Why Should I Care About Health Policy & How Can I Get Involved?

Tiffany Bukoffsky BSN, RN
ONA Director of Health Policy & Nursing Practice

“If you think you are too small to make a difference, try sleeping with a mosquito.”

The Dalai Lama sums up activism with that one quote. Each of us has a voice and we all have the opportunity and the obligation to speak up for what is right. So what does that mean, exactly, when we are talking about nursing? Did you know that among the 99 members of the Ohio House of Representatives and the 33 Ohio Senators, only three are healthcare professionals? And of the three members, two are physicians and the other is a pharmacist? Take a moment to let that sink in. Our Ohio General Assembly is made up of 132 members, none of which have education or training in nursing. However, our members show up in the “people’s house” to pass laws that directly affect the nursing profession and patient care. Even if you forget what your high school civics class taught you about how a bill becomes a law, you know enough about the government process to realize that our legislators are passing (or not passing) laws for a profession to which they have limited experience in. Now, I obviously do not expect our legislators to become experts in every field of study, nor do I blame them for using their own background knowledge and personal experiences to formulate their opinion on healthcare and nursing. However, after working for the Ohio Nurses Association for over three years, I realize the unique opportunity we as nurses have in educating our members of the General Assembly.

In nursing school we are taught that it is our responsibility to help foster autonomy, integrity, social justice and to be our patient’s advocate, but when is it ingrained within us to do the same among our peers and our profession? Who is the nurse’s advocate? How do we advocate for our own profession? As nurses, we value the dignity and worth of each human being and we tend to put other’s needs before our own. To this, I raise the questions; do you personally feel the dignity and worth of the nursing profession? Do you advocate for your own profession? Would you put your own and your profession’s needs first if it meant saving patients’ lives?

If nurses aren’t advocating for their own profession, no one else will. I do not mean to sound cynical, but the concept of “The squeaky wheel gets the grease” most certainly applies to the legislative process and how decisions are made at the statehouse. Legislators get ideas for bill proposals from their constituents, district leaders, special interest groups (like nurses), and from their own background knowledge and personal experiences.

If nursing is not at the table when decisions are made, the voice of nursing will never be heard.

We all know that nurses spend each day educating patients and families about disease processes, treatment options, and medications, among many other things. We also know that nurses are the healthcare experts because we are at the bedside 24 hours a day, seven days a week. So why not use this expertise to educate our members of the General Assembly?

With over 200,000 licensed registered nurses in the state of Ohio, we have the unique opportunity to advocate for our profession, patient safety, and the future of health care. Imagine if every registered nurse partnered with their elected officials and became the healthcare expert in both the House and Senate; if every registered nurse communicated regularly with the legislators in their district; if every registered nurse had a personal relationship to which a legislator felt comfortable enough to call upon them when healthcare-related legislation is up for a vote. We would be much more than a pesky mosquito or a squeaky wheel.

My challenge to you is to get involved in some way. Write a letter to a legislator. Listen to the news once a week. Read the weekend newspaper. Make phone calls for a legislator you support. Help on the campaign trail. Attend an Ohio Board of Nursing meeting. Join a taskforce. Educate your colleagues on what’s happening down at the statehouse. Be your legislator’s expert in nursing.

The Ohio Nurses Association has two ways to get involved!

We have begun implementing the ONA Advocacy Network, a digital grassroots advocacy tool that can connect nurses with their elected officials at the statehouse!

Our team is hard at work creating an Advocacy Center where you will be kept up-to-date with our profession’s biggest policy issues, as well as what may be affecting health care in Ohio! Members will also be asked to take action on the issues they care about most; like quality health care, all nurses working to the full extent of their education and training, and safe staffing.

To join our ONA Advocacy Network, text ONAADVOCATES (all one word) to the number 52886.

Click on the link that you will receive in the return text message and fill out your information! The information you provide will be stored in the ONA Advocacy Network Action Center and will only be used for advocacy alerts.

The second way to get involved in advocacy efforts with ONA is to join a remarkable network of nurses, acting as Legislative Ambassadors for the profession of nursing. In order to move legislative issues that impact the profession of nursing and the health of the citizens of Ohio, we need member volunteers to develop relationships with their legislators, educate those legislators on a variety of topics, and deliver ONA’s position on issues as they arise.

Our goal is to match an ONA member with each House and Senate district in the Ohio General Assembly!

Here is where you come in! We are seeking volunteers to become ONA Legislative Ambassadors. This is a very important role and requires:

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1. A two-year commitment to be an Ambassador in your legislative district.

2. That you attend the Advocacy Academy - a full-day training session, two of which will be offered within the next couple of months – Site TBD. Continuing Education contact hours and lunch will be included.

3. That you become a registered voter if not already registered. Legislators listen closely if they know you are one of their constituents.

4. A willingness to develop a relationship with your state representative and/or senator in person, and via phone, email, and letter.

5. A willingness to submit a letter to the editor to the newspaper in your locale if asked to do so.

6. A willingness to put your personal political agenda aside when representing ONA with members of the general assembly.

7. A comfort level with speaking to people.

8. A willingness to keep connected with ONA. Staying informed by reading updates sent by email, visits to the website, and via social media.

