THE New Mexico NURSE

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Advocating for Nursing Practice Since 1921

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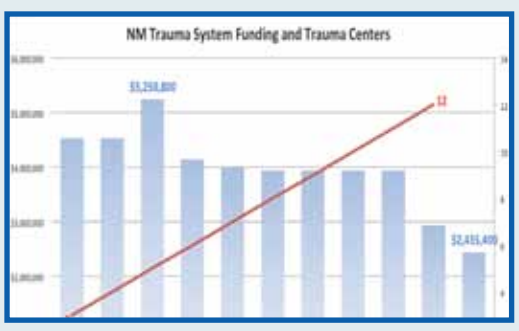

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National Health Care Leader to Keynote at NMNA
Healthy Nurse-Healthy Nation Workshop May 12th

Pamela F. Cipriano

Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN President of the American Nurses Association (ANA) and a recognized national leader in health care will be the keynote speaker at the NMNA National Nurses Week workshop May 12th in Santa Fe. Nurses from across the state will gather to celebrate the profession and gain insights into ANA's Year of the Healthy Nurse and the national movement that is gaining in strength and momentum putting the health and well-being of nurses front and center of safe, ethical patient care.

Dr. Cipriano has been the voice for nurses in the current health care reform debate. She is the 35th president of ANA, the nation's largest nurses' organization representing the interests of the nation's 3.6 million registered nurses. A distinguished nursing leader, Dr. Cipriano has held the executive positions in health care systems, academia and national professional organizations in her career. In 2016 she was named on of the "Top 100 Most Influential People in Healthcare" by *Modern Healthcare* magazine for the second year in a row. In 2015, the publication also named her as one of the "Top 25 Women in Healthcare."

Join in celebrating the culmination of National Nurses Week with Dr. Cipriano in Santa Fe on May 12th either by sending in the registration form in this issue of *The New Mexico Nurse* on page 4, calling the NMNA office at (505) 471-3324 or going to the New Mexico Nurses Association website. We hope to see you in Santa Fe May 12th!!!

SAVE THE DATE: THIS YEAR IS SPECIAL!

REGISTER NOW FOR May 12th

Sponsored by the New Mexico Nurses Association

AMERICAN NURSES ASSOCIATION
Nursing: The Balance of Mind, Body, and Spirit

NATIONAL NURSES WEEK 2017

YEAR OF THE HEALTHY NURSE

Join us in Santa Fe Friday, May 12th with nurses from around the state as we partner with the American Nurses Association in celebration of Healthy Nurse, Healthy Nation!

Keynote speaker, ANA President, Pam Cipriano, will speak directly to the national movement that is gaining in strength and momentum putting the health and well-being of nurses front and center of safe, ethical patient care. **Register now and join this celebration as the culmination of National Nurses Week!!!!**

Call NMNA at (505) 471-3324, use the registration form on page 4 of this issue of the *NM Nurse,* or go to the NMNA website to register!!!!

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

Healthy Nurse, Healthy New Mexico

Celebrate Nurses Week: The Year of the Healthy Nurse

Camille Adair, RN
Healthy Nurse, Healthy New Mexico, Interest Group Chair

Nurses Week is around the corner, May 6th-12th! The New Mexico Nurses Association is sponsoring a special event on May 12th as one of 10 Early Adopters partnering with the American Nurses Association in a nation-wide movement that is gaining in strength and momentum putting the health and well-being of nurses front and center of safe, ethical patient care. ANA has named 2017 the Year of the Healthy Nurse. This is part of ANA Enterprise's Healthy Nurse Healthy Nation (HNHN) initiative.

The NMNA sponsored Nurses Week conference May 12th, Nursing: The Balance of Mind, Body, and Spirit, at the Hotel Santa Fe will be a refreshing, experiential gathering of nurses from around the state. Pam Cipriano, the President of ANA will keynote the event, speaking directly to the importance of Healthy Nurse and the launch of the Grand Challenge on May 1st "where nurses are committing to lead the way to better health by setting the example. The goal of the Grand Challenge is to help nurses, empowered by a variety of activities and peer-to-peer support, improve their overall health and challenge the rest of the country to do the same." per ANA

The challenges nurses face in taking care of themselves is not new. Anyone who has been a nurse more than a day, knows the complexities and vulnerabilities inherent in our training, health care systems and practices make the goal of being a "healthy nurse" the most real type of challenge many of us face the majority of our lives. Because the stakes are high, so too are the goals for changing the culture of nursing from one of self-sacrifice to one of vigilant self-care.

Healthy Nurse is not about perfection, rather it is about our humanity; meeting ourselves where we are with personal agency, care and compassion. The result is the merging of the personal, professional and collective, informing our very lives and the profession of nursing.

The good news begins with critical thinking and an honest assessment of where we are, where we want to go and how we get there; it doesn't happen overnight. The five domains targeted for Healthy Nurse are: physical activity, rest, nutrition, quality of life and safety.

We all know that "nurses are the largest and most trusted health care profession, critical to America's health care system. Nurses protect, promote, and optimize the health of their patients while serving as role models, educators, and advocates." What else do we know?

