THE OKLAHOMA NURSE

ONA
OKLAHOMA NURSES ASSOCIATION

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PRESIDENT'S MESSAGE

Joyce Van Nostrand, PhD, RN, CNE

Joyce Van Nostrand

Since we have already moved on to a New Year and its challenges, I will share a few focus items! The Board recently completed a retreat and retained the Strategic Plan. Some items were removed as being competed, and some new strategies were added. *The Oklahoma Nurse (TON)* and social media will reflect some of these. Do review our Strategic Plan.

Starting out this new 2018 year was the ANA announcement that Nursing was named the most trusted profession for the 16th consecutive year! Congratulations to every nurse in Oklahoma! As nurses, we basically aim for trust in all our relationships with patients, families, nurses and other health care colleagues, organizations, and communities. And I could continue identifying more trust recipients! However, with this honor comes a huge responsibility to live up to and even surpass being trustworthy. Just as we annually check things like fire alarms, so should we annually review our Code of Ethics. I encourage you to refresh your awareness of the Code's standards and interpretive statements, and pick out several that you can focus on during this New Year.

Did you know that Nurses are at greater risk of workplace violence than police officers or prison guards? In continuing our support of Nurse Alex Wubbels and advocating against nurse abuse, text PLEDGE to 52886 to support #EndNurseAbuse. Nurse Wubbels is co-sponsoring this national ANA effort.

Moving on to another national effort, don't forget about Healthy Nurse, Healthy Nation (HNHN). Last year's focus on becoming a healthier nurse was reflected in your actions and outcomes. Great examples were shared by some of the ONA Board members and even ANA President Cipriano at our October convention. So this is a New Year and opportunity to continue the HNHN focus. Review your resolutions and update them. Recruit a partner for mutual support of your healthier choices and activities. Use the ANA HNHN website for resources, and watch for new tools, such as an app that measures the water that you drink from a connected bottle!

Now for a state advocacy focus. The regular legislative session began on February 5. There will be many health-related issues and challenges. Full practice authority (FPA) will again need nursing support. As always, the Governmental Affairs Committee, Political Director, and Nursing Lobbyist will provide guidance as to how best to support legislative change.

I encourage all to sign up for Nurse of the Day. **We need a nurse there every day!** Review the Tips article from the last TON that is now attached to the Nurse of the Day website. It contains great information and advice for all! I hope you also make an effort to join us February 27 for Nurses Legislative Day at the Capitol. Both nurses and students can gain much from the morning's speakers and then share their stories with legislators that afternoon.

Also get to know your legislators. I personally spent time forming relationships with those directly representing me, as well as those in nearby districts. They now know me and willingly listen to nursing concerns and recommendations! Put legislative contact information in your phones so that you can easily call or email when you receive alerts. Do share that you are a nurse and why!! Always have a good story to share about how you as a nurse make a difference! This is a good time to toot your own horn!

Finally, I hope that we will grow some chapters in each region. A chapter tool kit containing various forms & sample bylaws is available on our website. Board members are willing to help mentor and develop new chapters. Just ask!

Happy New Year! This 2018 brings several general and several specific things to put on your "To Do" list. Take some time to plan out what you will focus on and how you will reach those goals.

LET YOUR VOICE BE HEARD!

We hope to see you at the Capitol during the 2018 Legislative Session!

Opportunities include:

Nurses Day at the Capitol (Registration Open)
February 27th in OKC

Nurse of the Day | February – May 2018 | Sign up online.