9. An interest in politics and advocating for your profession.

The Ohio Nurses Foundation (ONA) Convention provides a great opportunity to see in action the benefits of the ONF. At the Cornelius Congress, nurse leaders are recognized. Many of those honorees have been recipients of ONF awards. Poster presentations, CE programs and other educational activities are offered, often led by an ONF recipient. At the convention ONF recipients can also be found in numerous roles including delegates, ONA officers, committee members and chairs. The money invested in ONF recipients is money well spent. I invite you to invest in ONF. Your contributions are well used.

Davina J. Gosnell

What Does the ONF Do?

Nearly two decades ago the Ohio Nurses Foundation was established for the purpose of providing funds to advance nursing as a learned profession through education, research and scholarship. Since then thousands of dollars have been awarded to nursing students and registered nurses for the above stated purposes.

In addition to the Nurses Choice Awards Luncheon, which is the major ONF fundraiser held each spring, the biennial Ohio Nurses Association (ONA) Convention provides a great opportunity to see in action the benefits of the ONF. At the Cornelius Congress, nurse leaders are recognized. Many of those honorees have been recipients of ONF awards. Poster presentations, CE programs and other educational activities are offered, often led by an ONF recipient. At the convention ONF recipients can also be found in numerous roles including delegates, ONA officers, committee members and chairs. The money invested in ONF recipients is money well spent. I invite you to invest in ONF. Your contributions are well used.

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

You will be kept informed, updated and prepared by ONA staff, given talking points to use in interactions, provided with handouts or “leave behinds” and be recognized for your contribution to the organization in various ways. Nurses with all levels of advocacy experience are welcomed! Get involved: Contact Lisa Walker at lwalker@ohnurses.org to sign up. If you have questions or concerns before committing, please do not hesitate to call Lisa at 614-448-1031.

Join a powerful network of nurses and nurse allies who care about advancing and protecting the nursing profession and health care in Ohio. You have nothing to lose, but the nursing profession has everything to gain.

“If I am not for myself, then who will be for me? And if I am only for myself, then what am I? And if not now, when?”

Rabbi Hillel, Jewish Scholar

Tiffany Bukofsky, BSN, RN Director of Health policy and Nursing practice for the Ohio Nurses Association. She holds a Bachelor of Fine Arts from Ohio University, a Bachelor of Science degree in Nursing from Mt. Carmel and is currently working on her Executive Master of Health Administration from The George Washington University. She has presented at numerous conferences including, the National Art Education Association Conference, the Ohio Art Education Association Conference, the Wyoming Nurses Association 2016 Nurses Day at the Legislature, the ANA Capitol Hill Day, as well as many ONA events. Tiffany worked as a legislative intern for State Representative Michael Stinziano on healthcare-related bill proposals. She has given multiple presentations to nursing students and nurses across the state on the legislative process, current legislation that effects nursing, how to be a successful advocate for nursing, the Affordable Care Act and Insurance Marketplace, using social media to effectively communicate with legislators and a slew of Category A presentations.

Davina J. Gosnell
ONA Board Votes to Oppose November’s Drug Relief Act Issue 2 Because Unintended Consequences

Lori Chovanak

Remember the public outrage when the price of the EpiPen increased 500%, soaring from $103.50 in 2009 to more than $608.61 in 2016? The EpiPen isn’t the only prescription to increase – Pfizer Inc. raised the prices on 133 of its brand-name products last year with three quarters of those increases amounting to 10% or more.

There’s no question the skyrocketing price of medications is a problem for our patients. As nurses, we know how helpless we feel when a patient confides that he/she struggles to afford their medications, or worse, cannot afford them at all.

The Ohio Nurses Association learned earlier this year of an initiative set to appear on the statewide November ballot aimed at combatting the rising costs of prescription medications. The initiative, titled the Ohio Drug Relief Act Issue 2, promises to lower prescription prices by not allowing any public entity to pay more than the lowest amount paid by the VA system. ONA not only serves as the voice for all of Ohio’s nurses, but also for all of Ohio’s patients – and therefore we felt an obligation to find out more.

The Board of Directors began having healthy conversations with key stakeholders across the state, including other healthcare associations, governmental officials and representatives from the main backers of the ballot measure – The National Aids Health Foundation. The ONA board concluded the ballot measure sounds like a great idea (who doesn’t want to lower the skyrocketing costs of prescriptions?) but ultimately would not produce the desired result for our patients. We became gravely concerned with the initiative’s language and the feasibility of operationalizing such a measure, and fearful that in some instances could even make the problem worse. Therefore, the ONA Board of Directors voted to oppose the Prescription Drug Relief Act for the following reasons:

1) The ballot could actually raise the cost of prescriptions. Yes, the initiative is SUPPOSED to provide relief. But, because of the wording, the opposite would likely happen.

The initiative states that no public entity is to pay more than the lowest amount paid by the VA system. This language does not take into consideration rebates, and therefore, in many instances, medications could cost MORE than what the state is negotiating in their contracts currently.

2) This initiative could restrict access to medication. The VA system has its own formulary, and therefore our patients could have decreased access to medications if a particular medication is not included within the VA’s formulary.

3) It cannot be operationalized. The VA system has made it known that their contracts are not public, and that they have no intention of making those contracts public. The entire initiative is based on the prices negotiated in those contracts. If those are not public, there is no way to operationalize the measure.

ONA and the board of directors are committed to seeking solutions to lowering the cost of drug prices. We’re disappointed that a feasible solution is not part of this November’s ballot, but look forward to working with key stakeholders in the future to find a solution that’s right for our patients.

