Shift Work: An Ethical Dilemma for Registered Nurses

It has been a long standing practice for employers to ask registered nurses to work “extra hours” that many times has evolved into “extra shifts.” In note, registered nurses have historically complied with these requests out of a sense of duty to their patients, employers, colleagues and to do their part for the greater good. They may feel guilty on their own and without provocation but more times than not, the guilt is thrust upon them to do the ‘right’ thing by all involved. However, when we take a closer look at this practice, we have to ask, “Are we, the RNs that agree to work these extra hours and the RN employers that are asking, doing any good at all?” Or on the other hand, “Are we merely contributing to a set of circumstances that may actually promote harm to the nurse and patients as well as cause a violation of our Code of Ethics (American Nurses Association (ANA) Code of Ethics for Nurses)?”

According to a recent report of the National Institute of Occupational Safety and Health (NIOSH), working more than 40 hours per week (overtime), working extended shifts (more than 8 hours [consecutively]), and working both extended shifts and overtime can have adverse effects on worker health. Extended shifts have been associated with increased musculoskeletal injuries, more cardiovascular symptoms, the development of hypertension, and higher risks for injury.

Ann Rogers, RN, PhD, FAAN states in chapter 40 of Patient Safety and Quality: An Evidence-Based Handbook for Nurses, that, “The evidence is overwhelming that nurses who work longer than twelve consecutive hours or work when they have not obtained sufficient sleep are putting their patients’ health at risk; risk damaging their own health; and if they drive home when they are drowsy, also put the health of the general public at risk. Nurses, nurse managers, nursing administrators, and policymakers need to work together to change the culture that not only allows, but often encourages nurses to work long hours without obtaining sufficient sleep.”

Dr. Rogers states further that, “…it is important to note that none of the several hundred studies reviewed (for this paper) showed any positive effects from sleep restriction in healthy adults.” In addition, Christopher Landrigan, MD, MPH Associate Professor of Medicine and Pediatrics stated in 2004 that “inadequate sleep and resulting fatigue can affect a registered nurse’s ability to deliver optimal patient care.” Armed with this information and still agreeing to work under these circumstances may constitute a direct violation of the nurse’s professional Code of Ethics.

ANA encourages individual nurses to make informed decisions about when to work overtime and avoid work related injuries. They acknowledge that workers rarely judge their fatigue levels accurately until way beyond the point of being impaired. Therefore it is important for a nurse who has worked in excess of the noted twelve consecutive hours to trust that then he/she may be putting their patients and themselves at risk and act accordingly.

When taking a close look at the ANA Code for Nurses it is clear in Provision 2 that the nurse’s primary commitment is to the patient (whether an individual, family, group, community or population) and Provision 3 of the Code states clearly that the nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
The Ohio Nurses Foundation is a nonprofit corporation and entity of the Ohio Nurses Association. It was established in 2002 with the primary mission and purpose of advancing the nursing profession. We provide leadership and support to Ohio nursing students as well as funding to nurse researchers.

In addition, we recognize nurses and non-nurses throughout Ohio with awards for their outstanding scholarships to Ohio nursing research. To date, ONF has awarded more than $150,000 in research. That same mission and purpose remains today. It was established in 2002 as a nonprofit corporation and entity of the Ohio Nurses Association.

A major ONF fund-raising event is the annual “Nurses Choice Awards Luncheon” which is held each spring in Columbus. At the luncheon awardees as well as the scholarship and research recipients are recognized. The event also includes a motivational speaker with contact hours awarded, a silent auction, other fund-raising activities, and much more. Plans for the 2017 Luncheon are underway and will be held at the Blackwell Inn on the campus of The Ohio State University on Friday, April 28, 2017. Mark your calendars now and plan to attend.

To learn more about the Ohio Nurses Foundation, checkout our website at www.ohionursesfoundation.org.

Davina J. Gosnell, RN, PhD, FAAN
Chair, Ohio Nurses Foundation

Davina J. Gosnell

by Carl Elbein

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Further, Provision 4 of the Code states that the nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care and finally Provision 5 dictates that the nurse through individual and collective effort establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care. Knowing all of this, it is evident that an RN has much accountability and that employers need to staff for real patient needs. They believe that nurses mobilize needed responses to achieve best patient care outcomes. More simply put, Dr. Cipriano verbalized that working fatigued erodes that safety system and that the two major factors contributing to nurse fatigue are inadequate staff and a poor work environment (in fact, 30% of nurses asked cited poor working environments as a contributing cause to their fatigue). Dr. Aiken contributed that “Fatigue equals Hazard” (she clarified that overtime actually violates the Code of Ethics for Nurses when agreeing to work in excess of what is considered to be safe or when they have suffered a sleep deficit and feel fatigued).

ANA President Pam Cipriano and nationally renowned nurse researcher, Dr. Linda Aiken, openly stated that nurses are the infrastructure for safety and that they are the surveillance and vigilance system for patients. They believe that nurses mobilize needed responses to achieve best patient care outcomes. More simply put, Dr. Cipriano verbalized that working fatigued erodes that safety system and that the two major factors contributing to nurse fatigue are inadequate staff and a poor work environment (in fact, 30% of nurses asked cited poor working environments as a contributing cause to their fatigue). Dr. Aiken contributed that “Fatigue equals Hazard” (she clarified that overtime is a hazard) and that employers need to staff for real patient needs.

Sharing this information is not an attempt to admonish nurses who succumb to the pressure of working long hours and extra shifts even when feeling fatigued and out of sorts. Instead, I hope nurses who succumb to the pressure of working long hours and extra shifts even when feeling fatigued and out of sorts. Instead, I hope it is considered a “wake-up call” for nurses so that they may choose wisely for their patients and themselves. It is the ethical and legal responsibility (Ohio Nurse Practice Act: 4723.282 (A) As used in this section, “practice deficiency” means any activity that does not meet acceptable and prevailing standards of safe and effective nursing care...) of every nurse to refuse to work an unsafe amount of hours and/or to work when fatigued. It is also our responsibility to work toward a culture shift that embraces safe RN staffing and discourages employers or colleagues from “asking” an RN to work in an unsafe setting without the proper rest in between shifts.

