faculty within and outside of the department. Faculty teach across medical/surgical and specialties in theory, lab and clinical in the Associate Degree Nursing Program. Other related faculty responsibilities may be performed as required. Minimum requirements for this position are a Master's degree in Nursing, a current unencumbered IL Registered Professional Nurse license and a minimum of two years clinical practice in Medical/Surgical, Pediatric, OB or Psychiatric Nursing. Teaching experience in a community college preferred. A willingness and flexibility to learn and expand to new content areas is a plus.

Help us continue to expand upon our strong community partnership. To be considered, you must provide us with a resume and cover letter indicating your specialty area of interest. **This position will begin in the Fall of 2016.** For further information or to apply, visit: <https://jobs.morainevalley.edu/postings/1079>.

Moraine Valley is an EEO/A/F/D/V employer that values diversity and is committed to excellence.

**Moraine Valley**  
Community College  
Changing Lives for a Changing World



## THE BULLETIN

An official publication of the Indiana Nurses Foundation and the Indiana State Nurses Association, 2915 North High School Road, Indianapolis, IN 46224-2969. Tel: 317/299-4575. Fax: 317/297-3525. E-mail: [info@indiananurses.org](mailto:info@indiananurses.org). Web site: [www.indiananurses.org](http://www.indiananurses.org)

Materials may not be reproduced without written permission from the Editor. Views stated may not necessarily represent those of the Indiana Nurses Foundation or the Indiana State Nurses Association.

### ISNA Staff

Gingy Harshey-Meade, MSN, RN, CAE, NEA-BC, CEO  
Blayne Miley, JD, Director of Policy and Advocacy  
Marla Holbrook, BS, Office Manager

### ISNA Board of Directors

**Officers:** Diana Sullivan, President; Angie Heckman, Vice-President; Barbara Kelly, Secretary; and Ella Harmeyer, Treasurer.

**Directors:** Emily Edwards, Lorie Brown, Denise Monahan, and Amy Pettit.

**Recent Graduate Director:** Audrey Hopper

### ISNA Mission Statement

ISNA works through its members to promote and influence quality nursing and health care.

ISNA accomplishes its mission through unity, advocacy, professionalism, and leadership.

ISNA is a multi-purpose professional association serving registered nurses since 1903.

ISNA is a constituent member of the American Nurses Association.

### Bulletin Copy Deadline Dates

All ISNA members are encouraged to submit material for publication that is of interest to nurses. The material will be reviewed and may be edited for publication. To submit an article mail to The Bulletin, 2915 North High School Road, Indianapolis, IN 46224-2969 or E-mail to [info@indiananurses.org](mailto:info@indiananurses.org).

**The Bulletin** is published quarterly every February, May, August and November. Copy deadline is December 15 for publication in the February/March/April *The Bulletin*; March 15 for May/June/July publication; June 15 for August/September/October, and September 15 for November/December/January.

If you wish additional information or have questions, please contact ISNA headquarters.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, [sales@aldpub.com](mailto:sales@aldpub.com). ISNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Indiana Nurses Foundation of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ISNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ISNA or those of the national or local associations.



## Certification Corner

**Sue Johnson**

### 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 under Section 501(C)(3) of the Internal Revenue Code. The Foundation's purpose 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!



[www.indiananurses.org](http://www.indiananurses.org)

Published by:

**Arthur L. Davis  
Publishing Agency, Inc.**



## ISNA Welcomes Our New and Reinstated Members

Mary Allen	Newburgh, IN	Philip Gift	Gaston, IN	Denise Mann	Indianapolis, IN
Brian Arwood	Peru, IN	Meg Golden-Fleet	West Lafayette, IN	Jeannie Market	Bloomington, IN
Rebecca Bennett	Winchester, IN	Brenda Grey	Gary, IN	Samantha Marshall	Bloomington, IN
Boyann Bonjean	Crown Point, IN	Leann Guerra	Marion, IN	Kasey May	Indianapolis, IN
Patricia Brady	Indianapolis, IN	Jessica Guy	Greenwood, IN	Leann Mayer	Bluffton, IN
Gaylene Brandenburg	Terre Haute, IN	Michelle Halstead	Fort Wayne, IN	Ronda McKay	Merrillville, IN
Jeannine Brunk-Aleksa	Carmel, IN	Amy Hammoud	LA Porte, IN	Angela Miller	Winchester, IN
Emily Carlisle	Carmel, IN	Marianne Harman	Portage, IN	Sarah Morrison	Lebanon, IN
Jennifer Carmack	Fairland, IN	Tamara Haslar	Indianapolis, IN	Janet Newsom	Indianapolis, IN
Sharon Cash	Seymour, IN	Melissa Hathaway	Noblesville, IN	Judy Northern	Indianapolis, IN
Amy Caylor	Danville, IN	Tricia Heckard	Berne, IN	Daniel O'Brien	Lafayette, IN
Sabrina Click	Logansport, IN	Melanie Hillis	Westfield, IN	Adrienne Opp	Indianapolis, IN
Misty Coburn	Fort Wayne, IN	Diane Hountz	Lafayette, IN	Carrie Osborne	Noblesville, IN
Catherine Cooper	New Palestine, IN	Gwendalyn Hunter	Cicero, IN	Tawnee Parrish	Plainfield, IN
Tara Coulson	Roanoke, IN	Mary Jackson	Corydon, IN	Brenda Parson	Indianapolis, IN
Rhonda Covington	Bennington, IN	Michelle Janney	Indianapolis, IN	Susan Paterson	Bluffton, IN
Carla Cox	Muncie, IN	Heather Johns	Fort Wayne, IN	Kimberley Pawlecki	Indianapolis, IN
Jeffrey Coy	Richmond, IN	Jenna Johnson	Fishers, IN	Marla Pickrell	Westfield, IN
Merry Delk	Eaton, OH	Melissa Kavanaugh	Connersville, IN	Diane Poteet	Sellersburg, IN
Kendra Dennison	Salem, IN	Brandy Kluesner	Dugger, IN	Laura Pryor	Trafalgar, IN
Linda Dolan	Monrovia, IN	Michelle Knuth	Fort Wayne, IN	Samantha Pugh	Winamac, IN
Audra Douglas	Evansville, IN	Tara Langley	Bloomington, IN	John Sawyer	Indianapolis, IN
Robin Eads	Indianapolis, IN	Jonathan Lazzarini	Zionsville, IN	Amanda Schneider	New Albany, IN
Dolores Emmons	Anderson, IN	Anna Lenkey	Greenwood, IN	Tonya Scott-Williams	Indianapolis, IN
Jenny Erkfitz	Noblesville, IN	Cheryl London	Zionsville, IN	Tracee Serrano-Tapia	Avilla, IN
Brenda Erratt	Evansville, IN	Ebony Love	Indianapolis, IN	Jamye Shelley	Avon, IN
Lorraine Frank-Lightfoot	Fort Wayne, IN	Angela Lytle	Indianapolis, IN	Cheryl Slack	Valparaiso, IN
Shannon Gerow	Indianapolis, IN	Victoria Maisonneuve	Fort Wayne, IN	Jennifer Smith	Kokomo, IN