- According to the Bureau of Labor Statistics, registered nurses have the fourth highest rate of injuries and illnesses that result in days away from work when compared with all other occupations.
- ANA's 2016 Health Risk Appraisal shows alarming trends for registered nurses (RNs) and nursing students:
  - An average BMI of 27.6 (overweight)
  - 12% have nodded off while driving in the past month
  - Only 16% eat the recommended daily amount of fruits and vegetables
  - Less than half perform the recommended quantity and time of muscle strengthening exercises (ICG & ANA, 2016)

Celebrate Nurses Week continued on page 4

Celebrate Nurses Week continued from page 3

- RNs continue to rate workplace stress as a hazardous occupational risk well above the national average (ICG & ANA, 2016)" ANA

This is more than a campaign and it must be more than 2017. It is a GRAND CHALLENGE!* It took generations to get where we are, and it is at this critical juncture we face not only challenges but also opportunities. What we are being called to do is to turn that amazing light, that we are so adept at shining on others, to ourselves. We can do this. The future of our profession hangs in the balance and is dependent on the choices each one of us makes for our own health and well-being. We are not alone. We are 3.6 million strong and this is our legacy.

***"\'Grand 'Chal·lenge\: bold, socially beneficial goals that successfully address a systemic and embedded problem through collaboration and joint leadership." ANA**

Please join us May 12th along with amazing speakers and presenters, including Dr. Barbara Dossey, as we launch not only a Grand Challenge but a Grand Intention of well-being and health for ourselves, each other and our future. To register for the Nurses Week gathering, please email dwalker@nmna.org or call (505) 471-3324.

To participate in Healthy Nurse, Healthy Nation, please visit HealthyNurseHealthyNation.org to sign up register and participate. Individuals and organizations are welcome!

This column is dedicated to the health and wellbeing of nurses in New Mexico and includes interviews, articles, resources and statewide events contributing to an emergent and continuing focus on strengthening the nursing profession from within.

If you are interested in Healthy Nurse|Healthy New Mexico, please visit nmna.org and click on the Healthy Nurse NM tab, visit us on Facebook or contact the NMNA office to learn more about becoming part of the NMNA Healthy Nurse Interest Group.

Sources:

healthynursehealthynation.org
ana.org

AMERICAN NURSES ASSOCIATION

NATIONAL NURSES WEEK 2017

Nursing: The Balance of Mind, Body, and Spirit

REGISTRATION FORM

HEALTHY NURSE—HEALTHY NEW MEXICO

Come Celebrate as National Nurses Week In Santa Fe!!

FRIDAY, MAY 12th • 8:30am-5:00pm
Hotel Santa Fe • Santa Fe, NM

Name _____

Email _____ Phone (_____) _____

Address _____

City _____ Zip code _____

REGISTRATION FEES:

☐ I am a member of NMNA or NMNA affiliated association – $65.00
☐ I am NOT YET a member of NMNA – $85.00

Fees inclusive of breaks and lunch. *This activity has been submitted to the Montana Nurses Association Accredited Approver Unit for approval to award contact hours. Montana Nurses Association is an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

Hotel Santa Fe ROOM RESERVATIONS:
1-877-259-3409 must be made by 04/11/2017 for NMNA special discounted rate for Nurses Week
Parking is free at Hotel Santa Fe.
Ask for the following:
New Mexico Nurses Association

Questions?
Contact Deborah Walker at: dwalker@nmna.org or (505) 471-3324

Mail registration form and check made payable to NMNA
BEFORE April 28th
NMNA
P.O. Box 418, Santa Fe, NM 87504

Toward Creating a Sustainable, Quality Trauma System for New Mexico

Razvan N. Preda, MSN, RN

Trauma is the leading cause of death among individuals 1 to 44 years of age. Across the nation, 1 person dies from traumatic injuries every 3 minutes. From the financial perspective, we are talking about $671 billion nationally in medical and work loss costs per year.

Officially established in 2007, the trauma system in New Mexico (NM) is coordinated by the Trauma Advisory and System Stakeholders Committee, with the specific purpose of maximizing "access for all people in NM to optimal and timely trauma care in an effort to decrease human suffering and cost associated with morbidity and mortality due to trauma." The Trauma System Fund Authority was created in 2006, with the goal of providing "funding to sustain existing trauma centers, support the development of new trauma centers and develop the statewide trauma system…" (New Mexico TSFA, 2006). With the assistance of the NM Trauma System Fund Authority and under the guidance of the Trauma Advisory and System Stakeholders Committee, our trauma system expanded from 3 trauma centers in 2007 to 12 in 2016, with an additional 2 trauma centers currently under development.

Trauma centers are special hospitals designated by the Department of Health, the American College of Surgeons (ACS), or both, as healthcare facilities qualified to provide trauma care to injured patients. The ACS is the nationally recognized accrediting body for trauma centers. ACS designation indicates the trauma center level and ensures that the center is providing the highest quality of trauma care and patient safety. There are four levels of trauma centers. Level I provides the most comprehensive level of care and is actively involved in research and education, as well as in extensive injury prevention activities. Currently, the University of New Mexico Hospital is the only Level I trauma center in the state. There are no Level II trauma centers in New Mexico. There are 5 Level III, and 6 Level IV trauma centers. In our state, the trauma system is funded exclusively from the State budget. In the nine years we have had a trauma system, its funding has decreased by more than 50%, while the number of trauma centers quadrupled from 3 to 12.

Due to specific staffing and equipment requirements, trauma centers need additional funding in order to maintain their ability to provide trauma care to injured patients. Let's just consider the basic need of having a trauma team available 24/7. Depending on the trauma center level, such a team consists of physicians, nurses, and technicians. A Level I trauma center team includes up to 13 members. While lower level trauma centers do not require the same number of staff, they also face additional staffing and retention challenges in many cases.

