The Ohio Nurses Association and the Ohio Nurses Foundation are excited to announce July 3, 2017 as the official release date of the nursing-themed Ohio license plate. Proceeds from the license plate will help fund nursing scholarships and research grants from the Ohio Nurses Foundation – the charitable arm of the Ohio Nurses Association whose mission is to advance nursing through education, research and scholarships.

“We’re thrilled that the Ohio Nurses Foundation has a nursing-themed license plate in Ohio which will fund educational scholarships and research in nursing. It’s specifically designed for not only nurses, but for all who support nurses. Anyone can purchase the plate to benefit nursing and its future advancement,” stated Lori Chovanak, CEO of the Ohio Nurses Association and President of the Ohio Nurses Foundation.

“I was pleased to work with the Ohio Nurses Foundation to get this measure introduced and enacted into law,” State Representative Jim Hughes, the sponsor of the license plate legislation, said. “Nurses are a critical component to our national healthcare system and are always ready to aid Ohio residents whether it is a simple procedure or a grave diagnosis.”

“I am very happy to learn that the monies raised from the sale of these license plates will go directly to the Ohio Nurses Foundation to fund scholarships for those who want to become a nurse, one of the oldest and most highly regarded professions in the country,” Hughes added.

The Ohio Nurses Association and the Ohio Nurses Foundation began the journey of securing a license plate in 2015. The groups presented three possible images for the license plate and had the public vote for their favorite, with the winning image unveiled May 6, 2015 – the first day of National Nurses Week. The groups also collected well over 500 petition signatures, with many more nurses calling in asking how they could support the passage of this bill.
“Shine On” was the theme of the 16th Annual Nurses Choice Awards Luncheon recently held at the Blackwell Inn on the campus of The Ohio State University. More than 165 registered nurses, student nurses and friends of nursing attended the event. Nine graduate and undergraduate nursing students as well as three nurse researchers were awarded several thousand dollars in scholarships and grants. In addition, the American Heart Association and nurse leader Nancy McManus were given special awards. An inspiring keynote address was presented by Dr. Heidi Shank, a nurse educator at the University of Toledo and former ONF scholarship recipient.

The purpose of Ohio Nurses Foundation is “to provide funding to advance nursing as a learned profession through education, research, and scholarship.” Since its origin, more than $160,000 has been awarded and each year we endeavor to increase the number and amount of funds being given. Monetary contributions to the ONF are an investment in the future of nursing and are always welcomed. To learn more about how you can donate, please visit: www.ohionursesfoundation.org for further information.

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

Nurses Shine On

Davina J. Gosnell
Lori Chovanak, MN, APRN-BC
President of Ohio Nurses Foundation

Lori is the Chief Executive Officer of the Ohio Nurses Association and a practicing nurse practitioner. Prior to coming to the Ohio Nurses Association, Lori was the Executive Director of the Montana Nurses Association. She has spent the majority of her career in executive leadership, applying her experience as both an executive and as a nurse building strong relationships to address the issues facing nurses, patients and healthcare.

Lori remains close to patient care by practicing as a Nurse practitioner in Cardiology with the amazing cardiac team at Ohio Health.

During her time as Executive Director at Montana, Lori was named the American Nurses Association’s Nurse of the Year for 2014-2015 for her exceptional leadership and advocacy for nurses and the nursing profession at the state and national level. She was awarded the American Academy of Nurse Practitioners State Advocate of the Year Award in 2014.

Lori has earned her bachelor’s degree from Carroll College, masters of nursing from the Montana State University, and is currently completing her doctorate of nursing practice.

Lori Chovanak, MN, APRN-BC
President of Ohio Nurses Foundation

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Editor's Note

In this issue of the Ohio Nurse, we're excited to bring you 2 Contact Hours of Category A Ohio Nursing Law & Rules, just in time for re-licensure! RN and APRN renewal begins July 1st, and the Ohio Board of Nursing is encouraging nurses to register their accounts early in the Ohio eLicense system so they're ready to renew starting July 1. You can get instructions on how to register and renew at the Ohio Board of Nursing’s website at http://www.nursing.ohio.gov.

Staffing and mandatory overtime remain key issues that nurses are paying attention to since it directly affects the quality of care provided to patients. In this issue, we bring you an article explaining what nurse fatigue is, how it relates to mandatory overtime and the role of not only the nurse but also the employer in mitigating nurse fatigue. We hope you not only learn some new strategies to prevent yourself from becoming fatigued but are also empowered to know what to expect of your employer to prevent fatigue. To get directly involved in helping with this issue at the legislative level, visit www.ohnurses.org/staffing.

A record 2,698 people died from opioid overdoses in Ohio in 2015, more than any other state in the country, which is why we've published “The Role of the Nurse in Preventing Opioid Abuse.” This article highlights the important role nurses play in reducing the number of deaths and helping to reduce addiction problems - and how to protect themselves from possible legal action stemming from opioids.

It's the goal of the Ohio Nurse to connect Ohio's RNs with the highest quality continuing education opportunities available throughout the state. As always, throughout this issue we provide grants and information for continuing education, from live CE events to online continuing education at CE4Nurses. We hope you take advantage of them, especially ONA members who get 3 free continuing education courses per quarter online at www.CE4Nurses.org which are listed in this issue.

Finally, we invite you to submit your letters to the editor and welcome your suggestions for content and opinions on nursing issues in Ohio. Please keep your submissions to under 500 words, include your name, city and email address. We reserve the right to edit for length and clarity. Email your submissions to Dodie Dowden at ddowden@ohnurses.org with “Ohio Nurse Letter to the Editor” in the subject line.

We hope you enjoy this issue!
Substantial scientific evidence links shift work and long working hours to mood
occurs when their behaviors do not align with professional nursing practice
behavior; and impaired mood and communication skills. In addition, fatigue and
decline in short-term and working memory; a reduced ability to learn; a negative
and employers, and review research related to this issue.

Culture of safety: core values and behaviors resulting from a collective and
sustained commitment by employers and health care workers to emphasize
safety over competing goals.

Fatigue countermeasures: a range of evidence-based strategies aimed at
either temporarily reducing and counteracting the effects of fatigue or
sleepiness. Examples are the strategic (therapeutic) use of caffeine or naps
and the combination of caffeine and naps to temporarily increase alertness.

Mandatory overtime: employer-mandated work hours beyond normally
scheduled or contracted hours in a day or week, including required work over
40 hours in any seven-day period.

Sleepiness: the increased propensity to fall asleep. In contrast to fatigue,
sleepiness is specifically due to physiologic (biologic), psychological (subjective reduced
productivity) and subjective (weary or unmotivated feeling).
Both registered nurses (RNs) and employers have an ethical
responsibility to carefully consider the need for adequate
rest and sleep when deciding whether to offer or accept
work assignments, including on-call, voluntary, or mandatory
overtime. Evidence-based strategies must be implemented to
proactively address nurse fatigue and sleepiness; to promote
the health, safety, and wellness of registered nurses; and to
ensure optimal patient outcomes (ANA, 2014).