### GET YOUR PROFESSIONAL TOOLKIT

- ✓ LICENSE – BOARD OF NURSING
- ✓ MEMBERSHIP – INDIANA STATE NURSES ASSOCIATION (ISNA)

**ISNA IS CARING FOR YOU WHILE YOU PRACTICE  
WWW.INDIANANURSES.ORG**



*The ISNA is a Constituent Member of the American Nurses Association*

#### APPLICATION FOR RN MEMBERSHIP in ANA / ISNA

Or complete online at [www.NursingWorld.org](http://www.NursingWorld.org)

##### PLEASE PRINT OR TYPE

Last Name, First Name, Middle Initial

Name of Basic School of Nursing

Street or P.O. Box

Home phone number & area code

Graduation Month & Year

County of Residence

Work phone number & area code

RN License Number      State

City, State, Zip+4

Preferred email address

Name of membership sponsor

##### 1. SELECT PAY CATEGORY

Full Dues – 100%  
Employed full or part time.  
Annual – \$281  
Monthly (EDPP) – \$23.92

Reduced Dues – 50%  
Not employed; full-time student, or 62 years or older.  
Annual – \$140.50  
Monthly (EDPP) – \$12.39

Special Dues – 25%  
62 years or older and not employed or permanently disabled.  
Annual – \$70.25  
Monthly (EDPP) \$6.85

##### 2. SELECT PAYMENT TYPE

FULL PAY – CHECK

FULL PAY – BANKCARD

Card Number

VISA/Master card Exp. Date

Signature for Bankcard Payment

##### ELECTRONIC DUES PAYMENT PLAN, MONTHLY

The Electronic Dues Payment Plan (EDPP) provides for convenient monthly payment of dues through automatic monthly electronic transfer from your checking account.

To authorize this method of monthly payment of dues, please read, sign the authorization below, and enclose a check for the first month (full reduced \$12.38).

This authorizes ANA to withdraw 1/12 of my annual dues and the specified service fee of \$0.50 each month from my checking account. It is to be withdrawn on/after the 15th day of each month. The checking account designated and maintained is as shown on the enclosed check.

The amount to be withdrawn is \$\_\_\_\_\_ each month. ANA is authorized to change the amount by giving me (the under-signed) thirty (30) days written notice.

To cancel the authorization, I will provide ANA written notification thirty (30) days prior to the deduction date.

Signature for Electronic Dues Payment Plan

##### 3. SEND COMPLETED FORM AND PAYMENT TO:

Customer and Member Billing  
American Nurses Association  
P.O. Box 504345  
St. Louis, MO 63150-4345

Denise Mann  
Jeannie Market  
Samantha Marshall  
Kasey May  
Leann Mayer  
Ronda McKay  
Angela Miller  
Sarah Morrison  
Janet Newsom  
Judy Northern  
Daniel O'Brien  
Adrienne Opp  
Carrie Osborne  
Tawnee Parrish  
Brenda Parson  
Susan Paterson  
Kimberley Pawlecki  
Marla Pickrell  
Diane Poteet  
Laura Pryor  
Samantha Pugh  
John Sawyer  
Amanda Schneider  
Tonya Scott-Williams  
Tracee Serrano-Tapia  
Jamye Shelley  
Cheryl Slack  
Jennifer Smith  
Samantha Soto  
Laura Sparks  
Virginia Spears  
Richard Spencer  
Sharon Springer  
Coreda Steele  
Lyn Stevens  
Traci Stoelting  
Stephanie Strickland  
Brandee Sullivan  
Biname Tshiefu  
Marketa Underwood  
Rebecca Van Den Hoven  
John Velarde  
Ann Walton  
Linda Wells-Freiburger  
Roxanne Wolfram  
Cheryl Wolverton  
Holly Wright  
Rebecca Zamora

Indianapolis, IN  
Bloomington, IN  
Bloomington, IN  
Indianapolis, IN  
Bluffton, IN  
Merrillville, IN  
Winchester, IN  
Lebanon, IN  
Indianapolis, IN  
Indianapolis, IN  
Lafayette, IN  
Indianapolis, IN  
Noblesville, IN  
Plainfield, IN  
Indianapolis, IN  
Indianapolis, IN  
Westfield, IN  
Sellersburg, IN  
Trafalgar, IN  
Winamac, IN  
Indianapolis, IN  
New Albany, IN  
Indianapolis, IN  
Avilla, IN  
Avon, IN  
Valparaiso, IN  
Kokomo, IN  
Naples, FL  
Clarksville, IN  
Greenfield, IN  
Indianapolis, IN  
Angola, IN  
Muncie, IN  
New Carlisle, IN  
Avon, IN  
Martinsville, IN  
Bedford, IN  
South Bend, IN  
Salem, IN  
Indianapolis, IN  
Indianapolis, IN  
Waldron, IN  
Greenville, IN  
Granger, IN  
Indianapolis, IN  
Zionsville, IN  
Dyer, IN

Don't forget:

Mark Your  
Calendar



### SAVE the DATE:

2016 Meeting of the Members

Friday, September 16th

IU Kokomo • Kokomo, Indiana

Watch for Details at  
[www.IndianaNurses.org](http://www.IndianaNurses.org)

# Policy Primer

**Blayne Miley, JD**  
ISNA Director of Policy & Advocacy

The General Assembly is back in session, and once again there is a flurry of legislative activity that impacts you. ISNA represents you 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 [iga.in.gov](http://iga.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. It requires FSSA to include NPs and CNSs as eligible providers for the supervision of a plan of treatment for a patient's outpatient mental health services, allowing them to sign treatment orders. 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 prescribing provider has the discretion 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 amendment 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-using 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 by making ephedrine/pseudoephedrine a schedule III controlled substance (SB 237 & HB 1390),
- Require a prescription for large 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 a month from 7.2 grams to 750 milligrams and the yearly amount from 61.2 grams to 9 grams. (HB 1166).

### Drug Dealing by a Health Care Provider

SB 174 makes it a level 4 felony for a health care 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. The purpose of SB 174 is to clarify 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 includes registered nurses administering/providing medication. As a result of ISNA's advocacy efforts, the bill was amended to narrow the application to prescribers who prescribe a controlled substance without a medical purpose. This removes the language regarding scope of practice, and limits the application to prescribers. This amendment protects you and your profession.

### 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 become 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 out of committee, 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 not called for a vote before the Senate Judiciary Committee, so it will not be moving forward this year unless it's amended into another bill.