The Ohio Nurses Association (ONA), at the direction of its members, is leading the charge in pushing for that culture shift by educating nurses, employers and consumers about the benefits of safe staffing and working safe hours and also by warning against the pitfalls of choosing otherwise. ONA has committed to its members and all Ohio RNs to seek legislation to assure safe RN staffing, eliminating the unsafe practice of using mandatory overtime as a staffing tool (forcing RNs to work overtime when they would otherwise refuse) and nurses working fatigued. Please join your nursing colleagues in working toward creating an assured safe working environment for patients, nurses and all concerned by getting involved. You can get involved by giving input to ONA regarding this issue, speaking with your legislators in support of this action and most effectively, by being a living example. No matter what your work setting may be, work safely, encourage safety and expect others to do the same.

Linda Warino  
BSN, RN, ONA  
Health Policy Council

For more information and to get involved visit  
www.ohnurses.org/staffing

2017 Dates

Nurses Day at the Statehouse  
• March 22 – Ohio Statehouse

Wellness Conference  
• March 24-25 – OSU James Cancer Center

12th Annual Nursing Professional Development Conference  
• April 21 – OCLC, 6600 Kilgour Place, Dublin, OH 43017

The Retired Nurses Forum of the Ohio Nurses Association  
• June 8-7 – OCLC, 6600 Kilgour Place, Dublin, OH 43017

Healthy Nurse Webinar Series 2017  
• January 4 – Work-site Wellness  
• February 1 – Cardiovascular Health  
• March 1 – Nutrition  
• April 5 – Combating Stress  
• May 3 – Woman’s Health/National fitness and Sports Month  
• June 7 – Men’s Health/Cancer Awareness/Skin Health

- July 5 – Healthy Sleep
- August 2 – Happiness
- September 6 – Recovery/Work-Life Balance
- October 4 – Infection Control/Immunizations
- November 1 – Mental Health/Wellness
- December 6 – Healthy Eating/Healthy Holidays

Time: 1:00pm-1:30pm EST- Jointly provided with Montana Nurses Association

Provider Update  
• April 7 – Ohio Nurses Association, 4000 East Main Street, Columbus, OH 43213  
• April 20 – OCLC, 6600 Kilgour Place, Dublin, OH 43017  
• April 27 – Henry Ford Health System, 2799 W. Grand Blvd., Detroit, MI.  
• May 16 – Franciscan St. Francis, Indianapolis, IN  
• May 18 – NorthShore University Health System, Glenbrook Hospital, Glenview, IL  
• May 22 – Decatur, IL

ONA Biennial Convention  
• October 6-8 – October 6-8, 2017 at the Hilton Columbus/Polaris

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CALL FOR ABSTRACTS
2017 Wellness Conference

The Ohio Nurses Association and The Ohio State University are planning the First Annual Wellness Conference to be held on March 24-25, 2017 at the Ohio State University, Columbus, Ohio. Individuals are invited to submit proposals for a poster presentation. The conference is designed to enhance the participant’s approach to their personal healthcare that emphasizes prolonging life and the prevention of illness.

If you have a program or project that you would like to present in poster format, please complete the Request for Proposal forms and submit by March 10, 2017.

1. Poster presenters must register and be available to present their poster during the poster session times.
2. Presenters will be supplied one easel and one chair per person for each poster presentation. No tables are available.
3. Posters should not exceed 30” by 39” in order to fit on the easel.
4. No audio-visual equipment will be available.
5. The fee for poster presenters is $50.00 for each presenter. This includes the lunch, easel, chair and handouts. If you are attending the conference, you do not need to pay the $50.00 fee.
6. Please note that participants will be able to receive contact hours for participating in the review of the posters and discussions with the presenters.

For questions or the Request for Proposal forms, please contact Sandy Sweeney, Continuing Education, or Dodie Dowden, CE Specialist, Ohio Nurses Association, 4000 E. Main St., Columbus, Ohio 43213-2983. Phone: 614-448-1030; Fax: 614-237-6074; E-mail: sawerening@ohnurses.org or ddowden@ohnurses.org.

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It’s Time to Take the Pressure Off

Heidi Shank
Kristi Keil

Pressure ulcers can be a detrimental factor in a patient’s physical health and even lead to severe outcomes. Pressure ulcers are defined by multiple sources as localized injuries to the skin and/or underlying tissue, usually over a bony prominence, caused by pressure, or pressure in combination with shear. Pressure ulcers can develop simply from being in the same position for long periods if the patient’s body weight is not evenly distributed. As long as the patient is not correctly repositioned, pressure on the same areas of the body occurs. When constant pressure is applied to vulnerable areas of the body, it reduces the amount of blood flow to tissues. As soon as the skin becomes non-blanchable, there is decreased blood flow to the tissue and the tissue begins to die. Suddenly, the patient has an stageable wound, is at increased risk for infection and prolonged healing of the tissue. The results are often prolonged hospital stay and a decrease in the quality of life for the patient.

Nurses MUST identify and include the risks for developing pressure ulcers in their initial assessment and plan of care in order to provide the highest quality preventative nursing and skin care possible. If an immobilized patient also has contributing comorbidities such as: obesity, diabetes, cardiovascular disease, peripheral neuropathy, urinary incontinence, mobility limitation, inactivity, and immobility, the patient’s risk of developing pressure ulcers is increased. Despite repositioning awareness, and prolonged hospital stay that patient is at even higher risk than most for developing pressure ulcers while hospitalized for care. It is critical for nurses to remember it is time to take the pressure off; to turn and reposition patients who are remaining immobile for extensive periods of time. There are multiple preventative methods nurses can implement to help prevent pressure ulcers.