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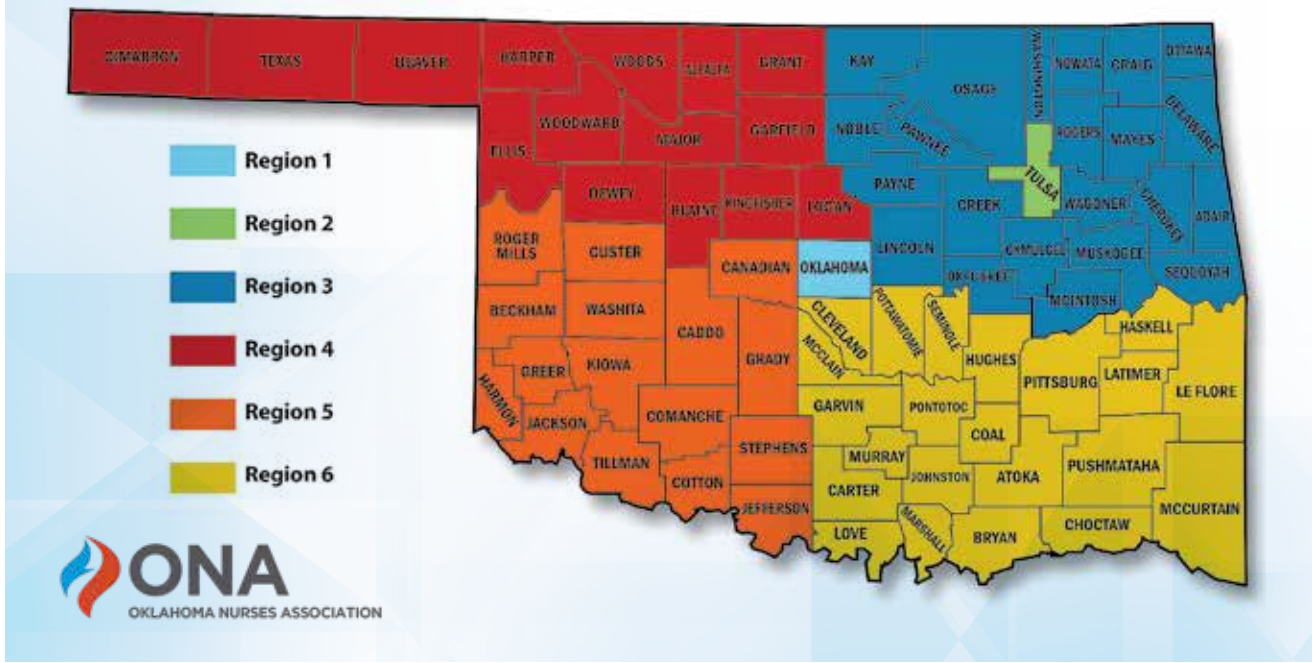

SAVE THE DATE – OCTOBER 24 & 25, 2018

ONA is celebrating our 110th Annual Nurses Convention this year!
October 24 & 25, 2018 | Hyatt Regency / Tulsa, OK

Call for Proposals and Registration opening in May 2018

Oklahoma Nurses Association

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ONA believes that organizations are value driven and therefore has adopted the following core values:

- *Diversity*
- *Educational Advancement*
- *Ethical Care*
- *Health Parity*
- *Integrity and Accountability*
- *Practice Competence*
- *Professional Development*
- *Safe Quality Care*

ONA MISSION STATEMENT

The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

CEO REPORT

Let them hear your voice!

Jane Nelson, CAE – CEO

Jane Nelson

As I write this column, the Oklahoma Legislature is weeks away from beginning session. We are just beginning to wade though the over 2000 introduced legislation and reviewing carry over legislation from last year.

Legislators need to hear from nurses. Solutions to many of the issues facing Oklahoma including the looming revenue funding issue will have an impact on nurses, nursing and health care in our state. Nurses are listed as a critical occupation in our state thus becoming a focus area of The Health Care Workforce Subcommittee of the Governor's Council on Workforce and Economic Development. This subcommittee will be releasing a report shortly on the nursing profession; the executive summary and some key charts and graphs have been included in this issue as well. The full report will be available on the ONA website. This information is a great way to demonstrate to policy makers the important need for nurses in Oklahoma and for funding nursing education.

ONA will continue to work on HB 1013, providing Full Practice Authority for ARPNs, which was carried over from last session. In addition, we are also focused on other issues related to the delivery of health care, nursing supply as well as other practice related legislation. Legislators need to hear from nurses on the importance of all these issues.

We often say *"Let Your Voice Be Heard,"* but what does that really mean? It means being aware of current legislation affecting the nursing profession and patients. It means serving as *Nurse of the Day* and speaking to your legislators one on one about issues that are important to you and nurses throughout Oklahoma. It means participating in *Nurses Day at the Capitol* on February 27 (more information is available on the ONA website), and it means sending emails or making phone calls to your legislators.

Serving as *Nurse of the Day* is a great way to be involved. It ensures that we have a Nurse everyday at the Capitol during session to discuss nursing's perspective on issues. As *Nurse of the Day* your Senator and Representative introduce you on the floor, you are provided the privileges of the chamber and a resolution regarding your participation. It is a great way to talk to Legislators regarding issues that affect your practice, your license and your patients. To learn more go to the ONA website, oklahomanurses.org, click on events, and Nurse of the Day.

ONA will work to keep you updated on these issues with talking points and legislative alerts so that we can all speak with one voice on these very complicated issues. But we need you to raise up your voice!

The Shortage of Cardiac Rehab Programs in Rural Oklahoma

Toni Metheny, MS, RN, CNE and Juliana Bell, MS, RN

Metheny is affiliated with The University of Oklahoma Science of Nursing. Bell is affiliated with Southwestern Oklahoma State University School of Nursing. ONA membership status: Bell is a current member.