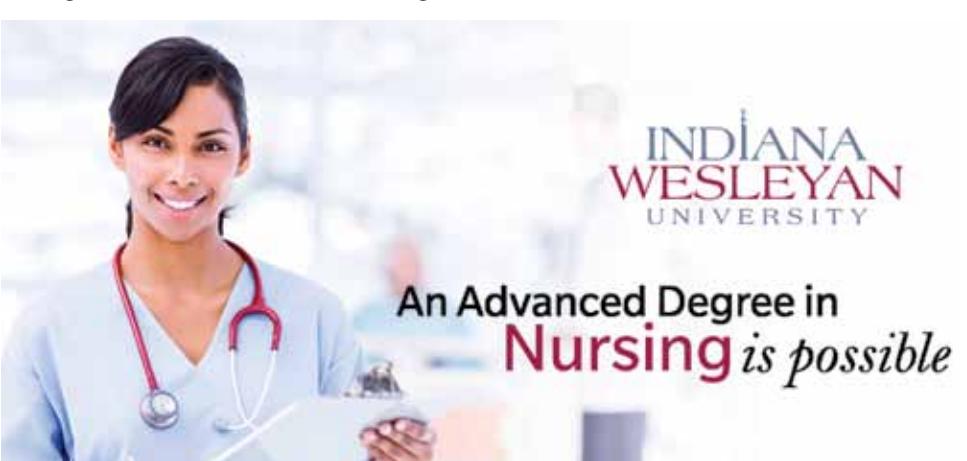
### Palliative Care and Quality of Life Advisory Council

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 specialized 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





**INDIANA WESLEYAN UNIVERSITY**

**An Advanced Degree in Nursing is possible**

*Find out what's possible with a degree from IWU.*

## School of Nursing

### BACHELOR'S DEGREE

- Nursing (Traditional 4 yr)
- Nursing (Accelerated, 14 mos.)
- Nursing (RNBSN)

### MASTER'S DEGREE

- ASN-MSN
- MSN MBA
- MSN Post MBA
- Nursing Administration
- Nursing Education
- Primary Care Nursing (NP)
- Psychiatric-Mental Health
- Nurse Practitioner (MHNP)

### DOCTORAL PROGRAMS

- Doctor of Nursing Practice (DNP)

ONLINE & ONSITE

866.498.4968  
[indwes.edu/nursing](http://indwes.edu/nursing)

# Policy Primer

health insurers to pay for it. SB 385 provides whistleblower protection for long term care facility employees and contractors to encourage 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 1077 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 (HIP) 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 providers delegate to check INSPECT on their behalf, and allows a provider to discuss a patient's INSPECT report with them. Allows a county coroner conducting a death investigation to access INSPECT. Requires professional boards

to establish prescribing guidelines that, if violated, justify the dissemination of exception reports.

## PLA Continuing Education

HB 1272 places the responsibility of professional continuing education with the Professional Licensing 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: [bmiley@indiananurses.org](mailto:bmiley@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

(3) Results and Implications of the 2015 RN Licensure Survey

- Hannah Maxey, PhD, MPH, RDH, Director of Health Workforce Studies and Connor Norwood, MHA, Assistant Director of Health Workforce Studies
- Breaking down the policy implications of Indiana's 2015 RN license renewal survey data

(4) Public Health Coverage and the Role of Consumer Advocacy Groups

- Caitlin Priest, MPH, Director of Public Policy, Covering Kids & Families of Indiana
- HIP 2.0 and the policy priorities of access for consumers and providers

(5) Legislator Q&A

- Indiana state legislators visited to discuss the session and answer questions from the audience

(6) Legislative Session Report

- Glenna Shelby, JD, ISNA Lobbyist & Blayne Miley, JD, ISNA Director of Policy & Advocacy
- The latest about what the General Assembly is considering that impacts nursing

Thank you to all who attended!

## Indiana Court of Appeals Decisions on Collaborating Physician Liability

Forgive me for getting a bit 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 is a subset of tort law, negligence-based lawsuits requiring 4 elements: duty, breach, causation, and damages. In medical malpractice cases, the first element (duty) is only satisfied if a provider-patient relationship has been established.

In 2013, the Court decided that the mere existence of 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. Hippenstein*). 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 held that a physician who enters into a CPA with an APN owes a reasonable duty of care to the APN's patients in fulfilling their obligations under the CPA (*Collip v. Ratts*). What distinguishes Collip from Harper, is the Collip lawsuit was a general tort action, not a malpractice case. Although general tort and malpractice lawsuits both require a duty as one of their elements, what can satisfy that element is different. In a malpractice case, to meet the element of duty, plaintiffs must prove a provider-patient relationship was established, which requires an affirmative act by the provider in the participation of the care or diagnosis of the patient. This is not satisfied by the mere existence of a CPA.

However, the duty in a general tort case is based on a balancing of (1) the relationship between the parties, (2) the reasonable foreseeability of harm to the person who was injured, and (3) public policy concerns. The Court ruled in Collip that the existence of a CPA passes this balancing test and establishes a duty in a general tort lawsuit. The plaintiff must still 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.

January 27, 2016



## The Indiana State Nurses Association Celebrates the 1 Year Anniversary of Healthy Indiana Plan 2.0

January 27, 2016 marks the one year anniversary of a momentous day in Indiana healthcare, the day Healthy Indiana Plan 2.0 (HIP 2.0) was approved. The Indiana State Nurses Association (ISNA) and the American Nurses Association (ANA) submitted letters of support for the application seeking this approval. Registered nurses of all levels play a vital role in the successful implementation of HIP 2.0. ISNA promotes delivering safe, cost efficient, and quality patient care with compassion. Pursuant to our policy platform, we strive to improve access to healthcare that is appropriate, convenient, and cost effective, with reasonable expense and coverage for all Hoosiers. HIP 2.0 helps us pursue these goals.

Total membership in the program has increased to almost 370,000 Hoosiers. Nearly 70% of HIP 2.0 participants are making contributions to POWER accounts, a health-savings-account-like element of the HIP Plus plan. Enrollee contributions are consistent, with a payment rate of almost 94%. Increased coverage means an increased demand for healthcare services. The Governor's office and the Family & Social Services Administration should be commended for working with stakeholders throughout the implementation process to best meet the healthcare needs of Hoosiers. HIP 2.0 recognizes advanced practice nurses as primary care providers, and ISNA applauds the other reforms our state has made in the last year to incrementally increase utilization of advanced practice nurses.

In addition to providing care to HIP 2.0 enrollees, outreach is an ongoing responsibility for Indiana's nurses. We must be vigilant for opportunities to assist patients that could benefit from HIP 2.0 enrollment and might need assistance navigating the process. If you or any of your patients would like information on the Healthy Indiana Plan, check out [www.hip.in.gov](http://www.hip.in.gov) or call 1-877-GET-HIP-9 (1-877-438-4479). We look forward to continuing to improve health outcomes for all Hoosiers.

*Diana Sullivan*

Diana Sullivan  
President  
Indiana State Nurses Association

# A step in the right direction leads to unlimited opportunity.

*From entry level to the executive suite, you'll find exciting career opportunities at Community Health Network.*

**START HERE. STAY HERE.**



Are you ready for a rewarding career path where you can grow personally and professionally?

As the largest healthcare provider in Central Indiana, Community Health Network offers extensive opportunities to create the nursing career you've always dreamed of.

You can be part of an innovative health system with more than 200 sites of care throughout Central Indiana, from physician offices and outpatient centers to community hospitals and large medical centers. We take care of our employees with generous benefits, including tuition reimbursement, an employer match retirement plan and more!