Alternating pressure air mattresses have air cells that inflate and deflate to shift the pressure areas under a patient’s body. Alternating pressure air mattresses (APAM) reduce the pressure of patient’s body weight through the inflation and deflation of air cells within the mattress. Alternating low pressure, air mattresses (ALPAM) also reduce the pressure, but APAM is thought to be more effective because most of the patient’s body surface is able to come in contact with the lower pressures of the air mattress. The air cell inflation and deflation rates are different in these two air mattresses along with the length of the inflation cycle. One factor to remember during usage of APAMs is prolonged skin contact with the surface of the mattress. The heels are a high pressure area of the body if they are constantly lying on the surface of the air mattress; therefore, they might need to be padded, elevated or floated. Some patients may also be incontinent of urine or stool which can increase the development of an ulcer because of the acidity and moisture contact with skin.

Nurses can benefit from understanding additional evidence-based practice specific to pressure ulcer prevention interventions to protect patients from ulcers that coincide with repositioning. Researchers discovered a smaller percentage of non-movement health and even lead to severe one pressure ulcers in patients using an APAM with a standard single stage inflating and deflation air cell cycle. They found the formation of pressure ulcers were incredibly lower in patients using an ALPAM compared to those where an APAM was used. Many experiments detail the air pressure. The continuous addition of pressure was found to be more protective for patients against ulcer development.

If nurses base their practice on the evidence shown in evidence-based studies, they could lower the instances of hospital acquired skin breakdown and resulting ulcers or complications. Nurses should proactively suggest to their leaders that adding the ALPAM to the hospital/unit budget is optimal. Available resources enhance use; if the hospital/unit is stocked with the unit, nurses would have easier access to implement the preventative intervention; therefore, reducing the risk of pressure ulcer development, increased costs and complications.

Concerns identified in several evidence-based studies about APAM use include poor enforcement, continued repositioning of patients as scheduled and APAM use. Researchers recognize along with age-prior skin status, diabetes mellitus, hematological measures, and general health status could also affect the development of pressure ulcers and ultimately alter the effectiveness of the APAM even if combined with consistent repositioning as APAM use. The APAM needs to be more consistent. If nurses are implementing a repositioning intervention in addition to the APAM it should be documented and on the same schedule.

When identification of patients at high risk for developing pressure ulcers occurs at admission, the use of APAM can be started on the unit. In addition to the formation of pressure ulcers as best as they can, and having access to the best technology and resources benefits everyone. As long as the nurse documentation is completed related to pressure ulcer development, and resulting ulcers or complications. Nurses have easier access to implement the preventative intervention; therefore, reducing the risk of pressure ulcer development, increased costs and complications.

It’s time to take the pressure off, don’t you agree?

Heidi Shank MSN, RN, DNP (c) is the Undergraduate Program Director and Instructor at the University of Toledo College of Nursing with 31 years of nursing and progressive administrative nursing and organizational leadership experience. Specialty areas include nursing leadership, organizational design, joint accreditation, and critical care with a specialty in stroke-related care initiatives and patient safety. Heidi also serves as the American Association of Critical-care Nurses, as the Region 9 Chapter Advisor for all of Ohio & Indiana. She is also a member and committee member of the Zeta Theta Chapter of Sigma Theta Tau.

Kristi Keil is a BSN (c) nursing student at the University of Toledo, College of Nursing scheduled to graduate in December 2016. After passing the NCLEX, she hopes to pursue her RN career in Tennessee and eventually work in a critical care unit.

Heidi Shank, MSN, RN, DNP (c)
Kristi Keil, BSN (c)
University of Toledo, College of Nursing

If you would like to contribute an article to the Ohio Nurse please contact Joe Hauser, Director of Continuing Education, jhauser@ohnurses.org.
As the current health care climate has changed towards a preventative care model, it is important for nurses to understand that vaccinations are a prevention method designed to provide immunity against many vaccine preventable diseases. Vaccination is one of the most successful public health initiatives, preventing diseases that could lead to severe illness, permanent disability, and even death. The goal for this article is to help nurses attain a generalizable knowledge of the history of vaccines, how they work, and why they are important in disease prevention. In gaining this information nurses can improve their own practice by educating patients and others on the importance of vaccines and disease prevention.

Nurses fulfill many roles beyond that of a professional nurse. At home we are parents, grandparents, sisters, brothers, aunts and uncles. Many individuals seek our advice and professional opinion outside of the workplace on a variety of topics that may not fit into our current area of expertise. Nursing is one of the most trusted professions. Our guidance and expertise can help to educate these individuals in order to achieve improved health and wellness. The education provided by nurses applies not only to patients, but our families, friends and neighbors as well.

Vaccines have been around a long time. While over the years there have been changes to the number of vaccines available, the vaccine schedule, and the recommendations, the essential function of disease prevention remains the same. The first vaccine was created in 1796 to protect against smallpox, which was a severe and deadly illness. Smallpox was eradicated in the United States in the early 1970’s due to the successful immunization program and in 1972 was no longer a recommended vaccine.

By the early 20th century the science of making vaccines had improved to the point that large-scale vaccine production was possible. Over the decades many additional vaccines were produced. These additional vaccines were made available due to increased medical knowledge, advanced technologies, and evidence based practice. In the 1940’s the DTP (diphtheria, tetanus, pertussis) vaccine became available. In 1955 the polio vaccine was licensed for use, and was very successful in the eradication of polio in the United States. In the 1960’s the measles, mumps and rubella vaccinations became available and in 1971 these individual vaccines were combined to create the combination MMR vaccine, still in use today. By the 1990’s many additional vaccines were invented and added to the recommended schedule including Varicella (Chickenpox), Hepatitis B, pneumococcal vaccine, Hepatitis A and many more. By 1995 annual updates to the immunization schedule were in order due to the advances in medical knowledge and availability of additional vaccinations.

