American Nurses Association 2016 Membership Assembly
Your Voice – A Report on the Dialogue Forums

Leigh DeRoos MSN, RN
President New Mexico Nurses Association

Hundreds of nurses from across the country and US territories met in Washington, DC in June, 2016 for the annual American Nurses Association (ANA) Membership Assembly. One highlight of the Membership Assembly was the Dialogue Forums, with oversight provided by ANA’s Reference Committee. Some of the Reference Committee’s responsibilities include providing hearings on proposals (Dialogue Forums) for Membership Assembly and they may also recommend to the ANA Board actions to take on proposals put forth at Membership Assembly. This sanctioned activity by the Reference Committee gives nurses a significant voice in bringing to the attention of delegates and ANA’s governing body concerns that impact nurses and their practice. Discussions by the delegates occurred on each topic and the Reference Committee made recommendations for action on these topics to the delegates and the ANA Board. These topics have the potential to become position papers by ANA. These are your elected delegates at the table developing policies that have the potential for impacting all nurses. Having attended the Membership Assembly as one of your elected representatives let me report on these Dialogue Forums.

The two topics presented this year were Dialogue Forum #1: Nursing Advocacy for Sexual Minority and Gender Diverse Populations, and Dialogue Forum #2: Gender Diverse Populations and Dealing with Substance Use Disorder in Nursing. Dialogue Forum #1 noted that the issues surrounding health disparities are well-documented in our health care system. As nurses, we are confronted with health disparities in our practice in providing needed and appropriate care for our patients. However, the LGBTQ community believes they have barriers linked to social, economic and environmental disadvantages, and structural barriers including biases in health care professionals. Referencing ANA’s Code of Ethics, the interpretive statements note that “the need for and right to health care is universal and inclusive of different cultures, values, and preferences of the individual patient, family, group, community, and populations (American Nurses Association, 2015). We know that nurses are uniquely positioned to “identify and address barriers to health care” (Report of the Reference Committee, 2016). All of the bullet points below are taken verbatim from the Report of the Reference Committee, 2016.)

Participant comments on Dialogue Forum #1 were:

- The need to ensure that written and electronic documentation is gender and relationship neutral. This would facilitate data capture that could be used to support nursing research.
- The need for additions to nursing curriculum and professional development that speaks to the specific cultural and health concerns within each group of the LGBTQ community.
- The need to mainstream the care of members of the LGBTQ community into the health care experience.
- The need for standardized terminology to enhance nurses’ communication with patients and families. There was recognition that any terminology would need to evolve.
- The notion that if a mistake is made, there is a need to apologize and own it. It was also noted that a “safe place” is needed to allow for open and frank dialogue.
- The need for neutral communication strategies to support nurses as they approach a patient/client/family interaction.
- That conscious and unconscious bias influences care. One suggestion was to consider applying a “universal precautions” approach to all patients.
- The need to monitor and/or update local, state and federal law and organizational policies to ensure non-discriminatory, family-friendly, gender identity policies.
- The need to hear the varied perspectives of different generations (e.g. millennials) of nurses on the nursing care needs of members of the LGBTQ community.
- The President of the National Student Nurses Association (NSNA) noted that NSNA has several position statements that speak to care and the LGBTQ community.
- The need for patient education materials to be developed that address the unique needs of the LGBTQ community.

The Reference Committee reported to the Membership Assembly after the discussion on Dialogue Forum #1 and made the following recommendations:

- Promote the application of ANA’s Code of Ethics for Nurses with Interpretive Statements to ensure...
ARE YOU LICENSED TO PRACTICE IN NEW MEXICO?

The New Mexico Nurses Association invites you to join us today... And help determine the impact of health care reform on nursing practice...

Visit www.nmna.org for complete information.

www.nmna.org

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

Your livelihood depends upon your license.

Your livelihood depends upon your license.

License Threat? Suspension? Seeking Reinstatement? Kallie Dixon will aggressively fight for your livelihood.

320 Gold Ave, Ste 610 Albuquerque, NM 87102 Ph: 505-242-9000 • Fax: 505-848-8993

www.kdixonlaw.com

Brookline College Nursing Program is seeking two full-time nursing faculty to teach the following disciplines: Obstetrics, Pediatrics, Psychiatric and Adult Health for its Albuquerque campus.

MSN required, Doctorate preferred.

