

# OHIO NURSE

Volume 10 | Number 4 | September 2017

Quarterly publication direct mailed to approximately 200,000 Registered Nurses in Ohio.



THE OFFICIAL PUBLICATION OF THE OHIO NURSES FOUNDATION | WWW.OHIONURSESFUNDATION.ORG | WWW.OHNURSES.ORG



**The 2017 ONA Convention:**  
*Nursing The Finest Art*  
Page 6

*What's inside this issue?*

**CE – Nursing Law and Rules**  
**in Ohio: An Overview**  
Page 11



## 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.”***



**Tiffany Bukoffsky**

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 settle 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 personal background, knowledge, and 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 the nurse’s 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 Action 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:

**Health Policy continued on page 2**

current resident or

Non-Profit Org.  
U.S. Postage Paid  
Princeton, MN  
Permit No. 14

### Inside this Issue

Message from the ONF Chair . . . . .	2	The 2017 ONA Convention . . . . .	6
President’s Message . . . . .	3	Ohio Nursing License Plate . . . . .	9
Editor’s Note . . . . .	4	Event Reporting: What it is, how to do it, and why it’s important . . . . .	10
ONA Upcoming Events 2017-2018 . . . . .	4	Continuing Education – Nursing Law and Rules in Ohio: An Overview . . . . .	11
How Low Staffing Levels Intensify Risk Stressors for Nurses . . . . .	5		

# MESSAGE FROM THE ONF CHAIR

## 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.



**Davina J. Gosnell**

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

### Health Policy continued from page 1

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 to you and keeping ONA informed of your activities in this role.
9. An interest in politics and advocating for your profession.

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 [walker@ohnurses.org](mailto:walker@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 Bukoffsky, 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.

## OHIO NURSE

The official publication of the Ohio Nurses Foundation, 4000 East Main St., Columbus, OH 43213-2983, (614) 237-5414.

Web site: [www.ohionursesfoundation.org](http://www.ohionursesfoundation.org)

Articles appearing in the "Ohio Nurse" are presented for informational purposes only and are not intended as legal or medical advice and should not be used in lieu of such advice. For specific legal advice, readers should contact their legal counsel.

Ohio Nurses Foundation  
2015-2017 Board of Directors

CHAIR: Davina Gosnell, Kent

TREASURER: Jonathan Stump, Canton

### DIRECTORS:

- Judith Kimchi-Woods, Worthington
- Sally Morgan, Columbus
- Joyce Powell, Cuyahoga Falls
- Susan Stocker, Ashtabula
- Barbara Welch, Rushville
- Diane Winfrey, Shaker Heights

PRESIDENT: Lori Chovanak, Columbus

The "Ohio Nurse" is published quarterly in March, June, September and December.

**Address Changes:** The "Ohio Nurse" obtains its mailing list from the Ohio Board of Nursing. Send address changes to the Ohio Board of Nursing:  
17 South High Street, Suite 400  
Columbus, OH 43215  
614-466-3947  
[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, [sales@aldpub.com](mailto:sales@aldpub.com). ONF and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Ohio Nurses Foundation of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this Foundation disapproves of the product or its use. ONF and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ONF.



## SELFIE STATION

#OhioNurseSelfie



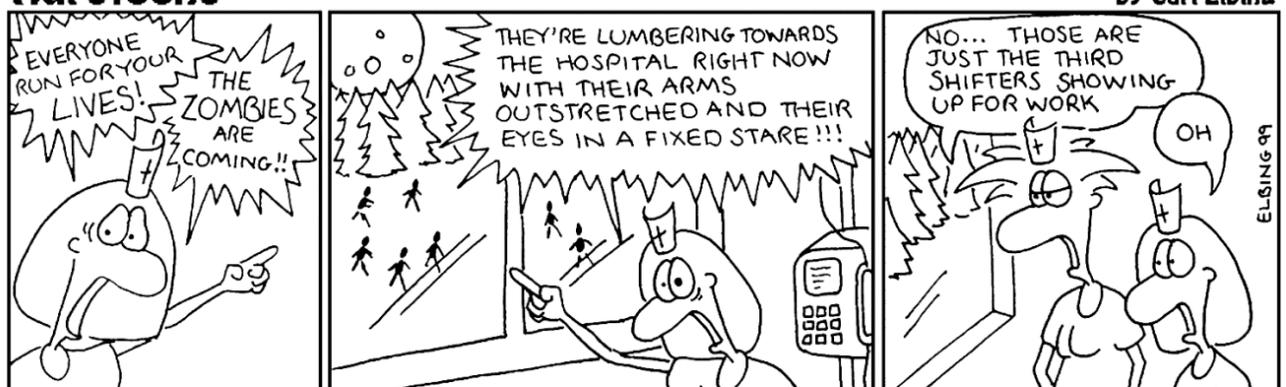
From left to right: Monica Lawrence, Lauren Lau, Cindy Baker, Alyssa Overbee, Mamadou Jallow, Jessica Sparano, and Euphemia Scott. Chamberlain University students at the Muscular Dystrophy Association Camp at Recreation Unlimited in Ashley, Ohio for leadership clinical.

### SEND US YOUR SELFIE

We want to see the faces of Ohio's nurses. Send your #OhioNurseSelfie to [theohionurse@ohnurses.org](mailto:theohionurse@ohnurses.org) or post it to the Ohio Nurses Association's Facebook page. You may see your selfie in the next Ohio Nurse!

\*We do not want pictures that could violate HIPAA. Be smart about your selfie!

## Nurstoons



by Carl Elbing

[www.nurstoon.com](http://www.nurstoon.com)

# PRESIDENT'S MESSAGE

## ONA Board Votes to Oppose November's Drug Relief Act Issue 2 Because Unintended Consequences

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



Lori Chovanak

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.*



Because no nurse should be forced to provide unsafe care, and no patient deserves to receive unsafe care.

Research proves nurse fatigue is dangerous for nurses and patients alike - yet nurses across Ohio are forced to work overtime due to poor staffing even when they feel it's unsafe. The Ohio Nurses Association is leading the charge for a new law that would put an end to this dangerous practice.

### WHAT YOU CAN DO:



#### STEP 1 - VISIT THE STAFFING SITE

Visit [www.ohnurses.org/staffing](http://www.ohnurses.org/staffing) for the latest information about ONA's member-led staffing campaign.



#### STEP 2 - BECOME AN ONA ADVOCATE

ONA advocates will be empowered to take action on staffing and other nursing issues with the support of ONA's staff. It only takes a few minutes, and any nurse can be an ONA advocate.