Even though there are more vaccines available today than in previous years, many vaccines are available in combinations to reduce the number of injections required. Examples of this include the MMR vaccine, Dtap vaccine, and the Tdap vaccine. With the invention of additional vaccinations and changes to recommendations many people have been protected from these highly communicable diseases. Medical science is always improving and changing based on research and evidence based practice. There are still many areas across the world where these harmful, and even deadly diseases are still prevalent, including in the United States. The risk of vaccine preventable diseases is real and significant when considering our mobile world. This is why vaccination remains key to the prevention of these diseases.

Vaccination and immunization are terms that are sometimes used interchangeably. Vaccination is the actual process of administering a vaccine, whereas immunization is the process that occurs inside the body creating immunity. Once a vaccine has been administered the immune system takes over recognizing this as a foreign invader. The immune system sends specific B and T cells in response to these foreign invaders, and attacks. B cells create antibodies that attach to these antigens, which may block them from invading other cells, as well as sending a signal that these antigens should be destroyed. Killer T cells find and destroy cells that have already been invaded by these foreign bodies. The end result is that memory cells are formed so that in the future an immune response can be mounted on a much quicker and larger scale than on the initial response from the vaccine. Vaccination has essentially primed the immune system and prepared the body to fight these harmful diseases.

The process of vaccination provides a controlled environment in which immunization occurs. Vaccines are designed to introduce the smallest amount of virus or bacteria needed to generate a protective immune response. This is why generally multiple doses of the same vaccine are required. When a virus or bacteria invades the body naturally it is typically in a much larger dose, and it is not known when the exposure actually occurred. Vaccines also produce an asymptomatic response, meaning that immunity is achieved without the symptoms that come with the illness. This also means that it is unlikely that the complications that can arise from natural exposure to the disease will occur. Some examples of these complications include birth defects from rubella, sterility from mumps, pneumonia from chickenpox, and cancer from Hepatitis B. Vaccines are therefore are a vital part of the primary prevention of illness. Nurses serve in many different specialties, but a basic understanding of the principals of immunization are essential for practice. By gaining knowledge on vaccines and the process of immunization nurses will be better prepared to educate patients and their families. Medicine is still in a real state of flux when considering our mobile world. This is essential that they be protected from vaccine preventable diseases. This knowledge will also be beneficial on a personal level, and can be applied in many different situations.

Additional reliable vaccine information can be obtained from many different reputable websites. These include the CDC, The Immunization Action Coalition, and Children’s Hospital of Philadelphia Vaccine Education Center. There is also a free app available for download on The Apple Store and Google Play called Fast Vax Facts that contains more vaccine information, and information on reputable websites. Not all vaccination information found on the Internet is reputable, so utilize caution, and clinical knowledge when seeking additional information.

Beth Barker, RN, Nurse Educator
Teamwork on an ONA Council

Teamwork is definitely not a new concept for nurses. Far from it. Perform a CINAHL search on the term, and you’ll get nearly 11,000 entries! From lifting a patient up in bed, to formulating health policy, nurses have relied on teamwork to achieve many accomplishments.

“In union there is strength.” —Aesop, Ancient Greek Fabulist

“Alone we can do so little. Together we can do so much” —Helen Keller

One aspect of ‘nurse teamwork’ which has provided surprising and delightful benefits is working on an ONA council – in my case, the Continuing Education Approver Council (CEAC). Terry Pope, Chair, has explained the efforts and purpose of this council elsewhere in this issue, but I would like to highlight some of the teamwork benefits which come along with working on such a statewide team. Sure, we do the work and accomplish our assigned tasks, but while we are doing that work, we discuss, share, relate, converse, chill out, and yes, sometimes even laugh over our various nursing education and professional development practices from our respective work settings. And this is how nurses receive those additional teamwork benefits from council participation.

“If you can laugh together, you can work together” —Robert Orben, American professional comedy writer

Nurses exchange ideas with other nurses from across the state. Chances are, an ONA council has representation from across the state – Cleveland, Columbus, Cincinnati, Toledo, Akron, and many points in between. Consistently meeting with nurses who hail from around the state is a surefire way of gathering successful practice ideas to try ‘back home’. Much better than trial and error!

“Teamwork is working together – even when apart.” —Anonymous

Nurses from mega health systems gain understanding from nurses who represent smaller areas – and vice versa. Size of work setting, indeed, has its advantages and disadvantages. Coming from a large hospital system, it helps to hear how smaller hospitals, and even single-nurse CNE providers have addressed various nursing education issues. Learning about the successes of smaller providers spurs me to apply their practices towards my own larger one. Hopefully ideas flow the opposite way, as well.

“The strength of the team is each individual member. The strength of each member is the team.” —Phil Jackson, American retired professional basketball coach and former player

Nurses pick up ideas from other nurses who work in different areas. It’s more than just size. ONA council work affords opportunity for interaction among nurses who work in different areas. Nurses from academic settings, hospitals, and independent practices share various approaches to nursing education issues.

“Strength lies in differences, not in similarities.” —Stephen Covey, American educator

ONA representatives and nurses who participate professionally at the national level share what they have learned, and decisions they have made. Participating on an ONA council connects one more directly with decisions made at the national level. This provides greater lead time for preparing your own areas for any upcoming changes.

“If I have seen further than others, it is by standing upon the shoulders of giants.” —Isaac Newton

Taken together, the ways above outline benefits of working on an ONA council with other team members. A final, important benefit, however, should never be overlooked, and that would be friendship. Conducting important ONA work face-to-face, five to six times a year, plus additional email and phone call contact in between, certainly builds professional friendships, along with the teamwork. And as the professional friendships grow, so do the accomplishments of the team of an ONA Council.