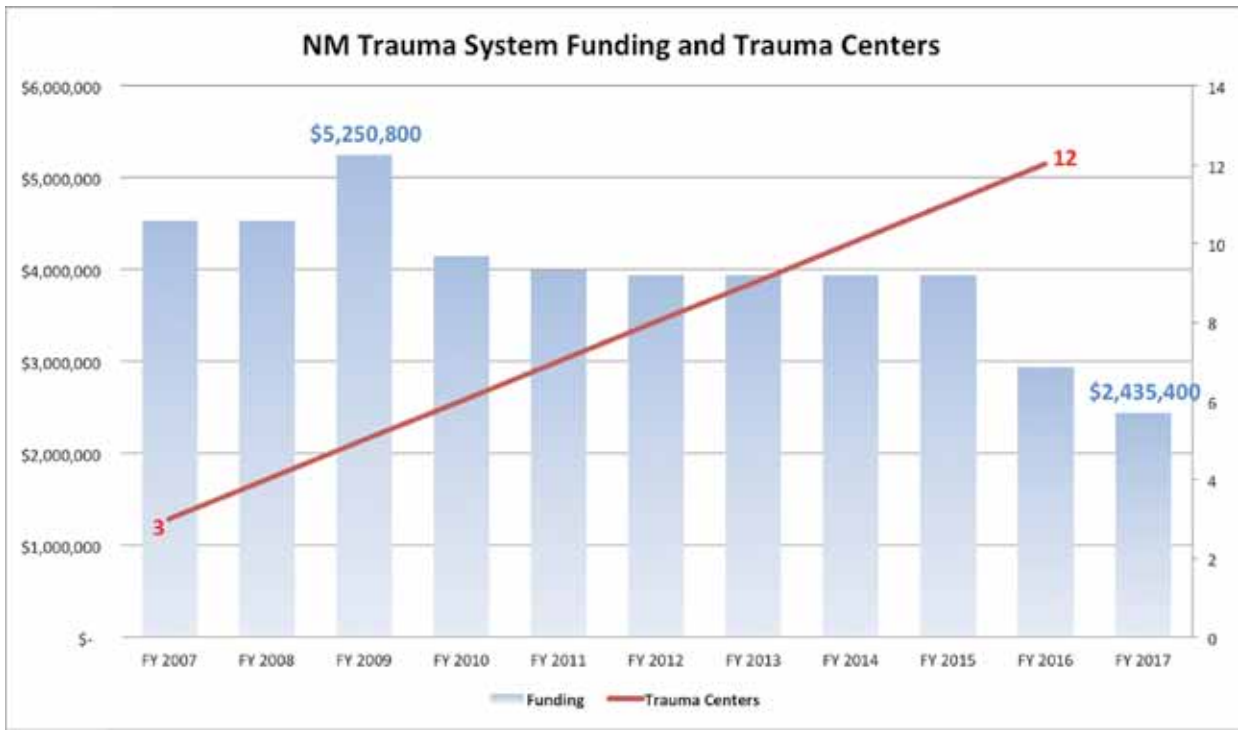
Another important aspect of funding is that it directly supports improvement in the trauma system network. Real time communication and coordination are required elements of a well-functioning trauma system. EMS agencies, trauma centers, and other healthcare facilities must be able to efficiently communicate in real time during emergency situations. Trauma care data is important for research as well as identifying injury trends and analyzing them from epidemiological perspective, ultimately allocating targeted injury prevention initiatives.

Trauma system funding in NM comes exclusively from general budget appropriations. Therefore, national and regional economic downturns and financial crises directly impact trauma funding. By comparison, to our single source trauma funding structure, other states developed various mechanisms for providing trauma system revenue. Some more creative than others and some more efficient and reliable than others. However, achieving some level of revenue sustainability is imperative, as that provides for effective strategic planning and system development.

The current New Mexico trauma system fiscal situation is the driver for initiating a legislative action with the specific purpose of addressing this concern. Introducing legislation is never an easy endeavor. Nonetheless, it is the most effective way of achieving this goal. During the 2017 legislative session Senator Ortiz y Pino introduced Senate Joint Memorial 16. Supported by the New Mexico Nurses Association, the SJM will accomplish two objectives: first, raising awareness and educating legislators and the public about the status of our trauma system, and second, creating an expert panel/task force that will identify potential sources of sustainable trauma system revenue. Based on those findings, the next step would be to introduce a legislative bill that will implement and secure the most suitable and sustainable revenue stream.

Trauma and injury are events that many of us think will never happen to us. However, available statistics, although grim, are strong reminders that for people between 1 and 44 years of age, trauma, more than any other disease or medical condition, has the most chance of happening to us or to our loved ones. Lacking a functional trauma system it is just not an option!

Razvan N Preda, MSN, RN, is an active member of the NMNA Government Relations Committee. Currently the Trauma Program Director for University of New Mexico Hospital, Mr. Preda was instrumental in the memorial process as part of his practicum with NMNA during his DNP program.



New Mexico Trauma System: Born in 2007, the trauma system in NM is coordinated by the New Mexico Trauma System Fund Authority, with the declared purpose of providing "funding to sustain existing trauma centers, support the development of new trauma centers and develop statewide trauma system…" (New Mexico Trauma System Fund Authority, 2006). From the federally allocated funds, the State has a budget line for the trauma system. The monies allotted to the trauma system come directly from the general State budget. From the final amount assigned to the trauma system budget line, the Department of Health (DOH) receives 5%. This amount is used by the DOH for the State Trauma Program staff salaries and administration and for the state trauma registry.

ADVOCACY IN ACTION

Healthcare Legislation in the Forefront During the 2017 New Mexico Legislative Session

Leigh DeRoos RN, MSN, President of the NM Nurses Association

Student nurses from CNM, Luna, Northern New Mexico College, Santa Fe Community College, San Juan College, UNM, UNM Valencia, and UNM Clovis joined nurses and nursing faculty from across New Mexico at the Capitol on February 13 and February 14th. This year NMNA had the privilege of hosting almost 300 nurses and students on these 2 days of learning about public policy, the legislative process and advocacy. As they say…pictures are worth more than words so please look at these visuals of our Capitol Challenge.

