President’s Message

Beth Baldwin, APRN, PNP, BC
WVNA President
AANP WV State Rep

Fellow nurses, the season of renewal and new birth are upon us this year after the battles of fierce winter storms. I, for one, am grateful for the thaw and ready for the cleansing of renewal that spring brings us all. The West Virginia Nurses Association, WVNA, is busy with opportunities for all nurses in WV to join in the joys of growing our profession in a rapidly developing health care system. The future of nursing is embracing the changes and renewing and improving our goals of nursing leading the way to change.

I look forward to advancing the nursing profession over the next year of my term as president. First, I would like to welcome the new members to our association. I also want to welcome the new elected leadership of WVNA. Joyce Wilson moves from Secretary to 2nd Vice President. She will be the new 2017 Unity Day organizer. We look forward to her leadership. Our new Secretary is Susan Booten. As Susan is new to the board, we welcome her and look forward to her experiences within WVNA. We have a new APRN Chair, Jennifer Westfall, and we welcome her to this leadership position within WVNA.

WVNA policy advocates will be busy implementing a legislative session that saw the passage of House Bill 4334 – the APRN Modernization Act. This Act clarifies the passage of House Bill 4334 – the APRN Modernization Act. This Act clarifies the implementation of a legislative session that saw important changes can take place. First, the emergency rules must be established by the Board of Nursing before the law can be implemented. Emergency rules should allow this to occur in the next several months. There are several changes that will need comments and input. I will be sure to keep our members informed during the process. There will be an advisory council established to advise on APRN prescribing, to pilot and plan for further expanding of prescribing. Specifically, this council will address educational opportunities, safe prescribing of controlled substances, access to rural healthcare, and review of collaborative practices and complaint processes for APRN prescribing. (See bullet point outline for HB 4334.) Please remember that emergency rules must pass prior to the implementation of this law. Stay tuned to WVNA for complete information on when and how this will proceed.

WVNA continues to grow the wildly successful legislative leader congress. We currently have leaders for every senatorial district in WV. Deborah Coadorph is the chair of the legislative

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

- 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.
- 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.

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National Nurses Week continued on page 2
National Nurses Week continued from page 1

- The American Nurses Association (ANA) has a long-standing commitment to ensuring the health and wellness of nurses in all settings. ANA supports improving the work life of health care providers, what’s good for nurses is good for patients.

Additional Background and Examples

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

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

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

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

Nurses have been instrumental in improving the quality and safety of health care particularly when it comes to hospital-acquired conditions. According to the Agency for Healthcare Research and Quality (AHRQ) these conditions declined 17 percent between 2010 and 2014. There were 2.1 million fewer hospital-acquired conditions, $7 billion saved lives, and $20 billion in savings.

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Published by: Arthur L. Davis Publishing Agency, Inc.

West Virginia Nurse Official Publication of the West Virginia Nurses Association
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Published quarterly every February, May, August and November for the West Virginia Nurses Association, a constituent member of the American Nurses Association.

The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

The WV Nurse reserves the right to edit all materials to its style and space requirements and to clarify presentations.

WVNA Mission Statement

The mission of WVNA is to empower the diverse voices of nurses in all settings toward unified focus of nursing knowledge, skill and expertise to health & well-being of all West Virginians, through education, legislation and health policy.

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West Virginia Nurse Copyright Submission Guidelines

All WVNA members are encouraged to submit material for publication that is of interest to nurses (especially in the following sections: Nightingale Tribute and Members in the News). The material will be reviewed and may be edited for publication. There is no payment for articles published in the West Virginia Nurse.

Article submission is preferred in Word Perfect or MS Word format. When sending pictures, please remember to label pictures clearly yourself not the editor. Not all pictures can be used. Articles and pictures should be no larger than 300 dpi. Articles, graphs and drawings should be in horizontal orientation only and uploaded as separate files.

Approximately 1,000 words equal a full page in the paper. This does not account for headings, photos, special graphics, pull quotes, etc.

Submit material to:
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The Future of Nursing WV is an action coalition of nurses and non-nurses working together for a healthier WV through strengthening nursing practice, education, & leadership. Here is an update on our progress.

Teams & Projects

**Practice**

Modernizing Nursing Practice in WV

Future of Nursing Action Coalition in partnership with WVNA and AARP and with the support of many grass roots organizations, was able to achieve passage of HB 4334 to allow APRNs greater autonomy in practice in WV.

Leadership & Transition to Practice Project

Leadership Online Project

The online Leadership Academy Nurse Manager Course which includes eight classes and a class for Nurse Mentors is designed to support new nurse leaders in their first role as managers.

Transition to Practice Online Project

The online Transition to Practice Course is being produced online by careLearning, a WV based company. The course includes six classes to support new graduates in making a successful transition in their first professional role. There is also an online class for Preceptors. The course will be ready in April for graduates to enroll through their employer.

More than 100 nurses are expected to complete the course.

**Education**

Advancing Nursing Education

The WV Board for Professional Nursing partnered with the Education Team to conduct an online survey of Barriers to Advancing Nursing Education in WV. Results of the survey will be reported in the next issue of the WVNurse. A School Counselor Toolkit is being developed by the Team to support increased knowledge and interest in nursing education.

New team members are always welcome to join our teams! Contact Aila if you are interested in participating in these exciting initiatives.

**Meetings & Presentations**

FONWV is planning a Thank You Gala to celebrate and recognize all the generous and talented volunteers who generously contribute their time and talents to achieving the advancement of health in WV through Nursing. The Gala will be on August 27th in Charleston.

If you know a group who would be interested in scheduling a presentation, please contact Aila at futureofnursingwv@gmail.com.

You can also keep up with FONWV updates on the national website at www.campaignforaction.org.

If you are interested in becoming a member of the WV Action Coalition, learning more, or joining a team or if your organization would like to become an organizational member, contact Aila Accad at futureofnursingwv@gmail.com or sign up on the website at http://www.FutureofNursingWV.org.