“Never doubt that a small group of thoughtful citizens can change the world. Indeed, it is the only thing that ever has.” —Margaret Mead

“The path to greatness is along with others” —Baltazar Gracion, Spanish Priest

Lucinda Cave, MSN, RN, BC, University Hospitals Cleveland Medical Center, Cleveland, OH

If you would like to join any ONA councils or committees please contact Rachel Wolfe, Executive Assistant-Labor Relations, 614-448-1043 rwolfe@ohnurses.org.

CALL FOR ABSTRACTS
12th Nursing Professional Development Educators Conference

The Ohio Nurses Association is planning the 12th Nursing Professional Development Educators Conference to be held on April 21, 2017 at OCLC Conference Center in Columbus, Ohio. Nurses are invited to submit proposals for a poster session. The conference is designed for CE and Staff Development educators in any setting.

Posters need to be developed to assist educators in making CE and/or staff development more effective, operational, and easier. If you have a program or project that you would like to present in poster format, please complete the Request for Proposal forms and submit by March 15, 2017.

1. Poster presenters must register and be available to present their poster during the poster session times.
2. ONA will supply one easel and one chair per person for each poster presentation. No tables are available.
3. Posters should not exceed 30” by 39” in order to fit on the easel.
4. No audio-visual equipment will be available.
5. The fee for poster presenters is $50.00 for each presenter. This includes the lunch, easel, chair and handouts. If you are attending the conference, you do not need to pay the $50.00 fee.
6. Please note that participants will be able to receive contact hours for participating in the review of the posters and discussions with the presenters.

For questions or the Request for Proposal forms, please contact Sandy Swearingen, Continuing Education, or Dodie Dowden, CE Specialist, Ohio Nurses Association, 4000 E. Main St., Columbus, Ohio 43213-2983. Phone: 614-448-1030; Fax: 614-237-6074; E-mail: swearingen@ohnurses.org or ddowden@ohnurses.org.

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For questions or the Request for Proposal forms, please contact Sandy Swearingen, Continuing Education, or Dodie Dowden, CE Specialist, Ohio Nurses Association, 4000 E. Main St., Columbus, Ohio 43213-2983. Phone: 614-448-1030; Fax: 614-237-6074; E-mail: swearingen@ohnurses.org or ddowden@ohnurses.org.
Health care systems today are drastically increasing the delivery of complex care to ambulatory clinics. The Ambulatory Nurse is called upon to provide skilled nursing care in these settings. Utilizing evidence-based practice in performing nursing skills has been reported in the literature to facilitate best outcomes in patient care. Frequently, the Ambulatory Nurse struggles with keeping up-to-date with all these necessary changes in a timely manner. Compounding the problem, education provided to the nurse is often delivered through email communications. This method of delivery does not allow teaching, in person, the maximum amount of knowledge, skills and attitudes of the ambulatory nurse. Key elements of nurses possible and plan for educating those nurses need the opportunity to practice their new skill in a safe learning environment where they were free to ask questions. Realizing the need to deliver this information in person as much as possible the “15 Minute Clinic” was designed. This educational model would support nurses in their need for evidence-based practice. The first step was to engage nursing staff and leadership. Flyers were posted in key staff areas and emails were sent. When advertising these clinics an attention grabbing headline was needed. In order to engage the reader, the subject heading and flyer advertised, “URGENT PRACTICE CHANGE!” Nurses were provided with concise written skill checklists, congruent with evidence and hospital policy. These checklists are now used for yearly competency training and evaluations.

Nurses had the opportunity to perform return demonstrations with input from educators. Post-tests were given to assess that learning needs were met. For areas or clinics unable to send all of their nursing staff “Super Users” were trained to take the “15 Minute Clinic” to their own clinic areas. A video was produced of a “15 Minute Clinic” for nurses to refresh learning at any time in their clinic setting. This video is also being used for yearly competency training.

These “15 Minutes Clinics” can now be used for any education that needs to be delivered to nurses within an organization. It met the learning needs of our ambulatory staff as evidence by the data obtained from the pre and posttests. This design uses varied modalities to facilitate different types of learners. The clinic provided the knowledge and skills necessary for nurses to provide evidence-based competent care. The process allows the nurse to understand the logic behind practice change; which facilitates an attitude of adherence to new practices. These clinics have become a standard for which our Educational and Professional Development Specialists can provide support to ambulatory nurses who are continually faced with changes to practice and skill delivery.

Julie Choueiki, MSN, RN, CPEN serves as the Program Manager for the Center for Colorectal and Pelvic Reconstruction at Nationwide Children’s Hospital (NCH) in Columbus, Ohio. She previously worked as a Professional Development Nurse Specialist at NCH where she supported nurses and medical assistants in over 160 varied ambulatory settings within Nationwide’s health care system. Christine Humphrey, MSN, MBA, RN serves the Program Manager for the Ambulatory Specialty Clinics at Nationwide Children’s Hospital (NCH) in Columbus, Ohio. She previously worked as an Education Nurse Specialist at NCH where she supported nurses, medical assistants, patient care assistants, and registration staff in the Ambulatory Specialty Clinics.
ONA has been working to find legislative solutions to the staffing problems identified by nurses for more than a decade. In fact one of the earliest bills (HB 78) was considered by the 124th General Assembly approximately 16 years ago. Some progress was made in 2008 when HB 346 was enacted, but the lack of penalty language for non-compliance significantly weakened the effectiveness of that legislation.

In January 2017 members of the 132nd General Assembly will be sworn into office and asked to once again tackle the ongoing staffing issue. Nurses being expected/required to work too many hours can jeopardize patient safety as well as the nurses’ well being; but despite compelling evidence showing the negative implications of current staffing practices, change remains elusive. Whether the new faces taking office in the next General Assembly will succeed where their predecessors did not will depend in large part on how well nurses and their supporters are able to articulate what safe staffing really means.