#### STEP 3 - INVITE OTHERS

Share a ready-to-go post on the staffing website to help us get the word out! We need to activate not only nurses, but also our patients in order to transform nurse staffing in Ohio.



#### STEP 4 - SHARE YOUR STORY

Are you a nurse or patient who has been put in a compromising or unsafe position due to unsafe staffing? In order to effect change, legislators and the public need to hear your story! Submit your story on the staffing website.



# Define Yourself

with a nursing degree from IWU

## Online

### SCHOOL OF NURSING PROGRAMS

## Onsite

EDUCATION CENTERS IN  
CINCINNATI  
CLEVELAND  
COLUMBUS  
DAYTON



**BACHELOR'S DEGREES**  
BSN- Traditional 4-Year Program  
RN to BSN  
Transition to Nursing

**CERTIFICATE PROGRAM**  
Post Master's Certificates

\*Some programs require onsite components and/or residencies.  
\*Not all programs are offered at onsite locations.

**MASTER'S DEGREES**  
ASN- MSN • MSN MBA  
MSN- Post MBA  
MSN- Nursing Administration  
MSN- Nursing Education  
MSN- Primary Care (FNP)  
MSN- Psychiatric Mental Health Nursing

**DOCTORAL PROGRAM**  
Doctor of Nursing Practice (DNP)

[indwes.edu/nursing](http://indwes.edu/nursing) | **866.498.4968**

# 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 Polaris, 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

### The Retired Nurses Forum of the Ohio Nurses Association

June 5-6, 2018  
Location OCLC

### The 2018 CE Roadshows

Dates and locations TBD

### Tentative: Transition into Practice Summer Camp

- June 29, 2018 – locations TBD
- June 30, 2018 – locations TBD
- July 1, 2018 – locations TBD

### 13th Annual Nursing Professional Development Conference

April 20, 2018 – location TBD

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 visit:

[https://myohnurses.org/nc\\_upcomingevents](https://myohnurses.org/nc_upcomingevents) for all updated information.

Ohio Nurses Association  
4000 East Main Street  
Columbus, OH 43213  
614-448-1030  
[www.ohnurses.org](http://www.ohnurses.org)



ADVANCING NURSING THROUGH EDUCATION, RESEARCH AND SCHOLARSHIP.

## Don't miss out on scholarships and grants!

Each year, the foundation awards thousands of dollars in scholarships and research grants to Ohio nurses and nursing students.

Browse available scholarships and grants at [www.ohnursesfoundation.org](http://www.ohnursesfoundation.org).

Applications are due by January 15th of each year. Scholarships and grants are awarded at the annual Nurses Choice Luncheon.



## One Patient, One Team

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

Ready to make a positive impact? Ready to experience a unique comprehensive healthcare system? If so, consider a career in corrections!

**Correctional Nursing – it's more than what you think!**

NPs: e-mail resume to [Nena.Bradley@odrc.state.oh.us](mailto:Nena.Bradley@odrc.state.oh.us)

RNs and LPNs: Visit [www.careers.ohio.gov](http://www.careers.ohio.gov)



Department of Rehabilitation & Correction  
John R. Keith, Governor  
Gary C. Mohr, Director

# EDITOR'S NOTE

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, state 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](http://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](http://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 [ddowden@ohnurses.org](mailto: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:

- RNs, LPNs, and STNAs (all shifts)
  - Nurse Supervisor – 7pm to 7am (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.



Springfield Nursing and Independent Living  
404 E. McCreight Ave. Springfield, OH 45503



## A GREAT PLACE TO LIVE AND WORK!

At Trilogy Health Services, we look for unique individuals with ambition and a passion for customer service. And because unique employees need exceptional benefits, we offer:

- \$5 per week health insurance option for employee's meeting eligibility requirements
- Earn your nursing degree for free
- Weekly pay
- Monthly census & attendance bonus

Apply online today at [www.trilogyjobs.com](http://www.trilogyjobs.com)



# 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](http://www.nso.com).

## ONLINE DOCTOR OF NURSING PRACTICE

### Choose from two tracks:

- DNP Nurse Executive
- DNP Clinical Expert

Apply through January 15 to start classes Autumn 2018

Ranked #5 in the country  
[nursing.osu.edu/dnp](http://nursing.osu.edu/dnp)



**THE OHIO STATE UNIVERSITY**  
COLLEGE OF NURSING

Nursing Excellence.  
Innovation.  
Growth.

**PARKVIEW**  
HEALTH

[www.parkview.com/employment](http://www.parkview.com/employment)

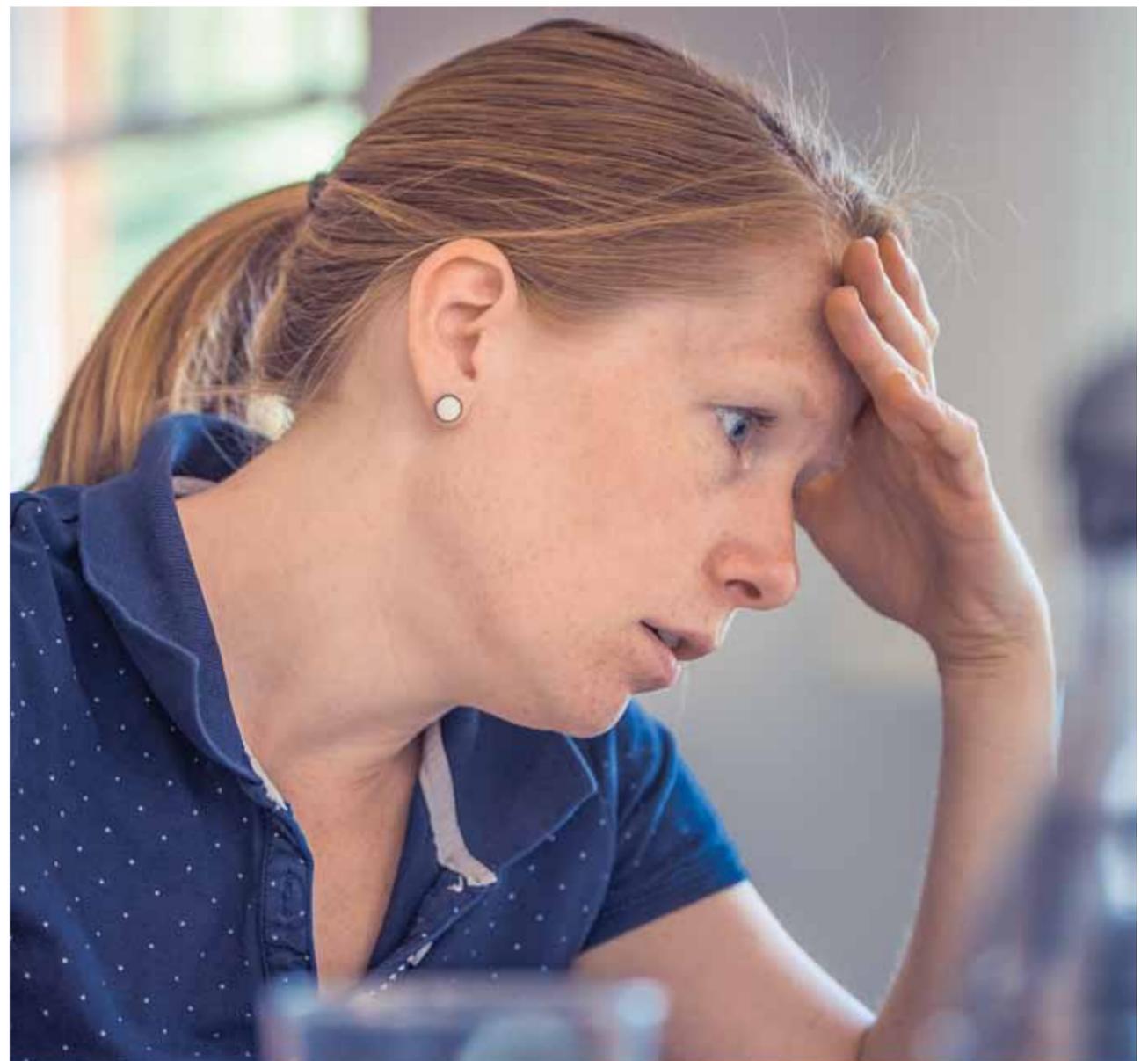
### CHANGE A LIFE TODAY. YOURS.