Also, join us on our social media sites:

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I am so delighted to report Unity Day 2016 was a tremendous success. This has been a fun year of planning this wonderful event for West Virginia Nurses/Students. West Virginia Nurses Association Team worked together facilitating this yearly event. I am honored to be part of this dynamic group. Hundreds of nurses, nursing students, and educators rallied at our State Capitol. We filled the Cultural Center auditorium and learned about legislative concerns along with approaches to resolution of legislative issues. Speakers were dynamic. A beautiful site, witnessing hundreds of nurses march to the capitol and fill the House gallery and Senate gallery. Speaking with our legislators about concerns for improved patient care was an excellent opportunity for all.

Poster presentations from West Virginia Nursing Schools educated legislators and others of the concerns student nurses are striving to resolve. Awards ceremony recognizing people impacting health care in West Virginia is an inspiring event, letting our students know where their career can lead them. Glad to serve the nurses in West Virginia, Brenda Keefer, RN, MSN, APRN-FNP

UNITY DAY 2016

2016 Awards Presented at Unity Day

WVNA State Mentorship: Dr. Mary Gainer, MD
Presenter: Angy Nixon

WVNA Friend of Nursing: Senator Ryan Ferns
Presenter: Toni DiChiaccio

WVNA Lifelong Contribution to Nursing: Dr. Mary Jane Smith, PhD, RN
Presenter: Sam Cotton

WVNA Excellence for Direct Patient Care: Rebecca Ann Fraley, RN
Presenter: Lori McComas Chaffins

APRN State Award: Brenda Keefer APRN, FNP
Presenter: Beth Baldwin

APRN State Advocate: Senator Kent Leonhardt
Presenter: Beth Baldwin

UNITY DAY REGISTRATION

Standing room only

AARP Volunteers lead the march to the capitol

Nurses being welcomed in Senate Chambers for WV Nurses Day Proclamation

Brenda Keefer receiving the APRN State Award for AANP

Unity Day registration

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Unity Day registration

AARP Volunteers lead the march to the capitol

Nurses being welcomed in Senate Chambers for WV Nurses Day Proclamation
2016 Nightingale Tribute

Nursing is a calling, a lifestyle, a way of living. Nurses here today honor the memory of our colleagues and their lives as nurses. They are not remembered by their number of years as a nurse, but by the difference they made during those years by stepping into people’s lives.

Barbara Michael
Lt. Jean Williams
Bessie Crassley
Jane Martin
Joyce Burgess
Donna DeYarmon
Judy Humphries
Campia Sneedker Dobson
Maxine McKenzie
Skip Lawson
Kathy Sullivan
Jane Nelson
Sue Ellen Quigley
Marie Buchanan

Unity Day: An Opportunity to Learn About Health Policy

Dr. Roger Carpenter, PhD, RN and Dr. Toni DiChiacchio, DNP, APRN, FNP-BC

The critical role of nursing practice within the health care delivery system calls for nurses to be involved in healthcare policy. This includes advocating for the health, safety, and rights of patients as well as advancing the profession of nursing. Nurse educators are charged with taking on the challenge of developing innovative approaches to develop healthcare policy knowledge and skills in students. Practicing nurses must use this knowledge and skill to influence healthcare policy that affects patients, the community, and the profession.

Factors influencing political involvement of nurses include education, participation in professional organizations, and exposure to political activities. Some of the reasons nurses state they avoid healthcare policy is because they lack knowledge in policy development, are intimidated by the complexity of policy issues, and have had limited exposure to political behavior. However, if nurses want to affect change and have nursing values reflected in healthcare policy, they must bring their ideas forward.

Learning by experience plays a large role in nursing. By combining knowledge with hands-on experience, nurses have learned how to care for patients and to be better leaders. Learning by experience is also a good way for nurses to learn about healthcare policy. Opportunities for experiential learning include mentorship, involvement with nursing professional organizations, and events like Unity Day.

The West Virginia Nurses Association and the West Virginia University School of Nursing partnered for the 2016 Unity Day to provide experiential learning for nurses and nursing students throughout the state by coordinating the poster session. The poster presentations provided an opportunity to educate the general public and policy makers about important healthcare issues. This was a successful endeavor with 30 posters presented by students and professional nurses from schools of nursing and nursing organizations.


Ideas for topics could come from class assignments and professional projects you or your students are currently working on. The call for posters will be released later this year. Assistance for poster presenters will be offered with help in formulating ideas, developing content, and with professional formatting and presentation. Look for more information in the near future!

Learning through Partnerships

A partnership is an agreement where parties agree to cooperate to advance mutual interests (Beal, 2011; AACC, 1990). The benefits of partnerships in education include enhanced opportunities for learning and greater opportunities for innovations and new ways of thinking (Warner & Barton, 2009; Clark, 2008). The West Virginia Nurses Association and the Nursing Honors Program of the West Virginia University School of Nursing have partnered to provide an innovative experiential learning opportunity for nursing students and nurses throughout the state of West Virginia.

Here’s How We’ll Help

Call for abstracts
Models/template to follow
Poster writing clinics
Resources for poster presentations

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The State of West Virginia is an Equal Opportunity Employer.
West Virginia ended the 60 day regular session of the 82nd Legislature at midnight on Saturday, March 12th. Earlier that evening, the Senate gave final approval of House Bill (HB) 4334 with negotiated amendments that satisfied both initial proponents and opponents of the bill. It was a long and arduous road and much work by many was devoted to the ultimate passage. At the time of this writing, the bill is awaiting signature by Governor Tomlin. The following summarizes the path HB 4334 took:

1/29/16 – the bill is filed for introduction in the House of Delegates and includes retaining the collaborative agreement to prescribe after 2 years in a collaborative agreement; repeal of redundant code that requires certified nurse midwives to have a collaborative agreement to practice; ability to prescribe 72 hours of Schedule II medication with no refills; with the exception of ADHD medication which could be prescribed for 30 days with no refills; ability to prescribe 30 days of Schedule III medication with no refills; no additional state limits on medication prescribing; global statutory authority for forms and documents; ability to collaborate in the first 2 years with an experienced APRN or a physician. It is assigned first to House Health & Human Resources Committee then to House Government Organization Committee.