Cardiac rehabilitation is a medical service that allows patients who are recovering from acute coronary syndrome (ACS) and heart failure (HF) to regain physical stamina and take control of their heart health. Patients enrolled in cardiac rehab programs are supervised by registered nurses while they engage in physical activity. An interdisciplinary team of health professionals provides counseling to patients on lifestyle modifications and management of their medical condition. The medical and social support offered by cardiac rehab programs improves the patient's "quality and length of life" (American Heart Association, 2017). The outcomes demonstrated by participation in cardiac rehab is so positive that it is now recommended by the AHA that all eligible patients be referred for enrollment into a nearby cardiac rehabilitation program.

However, despite the evidence supporting the effectiveness of cardiac rehabilitation, only one in three post-ACS patients adhere to the recommendations to participate in cardiac rehabilitation (Doll, 2015). Several challenges exist that account for this statistic: there are very few cardiac rehab facilities that are within a convenient traveling distance. According to the Oklahoma Association of Cardiovascular and Pulmonary Rehabilitation (2017), the state has approximately 30 rehabilitation service facilities. Most are concentrated in the Tulsa and Oklahoma City metropolitan area. The lowest concentration of cardiac rehabilitation programs is in Western Oklahoma. Without a rehab facility in close proximity to home, patients struggle to find time to travel to and from the services that they are eligible for and would benefit from. Additional barriers to participation include the hours of operation of some programs and the cost that patients may incur to utilize services. These barriers make it difficult or impossible for some patients to participate in the services provided by cardiac rehab facilities.

It is critical that cardiac nurses in Oklahoma understand the challenges rural patients have in adhering to post-ACS recommendations so that we can help break down barriers, optimize compliance, and improve health outcomes. Nurses should screen patients for challenges they'll have in participating in post-ACS recommendations. At discharge, the nurse should include thorough education regarding prescription medications and discuss the importance of follow up care (Cardiac Care Network, 2013). When cardiac rehab is not accessible, the American Heart Association (2017) recommends referring the patient to a cardiologist for individualized exercise plans and offers an online support network for patients. Emphasis should be placed on measures that will ensure a smooth transition from the acute setting to the home setting such as ensuring that the patient does not have a delay in obtaining prescriptions and that the post-discharge plan is clear (Cardiac Care Network, 2013). The Cardiac Care Network also emphasizes that the use of technology, such as telemonitoring, helps to bridge access to cardiac rehabilitation for people in remote areas (2013).

Additionally, nurses can maximize adherence to post-ACS recommendations by helping patients to identify concerns and barriers. It may help to provide resources from the American Heart Association website regarding physical activity and wellness. Nurses can investigate the AHA website to learn more about cardiac rehab, frequent patient concerns, and available resources for patients.

Figure 1: Locations of cardiac rehabilitation programs in Oklahoma. Adapted from "Rehab Programs" by Oklahoma Association for Cardiovascular and Pulmonary Rehabilitation, 2013, (http://okcvpr.com/rehab-programs/). In the public domain. Large stars depict a higher concentration of programs.

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American Heart Association. (2017). What is cardiac rehab? Retrieved August 11, 2017 from http://www.heart.org/HEARTORG/Conditions/More/CardiacRehab/What-is-Cardiac-Rehabilitation_UCM_307049_Article.jsp#.WY3LEumQyUk

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Doll, J., Hellkamp, A., Ho., P., Kontos, M. (2015). Participation in cardiac rehabilitation programs among older patients after acute myocardial infarction. *JAMA Intern Med.* 175 (10):1700-1702. doi:10.1001/jamainternmed.2015.3819

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Tips for Effective Legislative Communication

ONA depends on its grassroots network of nurses across the state to accomplish our legislative goals. You are our most effective advocates for change at the state Capitol. Whatever the issue at hand, there are several universal techniques that can make your legislative advocacy more effective.

These guidelines apply to visiting a legislator's office, to phone calls, direct mail, email and to social media communications.

Be polite

Of course, this is a good rule to follow in your daily life, as well. Even if a legislator disagrees with you or refuses to support your side of an issue, be open to listening, be friendly, respectful and polite. Don't argue. Thank them for taking time to listen as you leave.

Don't insult or demean legislators

Sure they disagree vehemently with each other and put out scalding press releases, but legislators look out for one another. There are friendships and associations that extend across party lines and throughout the Capitol. If you offend one legislator, you run the risk of offending many!

Know your legislators

Legislators want to hear from their constituents — the people who can vote for them. Everyone has one state representative and one state senator. If you're unsure who your legislator is, you can find out at www.oklegislature.gov. When you meet, be sure to identify yourself as a constituent. (Note: If you are not yet registered to vote, be sure to register before your visit! Many legislative assistants check voter registration before you meet with your legislator.)

Know your bill number

Legislators are often happy to talk about issues with their constituents, but they may not be familiar with every issue or every bill filed. Each session sees thousands of bills filed in the House and Senate. If you know your bill number ahead of time, it helps legislators keep track of where their voters stand on pending legislation.

Be specific

Be clear about what action you would like the legislator to take.