Adjunct positions available in the onsite BSN program and RN to BSN and MSN online programs.

Email resumes to:
Ann Buttner, PhD, RN, CNE Dean of Nursing ann.buttner@brooklinecollege.edu and Diane Breckenridge, PhD, MSN, RN, ANEF Vice President of Nursing diane.breckenridge@brooklinecollege.edu

www.brooklinecollege.edu

The New Mexico Nurse is published quarterly every January, April, July and October by the Arthur L. Davis Publishing Agency, Inc. for the New Mexico Nurses Association, a constituent member of the American Nurses Association.

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. NMNA 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 New Mexico Nurses Association 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. NMNA 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 NMNA or those of the national or local associations.

New Mexico Nurse is a juried nursing publication for nurses licensed in New Mexico. The Editorial Board reviews articles submitted for publication and articles for consideration should be submitted to dawaker@nmna.org.

NMNA Board, Committee Chairs and Staff

President: Leigh DeRoos, MSN, RN
4644 Sandalwood Drive Las Cruces, NM 88011
Hm: 575-521-4362 Cell: 575-496-6924
lderoos49@yahoo.com term exp. 2015

Vice President: Gloria Doherty, MSN, RN, ACNP
1905 Kiva Court NE Albuquerque, NM 87106
Hm: 505-243-2628 Cell: 505-350-2291
gdoherty@salud.unm.edu term exp. 2016

Secretary-Treasurer: Suzanne Canfield, MBA, BSN, RN sjanfield@comcast.net

Directors:

Cynde Tagg, DNP(C), MSN-NE, RN ctaggx@salud.unm.edu

Ruth Burkhart, MSN, MA, RN, BC, LPCC
burkhardt@nmna.org
575-648-5806

Romona Scholder, MA, CNS, RN
5641 State Highway 41 Galisteo, NM 87540
romonascholder@gmail.com

Theresa S. Amei, DNP, RN, CN, CPN, FNP-BC
tsamar@gmail.com

Camille Adair, RN
Chair of Healthy Nurse, Healthy NM

Jason Bloomer, RN, BSN
Chair, Welcome to the Profession
Stephen Bobrowich, RN
Chair, MM Nurse Editorial Board
Ed Chacon, RN, BSN
Chair, New Grad Advisory Committee
Christine DeLucas, DNP, MPH RN
Chair, Government Relations Committee
Siri GuruNam Khalsa, MSN, RN
Chair, NM Nurses on Boards, Commissions and Councils
Lisa Marie Turk, MSN, RN
Chair, Institute for Nursing Diversity

NMNA Website: www.nmna.org
Office Mailing Address:
P.O. Box 418, Santa Fe, NM 87504
Office Phone: 505-471-3324

Executive Director: Deborah Walker, MSN, RN
3101 Old Pecos Trail 5059 Santa Fe, NM 87505
Office: 505-471-3324 Cell: 505-660-3890

Continuing Education Coordinator:
Carolyn Roberts, MSN, RN
ceapps@nmna.org
Office Phone: 505-471-3324

nmna.org.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.

L.
unwavering, culturally sensitive, unbiased and non-discriminatory care of members of the LGBTQ community.

- Promote strategies to educate nurses about the potential impact of personal bias, whether conscious or unconscious, on patient care particularly as it relates to care of individuals within the LGBTQ community.
- Identify strategies to raise the competency of nurses in caring for members of the LGBTQ community.
- Promote standardized gender-neutral terminology and documentation.

The consensus from the members of the Assembly was the need for more education and appropriate resources for nurses to provide unbiased and non-discriminatory health care to their LGBTQ patients.

Dialogue Forum #2: Gender Diverse Populations and Dealing with Substance Use Disorder in Nursing addressed the need to identify nurses with Substance Use Disorder (SUD) and to develop and implement interventions for nurses with SUD. Citing Thomas & Cielo (2011), it was noted that the rates of SUD of nurses is similar to the general population, 10%-15% (Report of the Reference Committee, 2016). However, unlike the general population, nurses’ addiction put their patients, as well as themselves, at risk. In addition, it was noted that the National Council of State Boards of Nursing (2014) indicated that if nurses suspect SUD in a colleague, they are “professionally and ethically required to report it.” It was also noted that there are programs in some states, including disciplinary and non-disciplinary programs, that address issues regarding nurses with SUD. Since 1980 ANA has been a strong supporter of the “non-disciplinary treatment programs” (Report of the Reference Committee, 2016).