2/1/16 – a Public Hearing is held by the House Health Committee where 21 presenters speak to the bill with 17 supporting, 4 opposing. The 17 speaking in support include AARP, the Federal Trade Commission (via Policy Advocacy Letter), APRN patients, a public health nurse, a Heritage Foundation Graduate Policy Analyst, WV Citizens Action Group, the Social Workers Association, WV for Affordable Healthcare, Americans for Prosperity, the Funeral Directors Association, the WV Budget and Policy Center, and APRNs who had lost their independent practices because of overregulation and reduced funding. The 4 opposing explained barriers to care provision caused by overregulation. The 4 speaking against the bill all represented physician groups.

2/1/16 – the House Health Committee begins the debate on the bill. The committee carries over consideration of the bill until 2/16/16.

2/16/16 – the House Health Committee again takes up HB 4334. The bill passes out of the committee without amendments and is sent on to the Government Organization Committee.

3/2/16 – the House Government Organization Committee takes up HB 4334. After testimony several amendments are offered, including, amendments that require a collaborative agreement for APRN patients; repeal of redundant code that requires certified nurse midwives to have a collaborative agreement to practice; requiring APRNs to be regulated by the Board of Medicine, and requiring five years of collaborative agreements before independent prescribing, HB 4334. After testimony several amendments are offered, including, amendments that require a collaborative agreement for APRN patients; repeal of redundant code that requires certified nurse midwives to have a collaborative agreement to practice; requiring APRNs to be regulated by the Board of Medicine, and requiring five years of collaborative agreements before independent prescribing, HB 4334. 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3/3/16 – the Senate Health Committee takes up HB 4334 and 3 days of testimony ensue. Amendments are made and accepted to the bill that re-inserts regulatory collaboration perpetually, removes expanded formulary for controlled substances, requires joint promulgation of rules for APRNs by the Board of Medicine and the Board of Nursing, and creates an Advisory Council to the Board of Nursing that includes APRNs, physicians and a pharmacist. The goal is to maintain forward momentum of the bill from this committee and the amended bill passes; goal achieved.

3/7/16 – The 2nd reference to the Government Organization Committee is dispensed with. The bill must be read three times, with right to amend on 2nd reading, before a vote can be taken.

3/9/16 – Bill is read 1st time.

3/12/16 – Bill is on 2nd reading. No amendments are offered but motion is made and adopted to allow right to amend on 3rd reading. Later in the day Medical Society Senator Minor Motion is made, asks for late afternoon meeting with physician Senators and nursing/AARP to discuss possible negotiations. Although numerous concessions by nursing and AARP are agreed to, no final negotiated bill emerges that all can accept.

3/10/16 – 20 minutes prior to the regularly scheduled Senate floor session, an agreed upon compromise emerges. Senate staff quickly put together the amendments to the Senate Government Organization Committee and during the second floor session of the Senate, the negotiated bill passes 34-0 on the Senate floor. Because it is different than the version reported to the House, the House must pass the bill to back to the Senate for approval.

3/11/16 – The bill is reviewed closely and minor technical amendments are prepared to be voted on by the House.

3/12/16 – The House approves the Senate negotiated bill along with the technical amendments in a vote of 91-5. The message is communicated back to the Senate for approval of the technical amendments made in the House. With about four hours left in the session, the vote to accept the technical amendments passed 34-0 in the Health Committee legislative action on HB 4334 complete. The bill is pending being sent to and signed by Governor Tomblin.

Here’s a look at what the final version of the bill will do once signed by the Governor. If HB 4334 becomes law:

- APRNs will be able to apply to no longer be required to hold a collaborative agreement to prescribe after 3 years of holding a collaborative agreement for prescriptive authority. The 3 year collaboration must be with a physician. Additionally, redundant code sections which required certified nurse midwives to have collaborative agreements to practice are repealed.

- APRNs will be able to sign, certify, verify, endorse, or complete an affidavit for any document within their scope of practice that a physician can. However, APRNs may not sign a certificate of merit for a malpractice claim against a physician. APRNs must be trained in death certificate completion.

- The bill does not authorize prescribing any Schedule 2 controlled substances. However, APRNs will be able to prescribe a 30 day, not just 72 hour, supplies of Schedule 3 controlled substances with no refill and the 72 hour benzodiazepine prescribing limit is also removed.

- A Joint Advisory Council on Limited Prescriptive Authority will be formed to advise the Board of Nursing regarding APRN collaborative agreements and prescriptive authority. The Council will consist of 4 Physicians, 6 APRNs, a pharmacist, a consumer, and a representative from the School of Public Health, with a majority of members representing quorum. Members will be recommended by appropriate boards and appointed by the governor. The council may review applications for APRNs to prescribe without a collaborative agreement; provide names of potential collaborating physicians; advise the BON “in emergency situations of a rescinded collaborative agreement, giving a 60 day grace period,” assist in developing and proposing emergency rules; review and advise on complaints against APRNs; and develop studies and pilot projects regarding “independent prescribing of controlled substances by APRNs.”

Should the Governor sign the bill, it is anticipated at this point that the bill will become effective within 90 days from his signature.

The West Virginia Nurses Association will keep you updated as the legislation progresses.
“If you want to go quickly, go alone. If you want to go far, go together.” Nobody understands this African proverb better than West Virginia nurses. Together, we have been able to accomplish amazing goals at the state and federal level. Advance practice nurses have taken another step to being closer to having full practice authority after H.B. 4334 passed out of the House in February. In Congress, WV nurses have been working together with nurses across the country on legislation that designates the Chief Nurse Officer of the U.S. Public Health Service to be additionally recognized as the “National Nurse for Public Health.”

The National Nurse Act of 2015, H.R. 379 was introduced in the House of Representatives on 1/14/2015 by Reps. Eddie Bernice Johnson (D-TX) and Peter King (R-NY) and its companion bill, S. 1295 was introduced on 5/9/2015 by Senators Jeff Merkley (D-OR) and Shelley Moore Capito (R-WV). These identical bills share the same goal, to elevate and enhance position of CNO to bring visibility to the critical role nursing occupies in promoting, protecting, and advancing the nation’s health.

Chronic conditions such as cancer, diabetes, and heart disease pose the greatest threat to the health of Americans and to our nation’s economy. Nurses play a critical role in guiding these conditions. Greater awareness of the nation’s threat our health will contribute to the health of our citizens and we shall step up as we have been tasked and entrusted to do!! To our state and our nurses, we owe much! Thank you for your tireless effort and support from so many and I am sure you would not have missed some.