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Respect their time

With the large number of bills filed each year, committee meetings and appointments with constituents, lobbyists and officials, legislators are pressed for time. Don't waste it.

Say "thank you"

Once again, a great rule for everyday life. Always be sure to thank a legislator for their time. Thank them for their support, as well, if they've indicated they will support your side of an issue. If they don't agree with you, thank them for their time.

Follow up

If you visited a legislator's office, send a thank you note. Not only does this show your appreciation to them for their time and efforts, it's also a good opportunity to remind them of what was discussed and the action you'd like them to take on a particular piece of legislation.

APRN Talking Points for Speaking with Patients

As an APRN, you are your own most effective advocate for change at the state Capitol. However, your patients, too, have a vested interest in changes that would improve access to quality, affordable health care. Even though issues like full practice authority affect every Oklahoman, many people are unaware of, or uneducated about, the issue. Not every APRN may be comfortable discussing legislative issues with patients. Others may have patients who are more than willing to advocate. Below are talking points for speaking with patients about the issue.

- An advanced practice registered nurse (APRN) is a registered nurse with a master's degree or doctorate, nationally certified and licensed by the state nursing board. They are trained and educated to assess and diagnose patients, perform treatments and procedures, manage patient health, order and interpret tests, prescribe medication and more, depending on their area of specialization.
- Full practice authority would allow APRNs to practice to the full extent of their education and training.
- Currently, APRNs must have an agreement for supervision of prescriptive authority with a physician – and pay the physician for that agreement – ***even though the physician does not see the APRN's patients.***
- Twenty-one states and the District of Columbia offer APRNs full practice authority. Many studies have shown no difference in the quality of care provided by APRNs when compared to care provided by physicians.
- Full practice authority would make affordable health care more accessible across our state, especially in rural areas that have a difficult time attracting and keeping health care workers.
- Full practice authority would also remove needless regulation and red tape with the potential of lowering health care costs. These legislative changes would directly benefit ALL Oklahomans.
- The state also restricts which medications APRNs can prescribe, even though they are educated and trained to administer a broad spectrum of prescriptions. This restriction is particularly burdensome on our patients with chronic or acute pain and some behavioral disorders.
- If you are supportive of APRNs and full practice authority, please contact your state legislators. Share with them your experiences with an APRN. Let them know how granting them their full scope of practice will benefit you and the state as a whole.

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Nursing Workforce in Oklahoma – Executive Summary

The nursing workforce constitutes a large percentage of the health workforce in Oklahoma. According to the National Council of State Boards of Nursing, Oklahoma has 56,000 Registered Nurses (RNs), 18,000 Licensed Practical Nurses (LPNs) and 3,572 Advanced Practice Registered Nurses (APRNs). However, with a ratio of 700 RNS per 100,000 populations, Oklahoma ranks well below the national average of 1,150 per 100,000.[1]

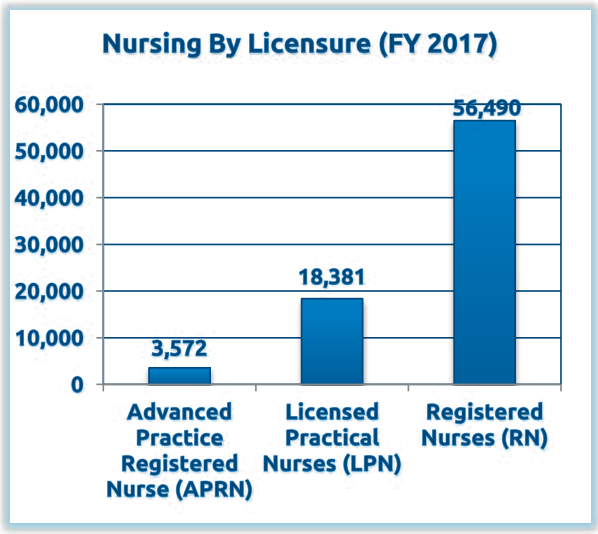
There are multiple entry points into the nursing profession in Oklahoma. Nurses may seek practical nursing training from career technology centers or registered nursing education from institutions of higher learning. Career technology centers offer a one year certificate of completion for practical nursing while higher education institutions provide the opportunity to earn degrees that range from Associates, Bachelors, Master of Science in Nursing, Doctor of Nursing Practice and Doctorate of Philosophy Degrees in Nursing for registered nurses.

Depending on the type of education, nurses can also work in a variety of practice settings. While most nurses in the workforce provide direct patient care, a large percentage are employed as patient educators or serve in administrative roles such as a case manager, nurse manager, quality assurance, or nurse administrator. Nurses may serve in private or public sectors, including service in the National Public Health Service Corps.

Oklahoma's nursing workforce is dynamic and diverse. According to the Oklahoma Board of Nursing, approximately 78,000 licensed professionals make up Oklahoma's nursing workforce.