Before embarking on this high stakes legislative endeavor, it might be advisable to take a look back at the history of staffing proposals in Ohio to see what today’s advocates might learn from those experiences. Why did HB 346 pass while previous proposals did not? How are policy forces aligned now, and what does that mean for a successful outcome relative to a safe staffing initiative in 2017?

### Previous attempts different outcomes

<table>
<thead>
<tr>
<th>Bill</th>
<th>HB 78</th>
<th>HB 346</th>
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</thead>
<tbody>
<tr>
<td>Bill provisions</td>
<td>Focused on mandatory overtime prohibition &amp; development of both a patient classification committee &amp; staffing plan</td>
<td>Focused on staffing principles as the mechanism for achieving appropriate staffing levels in Ohio’s hospitals. Staffing plans developed by nursing care committees made up of at least 51% direct care nurses. The chief nursing officer was also a committee member. Bill identified principles to guide plan development.</td>
</tr>
<tr>
<td>Pitfalls</td>
<td>Ohio Department of Health charged with oversight &amp; enforcement, but ODH was not a willing participant in this proposed additional responsibility</td>
<td>No enforcement mechanism or oversight. Staffing plans were to be available to the public and to nurses upon request.</td>
</tr>
<tr>
<td>Result</td>
<td>Did not pass</td>
<td>Became law September 2008</td>
</tr>
</tbody>
</table>

### Why did HB 346 pass when other proposals failed?

The simple answer to that question is “the forces all aligned” however, there is far more to it than that. Getting the forces aligned was no accident. It took a concerted effort on the part of ONA members and other stakeholders. Prior to the introduction of any legislation ONA began to reach out to the Ohio Hospital Association (OHA) in 2005, an obvious important stakeholder. ONA staff members worked closely with OHA staff to share nurses’ concerns and remind them of the research findings showing the relationship between appropriate RN staffing and safe patient care. Out of those initial meetings grew the idea to bring key leaders from the Ohio Organization of...
Nurse Executives (OONE) an affiliate of OHA, together with ONA leaders. Interestingly, these two entities had never before had this sort of meeting. Ten members were carefully chosen by each organization and OHA facilitated the meeting. No one was sure of what the outcome would be, but at the end of the day everyone realized the organizations had more in common than they had differences, and the Nursing 2015 Initiative was born. Numerous meetings followed and subsequently Ohio Nurses Association’s charges was to address the nursing environment, including staffing issues. ONA and OONE members were joined by nurses across the state to begin working towards the assigned responsibility.

The political environment was also a factor that motivated the organizations to work together. Legislation is currently in a state of flux where republicans control both the Ohio General Assembly and the governor’s office, the political parties share power following the 2006 election of Ted Strickland as a governor. Like so many legislative endeavors, timing became everything. The window of opportunity for achieving a satisfactory legislative outcome was narrow if, as was expected, policy experts recognize, legislation does not succeed or fail on merit alone. According to Jan Lanier, RN, JD, in her book Policy and Politics, many forces affect what is possible to achieve whenever policy changes are considered. Those forces include in part politics, advocacy and interest groups and lobbyists and science and research. How those forces line up and activism, interest groups and lobbyists and political parties shape power following the 2006 election of Ted Strickland as a governor. Like so many legislative endeavors, timing became everything. The window of opportunity for achieving a satisfactory legislative outcome was narrow if, as was expected, the political environment was also a factor. In 2008, the forces were in synch; however, there are differences in 2017 that could affect the ultimate result. Certainly, the political and financial factors? As policy experts recognize, legislation does not succeed or fail on merit alone. According to Jan Lanier, RN, JD, in her book Policy and Politics, many forces affect what is possible to achieve whenever policy changes are considered. Those forces include in part politics, advocacy and interest groups and lobbyists and science and research. How those forces line up and activism, interest groups and lobbyists and political parties shape power following the 2006 election of Ted Strickland as a governor. Like so many legislative endeavors, timing became everything. The window of opportunity for achieving a satisfactory legislative outcome was narrow if, as was expected, the political environment was also a factor. In 2008, the forces were in synch; however, there are differences in 2017 that could affect the ultimate result. Certainly, the political and financial...
The Ohio Nurses Foundation awards thousands of dollars annually in research grants and scholarships to notable nurses and future nurses. Browse the list below of available scholarship and grant opportunities and their corresponding applications. Scholarships and research grants are awarded at the annual Nurses Choice Awards and Scholarship Luncheon. The deadline for all applications is January 15th of each year.

To download applications, visit http://ohionursesfoundation.org/scholarships-and-grants/.

**Scholarships**

- **Hague Memorial Scholarship**: For a graduate nursing student who is an aspiring nurse leader.
- **Minority Scholarship**: For students who are pursuing their first nursing degree that leads to RN licensure; live in the state of Ohio and are of a minority race.
- **Hayward Memorial Scholarship**: For RNs preparing to teach nursing.
- **Traditional Nursing Student Scholarship**: For students who do not have breaks longer than 2 years in their formal education (from high school to college) and have not yet obtained a degree.
- **RNs Majoring in Nursing**: For students that are already RNs who want to advance the profession of nursing in Ohio.
- **Students Returning to School for Nursing Scholarship**: For students who have been out of school more than 2 years and are not an RN.
- **Summit and Portage District Scholarship**: For sophomore, junior or senior student or returning R.N. working toward an advanced nursing degree at Hiram College, Kent State University, or The University of Akron.
- **Mary Runyan Scholarship**: For students at Kent State-Ashtabula Campus. A scholarship award of $250 is presented to two graduating seniors per year. The scholarship recipients are chosen by the nursing faculty of the school. This award is made possible by the nurses of Ashtabula County, Ohio Nurses Foundation, and the Ohio Nurses Association.