With a nursing career at Parkview, you can change lives. Our mission is to improve the health and well-being of the communities we serve in northeast Indiana and northwest Ohio. We have a reputation for quality healthcare, exciting innovation and community engagement.

### At Parkview, you can experience:

- Collaborative care model that enhances patients' safety, satisfaction and outcomes
- Epic electronic medical record system that provides a single story of care for patients
- Continued expansion, including a \$55 million investment in Parkview's community hospital in near-central Fort Wayne and the Parkview Cancer Institute on the campus of Parkview Regional Medical Center
- MyWell-being, an internal program for co-workers focused on the mind, body, spirit and community aspects of personal health
- Availability of sign-on bonus and relocation packages

Learn about living and working in northeast Indiana at [www.yourstorymadehere.com](http://www.yourstorymadehere.com).



Being uninsured shouldn't be a barrier to cancer prevention.

**The Breast and Cervical Cancer Project can help.**

We can provide patient navigation to all and free screenings to those who qualify. For more information or to see if you're eligible for free screenings, call 1-844-430-BCCP or visit [www.odh.ohio.gov](http://www.odh.ohio.gov).

**Ohio**  
Department of Health



# NURSING THE FINEST ART

## THE 2017 OHIO NURSES ASSOCIATION CONVENTION

OCTOBER 6-8, 2017 | HILTON POLARIS, COLUMBUS | PRE-CONVENTION CONTINUING EDUCATION

### Cornelius Congress Conference

High quality, relevant continuing education from ONA's award-winning continuing education program.

To be held during the 2017 ONA Biennial Convention  
October 5, 2017



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 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 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](mailto:sswearingen@ohnurses.org) (614-448-1030).

# NURSING THE FINEST ART

## THE 2017 OHIO NURSES ASSOCIATION CONVENTION

OCTOBER 6, 2017 | HILTON POLARIS, COLUMBUS  
PRE-CONVENTION CONTINUING EDUCATION

OUTSTANDING EDUCATION WITH A FOCUS ON

## HEALTHCARE, LEADERSHIP & COMMUNICATION

PLANNED BY THE PRESTIGIOUS CORNELIUS LEADERSHIP CONGRESS

REGISTRATION OPENS JULY 10



[www.onaconvention.com](http://www.onaconvention.com)

### Cornelius Congress - Preconvention - 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

# NURSING THE FINEST ART

THE 2017 OHIO NURSES ASSOCIATION CONVENTION



ONAH OHIO NURSES ASSOCIATION

[www.onaconvention.com](http://www.onaconvention.com)

## AGENDA

\*Subject to change

### THURSDAY, OCTOBER 5TH

6:00pm - 8:00pm  
The Cornelius Leadership Congress Induction Dinner

### FRIDAY, OCTOBER 6TH

7:00am  
Registration Opens

8:00am - 3:30pm  
Pre-Convention Continuing Education hosted by the Cornelius Leadership Congress and Exhibit Hall

3:30pm - 5:30pm  
Welcome Reception with Exhibit Hall, Poster Presentations, Candidates Hall Food Stations and Heavy Hors d'oeuvres

5:30pm - 7:30pm  
Opening of the House of Delegates

7:30pm - 8:30pm  
Candidates Forum

8:45pm - 10:45pm  
Nurses & Canvas (RSVP Required)

### SATURDAY, OCTOBER 7TH

7:00am  
Registration Opens

8:00am - 9:00am  
Local Unit Forum and Breakfast

8:00am  
Voting Opens

9:30am - 10:30am  
District Caucuses

11:00am - 1:30pm  
House of Delegates

1:30pm - 3:00pm  
Lunch Break

3:00pm  
Voting Closes

3:00pm - 5:00pm  
Bylaws Hearing

5:00pm - 5:45pm  
Break

5:45pm - 7:45pm  
Awards Dinner

7:45pm - 11:30pm  
Member Party

### SUNDAY, OCTOBER 8TH

8:00am - 9:00am  
District Caucuses

9:15am - 12:15pm  
House of Delegates

12:45pm - 1:45pm  
Newly Elected Board Meeting



ONAH OHIO NURSES ASSOCIATION

# 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](mailto:sswearingen@ohnurses.org)

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

Please see Request for Proposals Form on page 8

**SPONSOR & EXHIBITOR REGISTRATION OPEN**  
for the largest gathering of Ohio's nursing leaders.

[www.onaconvention.com](http://www.onaconvention.com)

**NURSES WHO WORK OVER 12 HOURS =  
NURSE BURNOUT  
COSTLY TURNOVER  
PATIENT DISSATISFACTION**

Visit [www.ohnurses.org/staffing](http://www.ohnurses.org/staffing) for the latest information about ONA's member-led staffing campaign.