Education:

- Career Tech Education (LPNs)
- Associate Degree (RN)
- Bachelor Degree (RN)
- Master of Science in Nursing (APRN)
- Doctor of Nursing Practice (APRN)
- Doctorate of Philosophy in Nursing (PhD)



LPN: **Certificate of Completion**

- Provide direct basic and routine care consistent with their education under the direction of an RN.

RN: **Associate Degree**

- Direct Patient Care, Mid-level Manager (smaller hospitals), and/or Clinical Nurse

Bachelor of Science in Nursing (BSN)

- Acute care, Patient Educators, Academia, Clinical Nurse Educators, Quality/Case Management, Mid-Level Managers, Nurse Administrators, Public Health Corps.

APRN: **Master of Science in Nursing (MSN)**

- All BSN functions, APRN, Nurse Educators (RN and some MSN programs), Nurse Executives, and/or Clinical Research Nurses

Doctor of Nursing Practice (DNP)

- All BSN and MSN functions, Advanced Clinical Leadership Roles, and/or Nurse Educators (MSN and DNP programs)

Doctor of Philosophy in Nursing (PhD)

- All BSN, MSN, and DNP functions, Nurse Scientist, and/or Academic Leadership

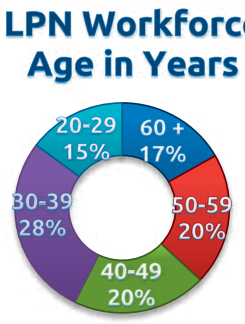
Practice Settings by Nurse Type

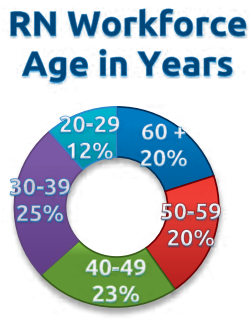
Practice Setting	Academia	Amb. Care	Case Mgmt	Community Health	Correctional Facility	Home Health	Hospital	Insurance Utilization	Long-Term Care	Occupational Health	Other	Policy / Regulatory Agency	Private Practice	Public Health	School	Unknown
LPN	★	★	★	★	★	★★	★★	★	★	★	★	★	★	★	★	★
RN	★	★	★	★	★	★	★★★	★	★	★	★	★	★	★	★	★

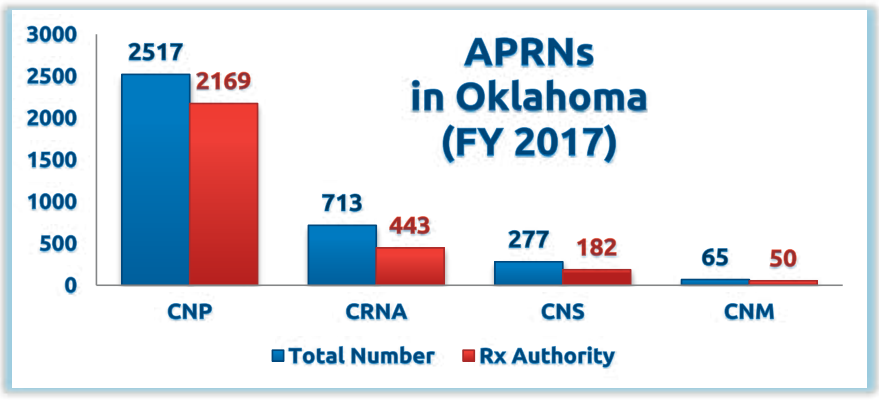
Source: OK Board of Nursing, 2017

★ 0 – 15% of Total ★★ 15-50% of Total ★★★ Greater than 50%+ of Total

APRN Practice Settings	
Certified Nursing Practitioner (CNP)	Primary Care – Family, Adult/Geriatrics Pediatrics, Psychiatric/Mental Health Acute Care – Family, Adult/Geriatrics, Critical Care/Emergency/Trauma, Neonatal
Clinical Nurse Specialist (CNS)	Acute Care – Adult/Geriatrics, Pediatrics, Psychiatric/Mental Health, Trauma Primary Care – Public Health/ Community Health
Certified Registered Nurse Anesthetist (CRNA)	Lifespan Foci Ambulatory Care Settings – Dental Offices Surgical Centers
Certified Nurse Midwife (CNM)	Maternity Foci – Birthing Centers, Obstetrics/Gynecology Practices, Hospitals







Source: Oklahoma Board of Nursing, 2017

Advanced Practice Registered Nurses (APRNs) choose a specialty focus. Areas of focus include Certified Nursing Practitioner (CNP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA) and/or a Certified Nurse Midwife (CNM). According to the Oklahoma Board of Nursing, Oklahoma currently has 2,517 Certified Nurse Practitioners (CNPs), 713 Clinical Registered Nurse Anesthetist (CRNAs), 277 Certified Nurse Specialist (CNPs), 65 Certified Nurse Midwives (CNMs). Of these, 2,169 CNPs, 443 CRNAs, 182 CNSs and 50 CNMs have prescriptive authority.[2] Oklahoma is a restricted practice state for APRNs, thus, the impact of the APRN profession on Oklahoma's health system may be limited compared to other states with less restrictive practice environments.