Participant comments identifying barriers in developing needed programs for SUD addressed:

- Access (treatment programs, funding sources, employer support)
- Stigma
- Lack of coordination (between nursing associations, compact states)
- Unwillingness of peers to report
- Lack of state legislative support (e.g. dept. of health)
- Lengthy monitoring in some programs
- Legal issues
- Challenges finding re-employment opportunities
- Lack of education on SUD

Participant comments identifying potential resolutions to these barriers:

- Participating in support groups
- Obtaining funding
- Removing stigma
- Helping with transition from recovery to work
- Decreasing stress
- Enforcing workplace processes and policies
- Providing education on stress reduction measures
- Recruiting nurses to serve as peer facilitators and to speak with student nurses
- Treating SUD as a chronic disease
- Applying the provisions of ANA’s Code of Ethics with interpretive Statements
- Establishing state and corporate processes for recovery and re-entry
- Maintaining the privacy of a colleague with SUD
- Benchmarking programs in progress that work

Participant recommendations for needed resources for nurses to help nurses with SUD:

- Develop a toolkit for Constituent/State Nurses Associations (CSNAs) and registered nurses
- Advocate for funding for drug testing and monitoring programs
- Educate nurses on how to identify peers with SUD and how to report it.

Looking for an alternative to traditional nursing?

Then ARCA is looking for YOU.

ARCA is the largest and longest established provider of services for people with developmental disabilities in New Mexico. Join us and practice in an environment where you can develop satisfying, long-term relationships in a relaxed setting.

We are currently seeking individuals to join our Nursing Team: F/T and P/T RNs & LPNs

We offer generous paid leave and benefits, including health & dental, 401K and employee wellness program.

To Apply: Email resume to hr@arcaspirit.org or deliver in person to the address below.

ARCA is a drug-free workplace, ee/oap/protected veteran/disabilities

Opening Doors for individuals with intellectual and developmental disabilities since 1957

11300 Lomas Blvd NE, Albuquerque, New Mexico 87112
www.ARCAOpeningDoors.org - (505) 332-6700

The New Mexico Nurse • Page 3

- Collaborate more closely with American Psychiatric Nurses Association (APNA) on resource development
- Improve schools of nursing recovery programs
- Recognize and address personal biases
- Develop a national list of treatment centers
- Increase peer mentoring programs and alternative discipline programs
- Increase volunteers for education and peer mentoring
- Develop strong evidence-based alternative discipline programs
- Increase the consistency of the provisions of Impaired Provider Programs (IPPs)
- Provide guidance on peer assistance and alternative discipline

Participant comments on the entities needed to partner with ANA on programs or resources to assist nurses with SUD:

- Schools of nursing to increase substance abuse education in nursing programs
- Boards of nursing
- Employers - Employee Assistance Programs
- Other state nurses associations and related associations (American Hospital Association, Visiting Nursing Association)

The Reference Committee reported to the Membership Assembly after discussion on Dialogue Forum #2 and made the following recommendations:

- Engage stakeholders to explore gaps in current research and policy on SUD in the nursing population
- Promote strategies to educate students, nurses, and employers about identifying and reporting suspected SUD across care settings
- Partner with stakeholders to develop model programs to support employers and nurses before, during, and after treatment for SUD.

In 1987 New Mexico became the third state in the country to establish a drug diversion program through a bill conceived by a member of the New Mexico Nurses Association, Courtney Cook and lobbied for by NMNA. For FAQs on New Mexico’s diversion program go to: http://nmnbnkos.com/diversion-program-faqs.aspx

Membership Assembly is a great opportunity for nurses to be a voice at the table but to be at the table you must have a voice in your professional organization. I extend a personal invitation to nurses who are not a member of ANA/NMNA to join today and join in this exciting process.