Take a step toward a new career with Community Health Network.

**CareersAtCommunity.com**



**Community  
Health Network**

## Independent Study

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

This independent study has been designed to enhance nurse's 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, and 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 [mholbrook@indiananurses.org](mailto:mholbrook@indiananurses.org)

#### OBJECTIVES

1. Discuss the Patient Protection and Affordable Care Act (ACA).
2. Describe the legislative process.
3. Describe the policy process and how it relates to the ACA.
4. Identify the various ways in which nurses can be politically involved.

This independent study was developed by: Jan Lanier, JD, RN. The author and planning committee members have declared no conflict of interest.

**Disclaimer:** Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice or to be a comprehensive compendium of evidence-based practice. For specific implementation information, please contact an appropriate professional, organization, legal source, or facility policy.

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 how it is reimbursed. 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 practice. Under the evolving new 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 to take action. The American Nurses Association's *Code of Ethics for Nurses*, *Nursing: Scope & Standards of Practice*, and *Nursing's Social Policy Statement*, 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 force by their sheer numbers, but policy makers also rely upon nurses' expertise". (Haebler, 2013 p 15).

While others 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 yet another responsibility".

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—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

(The 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**

**RN to BSN  
online.**



You can finish in under 24 months.

- Work on **your** schedule, 24/7.
- FREE credit transfer review.
- Streamlined curriculum.



**Sullivan**  
University

College of Health Sciences

sullivan.edu/mybsn  
866.755.7887

**NY Adirondack Mtns - Summer**  
**Brant Lake Camp**

Hiring: Charge Nurses, RNs, LPNs  
to be part of premier resident children's camp.  
TOP salary, room, board, transportation stipend  
(possible to have your own kids participate in camp.)  
Warm, nice, professional medical faculty.  
100 years, one family ownership and directorship  
[www.brantlake.com](http://www.brantlake.com) - [jen@brantlake.com](mailto:jen@brantlake.com)  
(518) 494-2406




Valle Vista Health System is seeking full time  
**REGISTERED NURSES**

- \$3000 Sign on/Retention Bonus
- Excellent Salary, Shift Differentials & Benefits

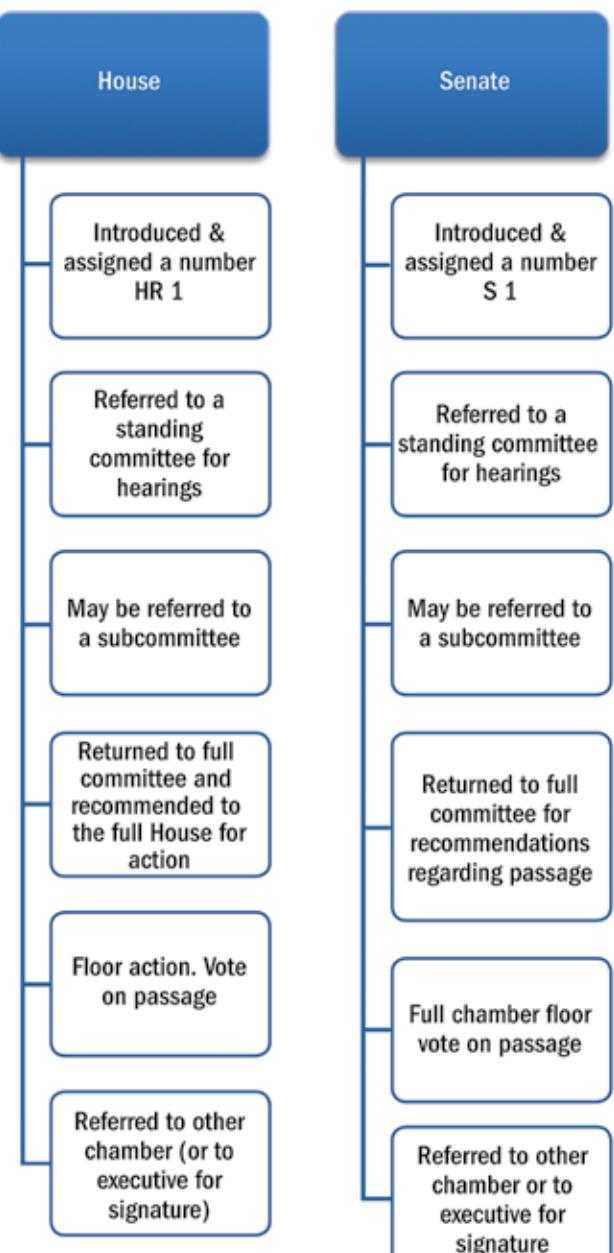
**Join our winning team! Contact or visit us today!**

Ismael Santos, Director of Human Resources  
898 East Main Street, Greenwood, IN 46143  
E-mail: [ismael.santos@uhssinc.com](mailto:ismael.santos@uhssinc.com)

EOE

Visit our website: [www.vallevistahospital.com](http://www.vallevistahospital.com)

Independent Study continued from page 7



A proposal must be passed by both the senate and the house within the two-year legislative cycle, (January following a general election where voters select all members of the U.S. House of Representatives and a percentage of U.S. Senate until December after the next legislative general election). Bills can be sidetracked anytime during the process without a formal vote ever being taken.

### 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 make sure their positions are represented by witnesses carefully prepared to tell the story that strategists (AKA lobbyists) believe will be the most persuasive. Opponents typically put on the same type of campaign. Nurses are excellent witnesses who have real-life experiences to share that can help lawmakers understand the need for the proposed law. In addition, their technical expertise can be helpful in preparing the bill's sponsor for his/her testimony that kicks-off the committee hearing process. Lawmakers may ask questions of the witnesses and may make recommendations for changes (amendments) to the bill based on the testimony. Again, nurses' expertise can be invaluable as details are worked out.

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 the full house or senate 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 do not occur randomly. Lobbyists (proponents and opponents) meet with legislators to determine their likely vote. If a bill is not likely to pass, it will be pulled from the agenda rather than risking a negative vote that effectively kills the proposal for the remainder of the current legislative session. A bill that has not been voted upon remains viable until the session is adjourned *sine die* (never to resume).

Bills may be amended on the floor as well as in committee or subcommittee. If a bill is approved it will either be referred to the other chamber to begin the process over again or, if both chambers have acted, go to the chief executive (president or governor) for signature.

When a bill passes one chamber and goes to the other, it is not unusual for changes to occur in the second venue. Even the smallest changes require the initiating chamber to concur. If agreement cannot be obtained, house and senate leadership name a conference committee. This committee considers both versions of the bill and makes recommendations regarding the final proposal. A conference committee report is prepared and voted upon by both chambers. Senators and representatives may vote only "yes" or "no" to accept the report. They may not amend it in any way.