The lobbyist team was the best! Hallie Mason (WVNA lobbyist), Gaylene Miller, Angela Vance (both of AARP) and Jason Huffman (Americans for the Arts, ACT, Communications, and Media) were wonderful supporters and advocates for WV APRNs and were endlessly present at the Capitol.

Thanks for the tireless effort and support from so many – and I am sure we have missed some. WV APRNs we have been granted much broader latitude in caring for WV citizens and we shall step up as we have been tasked and entrusted to do! To whom much is given, much shall be expected in return. To those who have been involved for decades in the struggle to improve health and reducing costs to our healthcare system by promoting preventive care. I believe the National Nurse Act of 2015 would be an important step forward in that effort.

As a national advocate for nursing actions to champion public health in our communities, a key role of the National Nurse for Public Health would be to encourage nurses and all health professionals to work within successful health promotion programs, increase public safety, and enhance emergency preparedness.

I hope that Representative [Name] agrees to the importance of H.R. 379 and will soon sign on as a co-sponsor.

Thank you for your assistance and I look forward to your response.

Be sure to sign your letter with your name, credentials, and address, as this makes it clear you are a constituent. This is an important election year. Members of Congress want to hear from you. Always remember that democracy requires participation. As Alice Walker said, “Activism is my rent for living on this planet.”

WVNA would like to thank AARP West Virginia for their support, advocacy and commitment to the healthcare of West Virginians in the passage of H.B. 4334.

WVNA is Ecstatic with the Success of the 2016 WV Legislative Session

Beth Baldwin, APRN, PNP, BC
WVNA President

The nurses of West Virginia would like to acknowledge that this success is largely due to our incredible champions and supporters including:

Outstanding Delegates: Amy Summers (lead sponsor, amazing speaker), and House Health Committee Vice Chair, Denise Campbell (current and historical sponsor for many past years, outstanding support and speaker), Barbara Fleischauer - (sponsor, supporter, and House Health Committee Minority Chair), Larry Paircloth (sponsor and speaker), Kelli Sobonya (sponsor and lead speaker), Carol Miller (sponsor), Mick Bates (sponsor), Voice Westfall (sponsor), Eric Householder (sponsor), Roy Cooper (sponsor), Michael Ihle (House Gov Org Committee leader and speaker), Mike Caputo (speaker), Don Perdue (speaker), Linda Longstreth (speaker), Cliff Moore (speaker), Pat McGehee (speaker), Josh Nelson (speaker), Mike Pushkin (speaker), David Peltel (speaker), Ruth Rowan (speaker), Woody Ireland (speaker), Randy Smith (speaker), along with many other House members.

Support led the way to the success of HB 4334. It truly brought tears to the eyes of许多 nurses in the crowds to the overwhelming support!!!

Outstanding Senators fought the amazing battle and we owe much gratitude to: Senator Kent Leonard (our steadfast champion, lead sponsor, and speaker), Senator Beach who has been a long-time supporter of this issue, Senator Kessler who rose to speak in support of the bill, Senator Williams who was an incredible co-sponsor of the final Senate amendment and worked hard to broker a compromise, Senator Karrns and Senator Woelfel who were big-time supporters and a significant source of advocacy Senators Blair, Unger, Carmichael, and Trump provided great insight and guidance and were incredibly helpful in making HB 4334 get to the point of unanimous passage. Senators Spydell, Miller, Laird and Yost have also provided encouragement and unwavering support over the years.

The lobbyist team was the best! Hallie Mason (WVNA lobbyist), Gaylene Miller, Angela Vance (both of AARP) and Jason Huffman (Americans for the Arts, ACT, Communications, and Media) were wonderful supporters and advocates for WV APRNs and were endlessly present at the Capitol.

Thanks for the tireless effort and support from so many – and I am sure we have missed some. WV APRNs we have been granted much broader latitude in caring for WV citizens and we shall step up as we have been tasked and entrusted to do! To whom much is given, much shall be expected in return. To those who have been involved for decades in the struggle to improve health and reducing costs to our healthcare system by promoting preventive care. I believe the National Nurse Act of 2015 would be an important step forward in that effort.

As a national advocate for nursing actions to champion public health in our communities, a key role of the National Nurse for Public Health would be to encourage nurses and all health professionals to work within successful health promotion programs, increase public safety, and enhance emergency preparedness.

I hope that Representative [Name] agrees to the importance of H.R. 379 and will soon sign on as a co-sponsor.

Thank you for your assistance and I look forward to your response.

Be sure to sign your letter with your name, credentials, and address, as this makes it clear you are a constituent. This is an important election year. Members of Congress want to hear from you. Always remember that democracy requires participation. As Alice Walker said, “Activism is my rent for living on this planet.”

The National Nursing Network Organization (NNNO) has put together several template letters that can be easily edited to send off to your U.S. Representative and Senator Manchin. Below is an example, but please email nnno@nationalnurse.org for tips and suggestions, as well as an email address that is best to send your letter to. The NNNO can also provide you with a short telephone script to use when contacting your US Representative and Senators. We are here to help!

Dear

I want to begin by thanking Representative [Name] for his/her leadership and service on behalf of his constituents here in [Your City]. I am the (one sentence about yourself, including the fact that you are a constituent). I am writing today to request co sponsorship for HR 379, The National Nurse Act of 2015, legislation that is very important to nurses in [Your State] and the health of our state. I have been involved for decades in the struggle to improve health and reducing costs to our healthcare system by promoting preventive care. I believe the National Nurse Act of 2015 would be an important step forward in that effort.

We know that nurses are the most trusted and respected healthcare providers in America. By designating the existing position of the Chief Nurse Officer as the National Nurse for Public Health, we would be taking advantage of that status to help focus attention and educate the public on how to improve their health status. We would also be elevating the profession of nursing at a moment when the role of nurses in the healthcare system is becoming increasingly important.

As a national advocate for nursing actions to champion public health in our communities, a key role of the National Nurse for Public Health would be to encourage nurses and all health professionals to work within successful health promotion programs, increase public safety, and enhance emergency preparedness.