References
Florence Nightingale on Healthy Nurse

Camille Adair, RN

The New Mexico Nurses Association (NMNA) celebrated nurse’s week with a workshop on May 6th introducing Healthy Nurse, Healthy New Mexico to almost 200 nurses from around the state. NMNA then formed the Healthy Nurse, Healthy New Mexico Interest Group, reflective of the American Nurses Association’s Healthy Nurse™ priority. (nursingworld.org)

New Mexico’s own Dr. Barbara Dossey, who serves as a committee member for Healthy Nurse, Healthy Nation™ initiative led the nurse’s week celebration with a keynote presentation on Healthy Nurses, Resiliency, and Self Care. As a Nightingale scholar, Dossey gracefully bridged nursing legacy with present goals. She shared Nightingale’s vision from the 1870’s, “that it will take 150 years for the world to see the kind of nursing I envision...” That time is now and it coincides with “The Nightingale Initiative for Global Health (NIGH), a grassroots, nurse inspired movement to increase global public concern for and commitment to the priority of human health,” for which Dr. Dossey is a founding member. (nighvision.net)

“It will take 150 years for the world to see the kind of nursing I envision...”

~ Florence Nightingale, 1870s

In 2005, Dr. Barbara Dossey addressed nursing students, in an article from the National Student Nurses Association with questions and insights that are relevant today as we seek to develop our health and wholeness as nurses.

“We are at a time in history where we must transform the health care structure from a disease management industry to a healing system... How do you want to actively contribute to these dynamic changes that will impact the practice and the image of professional nursing, and the healing of society?”

History is one of the most important aspects of any profession. Modern nursing has a proud heritage through its founder, Florence Nightingale, who lived from 1820 to 1910. Nightingale was a mystic, visionary, healer, reformer, environmentalist, feminist, practitioner, scientist, politician and global citizen. Her achievements are astounding when viewed against the backdrop of the Victorian era, and her contributions to nursing theory, research, statistics, public health, and health care reform are invaluable and inspirational. As a brave risk-taker, Nightingale possessed uncommon vision, focus, dedication, and commitment. Her tenets of healing, leadership, and global action provide us with her vision.

A part of Nightingale’s wisdom resides within each of us. I imagine hearing her voice as she tells each of us to identify our “must” and to fight for a health care system driven by the needs of patients. She would encourage all of us to unite in order to actualize our visions. Nightingale, the master networker, would want us to know who our elected officials are and how to best educate them so that they can develop effective legislation for health care reform.

Exciting work lies ahead. How are we going to write our chapter of nursing history as the beginning of the 21st century? What is our role at the local, national, or international level, and in the health care system?

What seeds are we going to plant for others? What is our next productive, innovative and creative endeavor? I wish you the best in your healing journey and finding your “must”!” (NSNA.org)

Nightingale was an advocate for experiential learning and defined training for nurses as “teaching the nurse to teach people to live.”

Florence Nightingale was an early advocate for Healthy Nurse, speaking to the health and wellbeing of nurses as the foundation of professional practice, as role models for our families, colleagues, patients and communities and in living a good life.

In a letter dated May 23, 1873, Nightingale wrote “The world, more especially the Hospital world, is in such...
Healthy Nurse, Healthy New Mexico

a hurry, is moving so fast that it is too easy to slide into bad habits before we are aware.”

We can imagine the exponential growth and change in pace from 1873 to the present. It is clear that our modern health care culture requires us to prioritize with vigilance, our own health and wellbeing.

As nurses, each 3.6 million of us are called to do the reflective, sensitive and individual work of developing self-awareness, setting intentions that are aligned with our values and directing our daily and over arching life choices accordingly. The legacy and words of Florence Nightingale and the unconditional dedication to nursing by Barbara Dossey support us on our journey as we ask the questions, who we are? Where are we going? How do we get there?

The following Florence Nightingale quotes were compiled and generously shared by Nightingale scholar Barbara Dossey, PhD, RN, AHN-BC, FAAN.

“Health is not only to be well, but to use every well power we have.”

“Year by year our numbers increase. We are becoming a large band. See that we are bandaged together by mutual good will: and remember that the conduct of each member reflects credit or discredit on the whole. We cannot isolate ourselves if we would.”

Every feeling, every thought that we have, stamps a character upon us, especially in our year of training, and in the next year or two.”

“Nursing should not be a sacrifice, but one of the highest delights of life”

“To each and to all I wish the very highest success in every feeling, every thought that we have, stamps a character upon us, especially in our year of training, and in the next year or two.”

Every feeling, every thought that we have, stamps a character upon us, especially in our year of training, and in the next year or two.”