Voluntary overtime: work hours above and beyond the routinely recognized
hours for the workweek without undue pressure from the management (ANA,
2014, pp. 8-9).

This article will provide background information, outline responsibilities of RNs
and employers, and review research related to this issue.

Background
Inadequate sleep and resulting fatigue can affect a RN’s ability to deliver
optimal patient care. Working fatigue can lead to an increased risk of error; a
decline in short-term and working memory; a reduced ability to learn; a negative
impact of divergent thinking, innovation, and insight; increased risk-taking
behavior; and impaired mood and communication skills. In addition, fatigue and
sleep-deprived nurses are more likely to report clinical decision regret, which
occurs when their behaviors do not align with professional nursing practice
standards or expectations (ANA, 2014).

Fatigue also has major implications for the health and safety of RNs.
Substantial scientific evidence links shift work and long working hours to mood
disorders, obesity, diabetes mellitus, metabolic syndrome, cardiovascular
disease, cancer, and adverse reproductive outcomes (ANA, 2014, pp. 8-9).

In addition, driving when drowsy endangers the lives of both the driver and
other people on the road.

To help nurses who are feeling these risks. Content for this training program is derived from scientific literature
literature on shift work, long work hours, sleep, and circadian rhythms (NIOSH, 2015).

Responsibilities of RNs
As advocates for health and safety, RNs are accountable for their practice and have
an ethical responsibility to address fatigue and sleepiness. Strategies that may
result in harm and prevent optimal patient care. Nurses need to arrive at
work alert and well rested, and should take meal and rest breaks and implement
fatigue countermeasures as necessary to maintain alertness. RNs are responsible
for negotiating with the employer or by seeking other employment if negotiation is not
possible.

Examples of evidence-based fatigue countermeasures and personal strategies
to reduce the risks of fatigue are outlined in the ANA position statement background
information:

1. Sleep 7-9 hours within a 24-hour period and consider implementing strategies to
improve the quality of sleep, such as adjusting the sleep environment so it is
conducive to sleep (e.g. very dark, comfortable, quiet, and cool) and removing
implievations that may result in harm and prevent optimal patient care. Nurses need to arrive at
work alert and well rested, and should take meal and rest breaks and implement
fatigue countermeasures as necessary to maintain alertness. RNs are responsible
for negotiating with the employer or by seeking other employment if negotiation is not
possible.

2. Rest before a shift to avoid coming work fatigued.

3. Be aware of side effects of over-the-counter and prescription medications that
may affect sleep and alertness.

4. Improve overall personal health and wellness through stress management,
nutrition, and frequent exercise.

5. Use benefits and services provided by employer, such as wellness programs,
education and training sessions, worksite fitness centers, and designated rest
areas.

6. Take scheduled meals and breaks during the work shift.

7. Use naps in accordance with workplace policies.

8. Follow established policies, and use existing reporting systems to provide
information about accidents, errors, and near misses.

9. Follow steps to ensure safety while driving, such as recognizing the warning
signs of drowsy driving, using naps or caffeine to be alert enough to drive,
and avoiding driving after even small amounts of alcohol when sleep-deprived.

10. Consider the length of a commute prior to applying for employment.

11. Prior to accepting a position, consider the employer’s demonstrated
commitment to establishing a culture of safety and to reducing occupational
hazards, including nurse fatigue (ANA, 2014).

If necessary, a RN should seek a schedule that is a better fit for his or her needs
by negotiating with the employer or by seeking other employment if negotiation is not
possible.

Responsibilities of Employers
Employers of RNs are responsible for establishing a culture of safety, a healthy
work environment, and for implementing evidence-based policies, procedures,
and strategies that promote healthy nursing work schedules and that improve alertness.
Safe levels of staffing are essential to providing optimal patient care and ensuring a
safe environment for patients and RNs (ANA, 2014).

Employers should limit shifts (including mandatory training and meetings) to
a maximum of 12 hours in 24 hours. Those limitations should include on-call hours
worked in addition to actual work hours. In addition, they should conduct regular
audits to ensure scheduling policies are maintained. Employers have a duty to
ensure that nurses can take meal and rest breaks during work shifts. Furthermore,
employers should facilitate the use of naps during scheduled breaks, as the benefits
of napping during long shifts are well supported by research (ANA, 2014).

ANA recommends implementation of the following evidence-based strategies:

1. Eliminate the use of mandatory overtime as a staffing solution.

2. Mandate implementation of the following evidence-based strategies:

3. Use evidence-based fatigue countermeasures and personal strategies
to reduce the risks of fatigue are outlined in the ANA position statement background
information:

4. Improve overall personal health and wellness through stress management,
nutrition, and frequent exercise.

5. Use benefits and services provided by employer, such as wellness programs,
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commitment to establishing a culture of safety and to reducing occupational
hazards, including nurse fatigue (ANA, 2014).

If necessary, a RN should seek a schedule that is a better fit for his or her needs
by negotiating with the employer or by seeking other employment if negotiation is not
possible.
2. Have employers adopt—as official policy—the position that RNs have the right to accept or reject a work assignment to prevent risks from fatigue, such that the assignment will not constitute patient abandonment, and that RNs should not suffer adverse consequences in retaliation for rejecting assignments to work assignments. Further, any change in the work assignment should be made only after consultation with the RN in question. 

References


Steege and Rainbow (2017) to explore barriers and facilitators within the hospital nurse work system to nurse coping and fatigue. Twenty-two nurses working in intensive care and medical-surgical units within a large academic medical center participated in the interviews. All nurses in the study experienced fatigue, yet they had varying perspectives on the importance of addressing fatigue in relation to other health system challenges. A new construct related to nursing professional culture was identified and defined as “supernurse.” Identified subthemes of supernurse included: extraordinary powers used for good; oblast of invulnerability; no sidesick; Kryptoynne, and an alterego. These values, beliefs, and behaviors define the aspect of culture that can act as barriers to fatigue risk management programs and patient safety initiatives. 

Sagherian and colleagues (2016) conducted a descriptive cross-sectional study looking at the association between fatigue, work schedules, and number of consecutive 12-hour shifts to three shifts. The sample consisted of 1,506 nurses who worked at least one shift a week in an Emergency Department in the United States. They evaluated their performance on timed cognitive skill tests on medication dosage rejection in good faith a work assignment to prevent risks from fatigue. This should include a system to evaluate instances of RNs rejecting assignments to evaluate causes and effectiveness of staffing patterns. 