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 Montana 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.
On line news from the Ohio Nurses Association

Ohio Nurse September 2017

OHIO NURSES ASSOCIATION EVENTS 2017-2018

2017 Dates
Becoming an Approved Provider
December 19, 2017
April 24, 2018
June 14, 2018
Virtual Learning
9:00 am – 3:00 pm
Cost: $65.00

ONA Convention
October 6-8, 2017 (Hilton at Polarus, Columbus)

The CE Roadshows
September 7 – Youngstown, OH Roadshow
Youngstown State University;
Ohio Room Kilcawley Center

2018 Dates
Wellness Conference
March 9-10, 2018
OSU James Cancer Hospital
Columbus, Ohio

Nurses Day at the Statehouse
March 14, 2018
Statehouse, Downtown Columbus

APRN Pharmacology Day
Date and location TBD
ONA, Columbus, Ohio
6 hours

Florence Nightingale Tea/Dinner
May 9, 2018
Location: TBD


It’s September - the time of in between when summer has wound down and fall and pumpkin flavored everything is around the corner. September is when vacations end, school is just beginning and work gets back into full swing. It’s back to the “real world.”

September is also when legislators come back to the “real world” - with their real world centered in safeguarding and enhancing our world. That’s what legislators do, right? They make sure their constituents are happy through listening to their wants, needs and ideas. With nurses making up 1 in 50 voters, we’re a rather large constituency with needs and wants that typically boil down to one thing: safe and quality patient care.

Advocacy is a cornerstone of our organization, and rightfully so. Nurses are the ultimate patient advocate and we must take that advocacy through all channels: the bedside, the facility, local government, and federal. A lot of us become stunted going beyond the bedside and the facility because past that is usually unfamiliar territory. However, through programs like the Advocacy Academy and tools like the ONA Advocates Network, you can become empowered advocates for your patients and for your profession. Read more about this through Tiffany’s article on the front page aptly titled “Why Should I Care About Health Policy and How Can I Get Involved?”

Another path to advocacy is through the Ohio Nurses Association Convention this October 6th through the 8th. The Convention is an opportunity that only comes once every two years and serves as the largest gathering of Ohio’s most influential nurse leaders. Convention is a fantastic networking event and the best platform to address the issues, opportunities and barriers facing your profession.

At convention, ONA members submit and vote on proposals that serve as the association’s guide. These proposals are the reason why we have Ohio’s workplace violence and staffing laws, among others.

This energetic event is not restricted to members of ONA. Non-members may also enjoy the opportunities Convention offers, including pre-Convention continuing education programming, poster presentations, the Member Celebration, Nurses and Canvas (like wine and canvas!), the Awards Dinner and more.

Join us! It’s powerful to see nurses coming together to stand up for their profession and their patients. Don’t forget the fun intermingled throughout the three days, either! Take a glance at the pre-Convention and Convention schedule within this Ohio Nurse. Learn more by visiting www.onaconvention.com or calling 614-448-1041.

Interestingly, we’ve briefly touched on the legislature and your professional association in this article, which leaves one entity that drastically affects your life as a nurse: The Ohio Board of Nursing.

I’m sure you’re well aware of the license renewal this year. If you find yourself falling short on contact hours, don’t fret! We have independent studies at CE4Nurses.org and live education events to help fulfill your requirements. There’s also a Category A Law and Rules study within this issue that just happens to review the role of the board, the professional association and the general assembly.

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.

Time to get back to the “real world.” Happy reading!

WE ARE LOOKING FOR:
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• Nurse Supervisor – 7am to 3pm (night shift)
• STNA Weekend Warrior

Offer classes to become STNAs

Please visit https://careers.saberhealth.com/ to apply or call (937) 399-8311 for more information.

One Patient, One Team

Ohio Department of Rehabilitation and Correction is currently seeking RNs, LPNs and STNAs for multiple locations throughout the state.

Correctional Nursing – it’s more than what you think!

RNs: e-mail resume to Nena.Bradley@cdc.state.oh.us
LPNs and STNAs: Visit www.careers.ohio.gov

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• Weekly pay
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How Low Staffing Levels Intensify Risk Stressors for Nurses

David Griffiths, Nurses Service Organization

There’s no denying the strong correlation between nurse staffing levels and patient outcomes. Expected nursing shortages in communities across the country are poised to diminish the number of essential healthcare staff available to serve patients. And that creates stress on healthcare teams and healthcare facilities.

When a nursing unit is understaffed, nurses are faced with the possibility of providing patients suboptimal care and increasing the chance of making a mistake. These pain points have the ability to exacerbate the liability risks and challenges nurses already face in their regular routine by compounding physical, emotional and personal stressors.

Understanding those triggers and preparing for the risks they pose should not be undervalued, as they can lead, over time, to medical errors and burn-out. All of these factors can have a lasting effect on a nurse’s personal safety and career longevity.

Here are the top three categories of stress factors affecting nurses due to understaffing:

1. Emotional Stressors

Nurses are at the center of patient care and often act as an advocate between patients and physicians, and between patients and family and friends. They are now becoming accountable for the coordination of care and providing informed discharge notes for patients, which has the potential to impact healthcare outcomes beyond the hospital walls.

Coupled with more complex patient care demands and healthcare technologies, there’s new meaning to the idea of being on the front lines of care. The emotional strain of the job can create feelings of burnout, which is driving nurses to retire early or to explore other career options. A 2012 survey revealed that about a third of nurses reported an emotional exhaustion score of 27 or more, recognized by medical professionals as “high burnout.” To avoid the consequences of this hidden stress, institutions and nurses themselves will need to have more methods to identify and overcome these triggers.