“Nursing should not be a sacrifice, but one of the highest delights of life”

“To each and to all I wish the very highest success in
Issues of Liability
Nursing Liability and Inter-Professional Communications

Dr. Karen L. Brooks, Esq., EdD, MSN RN

The following segment on nursing liability addresses an erroneous belief that if a nurse relies upon inter-professional communications with regard to patient care, the nurse will be able to avoid lawsuits and legal entanglements. This is also the second column in a series on liability concerns and insurance myths that can adversely affect the decision to protect (insure) one’s nursing license.

FAQ: How can I be named in a lawsuit and why do I need liability insurance if I rely upon verbal inter-professional communications?

The New Mexico Nurse Practice Act requires nurses to make reasonable, professional decisions in any and all matters pertaining to patient care treatments and services. In professional nursing practice, the nurse must critically think, be situationally aware, while also being cognizant of when and how to engage the chain of command. For instance, since not all orders are correct, the nurse should question an order that a nurse should know to be dangerous. Communications may be inaccurate. And patient advocacy is required. Merely following policies and orders may not excuse a nurse for actions or inactions that harm a patient. Consider, also, that the nurse is a member of a health care team. This means that the nurse receives various forms of information and communications from other team members. Such exchanges are essential to the inter-professional discourse that is expected and required by a healthcare organization. Some communications that the nurse receives may be incomplete or inaccurate.

As a hypothetical, a nurse working on a medical surgical area receives a verbal report from the emergency department indicating that a patient has already received a medication. In fact the medication has not been given to the patient. There is no documentation in the record that the patient received the medication in the emergency department. The nurse receiving the patient on the medical surgical unit fails to review the medication record and does not give a medication (relying upon verbal report that it was administered in the emergency room). Consequently, the patient sustains harm. In not pursuing the discrepancy between the verbal report and the lack of documentation in the patient record, the nurse may find herself or himself named in a negligence claim. Further, the nurse could be terminated, could be reported to the state board of nursing and/or the healthcare organization might seek to recover its damages that it could be forced to pay because of the nurse’s omission.

Without liability insurance coverage, the nurse has no advocacy with which to deal with any of the aforementioned consequences. All of these legal machinations can occur because the nurse engaged, at the outset, in what appeared to be reasonable inter-professional communications with another team member (receiving a verbal report). It should also be noted, for this hypothetical, that the interests of the nurse and the healthcare organization are adversarial.

Dr. Karen L. Brooks, Esq., EdD, MSN RN provides this column as an active member of the New Mexico Nurses Association. Dr. Brooks is the Graduate Lead Nursing Faculty (Remote: Santa Fe, New Mexico) within the College of Online and Continuing Education for Southern New Hampshire University.

If you have questions you would like to submit for this column please send them to: dbrooks@nmna.org. If you have questions about your own liability insurance coverage and needs you may also call NMNA at: (505) 471-3324.
Bedside Shift Report – A GAME CHANGER for Nurses and the Patient Experience

Penny Beattie, RN, DNP

The Presbyterian Healthcare Services (PHS) Office of Patient Experience and PHS’s Nursing Leadership led efforts to implement the Bedside Shift Report process. The report ensures that patients and families are included in the exchange of information between shifts by being involved in conversations held at the bedside between oncoming and exiting nursing staff. Bedside Shift Report is active in all eight Presbyterian hospitals.

Research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality (AHRQ, 2013). Likewise, ineffective handoffs have been identified as barriers to safety and quality. Inter-shift reports, occurring two to three times a day, set up a potential for miscommunication, patient harm, or neglect (Thomas, 2012). The Joint Commission originally established improved “effectiveness of communication among caregivers” as a National Patient Safety Goal in 2006. (Joint Commission, 2008)

Using quality and Lean Six Sigma process-improvement techniques, a project team was created and led by Linda Marquez, RN, a Process Excellence Black Belt, and nursing leader. The group consisted of volunteer staff nurses, clinical educators and nurse leaders. The team developed a simple bedside shift report process, standard work, training, an implementation plan, competency validation tool and an audit process. The new process was implemented in April 2015 in Presbyterian Hospital’s Adult Medicine and Post-Surgical service lines. Adoption of this best practice was accepted and appreciated significantly by patients, families and nursing staff. It allowed for development of a shared mental model between nursing staff and patients and families.