Institute an anonymous reporting system for nurses safe: Transforming the work environment of nurses. Washington, DC: National Academies 


Barbara Brunt, MA, MN, RN-BC, NE-BC is currently an Education Consultant for Brunt Consulting Services. She has 28 years of experience in various nursing professional development (NPD) positions, from instructor, coordinator, to director. She retired from Summa Health System in February 2016 where she served as Magnet Program Director. She is an ANCC appraiser for continuing education through the American Nurses Credentialing Center and is the content editor for TrendLines, a monthly newsletter for NPD practitioners.
Overdose deaths related to prescription opioids have quadrupled since 1999, according to the Centers for Disease Control and Prevention (CDC). That makes this a top priority in health care. Nurses can play an important role in reducing these deaths, as well as addiction problems, by assessing and monitoring patients. In taking these steps, nurses can also protect themselves from possible legal action stemming from opioids.

Scope of the problem

Statistics illustrate the depth and breadth of prescription opioid abuse:

- At least half of all opioid overdose deaths involve a prescription opioid.
- In 2014, almost 2 million people in the United States abused or were dependent on prescription opioids.
- Every day, more than 1,000 people are treated in emergency departments for misuse of prescription opioids.
- The most common drugs associated with prescription opioid overdose deaths are methadone, oxycodone, and hydrocodone. According to the CDC, prescription opioid overdose rates between 1999 and 2014 were highest among people age 25 to 54.

Role of the nurse

A 2016 study by Baker and colleagues notes that there is significant variability in the amount of opioids prescribed, with the most common prescribed opioid was hydrocodone (78 percent), followed by oxycodone (15.4 percent). Interestingly, a 2015 study in the American Journal of Preventive Medicine reported a decrease in the rate of prescribing opioids (-5.7 percent), perhaps indicating that more healthcare providers are becoming aware of the addiction issue.

Screen patients

Nurses are well positioned to detect patients with substance misuse.

One simple screening tool is the NIDA or National Institute on Drug Abuse Drug Abuse Quick Screen. If a substance use disorder is suspected, the nurse should remain nonjudgmental while referring patients for further evaluation and treatment, so they receive the care they need.

One model for follow-up of possible substance abuse is Screening, Brief Intervention, and Referral to Treatment (SBIRT), from the Substance Abuse and Mental Health Services Administration. SBIRT is a method for ensuring that people with substance use disorders and those at risk for developing these disorders receive the help they need.

Assess the patient carefully

Pain medication should be matched to the individual patient’s needs. This begins with a detailed history, including a list of currently prescribed and past medications. Ask about a history of substance use or substance use disorders in the patient and the family’s. If opioids are being considered, assess the patient’s psychiatric status. A physical exam should also be completed, keeping in mind signs and symptoms of possible side effects such as adrenal insufficiency, immune suppression, and poor oral hygiene. If patients are already being managed for chronic pain, the nurse should consult with the appropriate provider.

Apply evidence-based pain management

To provide optimal patient care, as well as to protect themselves from legal action, nurses should practice evidence-based pain management. That means considering non-opioid analgesics and non-opioid non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, as first-line pain management. NSAIDs have been shown to be at least as effective (if not more so) than opioids for managagement of pain. In addition to their efficacy, NSAIDs have fewer serious adverse effects, such as gastrointestinal upset, when used in combination with acetaminophen. For example, in a 2013 review by Moore and Hersh, the authors wrote that the combination “may be a more effective analgesic... with fewer untoward effects, than are many of the currently available opioid-containing formulations.” Because patients do not always receive NSAIDs, verify that they are not taking other anticoagulants, including aspirin, and check for hepatic or renal impairment.

One resource for managing pain is the algorithm available from the Institute for Clinical Systems Improvement. Nurses should complete continuing education courses in pain management and document the skills they did so, which can provide evidence of their knowledge in event of a legal case.

Educate patients

Nurses need to educate patients about the role of pain medication in their care. This education should include pain medication options and the reasons why non-opioids are preferred. Verbal and written instructions after the procedure need to contain name of drug, dosage, adverse effects, how long the drug should be taken, and how to store it. Results from a 2016 survey published in JAMA Internal Medicine found that more than half (61 percent) of those no long taking opioid medication keep particularly in prohibited. For example, medication sharing, storage, and disposal practices by patients, which is common among US adults. JAMA Int Med. June 13, 2016. MCAuley JL, Leite RS, Melvin CL, Fillingim RB, Brady KT. Opioid prescribing practices and risk mitigation strategy implementation: identification of potential targets for provider-level intervention. Substance Abuse. 2016;37(1):9-14.


Protecting patients and nurses

Nurses who assess and monitor patients for treatment of pain are encouraged to be mindful of and have respect for their inherent abuse potential. Doing so protects patients from harm and nurses from potential liability.

About the author

David Griffiths is senior vice president of Nurses Service Organization (NSO), where he develops strategy and oversees execution of all new business acquisition and customer retention for the group’s allied healthcare professional liability insurance programs. With more than 15 years of experience in the healthcare industry, he leads a team covering account management, marketing and risk management services. More at www.nso.com.

This risk management information was provided by Nurses Service Organization (NSO), the nation’s largest provider of nurses’ professional liability insurance coverage for over 650,000 nurses since 1976. INS endorses the individual professional liability insurance policy administered through NSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of this material is prohibited. For questions, send an e-mail to service@nso.com or call 1-800-247-1500. www.nso.com.

Resources


CALL FOR PROPOSALS
ONA Biennial Convention

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. If you are attending the convention, you do not need to pay the $50.00 fee.
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: sswareningen@ohnurses.org

CE Poster Session Presenters will be notified of acceptance no later than September 15, 2017.

THE CE ROADSHOW AGENDA

8:30 am – Registration
9:00 am – OMA Update/ District introduction
9:30 am – Nurse Practice & Fatigue: A Wake up Call: Linda Warino BSN RN CPAN
10:15 am – Cultural Appreciation: Heidi Shank DNP, MSN, RN (Cultural presentation subject to change per location)
11:00 am – Break
11:15 am – When the Workplace Turns Toxic: Incivility & Bullying: Linda Council MSN RN & Tahnee Andrews MSN RN
12:00 pm – Lunch
12:30 pm – Scope of Practice, what does that even mean?: Jan Lanier JD RN [1.0 Category A CE credit]
1:30 pm – Break
2:00 pm – Impact Teen Drivers: Heidi Deane “Brought to you by California Casualty”
2:45 pm – Ground Zero: Ohio’s Battle with Opioids: Sally Morgan, RN, MS, ANP-BC, GNP-BC – [1.0 Pharm hours for APRN]
3:45 pm – Close

Get on the list for 2018!
More information about CE Roadshows at https://www.ohnurses.org/ceroadshow/
The Ohio Nurses Foundation held its annual luncheon and fundraiser on April 28th at the Blackwell in Columbus, Ohio. The luncheon serves as a celebration of nursing, which includes Nurses Choice Awards, and the awarding the nursing scholarships and research grants. Scholarship and research grant applications are due in January. Visit www.ohionursesfoundation.org to apply!

Congratulations to the 2017 Winners!