2. Physical Stressors

Bending, lifting, readjusting patients and materials – all typical routines of the job that can become particularly complex when nurses face a greater patient load or longer shifts due to short staffing. As shifts stretch (often due to last-minute schedule changes) and as patient-to-nurse ratios increase, nurses have more opportunities to get fatigued and even injure themselves or those they care for. Added hours can also create job dissatisfaction, which stresses healthcare teams and hospital staffs. Add to this a growing aging population, with one in seven Americans age 65 or older and rising patient acuity, and nurses have a literal and much greater burden to bear.

What makes these issues more concerning is the fact that the nurse population is also aging. It’s estimated that by 2020, half of registered nurses will reach retirement age. Right now, the average age of nurses hovers around 50. It begs the question for healthcare providers everywhere: just how will our nurses be able to keep up with the pace and the workload the industry demands as their numbers dwindle?

3. Personal Stressors

While they may not happen on the job, personal struggles can also enter the work environment when family, financial or personal health concerns hover over a nurse’s life. A recent survey showed that 47 percent of employees say that problems in their personal lives sometimes affect their work performance. While not a unique phenomenon to the healthcare industry, the implications of stress at home causing reduced workplace performance for nurses can be far greater than for the average office worker, who isn’t responsible for the health and well-being of others.

Bottom Line

This trio of stressors has nursing advocates promoting ways to help ensure staffing levels are well-managed to alleviate some of the pain points that create or amplify stress on the job. The healthcare industry has already seen, and should expect to see more, legislative action or facility provisions to address nurse staffing levels. These efforts, as well as attempts to educate and inform new and practicing nurses to explore self-care tactics, are working to reduce common stressors plaguing nurses today to better foster the positive patient outcomes for which nurses and the community strive.

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 risk management industry, he leads a team covering account management, marketing and risk management services. More at www.nso.com.
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 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 1968. 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 1976. 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/consevents/ona-biennial-convention-save-date/ for details and registration information, or contact Sandy Swearingen at sswearingen@ohnurses.org (614-448-1030).

Cornelius Congress - Pre-convention - Nursing the Finest Art

- 7:45 - Introductions
- 8:00a - 9:00a - Effective Advocacy in a Twitter world - Janice Lanier JD RN
- 9:00a - 10:00a - Ethics laws and rules CATEGORY A - Terry Pope MS RN
- 10:00a - 10:15a - Break
- 10:15a - 11:15 - Music Therapy: Therapeutic Interventions for the Whole Brain – Central Ohio Music Therapy, LLC
- 11:15a - 12:15p - Lunch
- 12:15p - 1:00p - Porter Lecture: How to develop or participate in Shared Governance in Nursing- Linda Warino BSN RN CPAN
- 1:00p - 1:15p - Break
- 1:15p - 2:15p - Martyn Paper: Nursing and Art – Gail Brogan MSN RN
- 2:15 - 3:00p - Leadership: Shine on! - Judy Kimchi-Woods, PhD, RN, MBA, CPNP, CPHQ
- 3:00 - 3:45p - Ohio Board of Nursing update - Betsy J. Houchen, JD, MS, RN & Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF
- 3:40 - 4:00p - Closing Remarks

6.08 Contact Hours
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: sswearingen@ohnurses.org

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

Event: ONA Biennial Convention
Date of event: October 6, 2017
Time for the poster presentations will begin at 4:30 p.m.
Location of event: Hilton Polaris, Columbus, Ohio

Proposals can be mailed to: ONA, 4000 East Main Street, Columbus, Ohio 43213.
Faxed to 614-237-6074 or emailed to sswearingen@ohnurses.org

Your name: ____________________________________
Credentials: ____________________________
Date of proposal submission: ________________

The purpose of the convention is to promote nurses and nursing in practice, education and research. How does your proposed poster support this purpose?

Key words that highlight your presentation: Title:

One paragraph abstract:

Note: Each poster presenter will have one easel. No tables will be available. The poster should not exceed 30” by 39” in order to fit on the easel. One chair per presenter will also be provided. The learners will receive a copy of your abstract and your contact information.

Cost to the poster presenter: If you come to the entire convention, there is no fee other than the standard registration fee. If you come only to display your poster, there will be a $0 fee per presenter (ONA member) and $50.00 (non-ONA members). This includes one (1) chair per presenter and (1) one easel.

Poster Presenter Information:
Primary poster presenter: (For additional persons, attach an additional page with this same information. The person listed as primary will be the person with whom ONA will correspond.)
Name: ____________________________
Credentials: __________________________

Contact address: ____________________________________________________________
Preferred contact phone: ____________________________
Email: ____________________________

Describe your expertise to address the topic of your proposal. Include relevant education, practice, research, publications, or other information that would help reviewers understand your background in the area of the proposed presentation. Limit your description to this page. Do not add additional pages for this description. Do not attach a resume or curriculum vitae.
The Ohio Nurses Association and the Ohio Nurses Foundation are excited to announce that a nursing-themed Ohio license plate was released on July 3, 2017. 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. 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.
Event Reporting: What it is, how to do it, and why it’s important

Jessica Dzubak, RN

Nurses have fought long and hard for their rights and respect as professionals. Today, as the nation’s #1 most trusted profession (for 15 years in a row!), they must live up to our obligations. Nurses not only have a duty to protect and advocate for their patients, but themselves. As outlined in the Nurses Bill of Rights, nurses have “the right to freely and openly advocate for themselves and their patients, without fear of retribution” (American Nurses Association, “Nurses Bill of Rights.”)