Literature reports nurse communication as the rising-tide measure to improve patient satisfaction and safety (PressGaney, 2013). PHS had implemented several national best practices designed to improve performance in communication. This included the Communication with Nurses dimension of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCACHPS) patient surveys; however, appreciable improvement was not seen. With the implementation of Bedside Shift Report, the pilot patient units have seen approximately 20 points of improvement.

Penny Beattie, RN, DNP is the Assistant Chief Nursing Officer for Presbyterian Hospital.

This column is a new offering to NM nurses on emerging best practices. If you have emerging practices you want to highlight, please contact the NMNA office at (505) 471-3224.

References
The Recovery Enhancement for Addiction Treatment Act and the Comprehensive Addiction and Recovery Act

Kristen Yawea, MBA, BSN, RNC

ISSUE SUMMARY: Nurses and advanced practice nurses currently practicing remain in a pivotal role to provide effective health care change while addressing the opioid epidemic at a national and state level. H. R. 2536 - The Recovery Enhancement for Addiction Treatment Act (TREAT Act) and S. 524 - The Comprehensive Addiction and Recovery Act (CARA Act) seek to minimize the discrepancy in health care resources through the utilization of medication-assisted treatment (Congress, 2016). As nursing professionals, there remains an indispensable need for advanced practice nurses to collaborate with other providers in mitigating the opioid epidemic by prescribing Buprenorphine, thus increasing access to opioid agonist treatment. The enactment of key provisions provides that opportunity after a long fought effort by ANA and AANP at the Federal level with the strong support of state nursing associations.

Background

The TREAT Act has four principal provisions. Qualifying providers will be allowed to currently treat 100 patients per year instead of only 30 patients with narcotic prescriptive authority for the management of opioid-dependent individuals (Congress, 2016). After one year, qualifying providers will be able to request endorsement to treat an unrestricted quantity of patients per year in abidance with specific guidelines (Congress, 2016). Moreover, the definition of a “qualifying provider” is seeking amendment to include a board certified in addiction medicine physician and/or a nurse practitioner with a license to prescribe schedule III thru V pain medications in an authorized practice location, and an individual who has completed specialized training in opioid use disorder treatment (Congress, 2016). Lastly, the act requires the Comptroller General to evaluate the TREAT Act’s efficacy over a defined timeframe (Congress, 2016). The TREAT Act was presented to the House of Representatives on May 21st, 2015 by Representative Brian Higgins of New York, then referred on June 16th, 2015 to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, and is awaiting further proceedings at this time (Congress, 2016).

The CARA Act allows the Secretary of Health and Human Services (HHS) to assemble a Pain Management Best Practices Inter-Agency Task Force for the development and evaluation of best practices regarding pain treatment to establish an approach for executing these best practices (Congress, 2016). Furthermore, this task force will be assigned to assess and identify the requirement for, development of, and accessibility of medical alternatives to opioid medication with similar effects to opium (Congress, 2016). The act also sanctions the Attorney General and the Secretary of Health and Human Services to offer grants specifically addressing the nation’s opioid epidemic that involve both prescription abuse and heroin use by enhancing collaboration between the Department of Justice (DOJ) and substance abuse entities; developing and expanding opioid abuse programs; training first responders to administer Naloxone; and examining unlawful opioid distribution behaviors (Congress, 2016). This bill is a revision to the Omnibus Crime Control and Safe Streets Act of 1968 (Congress, 2016). Additionally, the act was introduced into the Senate on May 12th, 2015 by Senator Sheldon Whitehouse of Rhode Island and was signed into law by President Obama on July 22nd, 2016 after passing the Senate and the House of Representatives (Congress, 2016).

Relevance for New Mexico

New Mexico remains amongst the highest in the nation in prescription and illicit opioid use and abuse, and more significantly, overdoses (Gallagher, 2016). 1.75 million Opioid prescriptions were written for New Mexicans, amounting to approximately one per person in New Mexico in 2014 (Gallagher, 2016). Opioid use disorder, as described in the DSM V, can be described as “a fundamental neurological disease that affects brain reward, motivation, memory, and the related circuitry” (Baird, 2015, p. 213). Moreover, for the principal portion of a decade, New Mexico has been positioned as either No. 1 or 2 in the United States for drug overdose deaths, with 540 deaths in 2014 and 492 deaths in 2015, making this the foremost cause of injury and death in New Mexico (Gallagher, 2016). These deaths nationwide exceed motor vehicle crashes, homicides, and falls combined with an average of 114 individuals passing away each day from drug overdoses (Rundio, 2015). This significant health and social issues led the U.S. Surgeon General, Dr. Vivek Murthy, to visit one of New Mexico’s substance use program facilities in Albuquerque as a national tour to promote awareness and seek further