The Health Care Workforce Subcommittee of the Governor's Council on Workforce and Economic Development has produced an initial report describing the Oklahoma nursing workforce, their competencies, scopes of practice, number of professional licenses and the workforce distribution. The Subcommittee is currently developing recommendations to address barriers to ensuring an adequate supply of nurses is available to meet the demands of Oklahoma's healthcare industry and the needs of the population. An issue brief detailing recommendations is currently on target for a 2018 release.

[1] National Council of State Boards of Nursing. (2017). *Journal of Nursing Regulation: The 2017 Environmental Scan. Retrieved from https://www.ncsbn.org/2017_Environmental_Scan.pdf*

[2] Oklahoma Board of Nursing, 2017

2018 National Sample Survey of Registered Nurses

HELP!

Nurses play a critical role in the lives of patients across the country. That is why the U.S. Department of Health and Human Services is dedicated to providing you, policy makers, and researchers with the most comprehensive data on U.S. registered nurses and nurse practitioners. To accomplish this, **we need your help.**

Please support and encourage participation in the **2018 National Sample Survey of Registered Nurses (NSSRN).** This vital national survey is the primary source of data on the nursing workforce, the largest group of healthcare providers.

The Purpose of the Study

The NSSRN will gather up-to-date information about the status of registered nurses in the U.S. These data will be used to describe the registered nurse population at both the national and state level, so policymakers can ensure an adequate supply of registered nurses locally and nationally.

Data Collection

The NSSRN will be sent to over 100,000 registered nurses in March of 2018. Nurses will be able to fill out the survey electronically or through a paper questionnaire. It is imperative that nurses participate and send back as soon as possible.

The Survey Contractor

HRSA has contracted with the U.S. Census Bureau, the leading statistical federal agency in the United States. Census has assembled a team of expert survey methodologists responsible for gathering the lists of licensed RNs, constructing the national sample, and administering the survey by mail, and on the internet.

Did you Know?

Did you know…employment settings change as nurses age? The vast majority of registered nurses under 30 years old work in hospitals, but over 50 percent of registered nurses 55 years or older work in non-hospital employment settings. Information like this from the NSSRN survey helps policymakers and healthcare leaders plan for future staffing needs.

The Survey Results

We plan to release the public use file from the 2018 study by January 2019. A report from the 2008 study is available at http://bhw.hrsa.gov/healthworkforce.

Endorsements

The following nursing organizations have endorsed this survey. The National Council of State Board of Nursing and individual state boards of nursing have generously provided mailing lists for the survey.

American Academy of Ambulatory Care Nursing
American Association of Colleges of Nursing
American Association of Nurse Anesthetists
American Nurses Association
American Organization of Nurse Executives
National Association of Hispanic Nurses
National Black Nurses Association, Inc.
National Council of State Boards of Nursing
National League for Nursing
National Organization of Nurse Practitioner Faculties

HRSA Health Workforce United States Census Bureau

Humor for Nurse Rehabilitation

Diane Sears, RN, MS, ONC – Ret

OK, you've read repeatedly about the numerous, positive, physical and psychological changes that experiencing humor provides. Life requires constant change and we need to frequently exercise our funny bone to help us maintain positivity and resiliency, especially in the work of nursing. Two elderly people walk into the front door of the Adult Rehabilitation Center and come out the back door, little kids, performing cartwheels." *(Cartoon, "Non Sequitur," Wiley, 09/08)* Yep, humor can momentarily help us feel THAT good.

Nurse to patient: "The Doctor doesn't need to examine your hand. The pain is most likely from hitting the call button over 50 times in the last hour." *(Cartoon, all nurses.com)*

Pharmacist to patient: "Yes, we carry placebos but you'll need a fake prescription." *(Cartoon, "Bizarro," Dan Piraro, 2/22/12*)

MD to patient: "Still constipated? I'll say. I can't even pass judgement." *(Cartoon, "Shoe," Susie MacNelly, 01/31/12)*

"The first five days after the weekend are the hardest." *(email, 12/17)*

CEO talking to Director: "We're replacing the Employee Health Plan with nanorobot technology. We'll insert tiny medical robots into their lower digestive tracts to keep them healthy forever." "So our plan is to shove robots up…" "Only until the robots can replace them." *(Cartoon, "Dilbert," Scott Adams, 08/27/15)*