Unfortunately, sometimes this obligation includes event reporting. Things don’t always go as planned and sometimes things like medication errors, patient privacy issues, and unsafe patient situations occur. It is the ethical duty of the nurse to report these incidents, so that nursing as a profession can learn from these mistakes.

Nurses also have “the right to a work environment that is safe for themselves and their patients” (American Nurses Association, “Nurses Bill of Rights.”) The concern of unsafe patient assignments has been more prevalent today than ever before. Many hospitals use Assignment Objection Forms, and have specific protocols for when nurses feel their patient assignment is unsafe. Even if the hospital or facility does not utilize these forms, there are always options for documenting and addressing this very serious concern.

If a nurse has a concern or witnesses a problem, he/she can:

• File a report, such as an Unusual Occurrence Report (UOR) or the generic event reporting form at your facility, with the option for anonymity. This can be used for any instance the nurse feels is concerning or “unusual”, such as medication errors, laboratory errors, falls, or patient elopement issues.
• Consult with charge nurse, nurse manager, or nursing supervisor.
• File an Assignment Objection form, if applicable.
• Document findings and situation as appropriate in the patient medical record.
• Contact facility risk management team or social work team, as applicable.
• Contact local authorities, including police, Child and/or Adult Protective Services, and hospital staff/chaplain, as well as document per hospital policy if abuse or neglect suspected.

Tips for Reporting:

• Be as objective as possible, citing only what you see, assess or hear. Do not document or report your personal feelings or opinions.
• Remain calm and professional at all times.
• Remember you are able to make most reports while remaining anonymous if you choose.
• It is usually best to start with your direct manager with any concerns for guidance on how to proceed, according to facility protocol.
• If you are questioning if you should report, you probably should.

Situations for Mandatory Reporting:

• Suspicion of or knowledge of child or elder abuse. (ORC 5101.61, 2151.421)
• Domestic violence with significant injuries, such as gunshot wounds, stabs, or serious burns. (ORC 2321.22)
• Patient thoughts of harm to self or others, per hospital policy.

Reporting incidents can be overwhelming, and even scary. By sharing information about questionable or inappropriate situations, the nurse can protect him/herself and potentially others involved. Nurses are aware of the serious threat of litigation, and event reporting helps show that the nurse has taken the appropriate steps to address the issue. Additionally, patients need advocates. Nurses are in the position to speak up for those who may not be able to do so themselves. Regardless of the legal aspect, event reporting is the ethical thing to do.

No one likes to admit they made a mistake, especially when it comes to patient safety. The truth is, it happens. Every day. Many hospitals and facilities also like staff to document “near misses,” or situations that could have been big mistakes, but were caught in time. These are important to document and review because then process improvement can take place. If no one ever speaks up about potential errors, how can nurses learn ways to prevent them?

From day one of nursing school, nurses are told “if you didn’t document it, you didn’t do it.” This extends to event reporting and assignment objections. If these problems are not documented, they cannot be addressed. These forms and electronic reporting systems are in place because unfortunately these situations do happen, and administrators want to know. It isn’t just about covering yourself, it is about speaking up when things go wrong and protecting those who need it the most.

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CONTINUING EDUCATION

Nursing Law and Rules in Ohio: An Overview

The Role of the Ohio Board of Nursing

The purpose of the Ohio Board of Nursing (OBN) is to protect the public. Nurses are regulated because it is one of the professions, if done by unqualified persons, that could pose a risk of harm to the public. The regulation of nurses, like that of physicians, pharmacists, and other health care professionals, is within the purview of the state government by virtue of the 10th amendment to the United States Constitution. Thus, the OBN is a structure of state government.

The OBN is financially supported by the individual licensure fees which are paid by those who are regulated by the OBN. The payment of those fees is mandatory for those who wish to practice in Ohio. Because the OBN is a public body, its meetings are open to the public. The OBN’s authority and decision making are defined by the law. The main purpose of the law is to protect the public from the unsafe practice of nursing and dialysis care.

“...nurse practice act in any state defines nursing practice and establishes standards for nurses in each state. It is the most authoritative legal statute or legislative act regulating nursing practice” (1). The “nurse practice act” in Ohio can be found in Title 47 of the Ohio Revised Code (ORC), specifically at Chapter 4723, ORC.

The Nurse Practice Act is applicable to the practice of all licensed nurses, that is, registered nurses (RN), licensed practical nurses (LPN), certified nurse practitioners (CNP), certified nurse-midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). A change in the nurse practice act in 2000 led to the inclusion of dialysis technicians and in 2003, community health workers were added to the OBN’s jurisdiction. In 2005, certified medication aides (MA-Cs) were recognized in Ohio law and became subject to Board of Nursing authority. The law also gives the OBN the authority to adopt rules. The rules clarify or explain the law but cannot conflict with or expand the law. The rules can be found in the Ohio Administrative Code (OAC) and have the same force and effect as the law. The OBN must enforce the law and rules regulating the practice of nursing as they are written even though individual nurses may not agree with the law. The OBN enforces the law and rules by taking disciplinary action against individuals who have been granted a license or certificate to practice from the OBN. The OBN has no authority over health care facilities or employers of nurses. It has no authority over individuals who are not licensed or certified by the OBN.