**Research Grant Winners**
- Tania Von Visger, APRN, PhD(c), CNS, CCNS, PCCN
  - Research title: Feasibility and acceptability of the integrative therapy for management of symptoms in person with pulmonary hypertension.
- Randi A. Bates, MS, RN, PCN, CNP (FNP-C)
  - Research title: Early childhood self-regulation and persistent stress
- Yvonne Smith, PhD, RN, CNS
  - Research title: Nurses’ perceptions of their effectiveness as governing board members

**Scholarship Winners**
- Jennifer Sanders – Kent State
- Dulcey Wagner – Chamberlain
- Anitra Watkins-Bradley – Chamberlain
- Alex Schirripa – Kent State
- Jaunie May – Stark State
- Thomas Cody Morrison – Ursuline College
- Kathleen Colvin – Bishop Ready High School
- Madeline Smith – Buckeye Senior High School

**Award Winners**
- Nurses Choice Winner, Organization - The American Heart Association
- Gingy Harshey-Meade Excellence in Leadership Award – Nancy Stimler McManus

Thank you to our Platinum Sponsors!
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- Healthcare Credit Union System
At every ONA Biennial Convention, there is a special continuing education event called the Cornelius Congress Conference. Topics focus on current issues in healthcare, communication, and workplace advocacy.

This year’s conference is open to all nurses (You do not have to be a member of ONA to attend) and will be held at the Hilton Polaris (8700 Lyra Drive, Columbus, OH 43240). The Cornelius Conference will be on Thursday, October 5, 2017 between 8:00 am – 3:30 pm.

Dorothy Alice Cornelius was Executive Director of the Ohio Nurses Association from 1957 to 1983; President of the International Council of Nurses, Geneva, Switzerland, from 1973 to 1977; President of the American Nurses Association, from 1968 to 1970; and President of the American Journal of Nursing company, the largest publisher of nursing periodicals in the world, from 1967 to 1986. She was the only person who served in all of these positions.

She served the United States government on many committees and commissions, at the request of the President starting with Dwight D. Eisenhower. Her presidential commendations crossed political lines and included Lyndon Johnson and Richard Nixon. In all of these efforts, her leadership, knowledge, and concern for her fellow citizens were recognized by everyone.

Dorothy Cornelius’ commitment to nursing and those who receive nursing care was unparalleled. She graduated from Conemaugh Valley Memorial Hospital School of Nursing, Johnstown, Pennsylvania, in 1939 and earned her BS in nursing education at the University of Pittsburgh School of Nursing. During World War II she was in the US Navy Nurse Corps. Miss Cornelius was a public health nurse and the chief nurse of the American Red Cross Blood Program.

She received Honorary Recognition from ONA in 1969, the Honorary Membership Award from ANA in 1972, and Honorary Recognition from ANA in 1978. She was named a fellow in the American Academy of Nursing in 1977. The ONA Headquarters building was named and dedicated the Dorothy A. Cornelius Building in 1977; and she was named executive director emeritus of ONA upon her retirement in 1983. She died in 1992.

Contact hours will be awarded. The Ohio Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. (OBN-001-91)

Please go to http://www.ohnurses.org/onaevents/ona-biennial-convention-save-date/ for details and registration information, or contact Sandy Swearingen at sswearingen@ohnurses.org (614-448-1030).
Ohio Nursing Law: The Basis that Every Nurse Needs to Know

Ohio Nurses Association

The Board of Nursing (Board) is a public body whose sole purpose is to protect the public, in part by ensuring its licensees and certificate holders are at least minimally competent to practice and by taking action when a licensee poses a threat to public safety. Part of the Board’s role is to protect the publics trust in nursing as a profession. An individual’s 13 members are appointed by the governor to serve a four-year term, and they may be re-appointed for one term. This Board of Nursing has the authority to establish rules and regulations that are necessary to implement the laws and to protect the public.

Licensure exceptions – Section 4723.32 ORC

Not surprisingly, with every law there are also exceptions or exemptions. Ohio allows individuals to engage in nursing practice without an Ohio license in the following circumstances:

- The student is under the supervision of an RN faculty member.
- Individuals rendering medical assistance to licensed physicians, dentists, or podiatrists if that is a member of the National Council of State Boards of Nursing.
- Individuals employed as nursing aides, attendants, orderlies, or other auxiliary workers in patient homes, hospitals, home health agencies, or similar institutions.
The exemptions are intended to strike a balance so that licensure requirements do not hamper legitimate activities while still ensuring the public is protected from unsafe nursing practices. It is important for nurses going to another state to do so in accordance with that state’s licensure requirements to avoid unexpected challenges, pitfalls, and possible criminal prosecution.

Ohio law does not provide an exemption or exception from licensure for nurses practicing electronically across state lines. Should a licensed nurse located in a state other than Ohio engage in activities that would be considered the practice of nursing in Ohio for a patient located in Ohio, the nurse would need to hold an Ohio license. While some states have enacted the multi-state licensure compact, Ohio is one of the few states that do not allow nurse practice in other compact states on a single license. Ohio is not part of the compact.

The Board of Nursing has no jurisdiction or authority over unlicensed individuals who engage in nursing practice or who hold themselves out as nurses. The only recourse the Board has is to submit its findings to a county prosecutor for possible criminal prosecution for engaging in the unauthorized practice of nursing, which is a felony.

TAKE AWAYS
✓ If practicing nursing in Ohio, an individual must be licensed by the Board to do so even if the nurse is acting in a volunteer capacity.
✓ Licenses must be renewed every two years – LPNs in even-numbered years; RNs, including APRNs, in odd-numbered years.
✓ Exemptions to the licensure requirement exist, but they have specific criteria, all of which must be met for the exemption to apply.
✓ A state’s licensure exemptions will vary so a nurse should check a state’s practice act before engaging in practice there, even on a temporary basis. To find a link to boards of nursing in other jurisdictions, go to: www.ncsbn.org

Protected titles
In addition to authorizing the holder to engage in the practice of nursing, the license also entitles the holder to use certain titles in accordance with Ohio law. These titles include licensed practical nurse (LPN), registered nurse (RN) advanced practice registered nurse (APRN), Bachelor of Science in Nursing, Master of Science in Nursing, PhD in Nursing, licensed practical nurse certified nursing assistant (APRNCNS), a nurse practitioner (APRNCNS), and a nurse practitioner certified nurse anesthetist (APRNCNS). A nurse who holds any of these titles in any other jurisdiction may use the protected title when holding a lapsed or inactive status.

Scope of Practice
The current scope of practice for both RNs and LPNs in Ohio was defined in large part in 1988. Before that revision, nursing practice was defined as anything nurses learned in a nursing education program. The 1953 definition was severely limiting nursing practice so the changes made in 1988 were intended to allow more flexibility. At that time, however, some influential interest groups believed nurses were trying to infringe on the practice of medicine so much of the definitional language adopted by the legislature reflects compromises that allowed certain emerging concepts to become part of the law.

It is important that RNs understand the scope of practice for LPNs and the legal relationship between RNs and LPNs created by the scope language set out in the law. An RN may be directing the LPN’s practice; however, directing is NOT the same as delegating. The differences are subtle and will be discussed later in this study.