Kids
"Mom's gonna have a fit when I get home. I fell from the monkey bars and tore my pants. Plus, I scraped BOTH my palms. "Ouchie-Owie. Did you go to the school nurse?" "No, I only do that on days when there's a quiz after recess." *(Cartoon, "Red & Rover," Brian Bassett, 09/25/15)*

"I think I swallowed my sore throat, 'cause now it's in my tummy." *(Cartoon, "Family Circus," Bill & Jeff Keane, 09/21/12)*

Dennis getting a bandaid applied: "My funny bone isn't laughin' anymore." *(Cartoon, "Dennis the Menace," Hamilton, 10/28/16)*

"You're my Everything...I Did it My Way...Ain't no Mountain High Enough...Don't Stop Believing...Dream the Impossible Dream...I Will Survive...Get up, Stand Up...I'm Still Standing...We Are the Champions…You're Still the One..."That's quite a choice of songs Beetle." "Every now and then I feel a need for approval." *(Cartoon, "Beetle Bailey," Mort Walker, 10/15/17)*

"No matter how big and bad you are, when a two year old hands you a toy phone, you answer it." *(Facebook, Sign, 01/18)*

Why cats are not doctors:
"Staff grows increasingly alarmed as doctor runs up and down hallway for no apparent reason.
It takes staff several hours of cajoling before doctor is comfortable enough to meet a new emergency patient. While informing patient's family of their loss, doctor suddenly loses interest and walks off." (*medium-large.com)*

Dating Ads for Seniors, found in, "The Villages," A Florida Newspaper
FOXY LADY: Sexy, fashion-conscious blue-haired beauty, 80's, slim, 5'4' (used to be 5'6'). Searching for sharp-looking, sharp-dressing companion. Matching white shoes and belt a plus.

LONG-TERM COMMITMENT: Recent widow who has just buried fourth husband, looking for someone to round out a six-unit plot. Dizziness, fainting, shortness of breath, not a problem.

SERENITY NOW: I am into solitude, long walks, sunrises, the ocean, yoga, and meditation. If you are the silent type, let's get together, take our hearing aids out and enjoy quiet times.

WINNING SMILE: Active grandmother with original teeth seeking a dedicated flosser to share rare steaks, corn on the cob and caramel candy.

BEATLES OR STONES: I still like to rock, still like to cruise in my Camaro on Saturday nights and still like to play the guitar. If you were a groovy chick, or are now a groovy hen, let's get together and listen to my eight-track tapes.

MEMORIES: I can usually remember Monday through Thursday. If you can remember Friday, Saturday and Sunday, let's put our two heads together.

MINT CONDITION: Male, 1932 model, high mileage, good condition, some hair, many new parts including hip, knee, cornea, valves. Isn't in running condition, but walks well.

Do not regret growing old, it is a privilege denied to many." *(email, 2017)*

Marital Reflections

"Anything you say can be used against you." "I know, I'm married." *(Cartoon, Glenn and Gary McCoy, 10/12/15)*

"My wife's female intuition is so highly developed, she sometimes knows I'm wrong before I've even opened my mouth." *(Cartoon, Silvey Jex)*

"Just cause you're on a diet, mom, do we hafta eat diet food?" Sure! If I'm making a special meal, I might as well make it for everyone. Besides, you're the only one who's complaining. Daddy isn't saying anything!" Dad to himself: "That's because Daddy wants to live to the age of retirement." *(Cartoon, "For Better or For Worse," Lynn Johnston, 05/23/14)*

"Donut Fact #18, Donuts are healthier than crystal meth." *(email, 12/17)*

Ruminations

"Do twins ever realize that one of them is unplanned?

If poison expires, is it more poisonous or is it no longer poisonous?

Every time you clean something, you just make something else dirty.

100 yrs ago everyone owned a horse and only the rich had cars. Today everyone has cars and only the rich own horses.

The doctors that told Stephen Hawking he had 2 yrs to live in 1953, are probably dead.

Many animals probably need glasses, but nobody knows it." *(email, 2017)*

Leadership Clutter

Dr. Dean Prentice, Colonel, DHA, MA, BSN, NE-BC

Dr. Dean Prentice

Sometimes when I look around my office, and life, it is filled with "clutter." It can be a pile of work I am currently working on or a pile of work yet to do; work I've started and stopped and need to complete, or just work I don't know what to do with at this time. Sometimes it's work someone has dropped on my desk.

My personal life can be similar. I'm going to complete some CEUs for my certification, I promised to help with the current EBP release, the gutters need cleaned out, the oil needs changed in my car, and I agreed to mentor a new graduate student on their senior project. Clutter is everywhere.

Clutter is nothing more than items in chaos and not in their place.

How much clutter do you create in a day and how much do you leave in your day and it impacts your leadership?