The Role of Professional Nursing Organizations

“Professional nursing organizations are voluntary, private entities and the purposes, goals, and missions of the organization are determined by those who choose to be members of the organization. In general, purposes of professional nursing organizations include advocating for the advancement of the profession of nursing and protecting the public. These organizations bring the practitioners together and develop professional standards of practice, codes of ethics, and engage in peer review in a voluntary process. Professional nursing organizations provide services to members. In general, meetings in which decisions are made are open to only those who are members of the organization.” (2)

There are a number of professional nursing organizations in Ohio. Additionally, dialysis technicians may belong to a voluntary organization comprised of dialysis technicians. The Ohio Board of Nursing works collaboratively with nursing organizations as well as other health care and consumer organizations. However, organizations do not dictate the actions of the OBN. In some instances, the OBN may make decisions that are not supported by an individual organization.

One of the functions of some professional organizations is influencing the making of law through lobbying the state legislature. Indeed, one of the reasons for the establishment of the Ohio Nurses Association (ONA) in the early 20th century was to lobby the state legislature (Ohio General Assembly) to pass a Nurse Practice Act in Ohio. ONA is one of three state law, it comes into being through the legislative process. That means that a bill must be introduced, or another bill amended, by the Ohio General Assembly. The Ohio General Assembly is the legislative or law making body for the state of Ohio.

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Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

If you have any questions, please feel free to call Sandy Swearingen, ssaweringen@ohnurses.org (614-448-1030), at the Ohio Nurses Association, (614) 237-5414.
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Similar to the United States Congress, the Ohio General Assembly is comprised of two houses, the Ohio Senate and the Ohio House of Representatives. The House of Representatives is comprised of 99 members and the Senate is comprised of 33 members. Any bill, which is being considered by the General Assembly, is public information and any citizen has an opportunity to provide input into the law making process. Thus, persons other than nurses make nursing law. Some nurses express disdain and frustration with the legislative process and vow never to be involved in “politics.” The reality is that the legislative process cannot be separated from “politics” in decision making.

Changes in the nursing law can occur through one of two ways. A bill specific to the issue is introduced or another bill, which has been already introduced, is amended. After bills traverse the process of committee hearings and votes by both chambers, the legislation is sent to the governor for action. Legislation becomes effective, that is becomes law, normally 90 days after signature by the governor.

The Role of Ohio Board of Nursing in Making Rules

As previously stated, the Ohio Board of Nursing has been given statutory authority by the General Assembly to administer and enforce the Nurse Practice Act (Section 4723.18, ORC). The OBN is authorized by law to issue all rules necessary to carry out the provisions of the law. As one example, the law states that continuing education is required in order to renew a nursing license or certificate (Section 4723.24 (C)(1), ORC). The specifics of meeting the CE requirement are spelled out in the rules (Chapter 4723-14, OAC). All rules of the OBN are found in Chapters 4723-1 through 4723-27 of the Ohio Administrative Code (OAC). It is not enough to practice in accordance with the law; nurses must also practice in accordance with the rules.

The rule making process for the OBN is set forth in another section of the Revised Code and is the same process for all state agencies which issue rules (Chapter 119, ORC). That process requires that the OBN review every one of its rules at least once every 5 years and determine whether the rule should be maintained as it is, revised or rescinded. In addition to the mandated five-year review, the OBN may consider whether any other existent rule needs to be changed or if additional rules need to be proposed based upon new laws passed by the General Assembly. The OBN seeks public input into the rule making process in a variety of ways. A public hearing provides an opportunity for Board members to hear from those affected by the rule. The law requires the Board (like all other state agencies) to file its proposed rules with the Joint Committee on Agency Rule Review (JCARR), and other state entities. Ultimately, JCARR, which is comprised of members of the General Assembly, decides if the rules will be effective.

Structure of the Ohio Board of Nursing

The law dictates the composition of the Ohio Board of Nursing (Section 4723.02, ORC). The OBN is made up of eight registered nurses (RN), four licensed practical nurses (LPN) and one consumer. Of the eight RNs, one must also be authorized to practice as an advanced practice nurse – either a Nurse Practitioner (NP) or Certified Nurse Anesthetist (CNA). All of the thirteen members must: reside in Ohio; be a graduate of an approved nursing education program; hold a current, valid Ohio license; and have engaged in the practice of nursing for the five years immediately preceding appointment to the OBN.

The thirteenth member of the OBN represents the interests of consumers of nursing and dialysis care. The consumer member can have no association with or financial interest in the delivery or financing of health care.

The term of office is four years with terms expiring at the end of the calendar year. Board members may be appointed to one additional four-year term. The expiration of terms is staggered so that all board members’ terms do not expire at the same time.

The Governor appoints board members. Individuals who wish to be considered must contact the Governor’s office to begin the appointment process. Nursing organizations as well as other organizations put forth suggestions to the Governor for appointment. Individuals who are seeking appointment need to take the necessary steps to “lobby” if they hope to be successful.

The OBN as a whole meets every two months for two days to conduct the business of the OBN. Board members serve on Board Advisory Groups and Task Forces, which require additional meetings. Members are paid for a portion of their time spent in doing the work of the OBN.

The OBN annually elects a President and Vice-President from its 12 nurse members. The law also requires that a registered nurse member be elected to serve as supervising member for disciplinary matters.