# GET MORE AT CE4Nurses

ONIA OHIO NURSES ASSOCIATION

### ONA Members

- Fundamentals of Mentoring (video) – 1.25 CH
- Nursing Law and Rules in Ohio: An Overview – 1.3 CH (Law and Rules)
- The Powers That Be: Understanding Powers of Attorney, Conservators, Guardianships and More – 2.0 CH

FREE for ONA members at CE4Nurses.org

Non-members may complete most studies at CE4Nurses.org for only \$15

*You've earned your dream job.*

We'll help you find it at **nursingALD.com**

Your **free** online resource for nursing jobs, research, and events.




## Now Hiring RN's & LPN's

Join our award-winning team!



**Altercare Centers**  
for Rehabilitation & Nursing Care  
Compassion. Innovation. Quality.  
Apply Online at [AltercareOnline.com](http://AltercareOnline.com)

### FORTIS Nursing Programs

## Practical Nursing Associate Degree Nursing

Programs Vary by Location • Flexible Class Schedules  
Financial Aid Available for those who Qualify  
Career Placement Assistance for all Graduates

(855) 445-3276  
[www.fortis.edu](http://www.fortis.edu)

CENTERVILLE • CINCINNATI • COLUMBUS  
CUYAHOGA FALLS • RAVENNA



OH Regs. 05-09-1769T, 06-11-1801B, 06-03-1780B, 04-09-1734T and 04-09-1733 B

For consumer information visit [www.fortis.edu](http://www.fortis.edu)

# REQUEST 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](mailto: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.

**Ohio Nurses Association Conflict of Interest Form 2017 Criteria**

Title of Educational Activity: \_\_\_\_\_ Educational Activity Date: \_\_\_\_\_  
 Role in Educational Activity: (Check all that apply) \_\_\_\_\_ Nurse Planner  
 \_\_\_\_\_ Content Expert  
 \_\_\_\_\_ Faculty/Presenter/Author  
 \_\_\_\_\_ Content Reviewer  
 \_\_\_\_\_ Other – Describe: \_\_\_\_\_

**Section 1: Demographic Data**

Name with Credentials/Degrees: \_\_\_\_\_  
 If RN, Nursing Degree(s): \_\_\_\_\_ AD \_\_\_\_\_ Diploma \_\_\_\_\_ BSN \_\_\_\_\_ Masters \_\_\_\_\_  
 Doctorate  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Current Employer: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_

**Section 2: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a commercial interest,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\*Commercial interest, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant relationships\*\* with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\*Relevant relationships, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

**Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest\*\*:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\*\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 3: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

\_\_\_\_\_  
 Typed or Electronic Signature: Name and Credentials (Required) Date

**Section 4: Conflict Resolution (to be completed by Nurse Planner)**

Or document separately

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- \_\_\_\_\_ Not applicable since no conflict of interest.
- \_\_\_\_\_ Removed individual with conflict of interest from participating in all parts of the educational activity.
- \_\_\_\_\_ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- \_\_\_\_\_ Not awarding contact hours for a portion or all of the educational activity.
- \_\_\_\_\_ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- \_\_\_\_\_ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- \_\_\_\_\_ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- \_\_\_\_\_ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- \_\_\_\_\_ Other - Describe: \_\_\_\_\_

**Nurse Planner Signature**

(\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).  
 Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

\_\_\_\_\_  
 Typed or Electronic Signature: Name and Credentials (Required) Date



The Ohio Nurses Association and the Ohio Nurses Foundation are excited to announce that the official 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 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.

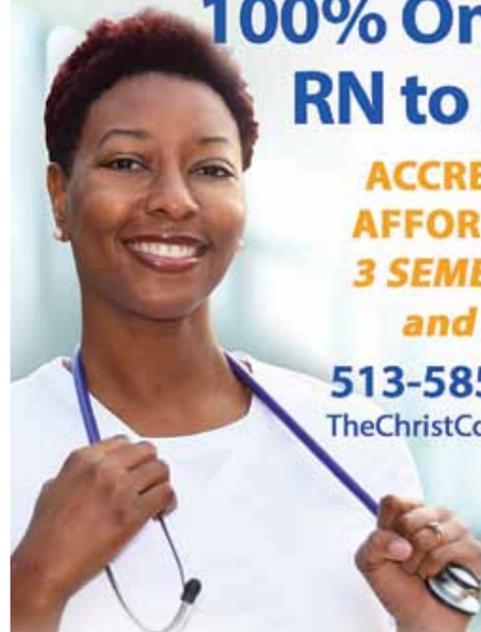
The Ohio Nurses Association and the Ohio Nurses Foundation began the journey of securing a license plate in 2015. The groups presented three possible images for the license plate and had the public vote for their favorite, with the winning image unveiled May 6, 2015 – the first day of National Nurses 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.

**Advance Your Career!**

**100% Online  
RN to BSN**

**ACCREDITED  
AFFORDABLE  
3 SEMESTERS  
and DONE!**

**513-585-2401  
TheChristCollege.edu**



**The Christ College**  
of Nursing & Health Sciences

# 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 chain of command, 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 2921.22)

- Patient thoughts of harm to self or others, per hospital policy.

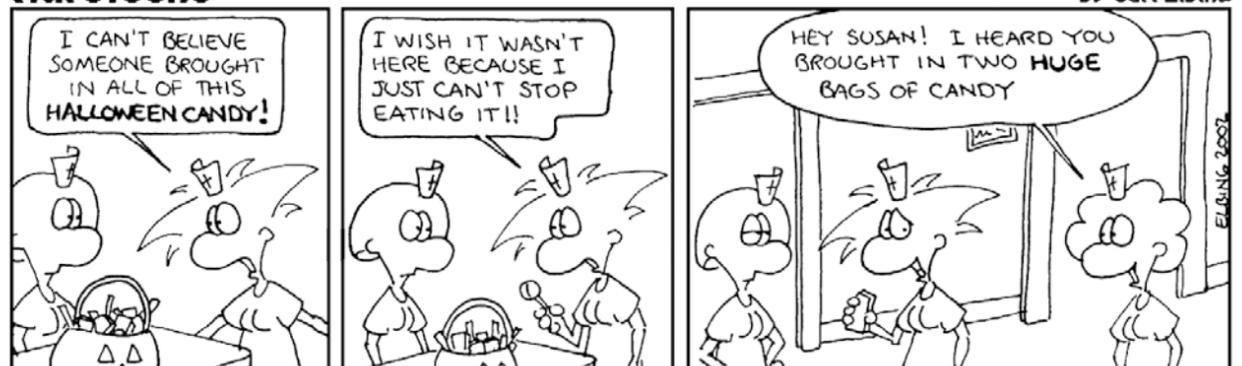
Reporting incidents can be overwhelming, and even scary. By sharing information about questionable or inappropriate situations, the nurse can protect him/herself and potentially others involved. Nurses are aware of the serious threat of litigation, and event reporting helps show that the nurse has taken 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?