Scoping practice: RNs
In Ohio, the practice of nursing by RNs includes five independent functions that a nurse may engage in without specific orders or directions to do so. These activities are inherent expectations of all RNs regardless of practice location or specialty. The independent functions include:
• Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;
• Executing a nursing regimen through the selection, performance, management, and evaluation of nursing actions; and
• Providing health counseling and health teaching.

Independent Study continued on page 12

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Independent Study continued from page 11

- Teaching, administering, supervising, delegating, and evaluating nursing practice (Section 4723.01 (B) ORC)

The law goes on to define “nursing regimen” as preventative, restorative, and health promotion activities. (Section 4723.01(C) ORC) “Assessing health status” means the collection of data through nursing assessment techniques which may include interviews, observation, and physical evaluation for purposes of providing nursing care (Section 4723.01 (D) ORC). Note the repeated use of the word “nursing” throughout the scope of practice language to make clear the individual is not engaging in the practice of medicine. In fact, RNs and LPNs are explicitly prohibited from engaging in medical diagnosis, the prescription of medical measures and the practice of medicine or surgery or any of its branches. (Section 4723.151 ORC). The prohibition found in Section 4723.151 ORC does not apply to APRNs who are acting within their scope of practice.

The only dependent component of RN practice is administering medications, treatments, and executing certain medical regimens. These activities must be authorized (ordered) by individuals authorized to practice in Ohio who are acting within their professional practice. (Section 4723.01 (B)(5) ORC). In other words, a registered nurse may not administer medication without a valid order from an authorized individual to do so. RNs may not prescribe, which means a medication order must be specific with respect to dosage, indications for administering the drug, time, and route of administration. Failure to heed this limitation could result in a charge of practicing medicine without a license.

Scope of practice: LPNs

The scope of practice for LPNs includes no independent functions or activities. An LPN must practice under the direction of a registered nurse, physician, physician assistant, dentist, podiatrist, optometrist, or chiropractor. (Section 4723.01 (F) ORC). “Direction” does not mean over-the-shoulder supervision. Rather, there must be someone who is communicating or has communicated a plan of care to the LPN. (Rule 4723.01-07 OAC) The LPN contributes to the localization of the plan of care but cannot independently develop or revise it.

Nursing care provided by LPNs includes:
- Observation, patient teaching, and care in a diversity of health care settings;
- Contributions to the planning, implementation, and evaluation of nursing practice (Section 4723.01 (B) ORC)

- Administration of medications and treatments authorized (ordered) by an individual who is authorized to practice in Ohio who is acting within their professional practice provided the LPN has successfully completed a course in basic pharmacology either in a pre-licensure education program approved by the Board or a post licensure basic pharmacology course approved by the Board (Section 4723.17 ORC).

- Administering an adult appropriately authorized IV therapy within the requirements set forth in Section 4723.18 ORC (described more fully below);
- Delegating nursing tasks as directed by a registered nurse. Note: if the LPN is being directed by a non-nurse, the LPN may not delegate nursing tasks;
- Teaching nursing tasks to LPNs and individuals to whom the LPN is authorized to delegate nursing tasks. (Section 4723.01 (F) ORC)

The Board through its rules specifies that RNs and LPNs apply the nursing process when engaging in practice. The process is cyclical and the nurse’s action should respond to the patient’s changing care needs. An RN is expected to use clinical judgment in establishing and revising the patient’s nursing plan of care (Rule 4723-4-07 OAC) while LPNs contribute to the care plan, they may not act independently to develop or change it.

LPNs and IV therapy

LPNs in Ohio have very specific requirements and limitations they must adhere to with respect to IV therapy. In order to be authorized to engage in any of the allowable activities the LPN must have completed a course in IV therapy that includes 40 hours of training approved by the Board. The curriculum must include the anatomy and physiology of the cardiovascular system, signs and symptoms of local and systemic complications in administering IV fluids and antibiotic additives and guidelines for management of these complications. The course must also include a testing component.

When the LPN is providing IV therapy at the direction of an RN the RN must be readily available at the site of the device and able to respond to the patient’s changing care needs. The nurse’s action should respond to the patient’s changing care needs. An RN is expected to use clinical judgment in establishing and revising the patient’s nursing plan of care (Rule 4723-4-07 OAC) while LPNs contribute to the care plan, they may not act independently to develop or change it.

LPNs may NOT do the following with respect to IV therapy:
- Initiate or maintain blood or blood products;
- Initiate or maintain solutions for total parenteral nutrition;
- Initiate or maintain cancer therapeutic medications including but not limited to chemotherapy and anti-neoplastic agents;
- Initiate or maintain solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein, or except that a licensed professional nurse may maintain the following solutions—dextrose 5%, normal saline, lactated ringers, sodium chloride .45%, sodium chloride 0.2%, sterile water;
- Administer any new investigational or experimental drug;
- Initiate intravenous therapy in any vein, except in a vein of the hand, forearm, or antecubital fossa;
- Discontinue a central venous or arterial line, or any other line that does not terminate in a peripheral vein;
- Initiate or discontinue a peripherally inserted central catheter;
- Mix, prepare, or reconstitute any medication for intravenous therapy, or except an antibiotic additive;
- Administer, reconstitute, or inject a solution into the intravenous route, including all of the following activities:
  - Administering an intravenous infusion containing one or more of the following elements: dextrose 5%, normal saline, lactated ringers, sodium chloride .45%, sodium chloride 0.2%, sterile water;
- Hang subsequent containers of the intravenous solutions specified above that contain vitamins or electrolytes, if a registered nurse initiated the infusion of that same intravenous solution;
- Initiate or maintain an intravenous infusion containing an antibiotic additive;
- Injecting medication via a direct intravenous route, or except hepatic or normal saline to flush an intermittent infusion device or heparin lock including, but not limited to, bolus or push;
- Change tubing on any line including, but not limited to, an arterial line or a central venous line, or except tubing on an intravenous line that terminates in a peripheral vein; and
- Program or set any function of a patient controlled infusions pump.

To summarize that can be very confusing language, LPNs who have completed the required IV therapy course may do the following for an adult patient:
- Change tubing on an IV line that terminates in a peripheral vein;
- Inject IV heparin or normal saline to flush an intermittent infusion device or heparin lock including bolus or push;
- Initiate an IV infusion containing one or more of the following dextrose 5%, normal saline, lactated ringers, sodium chloride .45%, sodium chloride 0.2%, and sterile water;
- Hang subsequent containers of the above IV solutions that contain vitamins or electrolytes if an RN initiated the infusion of that same IV solution;
- Initiate or maintain an IV infusion containing an antibiotic additive;
- Use only the veins of the hand, forearm, or antecubital fossa when performing IV therapy;
- Maintain an IV administered through any central venous or arterial line of the following solutions dextrose 5%, normal saline, lactated ringers, sodium chloride .45%, sodium chloride 0.2%, and sterile water.