The OBN appoints an Executive Director (ED) annually, who, according to law, must be a registered nurse (Section 4723.05, ORC). The ED in turn hires staff to carry out the functions and directives of the board. The ED and various staff members may be present at board meetings and may be asked to speak on certain issues, but may not vote.

The OBN, by law, may appoint Advisory Groups, which make recommendations to the OBN (Section 4723.02, ORC). Currently, the Advisory Groups are:

- Advisory Group on Continuing Education
- Advisory Group on Dialysis
- Advisory Group on Education

Qualifications for appointment to the Advisory Groups vary dependent upon the group. The requirements for the composition of the Dialysis Advisory Group as well as its functions are set forth in the law (Section 4723.71, ORC) whereas the other Advisory Groups are created by the OBN.

Numerous interdisciplinary committees including the Advisory Groups are comprised of members of the OBN, four physicians, and two pharmacists. The CPG develops recommendations regarding the authority of all CNMs, CRNAs, and CNPs to prescribe drugs.

Recently, the Board began issuing so-called Interpretive Guidelines in response to questions raised regarding practice issues. Rather than maintaining an advisory group on practice and education, as had been the approach, the Board now convenes a Board Committee made up solely of Board members that meet during the regular Board meetings. The committee obtains public input on the issue under discussion and gets feedback as to how proposed guideline language might affect practice.

Scopes of Practice and Orders

Registered nurse and licensed practical nurse

Scopes of practice for those regulated by the OBN are found in varying places in the law. The scope of practice for the RN can be found in Section 4723.01(B), ORC, which states: “Practice of nursing as a registered nurse” means practice regarding individuals and groups requiring care derived from the principles of physical, biological, social, behavioral, and nursing sciences. Such nursing care includes:

1. Identifying patterns of human responses to actual or potential health problems amenable to a nursing regimen;
2. Developing a nursing regimen through the selection, performance, management and evaluation of nursing actions;
3. Assessing health status for the purpose of providing nursing care;
4. Providing health counseling and teaching;

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Section 4723.01(B) (5) and (F)(3), ORC. Both the RN and LPN can administer medications and treatments which have been authorized by individuals licensed to practice in Ohio who are acting within their scope of practice. Thus, orders may be taken from a CNM, CNP, CRNA or CNS for ordering of diagnostic tests since that is within their scope of practice. Authority to prescribe medications may be granted by the OBN to qualified CNMs, CNP, and CNSSs. RNs and LPNs working with those practitioners need to ascertain whether or not they have certificates to prescribe before they implement medication orders. Similarly, physician assistants may also prescribe medication under Ohio law and nurses may implement those orders in accordance with standards of safe practice set out in Chapter 4723-4 OAC.

Advanced Practice Nurses
Certified nurse-midwives (CNM);
Certified nurse practitioners (CNP);
Certified registered nurse anesthetists (CRNA) and clinical nurse specialists (CNS)
The scopes of practice for these individuals can be found in Section 4723.43, ORC, which states in part: “A certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner may provide to individuals and groups nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience.” Inherent in each of the four advanced scopes of practice is the concept that one cannot use any of the four titles without a certificate of authority (COA) from the OBN. This is known as “Title Protection” and applies also to the titles of registered nurse and licensed practical nurse.

A commonality in the scopes of practice for the CNM, CNP, and CNS, is the requirement of a collaborative practice with a physician (or podiatrist) (Section 4723.43 (A), (C), and (D), ORC); the requirement of a standard care arrangement (Section 4723.431, ORC); and the authority to prescribe medications under Section 4723.48, ORC. This is in contrast to the CRNA scope that mandates supervision by a physician, podiatrist, or dentist (Section 4723.43 (B), ORC) and does not require a standard care arrangement. A CRNA is not required to obtain a certificate to prescribe in order to provide anesthesia care.

The educational preparation and requirements of national certification for CNPs, CNMs, CRNAs and CNSs are set forth in Section 4723.41, ORC. This is an important provision for registered nurses who may aspire to one of these four roles to keep in mind. In order to obtain a COA to practice as either a CNP, CNM, CRNA or CNS, an individual must have both graduate preparations with the education and requirements of national certification for the CNM, CNP, CRNA, or CNS.

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a major in a nursing specialty and certification from a national certifying organization which meets the criteria found in Section 4723.46, ORC.

Dialysis Technicians

Dialysis technicians may do the following according to Section 4723.72, ORC:
- Perform and monitor dialysis procedures, including initiating, monitoring, and discontinuing dialysis;
- Draw blood;
- Administer medications, which are limited to:
  - Intradermal lidocaine or therapeutically equivalent local anesthetic;
  - Intravenous heparin;
  - Intravenous normal saline;
  - Patient specific dialysate;
- Oxygen, when it has been delegated by an RN.

According to this same section of the law, dialysis technicians provide dialysis care only if the care has been delegated by a physician or registered nurse and the technician is under the supervision of the physician or registered nurse. Supervision is defined as in the immediate presence of that individual.

Community Health Workers

Section 4723.81 ORC

Community health workers (CHW) are recognized by the OBN as community representatives who advocate for individuals and groups in the community by assisting them in accessing community health and supportive resources through the provision of such services as education, role modeling, outreach, home visits and referrals. The certification program under the auspices of the OBN recognizes these workers as members of the community in which they provide services with a unique perspective of community needs that enable them to develop culturally appropriate solutions to problems and translate the solutions into practice.