Nurses know how important documentation is. 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.

## Nurstoons

by Carl Elbing



**Saber WE ARE LOOKING FOR:**

- RNs, LPNs, and STNAs (all shifts)

Please visit <https://careers.saberhealth.com/> to apply or call (937) 843-4929 for more information.

Indian Lakes Nursing Center  
14442 US Hwy 33 W  
Lakeview, OH 43331

## something BIG is coming to Dayton Children's... YOU!



## top 5 reasons to work at Dayton Children's

- 5 we're growing!**
  - Specialty Care Center Springboro – now open!
  - Emergency department in Springboro – January 2017
  - New patient care tower at the main campus – June 2017
  - Ambulatory Surgery Center in Springboro – August 2017
- 4 great benefits** – 401k match, tuition reimbursement, on-site employee health clinic and day care
- 3 flexibility** – flexible work schedules
- 2 continuing education** – on-site with CE credits available
- 1 kids are #1** – above everything else, we take care of kids!

For more information visit:  
[childrensdayton.org](http://childrensdayton.org)



## CONTINUING EDUCATION

# Nursing Law and Rules in Ohio: An Overview



Take this Opportunity to Complete your Category A requirement for RN licensure renewal

### Steps to Complete this independent Study

Read the Article in the Ohio Nurse

Go to [www.ce4nurses.org](http://www.ce4nurses.org)

On the CE4Nurses website click "Ohio Nurse" Menu at the top

Select the Independent Study name of your choice To complete a post test

ONA member enter your free code found in your email

Non member enter you payment information

After a passing score is achieved on the post test a certificate is emailed

[www.ce4nurses.org](http://www.ce4nurses.org)



**This independent study was developed by: Carol Roe, JD, RN. Revisions to this study were made by Jan Lanier, JD, RN, and Kathleen Morris, RN.**

**DESCRIPTION:** This independent study has been developed for nurses who wish to learn more about nursing law and rules in Ohio. The study was designed to be utilized with both Section 4723 of the Ohio Revised Code (ORC), (commonly known as the Nurse Practice Act) and Chapter 4723 of the Ohio Administrative Code (commonly known as Board rules).

**OUTCOME:** The learner will have a better understanding of selected portions of the Nurse Practice Act of the Ohio Board of Nursing (OBN) rules and the role of the Ohio General Assembly in establishing the Nurse Practice Act in Ohio. The learner will be able to distinguish differences between the OBN and professional nursing associations in Ohio.

**1.3 contact hour of Category A (Law and Rules)** will be awarded for successful completion of this independent study. This independent study meets the Ohio Board of Nursing requirement for 1 contact hour of approved continuing education directly related to the law and rules governing nursing practice in Ohio.

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). Expires 1/1/2018. Copyright ©2002, 2004, 2006, 2008, 2010, 2013, 2016 by Ohio Nurses Association

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

The authors and planning committee members have declared no conflict of interest.

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, [sswearingen@ohnurses.org](mailto:sswearingen@ohnurses.org) (614-448-1030) at the Ohio Nurses Association, (614) 237-5414.

### The Role of the Ohio Board of Nursing

The purpose of the Ohio Board of Nursing (OBN) is to protect the public. Nursing is 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.

"The nurse practice act in any state defines nursing practice and establishes standards for nurses in each state. It is the most definitive 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 Nurse Practice Act grants the authority for enforcement of the law to the OBN. 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 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 nursing organizations which employ lobbyists. The other two are the Ohio Association of Advanced Practice Nurses (OAAPN) and the Ohio State Association of Nurse Anesthetists (OSANA).

### The Role of the Ohio General Assembly in the Making of Nursing Law

The Nurse Practice Act (NPA) is the law (also called statute) governing the practice of nursing in Ohio. Like any other state law, it comes into being through the legislative process. That means that a bill must be introduced, or another bill amended, in the Ohio General Assembly. The Ohio General Assembly is the legislative or law making body for the state of Ohio.

*Independent Study continued on page 12*



## YOUR NEW YEAR'S RESOLUTION:

Care for **myself** like I care for my **patients**

Vow to make your well-being a priority in 2017.

Join nurses from across the U.S. for monthly, 30-minute CEs with topics focused on you.

# Healthy Nurse

WEB SERIES  
[WWW.HEALTHYNURSE.NET](http://WWW.HEALTHYNURSE.NET)

1st Wednesday of every month, Jan. - Dec. 2017

1:00pm - 1:30pm EST/11:00am - 11:30am MST

0.5 Contact Hours, \$10 or free for ONA members

[www.ohnurses.org/events](http://www.ohnurses.org/events)



## CONTINUING EDUCATION

### Independent Study continued from page 11

Similar to the United States Congress, the Ohio General Assembly is made up 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 decisions about law.

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 4723.06(A), 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 CNM, CNP, CRNA, or CNS. All of the nurse 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 to 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.

The law also mandates one other interdisciplinary committee, the Committee on Prescriptive Governance (CPG), (Section 4723.491, ORC). This committee is comprised of a CNM, a CNP, a CNS, a registered nurse member of the OBN, four physicians, and two pharmacists. The CPG develops recommendations regarding the authority of all CNMs, CNPs, and CNSs 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 then meets 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 providing to individuals and groups nursing care derived from the principles of biological, physical, behavioral, social, 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) Executing 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;



The blueprint of your future.  
Earn a nursing degree the South Way.

At South University, nursing students learn on both sides of the classroom door. Pursuing an education the South Way means connecting with the community and developing practical, professional skills. Take a step forward with one of our CCNE-accredited\* programs today:

- Bachelor of Science in Nursing (BSN)
- RN to Bachelor of Science in Nursing (RN to BSN)
- Master of Science in Nursing with a specialization in Family Nurse Practitioner (MSN)
- RN to Master of Science in Nursing with a specialization in Family Nurse Practitioner (RN to MSN)

Apply today.  
SouthUniversity.edu  
800.504.5278

**South**  
UNIVERSITY<sup>SM</sup>  
ESTABLISHED 1899

\*Commission on Collegiate Nursing Education. For accreditation and licensing information, visit <https://www.southuniversity.edu/whowere/about/accreditation-licensing>. Programs, credential levels, technology, and scheduling options vary by school and are subject to change. Not all online programs are available to residents of all U.S. states. South University, Cleveland, 4743 Richmond Road, Warrensville Heights, OH 44128. ©2017 South University. All rights reserved. Our email address is [materialsreview@southuniversity.edu](mailto:materialsreview@southuniversity.edu). South University, Cleveland, is approved by the Ohio State Board of Career Colleges and Schools, 30 East Broad Street, Suite 2481, Columbus, OH 43215, 614-466-2752. OH registration # 11-07-1971T. South University, Cleveland, holds a Certificate of Authorization from the Ohio Department of Higher Education.