“Maintain” is defined as administering or regulating an IV according to the prescribed flow rate (Rule 4723-17-01 (E) OAC). An “adult” is defined as anyone who is 18 years of age or older. (Rule 4723-17-01 (A) OAC).

LPNs who have NOT successfully completed the required IV therapy course may do the following regardless of the patient’s age:
- Verify the type of peripheral intravenous solution being administered;
- Examine a peripheral infusion site and the extremity for possible infection;
- Regulate a peripheral intravenous infusion according to the prescribed flow rate;
- Discontinue a peripheral intravenous device at the appropriate time or as ordered;
- Perform routine dressing changes at the insertion site of a peripheral venous or arterial infusion, peripherally inserted central catheter infusion, or central venous pressure subclavian infusion. (Section 4723.181 ORC).
### Scope of practice: APRN’s

With the passage of HB 216 by the legislature in late 2016, several significant changes were enacted that affected the APRN scope of practice. While the law continues to define APRNs as including CRNAs, CNPs, CNMs and CNSs, nurse anesthetists have significant differences from other APRNs with respect to their authorized activities. Most notably, CRNAs do NOT have prescriptive authority and practice with physician supervision. However, APRNs have prescriptive authority and practice in collaboration with a physician pursuant to a standard care arrangement.

The legislation also eliminated the requirement that the licensed APRN prescribes complete an extemnship before obtaining a certificate to prescribe (CTP). As April 4, 2017 the Board will issue an APRN externship before obtaining a certificate to prescribe.

The scope of practice for all APRN specialty designations recognizes that advance practice nurses knowledges and skill gained from advanced formal education, training, and clinical experience. (Section 4723.41 ORC). Dealership practice language for each APRN designation can be found on page 4723.43 ORC.

- **Practice as a CNM includes:**
  - \( \text{a} \) \text{administration of preventive services and primary care services to women antepartum, intrapartum, postpartum, and gynecologically;}
  - \( \text{b} \) \text{performing episiotomies and repairing vaginal tears.}
  - \( \text{c} \) \text{a CNM may not perform version, deliver breech or fetal presentations. use forceps, do any obstetrical operation or treat an abnormal condition except in an emergency. (Section 4723.43 (A) ORC).}
  - \( \text{d} \) \text{practice as a CRNA includes:}
    - \( \text{a} \) \text{administering anesthesia induction, maintenance, and emersion in the immediate presence of a physician, dentist, or podiatrist.}
    - \( \text{b} \) \text{pre-anesthesia preparation and evaluation, post anesthesia care and clinical support functions under the supervision of a physician, dentist or podiatrist.}
    - \( \text{c} \) \text{the CRNA who is supervised by a dentist or podiatrist may perform only the anesthesia procedures the dentist is authorized to perform and may not administer general anesthesia in a podiatrist’s office. (Section 4723.43(B) ORC).}
    - \( \text{d} \) \text{practice as a CRNP includes:}
      - \( \text{a} \) \text{prevention and primary care services;}
      - \( \text{b} \) \text{services for acute illnesses; and}
      - \( \text{c} \) \text{evaluation of patient wellness.}
      - \( \text{d} \) \text{if collaborating with a podiatrist, the CNP is limited to procedures the podiatrist is authorized to perform. (Section 4723.43 (C) ORC).}
      - \( \text{e} \) \text{practice as a CNS includes:}
        - \( \text{a} \) \text{providing and managing care of individuals and groups with complex health care problems.}
        - \( \text{b} \) \text{providing health care services that promote and manage health care.}

### Delegation and Direction

Delegation

The scope of practice for nurses recognizes that delegation of certain aspects of nursing care is an independent function for RNs, and LPNs may delegate nursing tasks but only at the direction of an RN. The Board adopted a series of rules setting out standards nurses must use when delegating these activities, (Chapter 4723-13 OAC). Delegation is defined as the “transfer of responsibility for performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual who is not so authorized.” (Rule 4723-13-01(B) OAC). A nursing task is defined as those activities that constitute the practice of nursing including assistance with activities of daily living that are performed to maintain or improve the patient’s well-being when the patient is unable to perform that activity for him or herself. (Rule 4723-13-01(I) OAC). While nurses may delegate a task, that action does not absolve them of responsibility with respect to the patient’s overall care needs. The nurse must make sure the task is performed and take action if it is not in order to make certain the patient’s safety is maintained and care needs are met.

### Benefits Include

- **Perioperative Nursing**
- **Pediatric Nurse Practitioner**
- **Mental Health Practitioner**
- **Nurse Midwife**
- **Critical Care Nursing**
- **Medical Surgical Nursing**
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Continuing education

Rule 4723-3-05 (D)(6) OAC

Given the stringent criteria for defining a delegable task, the administration of medication is not generally considered delegable. There are exceptions, however, that allow delegation to occur. Nurses may delegate:

- The task requires no judgment based on nursing knowledge and expertise;
- The results of the task are reasonably predictable;
- The task can be performed safely according to existing, unchanging directions with no need to alter the standard procedures for performing the task;
- Performance does not require repeated nursing assessments; and
- The consequences of incorrectly performing the task are minimal, not life threatening.

Rule 4723-13-05 (D)(6) OAC

An APRN may delegate medication administration to an unlicensed person if:

- The drug is one the APRN may prescribe; and
- The drug is not to be administered in a hospital inpatient care unit, a hospital emergency department, a free-standing emergency department, or an ambulatory surgical facility.

Section 4723-489 ORC

Ohio law explicitly authorizes unlicensed assistant personnel to administer medications in certain specific settings, for example public schools. If a school district has established a policy that authorizes unlicensed individuals to administer medications, no nurse delegation is needed. (Section 3313. 713 ORC). Within specific developmental disability care sites the law allows certain medications to be administered without delegation while others require nurse delegation. (Sections 5123. 6 et seq. ORC and Rules 5123:2-6-01 to 5123:6-07 OAC). If delegation is required, the nurse must act in accordance with the requirements and limitations set out in Chapter 4723-13 OAC. (Rule 4723-13-07 OAC).

Additionally, Ohio law recognizes “assistance with self administration of medications” when the activity occurs in a facility whose primary purpose of the setting is not the provision of health care. An unlicensed person acting without delegation may:

- Remind the individual when to take the medication & observe to ensure the medication is taken according to directions on the container;
- Bring the medication in its container to the individual, and if the individual is physically unable to do so, open the container; and
- Remove the oral or topical medication from the container and if the individual is physically impaired place a dose of medication in another container and place that container to the mouth of the individual. (Rule 4723-13-02 OAC)

When a licensed nurse delegates a task, the nurse must supervise the performance of the task. Supervision does not mean over-shoulder observation. Rather, it means initial and ongoing procedural guidance and evaluation. Adequate communication regarding the nurse’s expectations is critical to successful, safe delegation.