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The passage of HB 4334 in March 2016 pleases Certified Nurse-Midwives (CNMs) due to its repeal of Chapter 30, Article 15. Since 1973, Article 15 had entitled CNMs to licensure in WV, but also required a collaborative relationship with a licensed physician.

A dictionary definition of "collaborate" includes working jointly on an activity. In professional terms, collaboration includes much more than working jointly—it is a non-hierarchical system of mutually respectful communication, across care settings and among providers, generally centered around the needs of the patient. Regulatory requirements for collaboration do not foster interprofessional communication or improve patient care, but were probably intended to assure that appropriate professional collaboration would occur. Prior to such requirements, collaborative practitioners were able to serve as formalities, wrongly implying oversight. While clinical guidelines for prescribing practices are mutually-developed, in many cases the activities that satisfy collaborative requirements consist of making a list of drug references and conducting chart reviews. When HB 4334 goes into effect, CNMs will finally achieve full prescribing authority without the further requirement of a written collaborative agreement, for prescriptive authority without the further requirement of a written collaborative agreement, for prescriptive authority without the further requirement of a written collaborative agreement.

The West Virginia Perinatal Partnership conducted a "Key Informant Survey" of maternity providers in 2012, and found that 36 West Virginia birth facilities have closed since 1976. Thirty-one of the 55 WV counties (more than half) had no birth facilities; sixteen WV counties had no prenatal care and no birth facilities. A large portion of WV is not within a 30-minute drive time of any birth facility. A smaller but significant portion of WV is not within a 30-minute drive time of any prenatal care facility. The 2012 report issued by the WV Perinatal Partnership found that the total number of practicing licensed maternity providers who attended births (OB-GYN physicians, family practice physicians, and CNMs) showed a modest decrease in 2010, after a substantial rise in the years between 1991 and 2006.

Results of West Virginia Perinatal Partnership Birth Attendant Studies (2012):

<table>
<thead>
<tr>
<th>Year</th>
<th>OB-GYN Physicians</th>
<th>Family Practice Physicians</th>
<th>Certified Nurse-Midwives (CNMs)</th>
<th>Total licensed birth attendants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>155</td>
<td>40</td>
<td>8</td>
<td>163</td>
</tr>
<tr>
<td>2006</td>
<td>140</td>
<td>19</td>
<td>35</td>
<td>184</td>
</tr>
<tr>
<td>2010</td>
<td>145</td>
<td>10</td>
<td>35</td>
<td>190</td>
</tr>
</tbody>
</table>

For more information about the initiative to improve women’s health and maternity care by reintroducing nurse-midwives and nurse-midwifery care, please visit www.OurMomentOfTruth.com. ACNM also maintains a number of standard-setting documents, position statements, white papers, and issue briefs pertaining to the practice of midwifery in the U.S. All ACNM position statements can be accessed at www.midwife.org.

The article above is from a nursing student who was granted scholarship through the Center. If others possibly missed out on the chance to complete a particular scholarship made it possible for me to focus on my education and taking care of my family. Without it I would have possibly missed out on the chance to complete my degree. I am very grateful to the West Virginia Center for Nursing for making such funds available to myself and others who are seeking a career in the nursing field.

West Virginia Center for Nursing is a multifaceted organization organized in 2004 after H. B. 4143 was passed in the 2004 legislative session. With a mission to improve the health and healthcare of all West Virginians it is accomplishing this by tracking the nursing workforce in WV and granting scholarships to nursing students and nurses continuing their nursing education up to and including doctoral degrees. Many of our nurses in WV have benefited from these scholarships. Nurses or nursing students may apply for these scholarships on their website (http://www.wvcenfornursing.org/scholarships).

The WV Center for Nursing is funded through nursing licensure fees, a grant for licensed nurses and licensed practical nurses generates $10.00 to the Center for scholarships and studies related to the nursing workforce in WV. The studies are important for planning the WV nursing workforce as well as tracing advanced education in nursing. For more information on WV Center for Nursing visit their web site www.wvcenfornursing.org.
Kids, Schools and Providers Reap Wellness Rewards

Kelli Caseman, Executive Director
West Virginia School-Based Health Assembly

Charleston, WV—More than 1,200 children and adolescents received the preventive health care checkups they need to thrive at school and at home during the last quarter of 2015, thanks to a friendly competition sponsored by UniCare Health Plan of West Virginia and the West Virginia School-Based Health Assembly and the West Virginia Well Child Initiative.

“As a state, we have a really hard time getting parents, families and guardians to take their kids in for annual well-child exams,” said Kelli Caseman, executive director of the West Virginia School-Based Health Assembly. “Every major insurer covers these exams — without copays — but our rates in West Virginia are terribly low, and the older kids get, the less likely they are to get these exams.”

That’s why UniCare Health Plan of West Virginia stepped up to the plate. UniCare sponsored a contest beginning in September with SBHCs across the state to promote well-child visits — comprehensive physical exams during which providers also screen for dental, mental and developmental needs. As part of the contest, a selected school and health care provider were financially rewarded for their efforts to participate in and fully document well-child visits.

“The achievement of 1,200 kids got their exams. That’s amazing,” Caseman said. “It shows that we can turn the tide. We can teach our younger generations to value prevention and wellness, keep our rates up and improve access to care.”

To highlight the success of the campaign, UniCare recently presented a $2,500 check to Summersville Middle School, whose school-based center is sponsored by New River Health Associates, and a $5,000 check to FamilyCare HealthCenter, a sponsoring agency selected at random. Eligible agencies had at least 75 percent of their medical records, collected over a two-week period, meet national quality standards for well-child and well-adolescent visits.

“The goal was to increase well-child care for providers and families,” explained Barbara Wessels, a community health program consultant for UniCare. “Kids beginning at age 3 all the way to young adults through their college graduation at age 21 should have these annual exams. Healthy kids are ready to learn and succeed in the classroom.”

The idea for the friendly competition was born during a Well-Child Initiative meeting, when Cabins Creek Health System, Community Care of WV and UniCare discussed ways to drive improved results. After some brainstorming, the UniCare quality team decided to pattern the contest after a similar, successful program that the company’s Maryland plan offered featuring the Baltimore Ravens.