### Signature

The governor or president as chief executive of either the state or U.S. government respectively is charged with signing a bill into law. A bill may be vetoed or approved upon submission to the chief executive. The president may only veto a bill in its entirety. Governors in some states have what is known as line-item veto authority over certain pieces of legislation. That is, they can veto portions of a bill while allowing the remaining provisions to become law. Once signed, a bill becomes an "act" or the law of the land, effective either immediately if it has been declared an emergency proposal or within the number of days specified in the law itself, or within the time frame specified by the state's Constitution.

### The iceberg phenomena

Like an iceberg where much of the massive ice floe is hidden far beneath the surface of the water, the law making process is not always what it seems to be on the surface. Some may believe the process described above is set in stone—that all steps of the process must occur over a period of time, usually taking many months (or even years to complete). That is not the case, however. The entire process may be short-circuited when expediency demands. In other words, what you see may not always be what you get.

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

# RN>BSN

## Advance your nursing career!

- Miami University academic quality
- Rolling admission — start any session
- Online and on-site course options
- Affordable regional campus tuition

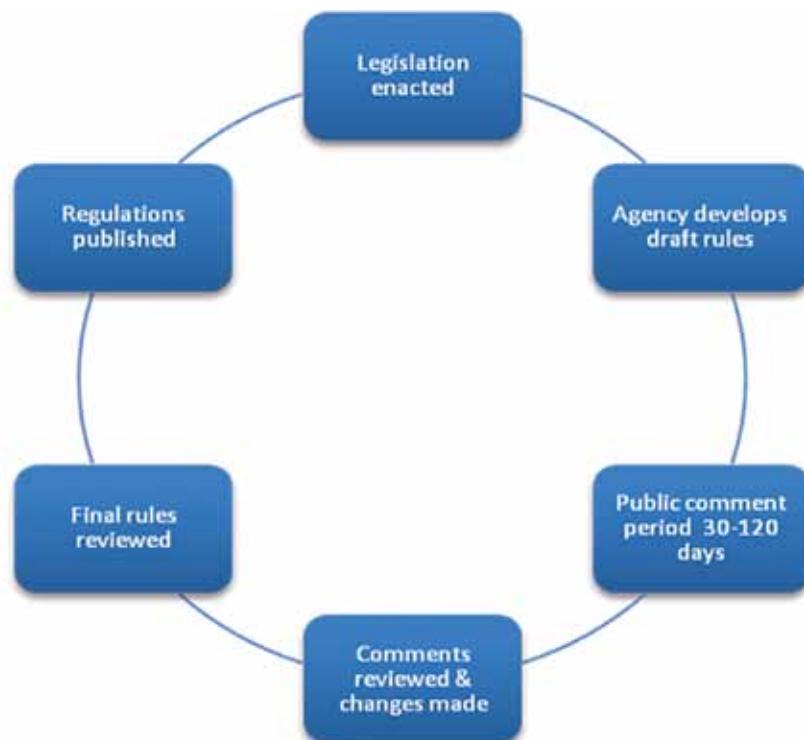


MIAMI UNIVERSITY  
HAMILTON • MIDDLETOWN • WEST CHESTER

[regionals.MiamiOH.edu/nsg](http://regionals.MiamiOH.edu/nsg)

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.



#### 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 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 work place, 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. Reluctance to disturb the status quo was often paramount, especially for those benefitting 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 partisan, 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?

*Independent Study continued on page 10*

## PURDUE UNIVERSITY CALUMET ONLINE

- RN's become Bachelor prepared in as **few as 15 months**
- \$345.00 per credit hour
- 100% online



BACHELOR OF SCIENCE, NURSING



**There is a lot to like about Hancock Regional.**

A great work environment. State of the art technology and techniques. Big hospital resources with community compassion. And it's all right around the corner. Right where you need it. In your own backyard. **We currently have several full and part time RN opportunities.**

There are solid reasons we've been named one of Indiana's Best Workplaces year in and year out. We like to think we're close to home and close to perfect. Check us out at [hancockregional.org](http://hancockregional.org).

Hancock Regional Hospital  
801 North State St.,  
Greenfield, IN 46140

Equal opportunity employer

**hancock**  
Regional Hospital

#### NURSE PRACTITIONER

The Center for Hospice Care is seeking candidates for a full-time, day shift Nurse Practitioner position. The NP will provide clinical care and education to patients, families, staff and the community. Requirements include completion of an accredited NP graduate program or an accredited certificate program, current national NP certification and current RN licensure in IN with prescriptive authority.

 Center for Hospice Care  
choices to make the most of life

**CENTER FOR HOSPICE CARE**  
501 COMFORT PLACE  
MISHAWAKA, IN 46545  
FAX: 574-243-4028  
[gnothv@centerforhospice.org](mailto:gnothv@centerforhospice.org)  
[www.centerforhospice.org](http://www.centerforhospice.org)

EOE

You've earned your  
dream job.

We'll help you  
find it at

**nursingALD.com**

Your free online resource for  
nursing jobs, research,  
and events.

**A L D**  
Arthur L. Davis  
Publishing Agency, Inc.

**LEARN MORE:**  
**855.290.3834**  
[degree.purduecal.edu/ISNA](http://degree.purduecal.edu/ISNA)



**Independent Study continued from page 9**

**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 reform 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 advanced practice registered 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 politics) 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

**February, March, April 2016**

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 incentive? 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 enough to educate mothers (caregivers) about the inherent health implications of childhood obesity, or is a different approach needed? Should access to unhealthy foods (sugar-sweetened soft drinks) be limited? Should healthy food choices be rewarded? What barriers deter these choices? How can those 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, opponents may use the implementation phase to erect roadblocks that can effectively stall any and all progress. (The ACA is an excellent example of this strategy in action). One of the most effective tactics is to generally limit or refuse to appropriate the funds needed to get the program up and running. If necessary funds are not available, the intended policy change may move forward slowly, if at all. Proponents who argued the merits of the change in the legislature, consequently, are unable to point to the predicted successes, which can hamper their efforts in the future to expand or enhance the programs at issue.

Even when a policy has broad support, implementation may be slowed simply because critical logistics have not been well thought-out. If the people charged with making programs work are not able to grasp the intent of the policy-makers, the implementation efforts may stray far from the original intent, which creates its own set of problems. For these reasons, it is important for nurses to be engaged throughout the policy-making process rather than solely when it is time for implementation to begin. An implementation reality check should occur when agenda setting and planning processes are on the drawing board. If a policy, as envisioned, cannot be implemented, that fact should be made known during the formulation stages. Again, nurses' contributions would be invaluable.

**ACA implementation**

States are the implementers of many of the provisions of the ACA. If state officials want to send a message to Washington signaling continuing opposition to the law, they can enact policies or adopt tactics that impede smooth implementation. For example, the ACA relied on state-based insurance exchanges to provide qualified individuals a marketplace for purchasing affordable health care insurance coverage when the individual mandate became effective in 2014. When states opt out of administering the programs, they force the federal government to shoulder the entire administrative burden of the exchanges, which in large part contributed to the problems experienced with the roll out of the Healthcare.gov website intended to facilitate the marketplace sign-up process.