We are currently accepting applications for Registered Nurses in several of our departments/units, including:

- Emergency Department
- ICU
- Inpatient Units
- Interventional Radiology
- Outpatient Clinics
- PACU

To learn more or apply, please visit www.unmsrmc.org/careers
The Role of Advanced Practice Nurses in Prescribing Buprenorphine

So how do the TREAT and CARA Acts apply to New Mexico and more specifically, to advanced practice nurses in New Mexico? Advanced practice nurses were omitted from prescribing Buprenorphine for the detoxification and further opioid abuse treatment with the passing of the Drug Addiction Treatment Act (DATA Act) of 2000 (Rundio, 2012). Yet, at the time advanced practice nurses retained the capacity to prescribe this medication for chronic pain (Rundio, 2012). Moreover, many advanced practice nurses facilitated every treatment aspect regarding opioid use disorders in their patients, however, these advanced practice nurses were required to rely on a qualified physician to prescribe the medication they were monitoring within their own practices (Tierney, Finnell, Naegle, LaBelle, & Gordon, 2015). In August of 2015, 13 United States Senators composed a proposal addressed to the Department of Health and Human Services Secretary imploring the Secretary to consider the role of the advanced practice nurse surrounding Buprenorphine treatment in light of the nation’s opioid epidemic and as a compassionate evidence-based method to improve patient outcomes (Tierney et al., 2015). More recently, the ability for advanced practice nurses to prescribe Buprenorphine has constituted the groundwork of many research and quality improvement endeavors (Tierney et al., 2015). It is anticipated the passing of the TREAT Act and enactment of the CARA Act will open the door for advanced practice nurses to become “qualifying providers” who function independently to prescribe medication-assisted treatment including Buprenorphine along with their physician counterparts. Furthermore, the implementation of such will be considered a “best practice” initiative in mitigating the gap between the health care needs of those suffering from opioid use disorders and access to these health care services. At the time of submission, a specific timeline highlighting the sanctioning of advanced practice nurses to prescribe Buprenorphine has not become publicly transparent. Please refer any questions regarding this implementation to the New Mexico Nurses Association.

Recommendation: To meet the access needs of those suffering from opioid use disorders in acquiring medication-assisted treatment, recommendations exist to ensure advanced practice nurses are practicing to the greatest extent of their scope of practice in New Mexico with the appropriate education and training to prescribe Buprenorphine treatment (Strobbe & Hobbins, 2012). This initiative comprises a crucial segment of the nursing profession’s comprehensive care intention while reducing the morbidity and mortality associated with opioid use disorders. Such recommendations include a current nursing license; a Drug Enforcement Administration (DEA) Certificate; and an amended DEA license that sanctions the capacity to prescribe Buprenorphine; specialized certification as a Certified Addictions Registered Nurse- Advanced Practice (CARIN-AP); and the completion of eight hours of opioid use disorder treatment training (Strobbe & Hobbins, 2012). This recommendation greatly augments the qualified provider pool and access for individuals suffering from opioid use disorders to seek medication-assisted treatment.

Conclusion

The role of the advanced practice nurse regarding the ability to prescribe Buprenophine and a subsequent reliance on the passing of the TREAT Act and the implementation of the CARA Act into advanced nursing practice remains ambiguous. Yet, there is hope the federal legislature and health care entities will entertain this as a viable solution in narrowing the medication-assisted treatment gap, thus the nation’s opioid use disorder epidemic. Let us hope the TREAT Act will come to pass by Congress and the CARA Act will be commissioned within the role of advanced practice nurses imminently.

Kristen Smith-Yaawe RN, BSN is an active member of the New Mexico Nurses Association and the NMNA Government Relations Committee. She is currently pursuing her DNP through NMSU.