Nurses and students at the Capitol for Nurses Day

NMNA members with Senator "Liz" Stefanics, speaker at Capitol Challenge

Getting ready to deliver Valentines to legislators on Febrary 14

Students during Capitol Challenge

ADVOCACY IN ACTION

The sixty day 2017 Legislative Session ended at noon on Saturday, March 18th and as always this session proved to be a very active one for the New Mexico Nurses Association, the NM School Nurses Association, the nurse midwives, the Nurse Practitioner Council and for the Certified Registered Nurse Anesthetists.

Over one thousand three hundred pieces of legislation, memorials and constitutional amendments were introduced in the session. By April 7, 2017, the Governor will have acted to sign, veto or pocket veto those efforts.

I write this brief synopsis to highlight only a few of the bills and memorials actively lobbied and/or monitored by NMNA. The NMNA contract lobbyist, Linda Siegle, the NMNA Executive Director Deborah Walker and numerous NMNA volunteers worked throughout the session to represent nursing's interests in the broad sense and to impact health policy.

This represents only a few of the many bills analyzed this session. Contact the NMNA office at (505) 471-3324. While the legislative session has ended, much work will be done in the interim. We would welcome that you join NMNA in this effort…as I have said before…we need your voice as a nurse!!!!!!

Advocacy in Action continued on page 8

Beginnings of learning the legislative process

SM 65 declared February 13 Student Nurses Day at the NM Capitol

ADVOCACY IN ACTION

Advocacy in Action continued from page 7

Bill: **HB138**
Sponsors: Trujillo, L. (D48); Ivey Soto (D15)
Title: LACTATION CONSULTANT PRACTICE ACT
Summary: Creates the Lactation Consultant Practice Act. Provides for licensure of lactation consultants by the Board of Nursing and establishes a scope of practice for licensed lactation consultants, defines qualifications and requirements for licensure, and provides for disciplinary proceedings

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Bill: **HB160**
Sponsors: Herrell (R51)
Title: FULL TIME SCHOOL NURSE IN EVERY DISTRICT
Summary: (For the Legislative Health and Human Services Committee) (Identical to 2016 HB 257) Amends the Public School Finance Act to require that every school district include in its budget for Public Education Department approval the employment of a full time, PED licensed registered school nurse. Appropriates $1.65 million (GF 2018) to PED for the purposes of the act.

Bill: **HB288**
Sponsors: Trujillo, Christine (D25)
Title: HOSPITALS: PATIENT SAFE STAFFING ACT
Summary: (Very similar to 2016 HB179, 2015 HB81, SB284, 2014 HB83, SB151) Proposes the Patient Safe Staffing Act to ensure that hospitals maintain a safe number of nurses on duty at all times. Vests the Department of Health with authority to administer the act, require reports from hospitals for purposes of publication and audit, and adopt rules. Provides whistleblower protection and enforcement by the Attorney General or aggrieved parties.

Bill: **HB 346**
Sponsors: Rubio
Title: EXCEPTION FOR ASSAULT ON HEALTH CARE WORKERS
Summary: Amendment into criminal law creating a mental illness exception for assault or battery upon a health care worker.

Bill: **HB396**
Sponsors: Ferrary (D37)
Title: NURSE AND MIDWIFE HOSPITAL ADMITTING PRIVILEGE
Summary: Requires licensed health facilities to grant admitting and discharge privileges to certified nurse practitioners and certified nurse midwives. "Certified nurse midwife" is defined as an individual licensed as a registered nurse pursuant to the Nursing Practice Act and by DOH as a certified nurse midwife. "Certified nurse practitioner" is defined as a registered nurse who is license by the Board of Nursing for Advanced Practice as a certified nurse practitioner pursuant to the Nursing Practice Act.

Bill: **HM26**
Sponsors: Sarinana (D21)
Title: NURSE ANESTHETISTS: VETERANS HEALTH ADMINISTRATION
Summary: Recites the training and experience of certified registered nurse anesthetists, the paucity of federal Veterans Health Administration facilities and anesthesiologists compared with the population of veterans and that recognizing full practice authority for certified registered nurse anesthetists would relieve long wait times.

Bill: **SB10**
Sponsors: Ortiz y Pino (D12)
Title: BANS DISCRIMINATION AGAINST HEALTH CARE PRACTITIONERS
Summary: (Related to 2015 SB190) Amends laws governing health care coverage to ban discrimination against any health care practitioner acting within the scope of that practitioner's license or certification.

Bill: **SB128**
Sponsors: Ingle (R27)
Title: NON COMPETE PROVISIONS FOR NURSE MIDWIVES AND NURSE PRACTITIONERS UNENFORCEABLE
Summary: Adds nurse practitioners and nurse midwives to the list of health care practitioners against whom a non compete clause in an agreement becomes unenforceable.
Progress: 1st House: Referred to Committee

Bill: **SB145**
Sponsors: Candelaria (D26)
Title: HEALTH: SCOPE OF PRACTICE COMMITTEE
Summary: Creates an eight member Scope of Practice Committee to review areas of the health profession that relate to a proposed statutory change to an existing scope of practice; the proposed regulation of an unregulated health profession; or the proposed establishment of a licensing board. The committee will be staffed by the Legislative Council Service. Four members are appointed by house speaker; four by the Senate Committee's Committee (if made in interim, then by The President Pro Tem).