**Evaluation**

To determine whether a policy change is working effectively, there should be some



Knowledge for Life

With a degree from USI, you will be able to compete for select nursing jobs. Our programs focus on extensive clinical nursing experience while providing superior preparation for professional licensing / certification exams. Our award-winning faculty provide personalized attention that fosters supportive relationships with nursing students.

### We are currently offering the following degrees:

- Bachelor of Science in Nursing
- RN Completion (RN-BSN)
- Master of Science in Nursing
- Post MSN Certificate
- Doctor of Nursing Practice

### USI promotes:

- highly sought workplace skills
- online education
- flexible course delivery
- varied clinical experiences

**For more information about these programs,  
please visit our website at <http://USI.edu/health>**

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 the intended beneficiaries of a 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 effort. 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 congressman or U.S. senator few can name their state representatives. Although federal lawmakers are important, state lawmakers have a greater impact on everyday nursing interests; therefore, knowing who they are is an essential first step. These individuals are often more accessible, than their federal 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 attention studying the personnel is step one. In making this preliminary and ongoing assessment one should of course consider the leaders. That means looking not only at the recognized leaders (the individuals elected by their peers to be Speaker of the House, President Pro Tem of the Senate and party whips) but also at those who exercise influence over their colleagues by virtue of their expertise or experience with certain issues.

A lawmaker with health care experience (a nurse, physician, or pharmacist for example) will often be considered the go-to expert by his/her peers in the legislature. It is therefore important to at least touch base with these individuals so they are not taken by surprise when an issue surfaces. In addition, some lawmakers make health care their priority and tend to be looked to as resources for health care related measures. They too need to be kept in the loop as issues evolve. Finally, it is important to ascertain how much lawmakers in general know about the particular issue that is the subject of the pending bill. For example, if a proposal were being introduced that recognized nurse practitioners as primary care providers for purposes of leading patient-centered medical homes, proponents would need to know whether lawmakers understand the education and preparation of advanced practice registered nurses as well as what they know about the overall medical home concept. If they do not have background information, educational efforts must begin with the basics.

#### **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.

#### **Compassionate Nurses Wanted...**

**Memorial Hospital and Health Care Center** in Jasper, Indiana is currently seeking Registered Nurses who are committed to providing compassionate care. Memorial Hospital is an award-winning hospital centered around "being for others."

Respect for Human Dignity, Compassionate Caring, Stewardship, Quality, and Justice... if you live your life through our core values, we'd like you to join our team!

**Hiring for:**  
Emergency Services  
Behavioral Health  
Pediatrics  
Critical Care  
Medical Services  
Resource Team  
Post-Surgical  
Skilled Caring Center  
Women and Infants  
Caring Hands Senior Services  
\* Up to \$8,000 sign-on bonus, for qualified positions.

Apply online at [www.mhhcc.org](http://www.mhhcc.org).

**MEMORIAL HOSPITAL AND HEALTH CARE CENTER**

It is not enough to only know the elected representatives. Other individuals also play important roles in the success or failure of any legislative initiative, and their contributions should not be ignored or minimized. Most lawmakers have aides who assist them in many significant ways. These aides are often the trusted eyes and ears of their bosses. They frequently meet with constituents and are able to devote more time to a particular issue than the legislator who has multiple competing interests vying for his/her attention. Savvy lobbyists and advocates know the value of keeping the legislators' staff members well informed and in the loop regarding both the substance of an issue as well as other factors that may affect its progress. Nurses who find themselves meeting with a legislative aide should take full advantage of the opportunity and cultivate that connection for the future. Always provide materials about an issue to both the legislator and his/her aide. Purposefully, include aides in the discussions, respectfully recognizing the key role they play.

Executive branch agencies (the rule makers) employ many individuals who have specific expertise around certain issues. These bureaucrats often have a long history that predates legislators and their staff members. They know why an issue failed, who opposed it, the strategies used, and many other salient details. Making connections with these individuals can be extremely helpful, not only because their knowledge cannot be dismissed, but also because they can be encouraged to take advantage of the nurse's expertise when drafting rule language and other policy documents. Input at this crucial initial stage is often more valuable than trying to change the language once it is proposed.

#### **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", "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 office, the plum 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

**Independent Study continued on page 12**

SimpleWreath specializes in handmade, natural looking wreaths that enhance the beauty of your home, both inside and out.



Etsy:  
<http://www.etsy.com/shop/simplewreath>

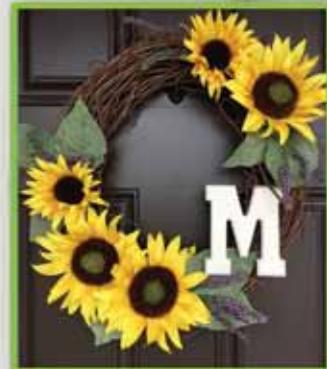


Facebook:  
<https://www.facebook.com/simplewreath>

E-mail:  
[simplewreath@gmail.com](mailto:simplewreath@gmail.com)

I would love to have you visit my shop! If you have questions or would like to request a custom order, please do not hesitate to contact me.

**New! Now offering monograms!**



# SimpleWreath



Please enjoy 10% off with coupon code: NURSE10

**Independent Study continued from page 11**

that means for their professional practice and consider how they can play the political game without compromising the public trust or their own core values.

Admittedly, playing the political game in the legislative arena is not for the faint of heart. Politics is rooted in power, and that can be a deterrent for many nurses who are reluctant to embrace some of the most obvious power elements associated with lawmaking. The role of money and the amount of it that changes hands is one of the most troublesome aspects of lawmaking, often cited as the reason why 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.

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 nurse 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.

February, March, April 2016

**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 evidence supporting 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 nurses as family members. Despite these connections a legislator's knowledge of nurses and nursing practice may be based on out-dated or incorrect information. Further, 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 believe nurses make few if any decisions regarding a patient's health status or outcome. Further, if a lawmaker has a positive or negative personal experience with a nurse, that experience is likely to be generalized and color his/her perceptions of nurses and/or their practice.

**Perceptions at work**

A legislator watched the care her mother received in a long-term care facility and noted that nurses were not administering medications to the residents. They merely left a cup of pills in the room and exited as quickly as possible. Later, when a proposal surfaced in the legislature to authorize unlicensed individuals to administer medications in these settings, the legislator could not be convinced that resident safety was jeopardized by the change. Nurses argued that the pre-administration assessments they performed were essential to the residents' safe care; however, that contention was not supported by the actual practice experienced by the legislator. In her experience nurses were not performing those assessments so the change was merely codifying existing practice. No amount of advocacy could alter her perceptions, and her voice carried significant weight with her colleagues.

Because these personal experiences can be difficult to overcome, to make inroads requires acknowledgement of the validity of the experience while bringing other evidence to the table in an attempt to temper or counteract it. One strategy would be to invite a lawmaker to shadow a nurse constituent at work. Having them see first-hand what nurses do can make a lasting powerful impression.