**Grants**

- **Research Grants**: For the support of sound research projects conducted by registered nurses in Ohio. Up to 3 $2,000 grants are awarded per year.
How often have you brought concerns forth to management, only to be brushed aside? How many times have you had a great idea to improve staffing, only for your ideas to fall on deaf ears? How many days have you left work feeling disrespected and not understood by management?

These feelings of frustration are the reality for many of your nurse peers across Ohio. You yearn for a platform to create change. You need a meaningful way to have a voice at your workplace.

ONA believes in empowering nurses and giving nurses a voice to create change directly at the workplace. A guaranteed way to have your voice heard is through a collective bargaining agreement – a legally binding contract, through a nursing union, that guarantees your voice is heard.

That’s why ONA represents that largest number of RNs in Ohio with its respected and effective union program.

Collective bargaining is the first step to gaining a seat at the table with the hospital decision-makers who are responsible for implementing policy that affects you, your patients and your workplace.

ONA’s extensive professional knowledge of nursing and collective bargaining assists Ohio RNs in building strong unions and securing a guaranteed voice in patient care.

Voice For Your Patients

Through their collective bargaining agreements, ONA members have a voice in the type of care they provide for their patients. As health care become increasingly driven by corporate profit, patient care suffers and nurses are left without a voice at the workplace.

Collective bargaining prevents hospital management from making unilateral decisions by guaranteeing that nurses will have a real voice in patient care. ONA collective bargaining agreements guarantee that patient care will come before hospital profits.

Voice For Your Work Environment

Through their collective bargaining agreements, ONA members have a strong voice in their working conditions. This voice helps create a safer environment for nurses to work in.

Collective bargaining agreements help to reduce levels of fear and insecurity associated with “at will” employment. ONA representation allows nurses to speak openly about important workplace issues without fear of retaliation from management.

ONA contracts include strict protection for members’ rights, including ONA representation in arbitration procedure.

Voice For Your Family

Through their collective bargaining agreements, ONA members are able to negotiate fair contracts that provide them with family-sustaining wages, comprehensive health insurance coverage and secure retirement plans.

Collective bargaining agreements also guarantee ONA nurses a seat at the table when it comes to negotiating mandatory overtime requirements.

ONA collective bargaining agreements bond nurses together and form a real workplace community that endures over time.

Do you need a way for your voice to be heard at your workplace? Contact Lili Baiman, lbaiman@ohnurses.org, 614-448-1020.

Like us on Facebook for even more nursing and ONA news:
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Our nurses enjoy collaborative physician relationships, access to senior nursing and hospital leadership and the strong support of nursing peers who value the skills and contributions of each other. A comprehensive benefits package along with a commitment to work/life balance are additional reasons to consider working with a team that makes a difference every day.

We have exceptional nursing opportunities available in a number of disciplines offering a variety of shifts, schedules and TriHealth locations. To learn more, view current opportunities and APPLY ONLINE go to TriHealth.com.

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As the nursing profession evolves and grows even more complex, we at the Ohio Nurse strive to continue offering members a varied and in-depth look at all sides of the nursing profession. With this goal in mind, ONA’s CE Roadshow went to five locations throughout the state to provide education on several trending topics, and we’re tackling some of the same topics in this month’s Ohio Nurse.

Safe staffing is one of the most important issues facing our profession today, and this issue looks at two different facets of that with articles by Linda Warino and Jan Lanier. One of the best ways to fight for safe staffing is by having nurses serving in leadership roles in the healthcare settings. It’s often an intimidating prospect to the average nurse, but ONA’s President Sally Morgan provides some guidance in Nurses on Board along with Serving, Seeking, or Considering a Non-Nursing Board Appointment by Jeanette Chambers.

This issue also includes looks at specific topics in ambulatory care and pressure ulcers, as well as updates on the work of ONA’s councils and committees, including attending a PNEG conference to get input on a national level. ONA is also calling for abstracts for upcoming events, and, as always, looking to our readers for new and interesting topics to highlight in upcoming issues. As nursing evolves, ONA will keep working to keep Ohio’s nurses informed and engaged by providing quality continuing education.

For many years now ONA has been an accredited approver for continuing nursing education activities and providers. Accredited by the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation, ONA is currently the largest accredited approver nationally! This approver unit is housed within ONA’s Department of Continuing Education and is led by Joe Hauser, MSN, RN, Director of Continuing Education, Sandy Swearingen and Dodie Dowden, CE Specialists. On an annual basis ONA’s approver unit reviews and evaluates applications to award contact hours from 600+ individual applicants, and 100+ provider unit applications. While a large number of the applicants are from Ohio, many others are from various organizations across the U.S. with even a few organizations from across the pond! Every application to provide contact hours for continuing nursing education is reviewed by 1-2 nurse peer reviewers to evaluate the application and all supporting documents for evidence of all criteria being met. The work of the CEAC provides a critical element in running the nation’s largest approver unit. The Continuing Education Approver Council (CEAC) is comprised of 9 members who serve as nurse peer reviewers – which means they review assigned continuing nursing education provider/individual applications, and also assist in orienting and mentoring new nurse peer reviewers. Members of the council also provide guidance and feedback to Joe and the ONA approver unit team regarding implementing accreditation criteria, and the overall processes involved in the approval of CNE activities.

Terry Pope, MSN, RN
Chair, CE Approver Council

The CEAC

Chair, CE Approver Council
Terry Pope, MSN, RN

If you’re interested in CEAC contact
Sandy Swearingen,
Phone: 614-448-1030
Fax: 614-237-6074
E-mail: sswearingen@ohnurses.org

The Ohio Nurses Association is planning the 2017 Biennial Convention to be held from October 6 – October 8, 2017, at the Hilton Polaris, Columbus, Ohio. You are invited to submit abstracts for a CE poster session.

For the CE poster session, topics that would relate to nurses in multiple settings will be considered. Topics to be considered include health and safety, nursing practice, research, education, management and professional development.