Unlike the law applicable to nurses and dialysis technicians, certification by OBN is not mandatory for individuals acting in a community health worker capacity. That is, individuals who engage in the activities defined as the scope of practice for CHWs are not required to obtain certification from OBN. Doing so is voluntary. The law expressly prohibits CHWs from performing any other activity that requires judgment based on nursing knowledge or expertise.

Standards of Safe Nursing Practice

The OBN has established minimal acceptable standards of safe and effective nursing practice for nurses (which includes advanced practice nurses) in any setting. Those standards can be found in Chapter 4723-4, OAC. Among provisions in the chapter are:
- The duty to clarify orders (from any individual), about which the nurse may have concerns (Rules 4723-4-03 (E) and (F) and 4723-4-04 (E) and (F) ORC);
- The duty to maintain confidentiality (Rule 4723-4-03 (H), OAC and Rule 4723-4-04(H), OAC);
- The duty to display the applicable rule title or initial when providing direct care to patients (Rule 4723-4-06(A), OAC);
- The duty to promote a safe environment for each client (Rule 4723-4-06(H), OAC);
- The duty to delineate, establish, and maintain professional boundaries with each client (Rule 4723-4-06(I), OAC).

Similar standards, which apply to dialysis technicians, can be found in Rule 4723-23-14, OAC. OBN rules also will set forth standards for community health workers in Rule 4723-26-10 OAC.

Delegation

Delegation rules can be found in Chapter 4723-13, OAC. Delegation is the transfer of the responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual who does not have the authority to perform the task. Nurses who delegate according to the rules minimize their risk of exposure to liability. Licensed nurses may not delegate medication administration to unlicensed individuals unless the specific law allows it. Examples of settings where a law allows delegation of the administration of some medications among professionals under the auspices of the Ohio Department of Developmental Disability (OD/DD), county boards of intermediate care facilities for DD (Rule 4723-13-02, OAC). Unlicensed individuals may assist patients with self-medication in any setting where self-administration is allowed.

Basically, the delegation rules require a licensed nurse to assess the client, teach the task to an unlicensed assistive personnel (UAP), and supervise the performance of the task. The crucial factor in delegation is the exercise of nursing judgment by the nurse. Delegation is client or patient specific. It may be appropriate for a UAP to be taught a variety of nursing tasks. That does not mean the UAP is able to perform every task they are competent to perform on every patient. Tasks may be delegated to a UAP which:
- Require no judgment based upon nursing knowledge or expertise;
- Have reasonably predictable results;
- Can be performed safely according to exact, unchanging directions;
- The performance does not require complex observations or critical decisions;
- No related nursing assessments are required;
- There are no life threatening consequences.

[See Rule 4723-13-05 (C)(3) OAC]

Direct, on-site supervision is required for delegation if the substantial purpose of the setting is the provision of health care. The nurse, is accountable for assessing the situation and is responsible for the decision to delegate. The nurses are accountable for the task which is delegated and UAPs are accountable for their own actions.

Disciplinary Provisions

One of the most misunderstood powers of the OBN is its role in disciplinary action. The grounds for disciplinary action and the process for that action found in Section 4723.28, ORC. These provisions apply to all nurses and dialysis technicians. Rules of the OBN establish standards and procedures for imposing sanctions on community health workers [See Section 4723.88 (F) ORC] and medication aides [Rule 4723-27-09 OAC] and Rule 4723-26-11 OAC.

The OBN does not take any disciplinary action without due process of law. In other words, there are no “nursing board police” who will “take away” your license immediately upon some error occurring. No action is taken by the OBN without an investigation of all the facts pertinent to the situation and an opportunity for the licensed nurse or dialysis technician, CHW or MA-C to explain. Any kind of action taken by the OBN, just like other regulating boards such as the medical and pharmacy boards, must be in accordance with Chapter 119 ORC, which sets forth strict rules for due process.

The investigatory process by the OBN is initiated by the filing of a complaint. A complaint is evidence that demonstrates that a person has violated a provision (or provisions) of the law or the rules of the OBN. All complaints are evaluated to determine if the OBN has the authority to investigate. Complaints may be referred to another agency for investigation such as the Department of Health if the complaint falls within the authority of that agency.

If the evidence gathered during the investigation warrants further action, formal charges will be made and the nurse or certificate holder will be sent a “Notice of Opportunity for Hearing.” The hearing is a formal process and both the OBN and the licensee or certificate holder presents his/her case before the hearing officer. Nurses or dialysis technicians, CHWs and MA-Cs who find themselves at this
The post-test and evaluation form contains multiple choice questions about the disciplinary actions available to the Ohio Board of Nursing (OBN). The questions cover topics such as disciplinary actions available to the OBN, the range of disciplinary actions, and the OBN's role in referring cases to alternative programs.

Evaluation questions cover topics such as whether the learner was able to achieve the outcome, whether the independent study was effective, how long it took to complete the study, and what other topics the learner would like to see addressed in an independent study.

The evaluation also asks the learner to provide feedback on the course, including questions about whether the course was challenging, the clarity of the content, and whether the course met the learner's needs.

The course also includes a section on continuing education, where learners can find information about the ongoing requirement for nurses to complete continuing education credits.

Finally, the course ends with a summary of the key points covered throughout the course, emphasizing the importance of understanding the disciplinary actions available to the OBN and the role of the OBN in regulating the practice of nursing in Ohio.
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