If the substantial purpose of the setting in which the delegation is occurring is the provision of health care services, the supervision must be on-site. However, if the purpose of the setting is other than the provision of health care, the supervision may be indirect, but the nurse must always be accessible electronically. When not required to be on site, several factors must be considered by the nurse when making a decision regarding delegation. Those factors include:

- The number of individuals needing nursing care and their health status;
- The types and number of nursing tasks being delegated;
- The continuity, dependability, and reliability of the unlicensed individual.

If the nurse is responsible for more than one site, the distance and accessibility of each setting and any unusual problems that may be encountered must also be considered, as must the availability of emergency aid if needed. Rule 4723-13-07 OAC

Direction

LPNs work at the direction of RNs, which means the RN communicates a plan of care to the LPN. (Rule 4723-4-01 (B) (6) OAC). When directing an LPN the RN must assess:

- The condition of the patient, including the patient’s stability;
- The type of care the patient requires;
- The complexity and frequency of the nursing care needed; and
- The training, skill, and ability of the LPN being directed.

Rule 4723-4-03 (K) OAC

Takeaways

- The scope of practice recognizes that delegation is an independent function for RNs;
- LPNs may delegate to an unlicensed person and must delegate according to standards established by the Board. A physician, dentist, podiatrist, chiropractor, optometrist, and physician assistant may not direct the LPN to delegate nursing care. Only the RN may do so;
- The delegating nurse remains responsible for the overall outcome when a task is performed by an unlicensed person;
- Medication administration is not, typically, a delegable task for RNs and LPNs; however, APN's may delegate the administration of medications in certain non-hospital settings.

Maintaining a license

Consistent with its obligation to protect the public from unsafe nursing practice, the law authorizes the Board to establish criteria, including continuing education requirements, licensees must meet to renew a license. The Board also is authorized to revoke, suspend, or restrict a license if the licensee has engaged in unsafe nursing practice, the law authorizes the Board to restrict a license should it find a licensee has engaged in activities that constitute a violation of certain provisions of law set out in Section 4723.28 ORC. These activities are intended to help the Board ensure the ongoing competency and safe practice of its licensees.

Continuing education

In order to be eligible to renew a nursing license in Ohio (EXCEPT the first renewal following initial licensure by examination) the licensee must complete 24 hours of continuing education (CE) each renewal cycle. These CE hours must be directed toward the continuing education requirements which must be directly related to the laws and rules pertaining to the practice of nursing in Ohio, so-called Category A continuing education. (Section 4723-24 OAC). Effective April 4, 2017 APN's must obtain an additional 24 hours of continuing education to renew an APRN license and 12 of those hours must include advanced pharmacology. (Section 4723-24 OAC). If a nurse completes more than the required 24 (or 48) hours during a renewal cycle those additional hours may NOT be applied to future renewal periods. Continuing education requirements are described in more detail in Board rules found in Chapter 4723-14 (OAC). A licensee may also use a one-time only waiver to renew a license without obtaining the requisite continuing education. The waiver request must be submitted in writing and once requested it may not be withdrawn. Once that waiver option is used it may never be used again. (Rule 4723-14-03 (G) OAC).

Ohio accepts, for continuing education purposes, both independent studies as well as faculty-directed activities. In other words, nurses may rely on independent studies to satisfy all hours of the CE requirement if they choose to do so. Regardless of the format of the study or activity, the nurse must maintain documentation or verification of completion of the CE that is issued by the CE provider. The nurse must retain this documentation for six years or three renewal cycles.

As part of the renewal process, the nurse will be asked to attest to having met the CE requirement, and the Board may ask the nurse to verify that the attestation is accurate. When the CE audit is conducted, the nurse must provide the requested documentation—the relevant CE certificates. Failure to do so before November 1st will result in a lapse of that nurse's license. (Rule 4723-14-01 OAC). If a license is lapsed or on inactive status for more than two years, the nurse must complete 24 hours of prescribed CE that includes the following content:

- Two contact hours on scope of practice, standards of safe practice, and delegation;
- Six contact hours addressing the nursing process and critical thinking, clinical reasoning, or nursing judgment related to patient care;
- Six contact hours in pharmacology, drug classification, medication errors, and patient safety;
- Two contact hours related to clinical or organizational ethics; and
- Eight contact hours related to the nurse's particular practice.

Rule 4723-14-03 OAC

Individuals taking college courses may apply the credit hours earned in those courses to satisfy the CE requirement. If the college course work does not satisfy the CE requirement, the nurse must complete hours of Category A continuing education.

Rule 4723-14-04 OAC

Ohio has determined that the continuing education program designated as a Category A presentation must include:

- At least 12 contact hours of continuing education
- One contact hour earned in a quarter system is equivalent to 12 contact hours, one contact hour earned in a trimester system is equivalent to 12 contact hours.

Rule 4723-14-04 OAC

However, if the college course work does not include the content required to meet the Category A law and rules requirement, the nurse would need to obtain that hour through an approved continuing education program designated as a Category A presentation.

Although Ohio is fairly generous in its determination of what constitutes acceptable continuing nursing education, there are specific exceptions to that flexibility. The following activities cannot be used to satisfy the 24 hours of CE required for license renewal:

- CE that includes the following content:
  - 4 hours of continuing education related solely to practice in an institutional setting,
  - 4 hours of continuing education related solely to practice in a non-institutional setting,
  - CE that includes the following content:
  - 4 hours of continuing education related solely to practice in a governmental setting,
  - CE that includes the following content:
  - 4 hours of continuing education related solely to practice in a non-governmental setting,
  - CE that includes the following content:
  - 4 hours of continuing education related solely to practice in a hospital-based setting,
• Repetition of an activity with identical content and wording over an extended period;
• Self-directed learning such as reading texts or journal articles not approved as an independent study;
• Participation in clinical practice or research;
• Personal development activities;
• Professional meetings or conventions except for activities designated as CE;
• Community service or volunteer practice;
• Membership in professional organizations; and
CE-ordered by the Board as a result of disciplinary action.

Rule 4723-14-05 (OAC).

TAKING DISCIPLINARY ACTION TO PROTECT THE PUBLIC

The Board may take disciplinary action when a nurse (or other individual under the Board’s jurisdiction) violates specific provisions found in Section 4723.28 ORC. If an action or inaction is not included in that section of law, the Board cannot act. That same section of law also defines the processes the Board must use when it proposes to take the allowed action. The Board must provide the accused individual due process, which includes notice of the allegations and an opportunity for the accused individual to tell his/her side of the story. Just like other judicial or quasi-judicial proceedings, the Board must prove the charges, in other words, the nurse is “innocent until proven otherwise”, but the Board’s burden of proof is comparatively light; a preponderance of the evidence standard, rather than the beyond a reasonable doubt standard that is typically seen in criminal cases.