See [SUprograms.info](http://SUprograms.info) for program duration, tuition, fees and other costs, median debt, salary data, alumni success, and other important info.

# CONTINUING EDUCATION

- (5)Administering medications, treatments, and executing regimens authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice;
- (6)Teaching, administering, supervising, delegating, and evaluating nursing practice."

In that same definition section of the law, Section 4723.01(F), ORC, states:

"The practice of nursing as a licensed practical nurse" means providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social and nursing sciences at the direction of a licensed physician, dentist, podiatrist, optometrist, chiropractor, or registered nurse. Such nursing care includes:

- (1)Observation, patient teaching, and care in a diversity of health care settings;
- (2)Contributions to the planning, implementation, and evaluation of nursing;
- (3)Administration of medications and treatments authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's practice, on the condition that the licensed practical nurse is authorized by the Board of Nursing.
- (4)Administration to an adult of intravenous therapy authorized by an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice, on the condition that the licensed practical nurse is authorized under section 4723.17 or 4723.171 of the Revised Code to perform intravenous therapy and performs intravenous therapy only in accordance with those sections.
- (5)Delegation of nursing tasks as directed by a registered nurse.
- (6)Teaching nursing tasks to licensed practical nurses, individuals to whom the licensed practical nurse is authorized to delegate nursing tasks as directed by a registered nurse.

A frequently asked question relates directly to the legal differences in the scope of practice of the RN and LPN. As can be seen by words of the law, the most fundamental difference defined is that of independent versus dependent functioning. The definition of the practice of nursing by the RN outlines six broad functions, five of which are independent functions meaning they can be initiated solely at the discretion of the RN after assessment of the situation and needs of the client.

Conversely, all the functions set forth in the law for the LPN are defined as dependent functions, performed at the direction of the registered nurse, physician, dentist, optometrist, chiropractor, or podiatrist. This does not mean that the LPN can only practice in the presence of one of those individuals, but it does mean that the LPN cannot practice nursing independently. The entire scope of practice defined for the LPN must be done at the direction of one of the individuals listed in the law. Both the LPN and the healthcare professional directing the care must be aware of this fact.

Additional legal differences between RNs and LPNs can be found in rules. The rules in Chapter 4723-5, OAC, which relate to pre-licensure nursing education programs, detail the differences in the curriculums of the RN and LPN programs as well as faculty preparation. Additionally, rules entitled, "Standards of Safe Nursing Practice for Registered Nurses and Licensed Practical Nurses" are found in Chapter 4723-4, OAC. These rules outline the differences in the implementation of the nursing process by RNs and LPNs.

Another frequently asked question relates to the issue of "from whom can the RN or LPN take orders?" The answer can be found in reviewing 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 can 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 CNSs. 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)

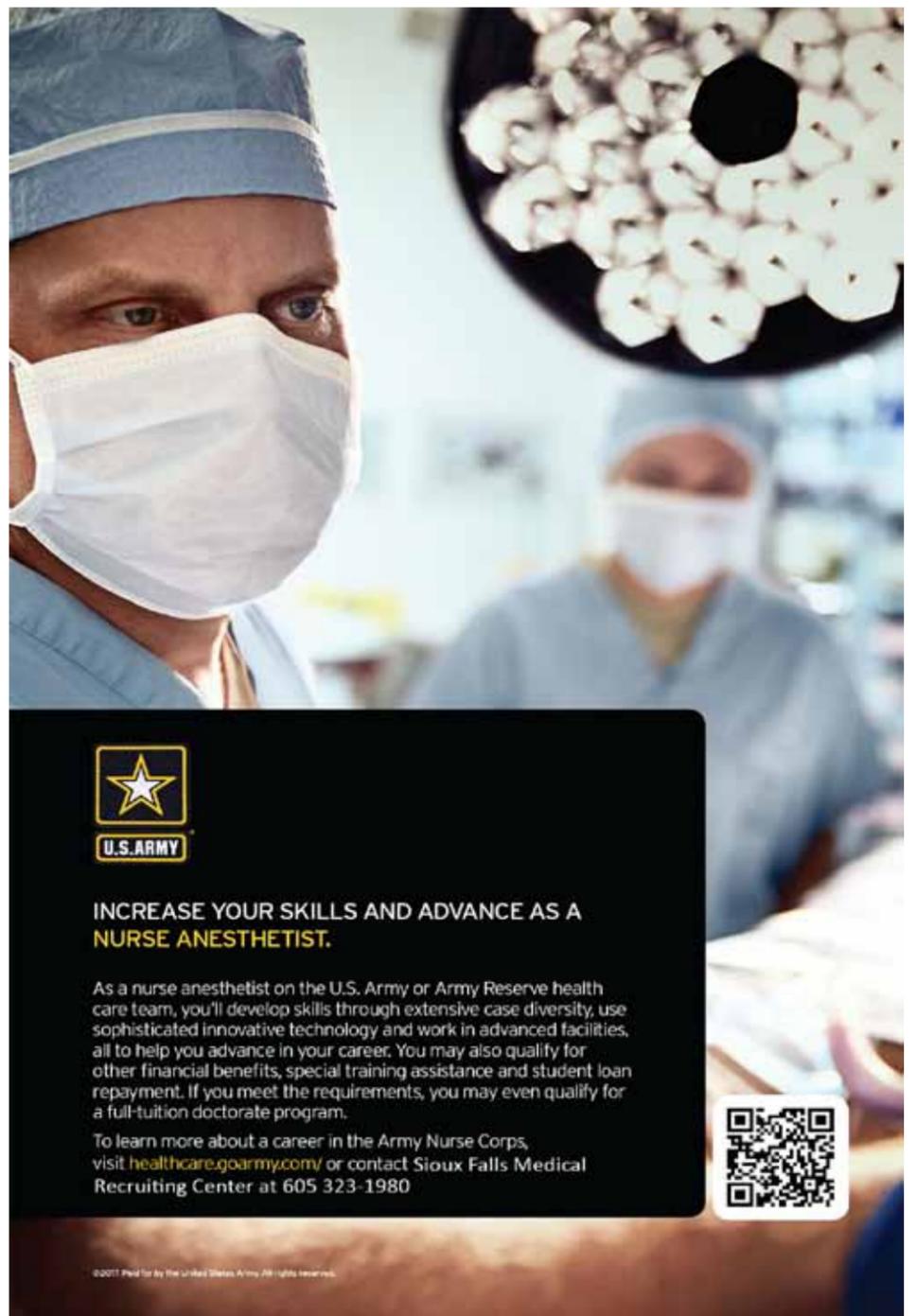
The scopes of practice for these individuals can be found in Section 4723.43, ORC, which states in part:

"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

*Independent Study continued on page 14*



**U.S. ARMY**

**INCREASE YOUR SKILLS AND ADVANCE AS A NURSE ANESTHETIST.**

As a nurse anesthetist on the U.S. Army or Army Reserve health care team, you'll develop skills through extensive case diversity, use sophisticated innovative technology and work in advanced facilities, all to help you advance in your career. You may also qualify for other financial benefits, special training assistance and student loan repayment. If you meet the requirements, you may even qualify for a full-tuition doctorate program.