Without a professional sports team in West Virginia, UniCare encouraged school participation with the possibility of winning a prize and rewarded providers by paying them for completed medical records. School-Based Health Centers and their sponsoring provider agencies were a natural fit.

With 22 agencies, the school-based contest kicked off in September 2015 and continued through the end of the year. UniCare targeted two age groups, those between the ages of 3 and 6; and those between 12 and 21. To receive payment, the medical record had to meet the national quality guidelines of the Bright Futures/Early and Periodic Screening. Diagnosis and Treatment program.
While “all politics is local” is frequently espoused – this could never be truer than in West Virginia politics. For nurses, the intersection of health policy analysis, advocacy planning, and action to effect health policy change related to nurses and nursing lies in the West Virginia Nurses Association (WVNA). Integral to the mission of WVNA is the West Virginia Nurses Political Action Committee (WVN-PAC). Normally a PAC is focused on fund raising – to which we are no stranger! During this Unity Day WVN-PAC event, $1400.00 was raised by nurses and others concerned with health policy. We use this money to support candidates who are aligned with WVNA and support WVNA’s mission: “To empower the diverse voice of nurses in all settings toward a unified focus of nursing knowledge, skill and ability to promote the health & well-being of all West Virginians, through education, legislation and health policy.”

The WVN-PAC is a voluntary, nonprofit, non-partisan organization of nurses. The purpose of WVN-PAC is to encourage nurses to become more involved in healthcare policy and governmental affairs by educating political candidates and office holders to the issues and concerns of nurses and their clients. WVN-PAC is the political, yet separate arm, of the West Virginia Nurses Association. During this legislative session, this mission was certainly embraced as we used the WVN-PAC Reception as an additional venue in which to educate our legislators and friends of nursing about key legislative issues.

During the WVN-PAC reception, over 40 nurses and legislators came together to discuss issues crucial to the health and welfare of WV. Top of the list this session was HB 4334: Clarifying the requirements for a license to practice as an advanced practice registered nurse and expanding prescriptive authority. Introduced by Delegate Summers and Sponsored by Delegates Campbell, Miller, Sobonya, Faircloth, Bates, Westfall, Householder, Cooper, and Fleischauer in the House of Delegates (HOD) and championed by HOD members Delegate Ille, Caputo, Faircloth, Pushkin, and Nelson. In the WV Senate, Senator Leonard sponsored a Senate version, SB 519, and Senator Beach introduced additional legislation related to APRNs as SB 17 which was sponsored by Senators Williams, Miller, and Blair. Additional Senate Champions included Senator Karnes, Ashley, Blair, Carmichael, Kessler, Miller, Trump, and Unger. After a nearly 10 year battle to advance access to care, HB4334 passed this session!!!

There is power in numbers. If every nurse in West Virginia joined the WVN-PAC, we would be able to provide significant donations to all of the WVN-PAC endorsed West Virginia candidates that support our issues and work for us in the Legislature and in the U.S. Congress. Nurses are well respected and our endorsement is highly valued and sought after by many candidates and other healthcare organizations. This November – the WVN-PAC will remember and support not only candidates who carried the water for us during this session, but who look to provide a healthier outlook for our state.

Membership in the WVN-PAC is $25.00 per year, but any contribution over and above the membership fee is welcome - you only need to make a contribution! All money raised by WVN-PAC goes to promote the political goals of nurses throughout the state. Our top priority again is to promote legislation that supports and improves nursing and healthcare in West Virginia. We do that by supporting candidates who agree with our goals and objectives.

Join us in making a difference for nurses and healthcare in West Virginia. Yes, all politics is local – and no more local than you! Anyone can contribute and become a member of WVN-PAC. Your money and your ideas are welcome! Send membership fee and contributions to: WVN-PAC PO Box 213 Scott Depot, WV 25560

CRNA-Surg
(Full-Time & Per Diem opportunities)
Cabell Huntington Hospital is seeking experienced CRNAs. The CRNA performs clinical anesthesia duties according to prescribed standards, operates and monitors the function of anesthesia machines, monitors, analyzers, emergency and other equipment. The CRNA instructs student nurse anesthetists, anesthesia residents and medical students in the administration of anesthesia.

Job Requirements
Master’s degree required
NBE/CRNA Certification required
Current WV license required
3-5 years position related experience preferred

For immediate consideration, please apply online at www.chhjobs.com

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SALARIES!
With that suggestion the nurse decided to get the nurse who trained her to assist in the procedure. My thoughts that the cavalry had arrived were cut short once the second nurse entered with only a set of sterile gloves and no new Foley kit. The second nurse, with years more experience, put on her sterile gloves and proceeded to pick-up the same catheter the previous nurse was using. As if in an episode of C.S.I., my eyes zoomed in on a single strand of hair attached to the catheter! At this point my silence was broken, and I pointed out the hair thinking that would surely stop the procedure in its tracks. To my dismay, the nurse plucked the hair and flicked it like she was picking lint from her sweater and continued to try and place the catheter. By this time, I am completely disgusted; instead of just focusing on what I didn’t do right the whole time, I stayed, held her body in the form of tears. Why would this woman, who didn’t seem to have a care in the world, feel was threatening to well up and burst out of my throat? All I could think of was that she had thrown sterile technique over her shoulder onto the floor. The nurse explained she was completely absurd! I was supposed to be the educated, trained, registered nurses. But that didn’t make her feel like a failure for not stepping up. She was not even in the right position to make the call, after all. We nurses are held responsible for our patients, but rather that I comforted her throughout, put the blame on me. It was not because I possessed all the answers, but rather that I comforted her throughout, put my arm around her and helped her pronounce my rather unusual name. I consider the use of my name, but they will never forget how you made them feel.” – Maya Angelou. Once the day was over, the room was cleaned and was dozing off, so I exited the room. Finally, the second nurse gave up and decided to throw the catheter kit out of the window. All the minutes or so, I am convinced there is no one who could walk through those doors and help this patient. I was so happy to be wrong when the charge nurse walked in with a new kit, and placed the catheter correctly the FIRST time! As I assisted with cleaning and moved the patient, I couldn’t help but feel like a failure for not stepping up. I could try to make excuses for myself; after all, I was only a student and they were actually educated, trained, registered nurses. But that was completely absurd! I was supposed to be the patient’s advocate, and I didn’t even come close. After assuring the patient was as comfortable as possible, I asked if I could do anything else for her. The older woman grabbed my wrist, with what seemed like all her strength, looked in my eyes and said, “Please don’t leave me.” All the guilt I felt was threatening to well up and burst out of my body in the form of tears. Why would this woman, who didn’t seem to have a care in the world, want me to stay with her? Although I did not understand, I did what I felt was the only thing I did right the whole time. I stayed, held her hand, and comforted the patient.