The New Mexico Nurse • Page 9

The New Mexico Cancer Center is operated by New Mexico Oncology Hematology Consultants, Ltd. (NMOHC), an independent physician-owned practice in Albuquerque, New Mexico. Founded in 1987, the Cancer Center is an independent practice that focused first on patients and their needs. Since opening our doors, our goal has always been to treat patients the way we want to be treated ourselves by providing quality, compassionate care. New Mexico Cancer Center provides care to one in three New Mexicans facing cancer. We are a leader in providing cutting-edge treatment for adult cancers and blood-related disorder, and we provide care in: Albuquerque, Gallup and Silver City, NM.

New Mexico Cancer Center seeks to hire individuals who are committed to helping us provide a healing environment that supports continuous patient recovery. We are caring and dedicated cancer specialists who use cutting-edge care in our state-of-the-art facility. Our Human Resources team looks for candidates – from clinical to administrative – who share our compassion and commitment to patient care. We offer very competitive salaries and excellent benefits. Relocation packages are available for some positions. If you are interested in RN positions at NMCC submit your resume/cv to hr@nmohc.com.

www.nmccancercenter.org

The New Mexico Nurse • Page 10

The New Mexico Nurse is recruiting for the following nursing positions:

- OR (Circulating & PACU)
- Labor & Delivery/ICU
- Emergency Room
- Home Health & Hospice

We offer a great working environment and competitive compensation package including relocation.

$15,000 Sign on Bonus with 2 years experience

Quality Health Care, Close to Home

Contact Brian Lalio
Human Resources Generalist/Recruiter
505.863.7189
or email at blalio@rmchcs.org
1901 Red Rock Drive
Gallup, NM 87301

View our current openings and/or submit an application online at: www.rmchcs.org

Rehoboth McKinley Hospital
CNM Pinning Ceremony was held August 5th and Jackie Gapp, outgoing President of the CNM Student Nurses Association addressed the graduates and their families and friends.

References
NURSING JOBS AT SOMBRILLO

Seeking FT MDS RN or LPN, FT ADON RN or LPN, PRN RN, LPN/LVN, and CNA positions all shifts. All nursing positions given differential pay for nights and weekends.

RN and LPN/LVN are offered a $5000 signing bonus!

Los Alamos is south of Jemez mountains

- One of the best small towns in America by Livability.com
- 120 hiking and biking trails - mountain skiing
- Good school district
- Free community events
- Low crime
- 45 min to Santa Fe and 90 min to Colorado

Please call Ann at 505-663-0066 or e-mail aclegg@aspenridgelodge.com

The New Mexico Nurse  •  Page 11

Love where you work. Love where you live.

Presbyterian Healthcare Services is a locally owned, not-for-profit healthcare system comprised of eight hospitals, a statewide health plan, and a growing multi-specialty medical group. Founded in New Mexico in 1908, it is the state’s largest private employer, with approximately 11,000 employees. We have a variety of openings for nurses in inpatient and outpatient settings, including:

- Emergency Department (Job ID # 169, 694)
- Med Surg/ER (Job ID # 237, 4008)
- Progressive Care (Job ID # 109)
- Skilled Nursing (Job ID # 2419)
- Operating Room (Job ID # 519, 1379, 4811, 3588, 316, 3788)
- Recovery Room (Job ID # 2179)
- ICU (Job ID # 293, 1279, 730)
- OB/L&D (Job ID # 392, 1790)
- Outpatient (Job ID # 593, 598, 3489)
- Manager Nursing Med Surg/ER (Job ID # 3995)
- LPNs

We offer competitive salaries, sign-on bonuses, relocation, day-one benefits packages, and wellness programs.

To learn more about career opportunities at Presbyterian contact Tammy Duran-Porras at tduran2@phs.org or (505) 923-5567, or Janna Christopher at jchristop2@phs.org or (505) 923-5239.

Make every moment of your life count for more here.

www.phs.org/careers

AAA/EEO/VET/DISABLED. PHS is committed to ensuring a drug-free workplace.
At Lovelace, we celebrate our nurses every day.

NOW ACCEPTING APPLICATIONS FOR RNs IN THE FOLLOWING SPECIALTIES:
- Critical Care
- Coronary Care
- Emergency Room
- Neuro
- Med/Surg
- Intermediate Care
- Surgical Services
- Behavioral Health
- Interventional Radiology
- Rehab

LOVE WHAT MATTERS
- Flexible schedules
- Shift differentials
- Education Incentives
- Sign-on bonus
- Certification Pay
- Health insurance discounts
- and much more!

For more information, Lovelace Medical Center - 505.235.9676