To learn more about a career in the Army Nurse Corps, visit [healthcare.goarmy.com](http://healthcare.goarmy.com) or contact Sioux Falls Medical Recruiting Center at 605 323-1980



©2017 Paid for by the United States Army. All rights reserved.

**OHIO CHRISTIAN UNIVERSITY**



**RN to BSN Degree Onsite or Online**

**UP TO \$500 TUITION DISCOUNT**

**TANDY OOTEN**  
BSN, OCU ALUMNA '16

**Enroll by 09/30/17**

**CALL TODAY! 855-OCU-GRAD**  
[enroll.ohiochristian.edu](http://enroll.ohiochristian.edu)

# CONTINUING EDUCATION

## Independent Study continued from page 13

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.

When the services performed by CHWs involve nursing tasks, the tasks must be delegated and supervised by a registered nurse.

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 administering medications or 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), OAC);
- The duty to maintain confidentiality (Rule 4723-4-03 (H), OAC and Rule 4723-4-04(H), OAC);
- The duty to display the applicable title or initials 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 a specific law allows it. Examples of settings where a law allows delegation of the administration of some medications are: group homes 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 should 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 repeated 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 to occur are 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 a hearing officer. Nurses or dialysis technicians, CHWs and MA-Cs who find themselves at this



## NOW HIRING

We are currently recruiting RNs in all areas of UK Chandler, UK Good Samaritan, Kentucky Children's Hospital, and Eastern State Hospital.

### BENEFITS INCLUDE:

- Education opportunities
- Nurse residency program
- Tuition benefits
- Nursing professional advancement program
- Comprehensive benefits package including retirement plans with 200% match

APPLY NOW: [UKJOBS.UKY.EDU](http://UKJOBS.UKY.EDU)

## ONLINE convenience, QUALITY education



College of Nursing and Health Professions

### We Offer Accredited Continuing Education Programs including:

- Anticoagulation \*
- Case Management
- Lipid \*
- Diabetes \*
- Faith Community Nursing
- Health Promotion and Worksite Wellness
- Heart Failure \*
- Oncology Management \*
- Pain Management \*
- Wound Management \*

\* Designated hours of Pharmacology

### Education in Your Own Time and Place

[USI.edu/health/certificate](http://USI.edu/health/certificate)

877-874-4584



ANCC Accreditation with Distinction



## GRADUATE NURSING

### Master of Science in Nursing (MSN)

- Nurse Anesthesia
  - Family Nurse Practitioner
- Deadline: Nov. 15, 2017

### Doctor of Nursing Practice (DNP)

- Post Master's (Online)
  - Advanced Practice Nurse
  - Nurse Executive
- Deadline: Feb. 15, 2018

### Post Master's Certificate

- Advanced Nurse Educator
  - Nurse Anesthesia
  - Family Nurse Practitioner
- Deadline: Nov. 15, 2017

### ADN to MSN

- Family Nurse Practitioner
- Deadline: Nov. 15, 2017

### MBA - Nurse Executives

### Questions? Contact:

Dorothy Crider Fleming, MS, RN  
614.823.3272 [dcriderfleming@otterbein.edu](mailto:dcriderfleming@otterbein.edu)  
[otterbein.edu/graduatenuising](http://otterbein.edu/graduatenuising)

# CONTINUING EDUCATION

stage of disciplinary action should seek the advice of an attorney if they have not already done so.

The hearing officer listens to both sides of the case, that is, the OBN's case setting forth the evidence of a violation and the licensee or certificate holder's explanation and/or denial of wrongdoing. Both sides may present witnesses who may either have direct knowledge of the case or may be experts in the area in question.

The hearing officer makes a determination based upon the evidence. If it is determined a violation or violations have occurred, the hearing officer recommends the level of disciplinary action. A range of options is available in terms of disciplinary action. The range includes:

- Permanent revocation – prohibited from ever practicing nursing or dialysis care or as a CHW or MA-C.
- Indefinitely/automatically/immediately suspended – prohibited from practicing for specified time period after which the nurse, technician, CHW, or MA-C may request reinstatement.
- Indefinite suspension with stay – on "probation." May work as nurse or dialysis technician or CHW or MA-C but must be monitored and submit progress reports; may also have restrictions on practice.
- Restrictions – have limits on such things as medication administration, shift work, or type of setting worked-placed on their practice.
- Reprimand – acknowledgement that something done was wrong. Does not prohibit practice, may include restrictions.
- Fines – a fine of up to \$500.00 for each violation.
- Otherwise discipline – examples include additional CE, take/retake certain education courses, write papers, public presentations, repeat nursing education dialysis technician, CHW or MA-C training program.

The transcript of the hearing and the hearing officer's recommendations are reviewed by the members of the OBN with the exception of the supervising member who has been involved in the preparation of the case. The OBN members, having reviewed the materials prior to attending the board meeting, review the cases and hearing officer's recommendations at a regular board meeting. They may accept or modify the recommendations of the hearing officer. The results of the OBN's deliberations are reported in "open session."

The OBN also has two programs which provide alternatives to disciplinary action: The Alternative Program and the Practice Intervention and Improvement Program. The goal of these non-disciplinary programs is to encourage early intervention and treatment or remediation to prevent harm to patients.

The Alternative Program for Chemical Dependency (Section 4723.35, ORC) is available to nurses, dialysis technicians and CHWs who have substance abuse problems. Individuals who enter this program must submit to the terms of the program, which include temporary voluntary surrender of the license or certificate issued by OBN and ongoing monitoring, for the duration of participation in the program. Non-compliance with the terms and conditions will result in referral for disciplinary action by the OBN.

The other alternative to discipline is the Practice Intervention and Improvement Program (PIIP) (Section 4723.282, ORC). The OBN may refer individuals who have an identified practice deficiency that can be corrected through remediation to this program. Individuals who enter this program must complete the terms of remediation or be referred for disciplinary action.