**More about perceptions—a different perspective**

Nursing remains primarily a female-dominated profession even though the number of males has been increasing. Consequently, some of the lessons learned through childhood games are played out in the policy-making world where men's rules dominate. Boys through their team sports learn to understand competition, winning, hierarchy and how to lose and move on. Girls, on the other hand typically form strong small alliances that emphasize non-verbal communication, collaboration, and friendships. Women focus first on process—making sure everyone has his/her say before making decisions about more controversial substantive issues. Men are more directly goal driven with many of the most critical issues decided before the actual meeting ever occurs. Women are less comfortable playing with people they do not like and tend to carry the meeting dynamics with them afterwards. They are less willing to accept that when the game is over it is over with all that went on during the game/meeting forgotten. These dynamics if not recognized tend to hamper some nurses' advocacy efforts. Although it may not be possible to change one's basic approach to these interactions, recognizing the gender differences can help women increase their effectiveness in the policy-making game.

# Purdue University Calumet College of Nursing

**BSN programs**

- Traditional and accelerated second-degree options
- Online RN – BSN in 15 months

**Master's programs**

- Family nurse practitioner
- Adult-gerontology clinical nurse specialist

**Doctor of Nursing Practice**

- Collaborative program with Purdue campuses at West Lafayette and Fort Wayne
- Fully Online

**International Collaboration**

- Experts in evidence based nursing practice

**Explore and Apply:**

[www.purduecal.edu/nursing](http://www.purduecal.edu/nursing)  
or call 219.989.2814



**National League  
for Nursing**

Center of Excellence in Nursing Education

Enhance Student Learning and Professional Development 2014 - 2016



Legislators frequently remark that nurses do not show up. That reputation makes it easier for policy-makers to give short shrift to nurses' legislative agenda, especially when other competing interest group are in opposition or are making noisy demands regarding their own initiatives.

A graduate nursing student attended an interested parties meeting in 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 all participants the student observed that group A was "too nice". They were too willing to make accommodations. Group B was more demanding and its position seemed unwavering. 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 A 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, passion, and perseverance, legislators will get the message that nurses are not going away nor are they willing to sit by and watch their initiatives go unheeded. Changing perceptions 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 span political parties, 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.

Politics does indeed make strange bedfellows. Today's opponent may be tomorrow's sponsor of your key bill. One cannot afford to make enemies on one side of the political aisle or the other. While one political party may hold a seemingly insurmountable majority today, election results could completely change control of the house, senate, and executive branch in the future thus making previous alliances essentially meaningless.

Members of the nursing profession are not homogenous in their political beliefs or philosophies. Rather than being identified or aligned with one party or the other, nursing's larger interests are best served by maintaining positive relationships with both political parties. That means respecting members on both sides of the aisle and keeping the lines of communication open even when engaging in more overt political activities such as candidate endorsements and political contributions.

#### Collaboration

As noted previously, unity among nurses would enhance the overall effectiveness of the profession's advocacy efforts. Because numbers can be powerful influencers over public policy decisions, building coalitions between nursing groups and others can be yet another strategy for ensuring that advocacy efforts are even more powerful than they otherwise might be. These collaborations while positive in many respects are not without challenges, however.

In order to increase the likelihood of success, a collaborative effort must overcome several obstacles—both tangible and intangible. Typically, people (interest groups) find they have a shared interest in a particular issue and agree that working together would be mutually beneficial. At that point, efforts begin to put together a coalition, often without sufficient attention to key details.

To be a truly effective collaborative several issues must be addressed. They include:

- Having the right people at the table—people who can speak for the organizations they represent and who are committed to the level of participation required by the circumstances.
- Agreeing on how the group will function. Will processes for decision-making be formal or informal? How will consensus be reached? What constitutes agreement? Who will speak for the group? Too much process can stymie progress and make the quick action often required in a policy-making endeavor impossible to achieve.
- Recognizing that there may be a level of mistrust among participants based on previous interactions. These dynamics, if not 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 make something out of nothing. 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 time 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.
- Use the skills that are the foundation of nursing practice—communication in difficult circumstances and a knack for education—in the advocacy arena.

Remember, "Those who refuse to participate in politics shall be governed by their inferiors"—Plato

#### References

- Haebler, J. (2013, March/April) *Nurses' expertise valued and needed in policy development*. *The American Nurse* 45(2). Silver Spring, Md. American Nurses Association  
 Mason, D. et al. (2012) *Policy & politics in nursing & health care*. St. Louis. MO. Elsevier, Inc.  
 Milstead, J. (2013) *Health policy & politics: A nurse's guide*. Burlington, MA. Jones & Bartlett Learning

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

**MICHIANA**  
Behavioral Health  
the Right Environment for Healing

**Looking for a Rewarding Career in Behavioral Health?**

Michiana Behavioral Health is seeking full, part-time and prn Registered Nurses. We are an 80-bed facility located in Plymouth, Indiana providing high quality care for patients of all ages experiencing behavioral and substance abuse issues. Previous experience working in a similar environment is a plus, but all applicants will be considered. Michiana Behavioral Health offers competitive compensation with a generous benefit package and 12-hour shifts are available. For confidential consideration, send your resume to Human Resources 1800 N. Oak Dr., Plymouth, IN 46563, fax to 574-935-9076 or email to becky.nowicki@uhsinc.com.

## Corizon Health have Exceptional Opportunities for Nurse Practitioner's to join our healthcare team in Indiana.

Find satisfaction, variety and autonomy in correctional healthcare, and work as part of a multi-disciplinary team of dedicated healthcare professionals.

As a Full Time Nurse Practitioner working with Corizon, you will receive an excellent compensation package, including a highly competitive salary, medical, dental, vision, company paid malpractice coverage, CME allowance, life insurance, short/long term disability insurance, 401K with a match and Paid Time Off.



**Please contact Dee Thandi, Talent Acquisition Specialist:  
800-893-2118; dee.thandi@corizonhealth.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: \_\_\_\_\_  
 2. Advocacy: \_\_\_\_\_  
 3. Politics: \_\_\_\_\_  
 4. Legislators: \_\_\_\_\_  
 5. Legislature: \_\_\_\_\_

- a. Individuals who are authorized to make laws.  
 b. Process through which people make decisions with authority to determine who gets what.  
 c. A tactic for getting issues addressed legislatively in the waning days of a legislative session.  
 d. The entity authorized to engage in lawmaking.  
 e. Seeing a need and finding a way to address it.
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 important considerations?  
 a. Party affiliation with members of the majority party being more likely choices  
 b. Legislator 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 on the subject by his peers.  
 d. All of the above  
 e. b & c only

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

9. Interest group: \_\_\_\_\_  
 10. Scientific research: \_\_\_\_\_  
 11. Politics: \_\_\_\_\_

- a. There is some evidence to show working excessive hours affects one's judgment & ability to make critical decisions resulting in medical errors  
 b. The organization opposing the bill has encouraged its members to contact legislators to express serious concerns about how the bill ultimately will affect the local hospital's profitability and economic viability. The hospital is one of the major employers in many legislative districts.  
 c. It is an election year and opposition to the bill has been very vocal. Maintaining majority control is at stake in the election & could easily swing to the minority party. Therefore it is important not to upset key supporters.
12. A bill becomes a law upon signature by the president even if the Senate has refused to concur with changes made by the House of Representatives.  
 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 has met with several obstacles including:  
 a. Law suits 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 objective? Yes No
- 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?
3. How long did it take you to complete the study, the post-test, and the evaluation form? \_\_\_\_\_
4. What other topics would you like to see addressed in an independent study? \_\_\_\_\_