Bill: **SB148**
Sponsors: Stewart (D17)
Title: DIABETES MANAGEMENT BY STUDENTS AND SCHOOL PERSONNEL
Summary: Cited as the Student Diabetes Management Act, mandates that by December 31, 2017, the Secretary of PED shall adopt rules for the training of school employees for the care of students with diabetes, requiring school boards to ensure that annual diabetes training programs are provided for all school nurses and diabetes care personnel. Mandates that parents or guardians of students with diabetes who seek diabetes care at school submit a diabetes medical management plan, and that school boards ensure that a student with diabetes receives diabetes care as laid out in his or her plan. Provides for diabetes self management by students while at school or at school

ADVOCACY IN ACTION

functions in accordance with medical management plans.

Bill: **SB240**
Sponsors: Kernan (R42)
Title: PHYSICIAN EXCELLENCE FUND
Summary: (Almost identical to SB152, Related to 2017 HB126, SB108) Creates a Physician Excellence Fund and authorizes the Higher Education Department to apply appropriated funds for health professional loan repayment assistance for licensed primary care physicians who practice in designated underserved areas.

Bill: **SB281**
Sponsors: Lopez (D11)
Title: PATIENT SAFE STAFFING ACT
Summary: (Almost identical to 2015 SB284) Proposes the Patient Safe Staffing Act in order to ensure that hospitals maintain a safe number of nurses on duty at all times. Vests the Department of Health with authority to administer the act, require reports from hospitals for purposes of publication and audit, and adopt rules. Contains a whistleblower provision and provides for actions for violations and injunctive relief.

Bill: **SB333**
Sponsors: Kernan (R42)
Title: LOAN REPAYMENT ASSISTANCE FOR NURSES
Summary: (Related to 2017 SB152, SB240) Amends sections of the Health Professional Loan Repayment Act and the Nursing Practice Act to provide nurses in advanced practice with loan repayment assistance through nursing license renewal surcharge fees. Provides for 50% of each license renewal surcharge to be deposited in the Nursing Excellence Fund and 50% to be appropriated to the Higher Education Department to fund loan repayment assistance for nurses in advanced practice who practice in areas of New Mexico that the department has designated as underserved

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Bill: **SB366**
Sponsors: O'Neill (D13)
Title: VACCINE PURCHASING ACT
Summary: Amends a section of the Vaccine Purchasing Act to require the Department of Health to seek to maximize any discounts or other efficiencies in procuring vaccines.

Bill: **SJM13**
Sponsors: Stefanics (D39)
Title: SAFE HARBOR FOR NURSES TASK FORCE
Summary: Requests the Board of Nursing to convene a "Safe Harbor for Nurses" task force to identify promising nursing peer review models to protect patients from violations of their rights to safe patient care in accordance with their caregivers' professional standards and best practices; to protect nurses from retaliation for invoking their duties to their patients; and to present findings and recommendations to the Legislative Health and Human Services Committee by August 30, 2018.

Bill: **SJM16**
Sponsors: Ortiz y Pino (D12)
Title: TRAUMA SYSTEM FUNDING TASK FORCE
Summary: Requests Secretary of Health to establish a Trauma System Funding Task Force to study potential sources of sustainable revenue for the state's trauma system and make recommendations for their implementation.

Bill: **SM65**
Sponsors: Stefanics (D39)
Title: NEW MEXICO STUDENT NURSES DAY
Summary: Declaring February 13, 2017 "New Mexico Student Nurses Day" in the Senate, in recognition of the critical role registered nurses play in health care delivery and the job growth in the registered nursing workforce.

New Mexico Nurse Practitioner Council

2017 Annual Conference – April 27-29

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Springtime in New Mexico

Hotel Albuquerque at Old Town

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QUESTIONS

about our conference or subsidies?
Contact: **Rachel Bevan at RBevan@NMNPC.org or (505) 948-4115**

SAVE THE DATE

Celebrate NP Week with NMNPC at our Fall Conference

November 17, 2017

Inn & Spa at Loretto, Santa Fe, NM

Liability Issues: Under the Law, There is No Such Thing as a "Novice" Licensed Nurse

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

This is the fifth column in a series on liability concerns and insurance myths that, if followed, can adversely affect the decision to protect (insure) one's nursing license. This column will address the fallacy of the novice licensed nurse. There are those who erroneously ascribe to this characterization when a nurse is newly licensed or new in an employment position or assigned to work (float) on a unit that is new or unfamiliar. Unfortunately, the fallacy of the novice nurse has also been promoted, to some degree, in nursing literature over several decades. So, to reiterate at the outset of this issue's liability column, under the law, there is no such thing as a novice licensed nurse.

For the newly licensed nurse, there may be a certain allure of considering oneself as, or being considered by others as, a novice. Given this incorrect characterization of novice, one may view oneself, in some sense, as less accountable for one's actions or omissions under the nursing license. One might also think that there is some sort of grace period before one becomes fully accountable. As a licensed nurse, one is obliged to be competent in one's professional practice. There is no grace period and there is no leeway given for substandard behavior. For the newly licensed, professional nurse who considers herself or himself less than competent, those reasons need to be acknowledged and addressed, perhaps with remediation or additional supervised class and clinical activities. If a new graduate, licensed nurse, opines that one's program of nursing education did not adequately prepare one for practice there may be avenues of recourse to deal with this concern.