The Board relies generally on its complaint process as the basis for its disciplinary actions. In other words, the Board does not typically initiate an investigation unless it has received information in the form of a complaint that describes what the nurse did or did not do that would be considered a violation of Section 4723.28 ORC. All complaints are confidential and must be investigated by Board staff, who are trained investigators. Nurses have the right to have an attorney represent them in these proceedings with the processes for doing so set out in Chapter 4723-16 of the Ohio Administrative Code. Once an investigation has been completed by Board staff, a decision is made as to whether the charges constitute a violation of Section 4723.28 ORC and whether there is sufficient evidence to support the allegation. Board members then decide whether to proceed to adjudicate the case. At this point the case becomes public information, and the nurse is notified regarding his/her right to request a formal hearing.

Just like other judicial or quasi-judicial proceedings, the Board follows a specific process when it proposes to take the allowed action. The Board must provide the accused individual due process, which includes notice of the charges and an opportunity to challenge the evidence presented against them. The nurse is entitled to request a formal hearing, and the Board members then decide whether to proceed with the disciplinary action. The Board must provide the accused individual with the opportunity to present evidence and arguments in their defense. The Board’s decision is based on a preponderance of the evidence, rather than the beyond a reasonable doubt standard that is typically seen in criminal cases.

ON ADMISSION TO PROFESSIONAL PRACTICE

Nurses are responsible for knowing when changes occur to the laws and rules governing their practice. One way to stay informed is by going to the Board’s web page (www.nursing.ohio.gov) and subscribing to e-news.

Conclusion

Licensed nurses by virtue of holding a current valid license are allowed to touch people physically and emotionally in ways others may not. That authority is a privilege and carries with it an obligation to engage in nursing practice safely and in accordance with all relevant laws and rules. The Board of Nursing is charged with protecting the public from the unsafe practice of nursing. That responsibility includes the adoption of rules that enable the Board to enforce the law effectively. Nurses must know both the law and the rules governing their practice and keep up with changes as they occur. The Board’s web site (www.nursing.ohio.gov) has many resources licensees may find useful in helping them decipher some of the more complex aspects of nursing practice including the regulations they must follow. In addition, professional associations such as the Ohio Nurses Association and the Ohio Association of Advanced Practice Nurses are excellent sources of advice for nurses who may have questions or concerns. Safe practice is a goal for everyone, regulators and nurses alike. Knowing the rules and practicing in accordance with them is an important component of safe practice, especially in today’s complex health care environment.

TAKE AWAYS

✓ The Board can take action that could revoke, suspend, restrict or otherwise limit a nurse’s license to practice nursing.
✓ A nurse has a right to be notified of the charges against him/her and to have an opportunity to offer a defense due process rights. The nurse may also be represented by legal counsel.
✓ The Board, typically, learns of alleged violations of Section 4723.28 ORC from complaints filed with the Board. All complaints are confidential and must be investigated by Board staff, who are trained investigators. Nurses have the right to have an attorney represent them in these proceedings with the processes for doing so set out in Chapter 4723-16 of the Ohio Administrative Code. Once an investigation has been completed by Board staff, a decision is made as to whether the charges constitute a violation of Section 4723.28 ORC and whether there is sufficient evidence to support the allegation. Board members then decide whether to proceed to adjudicate the case. At this point the case becomes public information, and the nurse is notified regarding his/her right to request a formal hearing.

Acceptable Standards of Safety & Effective Nursing Practice

Acceptable standards include (in part):
• Timely implementation of an authorized practitioner’s order unless the nurse believes the order is inaccurate, not properly authorized, not current or valid, harmful or potentially harmful, or contradicted.
• If a nurse believes an order is not appropriate, he/she must clarify the order.
• If after clarification the nurse determines not to implement the order, that determination must be documented accurately and in a timely manner and the nurse must act to assure the patient’s safety.
• Maintaining patient confidentiality.
• Displaying title or licensure initials when providing direct patient care, including when practicing via telecommunication.
• Documenting accurately, timely, and completely nursing assessments or observations, the care provided by the nurse, and the patient’s response to that care.
• Accurately and in a timely manner, reporting errors or deviations from a current valid order.
• Providing a safe environment.
• Providing privacy during examination and treatment.
• Treating each patient with courtesy, respect, and with full recognition of the patient’s dignity and individuality.
• Establishing and maintaining professional boundaries with a patient.
• Not falsifying any patient records or other documents prepared or utilized in the course of or in conjunction with nursing practice.
• Not engaging in physical, verbal, mental, or emotional abuse.
• Not misappropriating a patient’s property or seeking or obtaining personal gain at the patient’s expense.
• Not becoming in appropriately involved in a patient’s personal relationships or financial matters.
• Not engaging in sexual conduct with a patient or verbal behavior that is seductive or sexually demeaning to a patient.

Rule 4723-4-06 OAC.

Nurses are responsible for knowing when changes occur to the laws and rules governing their practice. One way to stay informed is by going to the Board’s web page (www.nursing.ohio.gov) and subscribing to e-news.

Conclusion

Licensed nurses by virtue of holding a current valid license are allowed to touch people physically and emotionally in ways others may not. That authority is a privilege and carries with it an obligation to engage in nursing practice safely and in accordance with all relevant laws and rules. The Board of Nursing is charged with protecting the public from the unsafe practice of nursing. That responsibility includes the adoption of rules that enable the Board to enforce the law effectively. Nurses must know both the law and the rules governing their practice and keep up with changes as they occur. The Board’s web site (www.nursing.ohio.gov) has many resources licensees may find useful in helping them decipher some of the more complex aspects of nursing practice including the regulations they must follow. In addition, professional associations such as the Ohio Nurses Association and the Ohio Association of Advanced Practice Nurses are excellent sources of advice for nurses who may have questions or concerns. Safe practice is a goal for everyone, regulators and nurses alike. Knowing the rules and practicing in accordance with them is an important component of safe practice, especially in today’s complex health care environment.
OB RN – We have positions available in the Family Birth Center for 12 hour shifts (7p-7a), 72 hours per pay, every 3rd weekend and PRN positions with 12 hour shifts. Previous OB RN experience is required.

ICCU RN – We have FT, PT and PRN positions available in our ICU for 8 hour and 12 hour shifts (varied times). The position requires conscious sedation and cardiac classes.

ER RN – We have positions available in our Emergency Department for 12 hour shifts (7p-7a), 72 hours per pay and 48 hours per pay. Previous ED RN experience is required, in addition to current BCLS certification.

Please visit our website for further details.

Benefits to working at Mary Rutan Hospital:

• $1000 sign-on bonus
• Low nurse to patient ratios
• 12 hour shifts
• Part-time and full-time positions available
• RN to BSN paid at 100%

Our TEAM members enjoy a competitive salary and robust benefit package which includes paid time off, health insurance with low deductibles and co-pays, 7k 401k contributions, life insurance, sick time, short term disability to name a few along with many opportunities for personal and professional growth.

If interested, apply online or in person at Mary Rutan Hospital Human Resources, 205 E. Palmer Rd, Bellefontaine, OH 43311, Monday – Friday 8 a.m. – 5 p.m.