After about five or so minutes, the woman had calmed and was doing off, so I exited the room. The nurse I was shadowing gave me a confused look and asked what the patient wanted. I openly answered, “Some company.” In the hours that followed, I replayed those events in my mind wondering what I should have done differently. As my nurse taught me the different levels of trauma, about the anion gap, and different precautions to be taken for certain situations, I didn’t shake looking at her in a less favorable light. All I could see was her shortness with the older woman when she requested her pain medication, and her aggravation that she couldn’t find the time, among her three patients, to finish her makeup. I wondered where her compassion was. Did she care? Why did she even become a nurse? While what I witnessed was beyond undesirable, I am hopeful that it is not an accurate or complete depiction of her as a nurse. Despite her careless technique and lackluster bedside manner, I actually learned an abundance from her even beyond her intentional teachings.

The most important lesson I learned was not how to detect a hip fracture, or the formula to determine “the gap,” but it was to never forget why I want to become a nurse. On those rough days that I have had no sleep, my children are being little monsters, and I can barely tolerate my husband. I must remember the reason I chose this path. It was not chosen as a means to an end, or as something to fill my time. I chose to pursue nursing to help people through what could possibly be the worst experiences of their lives. I will obligate myself to view each patient as a human being and not a procedure to get through. Never again will I keep quiet out of fear when I should be standing up for MY patient. “They may forget your name, but they will never forget how you made them feel.” – Maya Angelou. Once the day was done and its events reviewed, this quote helped me understand why the elderly woman was drawn to me. It was not because I possessed all the answers, but rather that I comforted her throughout, put her at ease, and made her feel safe. Just maybe in this small way, I did not fail.

More Sleep, More Activity: A Comparative Relationship in Obstructive Sleep Apnea (OSA) and Physical Activity

Nathaniel Collins, MSN, APRN, FNP-BC, COHC Membership Committee Chair, Legislative Representative (District 5)
American Nurses Association

Congressional Bill Could Extend Thousands of Nursing Careers by Preventing Injuries

SILVER SPRING, MD—American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, commended Representative John Conyers (D-MI) and Senator Al Franken (D-MN) for the reintroduction of the Nurse and Health Care Worker Protection Act, (H.R. 4266/S. 2408). The bill would establish a national occupational safety standard that would eliminate the manual lifting of patients by registered nurses (RNs) and health care workers through the use of modern technology and safety controls. Additionally, health care employers would be required to implement a comprehensive safe patient handling and mobility program and educate and train their workers in proper use and practices.

“Every day, nurses and other health care workers suffer debilitating and often career-ending musculoskeletal disorders when they manually lift or move patients, and work in pain. Manual lifting is an unacceptable risk and practice when we have the technology and knowledge to significantly reduce injuries. This bill signals that workers are not expendable and injuries are not tolerable as just ‘part of the job.’ It is a much needed step in the right direction to implementing safer programs that will help to save and extend the careers of thousands of registered nurses,” said Cipriano, noting that safe lifting technology and simple devices also prevent injuries to patients and preserve their dignity.

National occupational safety figures show RNs ranked sixth of all occupations in the number of cases of musculoskeletal injuries resulting in days missed from work. This rate can be reduced considerably through widespread adoption of safe patient handling and mobility programs. In an ongoing ANA survey, 42 percent of nurses said they are at a “significant level of risk” to their safety from lifting or repositioning patients, and more than half said they experienced shoulder, back, neck or arm pain at work.

The bill incorporates principles from Safe Patient Handling and Mobility: Interprofessional National Standards, a framework developed by an expert ANA panel to establish a comprehensive program for creating a culture of safety in health care settings and professions and eliminating the manual handling of patients. In addition to the cultural and educational components, the standards emphasize architectural design principles; methods for selecting technology; integration of patient care plans; and evaluation of the effectiveness of the program.

Nurse and Health Care Worker Protection Act
H.R. 4266/S.2408
The American Nurses Association (ANA) urges you to cosponsor H.R. 4266/S.2408, the Nurse and Health Care Worker Protection Act. Introduced on December 15, 2015 by Representative John Conyers (D-MI) and Senator Al Franken (D-MN), this legislation is the only national legislation that improves the quality of patient care and protects nurses by addressing safe patient handling and mobility (SPHM). SPHM programs eliminate the manual lifting, moving and repositioning of patients by nurses and health care workers.

Every day, nurses and other health care workers suffer debilitating pain and often career-ending musculoskeletal disorders (MSDs), due to manually lifting patients—an estimated 3,600 pounds per shift.

Nurses rank sixth among all occupations for highest incidence rates of MSD injuries resulting in days away from work. The implementation of SPHM programs can drastically reduce injuries and protect nurses, nurses and health care workers experience the highest rate of non-fatal occupational injuries and illnesses of any sector, including manufacturing and construction.

The Nurse and Health Care Worker Protection Act:

- Requires OSHA to develop and implement a SPHM standard that will eliminate manual lifting of patients by nurses within two years of the legislation’s enactment.
- Requires employers to purchase, use, and maintain equipment within two years after the establishment of the standard. It also requires employers to train health care workers annually on proper usage of equipment.
- SPHM programs provide early mobility therapy which gets patients up and moving, as soon and as often as possible, leading to decreased mortality, length of stay in hospitals and unplanned readmissions.

The American Nurses Association (ANA) urges you to stand with nurses and cosponsor H.R. 4266/S.2408, the Nurse and Health Care Worker Protection Act today.