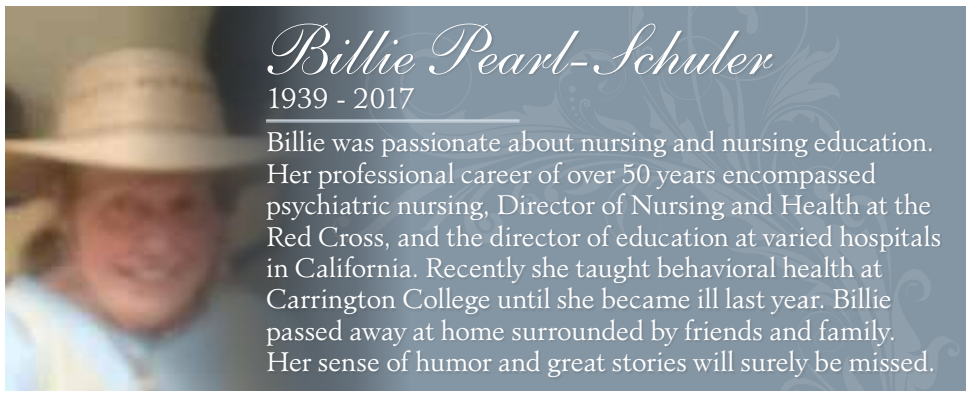
Regarding starting in a new position or in one's first professional nursing employment position, the expectation of functioning competently under one's nursing license remains and is not diminished in any way. A period of orientation, education and/or working with a preceptor is usually provided so that the nurse becomes familiar with policies, procedures and expectations of the health care organization. Should the nurse find that the orientation is not sufficient, it is incumbent upon the nurse to alert education personnel and, from there, create a focused educational plan. Again, the expectation of competency in nursing practice remains.

Being assigned to or "floating" to another unit or department can happen with staffing shortages in the health care organization. This can be problematic for nurses who find themselves assigned to an unfamiliar practice environment. As mentioned earlier, there is no novice nurse defense. If one finds that one cannot practice safely per the competent nursing standard, in the new surroundings, the nurse must bring this to the attention of leadership and develop a mutually agreeable education plan prior to being assigned to work on the float area(s). If floating practices are untenable and unchanging, then the nurse must consider her/his own professional practice obligations and may need to investigate other employment opportunities.

Each of the aforementioned situations also reinforces the need for the nurse to insure her/his own nursing license. To underscore the importance of insuring one's license a hypothetical will be presented. In this scenario, a competent emergency department nurse may be asked to float to a medical-surgical area. The physical environment is somewhat familiar although staff are unfamiliar and practices are different than in the emergency department. While working as a nurse on the medical-surgical area, the emergency nurse is assisting a nurse aide. They are caring for a patient who sustains a fall. Following the incident, the patient dies a few days later and the family files a lawsuit against all parties caring for the patient at the time of the fall and makes a complaint about negligent care to the state board of nursing. The emergency nurse now finds herself named on the civil complaint and is a named party on a board of nursing investigation. Heretofore, the emergency nurse has practiced competently in the emergency department and has never been named in a claim, lawsuit or investigation. This nurse, unfortunately, has no professional liability insurance. The healthcare organization is considering terminating the involved employees to quietly and expeditiously resolve the suit against the organization. The board of nursing investigation remains open against the nurse and the lawsuit against the nurse is moving forward. To reiterate, at no time is substandard health care permissible and the novice licensed nurse defense will always fail.

Please submit any questions you would like to have addressed to NMNA at dwalker@nmna.org.

Dr. Karen L. Brooks, Esq. provides this as a commitment to the NMNA and the nurses of NM. She is the Graduate Nursing Lead Faculty (Remote: Santa Fe, New Mexico) for College of Online and Continuing Education for Southern New Hampshire University



Workforce Pipeline and Transition Strategies: A Call to Action: Specialty Residency Programs

Part 2

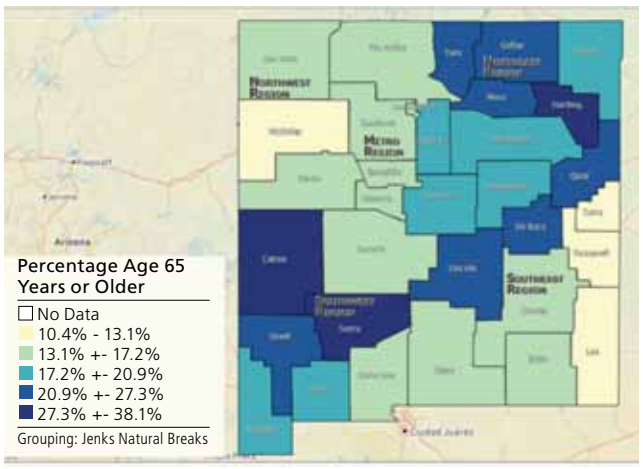
Johanna K. Stiesmeyer, DNP(c), MS, RN, RN-BC

Part 1 in this series was published in the January 2017 issue of the *NM Nurse.* It presented a dyad of challenges significantly impacting national and local health service delivery. The perfect storm of an aging population's healthcare needs now and into 2025 paired with the diminishing supply of health care workforce is creating the potential for a substantial gap in healthcare access and services. Now is the time to address and create aggressive strategies to support a population who is living longer to embrace healthy lifestyles as well as innovating strategies to recruit and develop healthcare workforce bandwidth across the spectrum of care.

To address the population's healthcare needs, an understanding of health demographics, risk behaviors, and health vulnerabilities is essential. Factors influencing these demographics include an increasing lifespan, health promotion to support healthier lifestyles with optimal nutrition and exercise, stress and coping management, and care coordination of acute and chronic illnesses. Medical conditions playing a significant role in the health of New Mexicans include: heart disease, cancer, adult diabetes, obesity, and substance abuse.