## Registration Form

Name: \_\_\_\_\_ (Please print clearly)

Address: \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

\_\_\_\_\_ RN \_\_\_\_\_ LPN

Please email my certificate to: \_\_\_\_\_ Email address: \_\_\_\_\_

Fee: \_\_\_\_\_ (\$20)

### ISNA OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_

Check No. \_\_\_\_\_

**MAKE CHECK PAYABLE TO THE  
INDIANA STATE NURSES ASSOCIATION (ISNA)**

Enclose this form with the post-test, your check, and the evaluation and send to:

**Indiana State Nurses Association  
2915 N. High School Road  
Indianapolis, IN 46224**

# National Nurses Week 2016

## “Culture of Safety: Safety 360 Taking Responsibility Together” Key Messages



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.”

### 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.



### Helping you help others

Choose your nursing path:

- Practical Nursing Diploma** — Prepares you for a career as a licensed practical nurse (LPN)
- Nursing Associate of Applied Science Degree** — Prepares you for a career as a registered nurse (RN)

Call today to get started!

502-447-1000 | [spencerian.edu](http://spencerian.edu)

**Spencerian College**  
Quality Education Since 1892

Spencerian's Practical Nursing diploma and Associate of Applied Science in Nursing are approved by the Kentucky Board of Nursing. For more information about program successes in graduation rates, placement rates and occupations, please visit [spencerian.edu/programssuccess](http://spencerian.edu/programssuccess).

## 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 high 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



### NURSING FACULTY

IVY TECH COMMUNITY COLLEGE is seeking a full time **NURSING FACULTY** at the Lawrenceburg campus. This position provides quality and engaging instruction in all delivery methods and formats within specific academic programs; provides timely and meaningful feedback to students regarding the mastery of course and program learning outcomes; engages students outside of class in support of the curriculum and co-curriculum; provides institutional support and community service; participates meaningfully in student retention and completion initiatives; supports the College's mission and strategic plan initiatives; conforms to regional expectations of faculty performance and engagement.

For a complete job description, qualifications, or to apply, please visit <http://jobs.ivytech.edu>.

Ivy Tech is an accredited, equal opportunity, affirmative action community college.

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.

## SEARCHING FOR ONE OF A KIND!

At Trilogy Health Services, we look for unique individuals with ambition and a passion to serve others. And because unique employees deserve exceptional benefits, we offer:

- Free health insurance option for employee's meeting eligibility & wellness requirements
- Weekly pay
- Generous scholarships
- Tuition reimbursement

Apply online today at [workwithpurposetoday.com](http://workwithpurposetoday.com).

### NOW HIRING!

- LPNs • DON
- RNs • ADON
- MDS • Medical Records



To do:

- Visit [NursingALD.com](http://NursingALD.com)
- Browse job listings, publications, & events
- Find the career of my dreams

**ALD**

Arthur L. Davis  
Publishing Agency, Inc.

Your online resource for nursing jobs, research and events.



**CHANGE A LIFE TODAY. YOURS.**

**NURSING EXCELLENCE. INNOVATION. GROWTH.**

With a nursing career at Parkview, you can change lives. Our mission is to improve the health and well-being of the communities we serve in northeast Indiana, northwest Ohio and south-central Michigan. We have a reputation for quality healthcare, exciting innovation and community engagement.

**At Parkview, you can experience:**

- › Collaborative care model that enhances patients' safety, satisfaction and outcomes
- › Parkview Center for Advanced Medical Simulation and the Parkview Research Center
- › Epic electronic medical record system that provides a single story of care for patients
- › Continued expansion, including a \$55 million investment in Parkview's community hospital in near-central Fort Wayne, as well as construction of a \$20 million medical complex in picturesque Kosciusko County and the \$80 million Parkview Cancer Institute on the campus of Parkview Regional Medical Center
- › MyWell-being, an internal program for co-workers focused on the mind, body, spirit and community aspects of personal health
- › Sign-on bonus and relocation packages available



[www.parkview.com/employment](http://www.parkview.com/employment)

Parkview Health on:



Learn about living and working in northeast Indiana at [yourstorymadehere.com](http://yourstorymadehere.com).

© 2015, Parkview Health PH-A-205



**ASSISTING INDIVIDUALS IN ACHIEVING THEIR  
HIGHEST POTENTIAL**

Rehabilitation Hospital of Indiana opened in 1992 and we are proud of our many years of outstanding service. RHI is one of the largest freestanding inpatient physical rehabilitation hospitals in the Midwest.

**REGISTERED NURSE OPPORTUNITIES**

Come talk with us about a specialty certification as CRRN.

We offer competitive wages and excellent benefits.

Please visit our website at [www.rhin.com](http://www.rhin.com) to see our current job listing

and complete an online application

**REHABILITATION HOSPITAL OF INDIANA**

4141 Shore Drive | Indianapolis, IN 46254 | Or fax a resume to (317) 329-2238



## A Powerful Degree To Empower Your Career

A Master of Public Health degree from the IU School of Public Health will take your career, and your ability to do good, to a whole new level.



**OUR UNIQUE OFFERINGS INCLUDE:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Behavioral, Social, and Community Health</li> <li>• Biostatistics</li> <li>• Environmental Health</li> <li>• Epidemiology</li> </ul> | <ul style="list-style-type: none"> <li>• Family Health</li> <li>• Physical Activity</li> <li>• Professional Health Education</li> <li>• Public Health Administration</li> </ul> |
|---|---|

**OUR PROGRAMS WILL HELP YOU CREATE A BETTER CAREER AS WELL AS A BETTER WORLD.**

Learn more at: [go.iu.edu/mph](http://go.iu.edu/mph)

# Ball State Online



"I have great respect for the faculty," says Marcie Baird, a graduate of Ball State's online doctorate of nursing practice (DNP) program. Baird, who teaches at a private Midwestern college and is a part-time family nurse practitioner at a community clinic, says professors made online classes come alive, responded promptly, and helped her "grow as a student and a professional."

## Our online DNP puts the focus on scholarly practice.

**A program that benefits you. A project that benefits your community.**

Ball State University's online doctorate of nursing practice (DNP) program prepares advanced practice nurses with the knowledge and skills to translate research into practice within health care systems, clinical settings, and local communities.

- A scholarly project gives you the opportunity to improve health care in your community.
- Offered part time and fully online, you can work while you pursue your doctorate.
- Our online graduate nursing programs were ranked in the top 25 in U.S. News' 2016 rankings.

Register for a **7 p.m. Eastern time April 7** webinar at [bsu.edu/nursing/dnp](http://bsu.edu/nursing/dnp).



**BALL STATE  
UNIVERSITY**