American Nurses Association Department of Government Affairs
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Zika Virus: Guidance Updates

The Centers for Disease Control and Prevention (CDC) has updated its interim guidelines for healthcare providers caring for infants and children with possible Zika virus infection. The guidance, which has been expanded to cover children up to 18 years old, includes:

- A new recommendation that infants with typical head size, normal ultrasounds, and a normal physical exam born to mothers who traveled to or lived in an area with Zika within the past 2 weeks and have at least two of these symptoms: fever, rash, eye or joint pain. Because transmission of Zika virus from mother to infant during delivery is possible, this recommendation also applies to infants born to mothers with Zika who report exposure in the first 2 weeks of life whose mother traveled to or resided in an affected area within 2 weeks of delivery.

Parents in families traveling to or living in areas with Zika can help protect their children by strictly following steps to prevent mosquito bites. Based on what we know now, Zika virus disease in children, as for adults, is usually mild. As an arbovirus, Zika is a nationally notifiable condition; healthcare providers should report suspected cases to their local, state, or territorial health department.

In related news, the Food and Drug Administration (FDA) has recommended that people who have visited areas with active Zika virus transmission or who have a confirmed or potential case of the virus defer from donating blood. According to the new guidelines:

- In areas without active Zika virus transmission, donors at risk for Zika virus infection should be deferred for four weeks.
- In areas with active Zika virus transmission, donors at risk for Zika virus infection should be deferred for four weeks.

For further information:
- CDC Updated Guidelines Infants and Children: cdc.gov/mmwr/volumes/65/wr/mm6507e1er.htm
- ANA Zika Virus Website: www.nursingworld.org/Zika-Virus-Information
- Questions or comments: sharon.morgan@ana.org

President’s Message continued from page 1

leaders. Deb was also our politically active nurse of the year for her amazing leadership in this redistricting process, and for recruiting and preparing our legislative leaders. We look forward to adding sub-districts with nurse delegate leaders. This expansion will overlap the senatorial district but will help to further expand the local grassroots support during development of nursing policy. Interested nurses please contact the senatorial district.

The WVNA has begun an important partnership with WV Restore, the support program for nurses in recovery during the healing phase of their illnesses. WVNA recognizes that education and support are keys to successful treatment of addiction. Successful life positive programs and support are effective tools in overcoming the disease of addiction. For our nurse colleagues, WVNA has established this partnership to help guide that path to success. WV Restore and WVNA have several events that will help WV lead the country in nurse recovery programs. First, we will be holding several Fit-to-Perform training sessions over the next year in various employment locations. Nurses will train employers in return to work expectations, to support for those nurses who are successfully in remission of this disease. There will be a conference co-sponsored by WVNA and WV Restore in the fall of 2016 to give attendees a better understanding of impairment, addiction, the disease, its treatment and recovery. WVNA will be publishing several informative articles about this disease and its effect on WV families and nurses.

WVNA is also building our approver/provider unit for the national credentialing body, ANCC. WVNA is the only statewide association that supports these national continuing education units. WVNA will be training and expanding these approvers. If any nurse wishes to be trained, and to join WVNA in expanding these training opportunities for nurses in WV, please contact the central office.

As you can see, opportunities abound within the West Virginia Nurses Association! Please join us today and make a positive difference in your chosen profession.
Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses

Reprinted with permission of the American Nurses Association

1. What is the assignment?
   Clarify the assignment. Do not assume. Be certain that what you believe is the assignment is indeed correct.

2. What are the characteristics of the patients being assigned?
   Do not just respond to the number of patients; make a critical assessment of the needs of each patient, his or her age, condition, other factors that contribute to special needs, and the resources available to meet those needs. Who else is on the unit or within the facility that might be a resource for the assignment? Do nurses on the unit have access to those resources? How stable are the patients, and for what period of time have they been stable? Do any patients have communication and/or physical limitations that will require accommodation and extra supervision during the shift? Will there be discharges to offset the load? If there are discharges, will there be admissions, which require extra time and energy?

3. Do I have the expertise to care for the patients?
   Am I familiar with caring for the types of patients assigned? If this is a “float assignment,” am I cross-trained to care for these patients? Is there a “buddy system” in place with staff who are familiar with the unit? If there is no cross-training or “buddy system,” has the patient load been modified accordingly?

4. Do I have the experience and knowledge to manage the patients for whom I am being assigned care?
   If the answer to the question is “no,” you have an obligation to articulate limitations. Limitations in experience and knowledge may not require refusal of the assignment but rather an agreement - regarding supervision or a modification of the assignment to ensure patient safety. If no accommodation for limitations is considered, the nurse has an obligation to refuse an assignment for which she or he lacks education or experience.

5. What is the geography of the assignment?
   Am I being asked to care for patients who are in close proximity for efficient management, or are the patients at opposite ends of the hall or on different units? If there are geographic difficulties, what resources are available to manage the situation? If my patients are on more than one unit and I must go to another unit to provide care, who will monitor patients out of my immediate attention?

6. Is this a temporary assignment?
   When other staff are located to assist, will I be relieved? If the assignment is temporary, it may be possible to accept a difficult assignment, knowing that there will soon be reinforcements. Is there a pattern of short staffing, or is this truly an emergency?

7. Is this a crisis or an ongoing staffing pattern?
   If the assignment is being made because of an immediate need on the unit, a crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has the obligation to identify unmet standards of care that are occurring as a result of ongoing staffing inadequacies. This may result in a request for “safe harbor” and/or peer review.

8. Can I take the assignment in good faith?
   If not you will need to get the assignment modified or refuse the assignment. Consult your individual state's nursing practice act regarding clarification of accepting an assignment in good faith. In understanding good faith, it is sometimes easier to identify what would constitute bad faith. For example, if you had not taken care of pediatric patients since nursing school and you were asked to take charge of a pediatric unit, unless this were an extreme emergency, such as a disaster (in which case you would need to let people know your limitations, but you might still be the best person, given all factors for the assignment), it would be bad faith to take the assignment. It is always your responsibility to articulate your limitations and to get an adjustment to the assignment that acknowledges the limitations you have articulated. Good faith acceptance of the assignment means that you are concerned about the situation and believe that a different pattern of care or -policy should be considered. However, you acknowledge the difference of opinion on the subject between you and your supervisor and are willing to take the assignment and await the judgment of other peers and supervisors.

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