An aging population with a projected longer lifespan will create stress upon healthcare systems to provide services. It is important to understand the distribution of the population in New Mexico 65 years and older to build and expand on the care services required. From the New Mexico's Indicator-Based Information System (NM-IBIS) 2015 data, the counties in New Mexico with the greatest numbers of individuals 65 years of age and older include: Catron 38.1%, Sierra 34.6%, Harding 32.9%, and followed by Lincoln 27.3%, Grants 25.3%, De Baca 24.4%, Colfax 24.6%, Quay 24.1%, Mora 23.8%, and Taos 23.6%. These demographics are presented in Figure 1.

Figure 1: Percentage of New Mexico Population 65 Years and Older



New Mexico's Indicator-Based Information System (NM-IBIS)

In addition to understanding the distribution of the older population, it is also critical to be aware of the prevalence and impact of specific diseases across the state and the strain caused by the need for healthcare resources to manage these care needs. From the 2014-2015 NM-IBIS data, the trend of hospitalizations per 100,000 emphasizes the distribution of acute care access and utilization across New Mexico. Figure 2 illustrates the significant difference in acute care services need per population served especially in the Northwest and Southwest regions of the state. Considerations for areas of limited resources must be appreciated and addressed in order to decrease the disparity in health care access.

New Mexico Population Specialty Care Needs

Hospitalizations from stroke, myocardial infarction, alcohol related pathologies, infection, septic conditions, and diabetes contribute to the acute and chronic diseases that most frequently impact the New Mexico population's health status. During the acute and chronic stages of these diseases, access to healthcare services and a competent staff is critical. The healthcare team must be present and trained to manage the recognition and treatment of the diseases in all phases of acute and chronic management. Figure 2 calls out the distribution of hospitalizations across the state. Note that the hospitalizations per 100,000 populations are disproportionate to healthcare resources. This calls to our attention that the distribution of healthcare services and expertise is disproportionate to the resources available and the population need for services.

The impact of specific diseases per 100,000 population is called out in Table 1. The prevalence of diseases in rural communities outweighs that which is found in larger urban counties. Figure 3 illustrates the

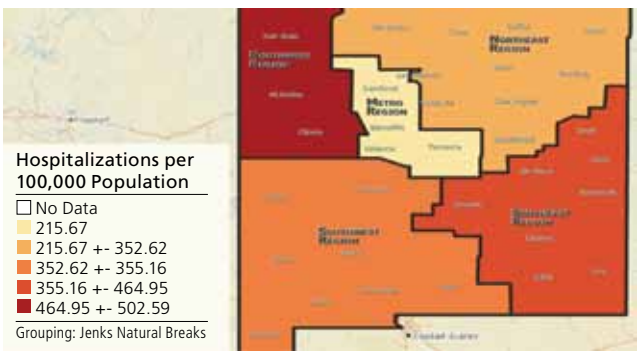
Table 1: Disease Process per 100,000 Population

Disease Process Per 100,000	Counties of Highest Incidence of Disease							
Alcohol Related Deaths 2009-2013	McKinley 57	Rio Arriba 65.2	Socorro 46.5	Cibola 44	Quay 37.1	San Miquel 35.9	Guadalupe 33.3	Hildago 31.5
Heart Disease Related Deaths 2012-2014	De Baca 312.8	Sierra 244.4	Luna 236.8	Quay 213.8	Lea 210.3	Torrance 204.9	Eddy 203.5	Curry 194.8
Age-Adjusted Diabetes 2013-2015	Mora 68.3	De Baca 67.6	Harding 59.5	McKinney 58.4	Cibola 55.2	Union 49.0	Chaves 47.6	Curry 44.2
Lung Cancer Deaths 2011-2015	Sierra 59.0	Luna 47.2	Lea 43.0	Otero 41.6	Chaves 40.6	Curry 39.1	Eddy 36.2	Quay 35.6

New Mexico's Indicator-Based Information System (NM-IBIS)

breakdown of diseases across the state based upon age distribution. Of note, the data presented illustrates the distribution of disease specific care needs across the state. This data supports the rural community needs for services and a competent healthcare workforce.

Figure 2: Hospitalizations per 100,000 New Mexico



New Mexico's Indicator-Based Information System (NM-IBIS)

The Healthcare Team Serving New Mexico in Specialty Services

Part 1 of this series addressed the need for the implementation of Transition to Practice (TTP) Residency Programs. There is significant progress in building and deploying these programs across the state. While the programs are making significant contributions to building a competent nursing workforce in urban and rural areas, it is also important to recognize that specialty residency programs may bring substantial clinical expertise beyond the foundational Transition to Practice Residency Program.

The approach to residency programs in design and execution is widely varied across the United States as well as in New Mexico. National and international studies have focused upon the structure, deployment, and evaluation of residency programs for graduate nurses (GNs). These programs have consistently demonstrated tremendous return on investment for organizations by providing foundational skills in care management of medical-surgical services, leadership, professionalism, patient safety, communication, and quality competencies. However, for specialty residencies, the volume of evidence examining the national numbers of programs offered, the program design, outcomes, return on investment and target population participating in the programs is far less.