Please note, under current law, MA-Cs are not eligible to participate in either of the alternative programs.

The OBN can only take disciplinary action in relationship to licensed nurses, dialysis technicians, and CHWs and MA-Cs. The OBN cannot discipline employers of nurses who may be coercing nurses to inappropriately delegate, nor can the OBN mandate staffing ratios. The OBN can, however, investigate complaints and, in some instances, the process of investigation provides an opportunity for education about nursing law.

## Post Test and Evaluation Form

**DIRECTIONS:** Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed.

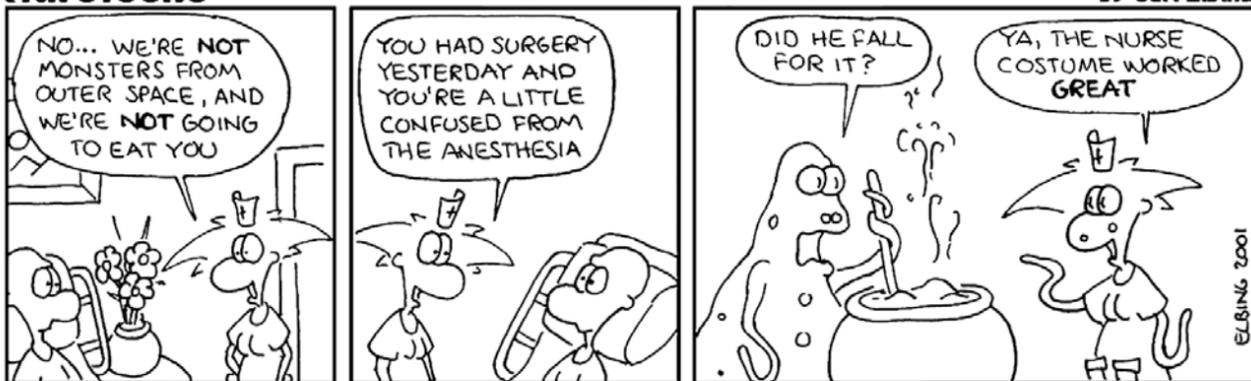
- |   |   |   |
|---|---|---|
| <p>1. The purpose of the Ohio Board of Nursing is to protect the jobs of nurses and dialysis technician.</p> <p>a. True<br/>b. False</p>      | <p>8. Dialysis technicians provide care if it has been delegated by either a physician or registered nurse.</p> <p>a. True<br/>b. False</p>   | <p>14. The OBN has a range of disciplinary actions available to utilize in the discipline of a nurse or dialysis technician.</p> <p>a. True<br/>b. False</p>  |
| <p>2. The nurse practice act does not apply to advanced practice nurses.</p> <p>a. True<br/>b. False</p>                                      | <p>9. Both nurses and dialysis technicians have a duty to delineate, establish, and maintain professional boundaries with patients.</p> <p>a. True<br/>b. False</p>                               | <p>15. Individuals who have substance abuse problems can avoid discipline if they enter the Alternative Program for Chemical Dependency and abide by all the conditions of participation.</p> <p>a. True<br/>b. False</p> |
| <p>3. Individual nurses and dialysis technicians voluntarily pay dues to belong to the Ohio Board of Nursing.</p> <p>a. True<br/>b. False</p> | <p>10. Nurses may delegate medication administration to unlicensed assistive personnel in hospitals.</p> <p>a. True<br/>b. False</p>  | <p>16. Unlicensed assistive personnel may assist patients with self-medication if the setting is one where the substantial purpose is NOT the provision of health care.</p> <p>a. True<br/>b. False</p>                   |
| <p>4. The Ohio General Assembly enacted the Nurse Practice Act.</p> <p>a. True<br/>b. False</p>   | <p>11. Once a task is delegated by a nurse to an unlicensed assistive person, the nurse is no longer accountable.</p> <p>a. True<br/>b. False</p>   | <p>17. The OBN writes the laws for nurses and dialysis techs.</p> <p>a. True<br/>b. False</p>   |
| <p>5. The Governor appoints the members of the Ohio Board of Nursing.</p> <p>a. True<br/>b. False</p>   | <p>12. The OBN can take away a license or certificate based upon a complaint being filed and a nurse might never have a chance to tell his/her side of the story.</p> <p>a. True<br/>b. False</p> | <p>18. One of the reasons for the establishment of the Ohio Nurses Association was to lobby the state legislature to pass a Nurse Practice Act.</p> <p>a. True<br/>b. False</p>   |
| <p>6. The scope of practice for the RN and LPN is essentially the same.</p> <p>a. True<br/>b. False</p>                                       | <p>13. The OBN can discipline an employer if the staffing is inadequate.</p> <p>a. True<br/>b. False</p>  | <p>19. One of the 13 Board members is either a CNM, CNP, CRNA, or CNS.</p> <p>a. True<br/>b. False</p>  |
| <p>7. Nurses may take "orders" for diagnostic tests from CNMs, CNPs, CNSs, and CRNAs.</p> <p>a. True<br/>b. False</p>                         |   |   |

### Evaluation

1. Were you able to achieve the outcome? **[OUTCOME: The learner will have a better understanding of selected portions of the Nurse Practice Act of the Ohio Board of Nursing (OBN) rules and the role of the Ohio General Assembly in establishing the Nurse Practice Act in Ohio. The learner will be able to distinguish differences between the OBN and professional nursing associations in Ohio.]**  
 Yes  No
2. Was this independent study an effective method of learning?  Yes  No  
 If no, please comment:
3. How long did it take you to complete the study, the post-test, and the evaluation form?
4. What other topics would you like to see addressed in an independent study?

### Nurstoons

by Carl Elbing



# Rate Cuts... Not Cut Rate.



**WHILE OTHER  
INSURANCE COMPANIES  
ARE RAISING THEIR RATES...**

**WE'RE LOWERING OURS.**

It's California Casualty's policy to do more for the people who give more.

Now Ohio Nurses can take advantage of Auto & Home Insurance with exclusive benefits, superior service and unprecedented savings.

Here is your opportunity to receive value and peace of mind that are second to none.

**Nurses who  
switch see an  
average savings of**

**\$495  
per year!**

© 2017 California Casualty

Coverages, rates, discounts, benefits and availability may vary by state or area.

**Contact us today for your coverage comparison...  
even if you've quoted with us before.**

**1.866.680.5141** | [SaveWithCalCas.com](http://SaveWithCalCas.com)



**California Casualty**  
AUTO AND HOME INSURANCE