The poster session will be held on Friday, October 6, 2017 (starting at 4:30 p.m.).

Guidelines

1. Dimensions for each poster should not exceed 30” by 39” in order to fit on the easel.
2. Poster presenters must register and be available to present their poster during the poster session time.
3. ONA will supply one easel and one chair per person for each poster presentation. No tables are available.
4. No audio-visual equipment will be available.
5. The fee for poster time is $0 for ONA members, one (1) chair per presenter and one (1) easel per poster.
6. The fee for poster time is $50.00 for non-ONA members includes one (1) chair per presenter and one (1) easel per poster.
7. Please note that participants will be able to receive contact hours for participating in the review of the posters and discussions with the presenters.

Please submit one copy of a one page abstract with a cover letter that lists the name(s), credentials, address(es), phone number(s), fax number(s), and e-mail addresses of the poster presenter(s). Also submit one copy of the ONA Biographical Data Form for each person involved. If more than one person is listed, please indicate the primary contact person. A list of references that show content is based on best available and current evidence needs to be included also.

Request for Proposals must be postmarked by September 15, 2017 and sent to:
Sandy Swearingen, Continuing Education
Ohio Nurses Association
4000 E. Main St. • Columbus, Ohio 43213-2983
Phone: 614-448-1027 • Fax: 614-237-6074
E-mail: sswearingen@ohnurses.org

CE Poster Session Presenters will be notified of acceptance no later than September 15, 2017.
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Advocate: Mental Health Community.

Bonnie Goodson, BSN, RN, is a Clinical Educator for Advocate: Rural Community Passion.

Bonnie Goodson, BSN, RN, is a Clinical Educator for

Levels of a nurse perspective for discussions and decision-making

Advocate: Rural Community Passion.

Advocate: Trauma and Community.

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The 2010 Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health, recognized that nurses can improve health care delivery systems by serving in pivotal decision-making roles on boards and health care systems at the local, state, and national levels. The Nurses on Boards Coalition (NOBC), a national organization comprised of nursing organizations and other organizations, is working to collect the number of nurses currently on boards and to encourage the appointment of nurses to boards by 2020. The NOBC also strives to raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health care. OAC is working closely with the ONA Roadshows this year. When I begin the presentation, many nurses in the room do not believe they are qualified to serve on non-nursing boards. By the end of our discussion, these nurses are identifying areas and boards where they would like to serve.

Several ONA members are involved in this endeavor and Terry Pope, executive director of MODNA, and I are leading a workgroup.

ONA currently sends out notices of openings for Ohio government appointments and our workgroup is expanding to develop a process to identify and communicate the availability of for-profit and non-profit RN opportunities.

So, are you serving on a board or interested in serving on a board?

Are you?

- Patient and consumer-focused?
- Knowledgeable of quality care and patient safety?
- An innovator and problem solver with a unique perspective?
- A collaborator with other health care professionals?

ONA will keep you updated when the board leadership training opportunities are available. Please continue reading to find out how you can sign up and be counted!

Sally Morgan, MS, APRN, ANP-BC, GNP-BC

www.findyourcareer.com

FLCancerCare/Careers

For more information about the Nurses on Boards Coalition, consider the following:


2. The Future of Nursing: Campaign for Action. Read how the AARP and Robert Wood Johnson Foundation are funding state-wide action coalitions to promote nursing leadership at http://campaignforaction.org/

3. The Nurses on Board Coalition (NOBC) in which nineteen organizations including the AARP, RNFRF, ANA, NLN and other collaborating partners to form the NOBC. Check out progress toward the 10K nurses on boards by 2020 at www.nursesonboardscoalition.org

Advocate: Nursing and Public Health.

Davina Gosnell, PhD, RN, FAAN, is former Dean, Kent State University College of Nursing and Program and Director, Hiram College Nursing Program, respectively. Currently, Davina is a Chair, Ohio Nurses Foundation.

Davina’s clinical expertise in gerontology and work in public health earned early appointments reflecting these interests. Her first appointment to the Kent Visiting Nurse Association prompted some consternation by those who she would be serving because she was thought of as ‘the nurse who would be gone’ from their operations when seeking certification or recertification as a home health agency.’ About the same time, she accepted appointment to the six member multidisciplinary Ohio Public Health Council, because of her gerontology background and what she cared about.

When Davina agreed to represent Hiram College on the University Hospital Geauga Medical Center Board of Directors, she believed she could support efforts to assure quality of care. Attempts to improve patient satisfaction by decreasing noise and other initiatives were appreciated by the Director of Nursing.

Davina shared that most board experiences were positive. She always tried to attend meetings, be prepared and speak up. Davina concluded that a commitment to the board’s purpose and engagement are essential for board membership.

Nurses on Boards Coalition

Cora Munoz, PhD, RN, Emerita Professor, Capital University and an adjunct educator and consultant. Appointed by Governor Kasich to the Ohio Asian American Pacific Islanders Advisory Council, Cora chairs the Health and Health Care Committee. She’s also Vice Chair of the Commission on Minority Health, an appointed position.

As president of the Ohio Asian American Health Coalition, a state-wide consortium of nine Asian community agencies, Cora chairs the Asian Festival Board of Directors. Cora also serves on Professional Advisory Board of Diversified Health Management, a for-profit home health care agency, the board of the Philippine American Society of Ohio, and is a founding member of the University Community Engagement Advisory Board.

In her early career, Cora recalled being recruited to join the boards of Lutheran Services, Mental Health America and The Breathing Association. She said that “my interest in advocacy and my desire to be at the table when my voice is needed to represent either my profession or my ethnic community got me interested in board membership.”

Cora recommended the value of an ‘elevator script’ and ‘business cards.’ Along with building relationships, these ideas help people know you so they can reach out to you when the need arises.

At the bedside and in the Board Room.

Jeanette K. Chambers, PhD, RN Writer/Educator/Consultant
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