Workforce Pipeline continued on page 14

Workforce Pipeline continued from page 13

Table 2: Residency Models

Models	Participants	Critical Success Components and Considerations	Insights and Call to Action
Transition to Practice (TTP)	GN only	• Provide a defined structure to on on-board and support nurses new to the profession • Expand foundational skills • Provide safe experiential learning • Build critical team building and communication skills • Provide a forum of support for the GN in times of hostility and team dysfunction	• Program initial costs are challenging to organizations • Return on investment is crucial to retain organizational support • Well trained preceptors are critical for success • Mentorship programs to support the new graduate beyond the first year may aid in retention of GN in organization and profession
Specialty Residency	GN only	• Critical to build in foundational competencies taught in TTP Programs • Must address how to train to organizational skills, communication, delegation, critical thinking and reasoning, defining urgency of clinical care and actions • May be an attractive recruitment tool for GNs who are passionate about specialty areas	• Because the training is conducted in specialty areas, there is a difference of opinion in the value of starting GNs in specialty areas versus investing a year in medical-surgical settings • Because of the complexity of specialty care, the programs may need to last longer and require increased organizational investment
	Experienced Nurses	• Acknowledgement that while the experienced nurse can translate previous experience in other specialties, it must be understood that there will still be a learning curve • Appreciation of the depth of knowledge and expertise is needed outside of acute care settings.	• Evidence is needed to test how long the orientation time for experienced nurses changing specialty must take to be most effective • There is a gap in appreciation of specialty complexity especially when experienced nurses transition from acute care settings into urgent care, primary and specialty outpatient settings • There is a lack of established programs for outpatient, home care, hospital at home, patient centered medical care programs
	GNs and Experienced Nurses	• Opportunity for cohort to share in the experienced nurses' learning and wisdom • Built in infrastructure for mentoring between the cohort	• Shared experience may demonstrate cohort bonding and support retention in program and successful completion of program • Create efficiencies for bringing more workforce into specialty areas

The Institute of Medicine's (IOM) *The Future of Nursing Report* published in 2011 recommended nursing residency programs for GNs as well as experienced nurses transitioning from one specialty to another. It is unclear the degree of success and the impact of this recommendation has made within specialty residencies and is thus an area of opportunity to explore.

Residency Models

As we look at the diverse specialty needs for the national and local population healthcare services in all communities, specialty residencies may offer a bridge to fill critical staffing needs. It is apparent that there is a diversity of approaches to how these programs are designed and deployed. The success of these programs depends upon these critical factors: the ability of the organization to mobilize resources, management and educational partnership, human resource partnership to market and coordinate the hiring workflows, a selection process to hire the candidates who have qualities to achieve success, and have dedicated educators driving the program. Table 2 provides the type of residency models utilized nationally. This table looks at the model, the category of participants in the program and insights. It is important to recognize that there is not a standardized approach. Many programs across the country only offer residencies to GNs. Many do not include experienced nurses in their programs.

Residency Program Funding

The challenge for any organization offering services to meet the healthcare needs of the population served is finding the funding to cover the costs of the recruitment, the extended training time needed for GNs, and the staffing back-fill costs to cover patient care needs. While urban and rural organizations are pressed to find funding, rural organizations have a tremendous uphill journey to find funding. It is important for organizations and state leaders to explore funding sources that may offer an avenue to bridge this challenge. Examples of potential funding sources include:

- The Center for Medicare and Medicaid Services (CMS): The New Jersey Action Coalition received 1.6 million from to develop a long-term-care residency program.
- Robert Wood Johnson Foundation (RWJF) and partner private and public-sector groups: Awarded the Rhode Island Action Coalition support to create and launch a nurse residency and mentorship program.
- The Center to Champion Nursing in America (CCNA) which is an initiative of RWJF and AARP, is looking for state action coalitions to partner and drive programs to support the Triple Aim.

- State Implementation Program (SIP) grants form RWJF.

As we look at the healthcare needs of the New Mexico population in urban and rural communities, it is a priority to explore and pursue funding sources. The four sources listed above are just a few of the potential funding partnerships available. A call to action is needed for healthcare organizations, academics, and state legislators to partner together to secure funding to improve access and the health status of the population.

Looking into the Crystal Ball - Opportunities to Innovate

This is the time to innovate and partner to create avenues to develop our healthcare resources to provide specialty care needed across the state. Ideas and recommendations to explore include:

- Increase the numbers of academic and health care organizational partnerships to attract senior nursing students to areas of specialty that are most impacted by the exodus of retiring nurses. This includes offering clinical rotations and residencies in specialty services in both acute and outpatient settings.
- Break the mindset of acute care only residencies. Expand structured residency programs into primary and specialty outpatient settings, home care, hospital-at-home models, hospice, and care coordination.
- While teaching the foundational care competencies of specialty practice area, structure the immersive experience in a patient-centered approach as defined by the AACN's Synergy Model. Build the program to appreciate and integrate a team based approach to a patient-center model.
- Tap into the wisdom of experienced nurses in the workplace in order to pass on the life learnings and experiences to the next generation.

There is much to explore as we strive to create access to care across Mexico. It is time to call into action how we can address the needs of an aging population across all communities, the workforce needed to provide the care, and how healthcare organizations may partner to create financial partnerships with each other and with state legislators. This work will contribute to better health and quality of life for all those we serve.

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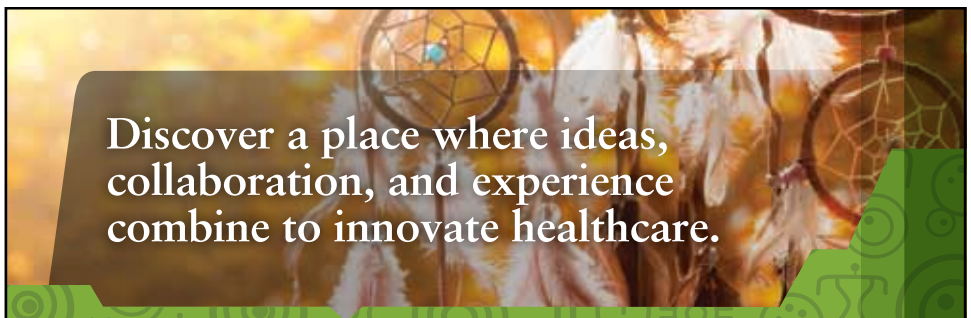

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