Leadership clutter usually begins with good intentions. And then your day or attention is overcome by distractions, multiple demands, lack of focus, or lack of action. In the creation of clutter, these four variables create much of the chaos and clutter impacting your leadership and organization. Now the goal is to get rid of the clutter and improve your leadership. Let me share with you four basic steps to help you reduce your leadership clutter and help you focus on your mission and purpose.

1. Goals: Setting goals at any level helps frame your work and responsibilities. If you haven't made out your goals or priorities for yourself professionally and personally, then do that first. Once you have established what is most important to you, then evaluate your work and day to see what is causing you distractions. Once you know your path, you can identify where you go astray. Staying focused on your goals keeps you moving in the correct direction.
2. Prioritize: Clearly not everything that lands in your "in box" requires you. Some leaders and many followers dump projects, questions, or tasks on you when it is not the correct place. Prioritizing your work means setting up the clear list of "1-n" tasks, evaluating how much time you estimate it will take to accomplish, determine if it requires focused concentration or not, and finally whether or not it is your problem to solve. Taking time to prioritize then allows for immediate work as time frees up and focus on what has to be accomplished if time gets short. The prioritized list reduces missing important deadlines.
3. Schedule/Focus: Now that you have goals and you have determined your priority list, it's time to schedule your work and time. In most everyone's day, there is a natural rhythm. Busy and slow times. During your busy or interrupted work times, plan to accomplish simple quick tasks which do not require lots of focus time or focused concentration or strategic thinking. This is a great time to return phone calls, complete repetitive forms, or clear out simple and easy emails. The key is to plan your work around those times and make it a routine. If you are unavailable because the project you are working on requires concentration, close your door and don't answer the phone. Focus on the work at hand and don't allow yourself to distract from accomplishing that task.
4. Action: Your action or inaction to keep clutter reduced most times solely rests with you. Ouch! In the final analysis, you now have to take action. As leaders, many times we find blame and place roadblocks in our own way. We sabotage ourselves. You hold the plan, and most of the time, the control and power to determine how you will work your day. Don't let others or circumstances clutter your time.

Removing and keeping your leadership "space" free of clutter allows you to focus your mission and purpose, both in your professional and personal life. You hold the key to the actions which will help you reach your goals successfully. Don't let clutter slow you down. Let your time work for you not you work for time!

What Oklahoma Nurses Need to Know about the Enhanced Nurse Licensure Compact (eNLC)

A new era of nursing licensure was ushered in when the enhanced Nurse Licensure Compact (eNLC) was implemented on Jan. 19, 2018. Oklahoma was one of the first states to pass eNLC legislation, a key to unlocking interstate nursing practice in the 21st century. At the time, Susan Jones, PhD, APRN-CNS, Oklahoma Board of Nursing President, said, "Participation in multistate licensure is something that Oklahoma nurses have been asking about for quite some time, and with the language in the enhanced compact they will have the opportunity. It is exciting to have been able to work with the Oklahoma Board of Nursing staff and leadership and our state legislature to ensure that the safety needs of patients and the practice flexibility of nurses will be soon be available in Oklahoma."

What does this mean?

The eNLC increases access to care while maintaining public protection by allowing nurses to have mobility across state borders. The eNLC allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the ability to practice in person or via telehealth in both their home state and other eNLC states. Licensing standards are aligned in enhanced NLC states so all nurses applying for a multistate license are required to meet the same licensure requirements.

On Jan. 19, 2018, nurses with eNLC multistate licenses began practicing in the 27 eNLC states. A nurse residing in a state that is new to the eNLC, such as Oklahoma, is able to practice in other eNLC states after applying for and being issued a multistate license by the Oklahoma Board of Nursing.

Because your nursing practice takes place in the state where the recipient of nursing services is located, you need to have the authority to practice in that state. A multistate license helps to facilitate that, but you must still adhere to the laws and regulations of the state in which you are practicing, whether in person or via telehealth. The practice of nursing is not limited to patient care and does include all nursing practice as defined by state practice laws of the state in which the patient/client is located.

Which states are now in the eNLC?

In addition to Oklahoma, the other current states in the eNLC include: Arizona, Arkansas, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming. Work continues toward the ultimate goal of having all 50 states in the compact with new states entering throughout this upcoming year. A map of current participating eNLC states can be accessed on the Oklahoma Board of Nursing website.

What do you need to do if you want a multistate license?

Registered Nurses and Licensed Practical Nurses who hold an Oklahoma nursing license and want a multistate license must apply for a multistate license through the Oklahoma Board of Nursing website. On the application for a multistate license, you will be required to declare your primary state of residency. Primary state of residence is your state of legal residency which can be proven via official documents such as a state driver's license with a home address, voter registration card displaying a home address, federal income tax return declaring the primary state of residence, Military Form No. 2058 – state

of legal residence certificate; and/or W2 from US Government or any bureau, division or agency thereof indicating the state or residence.

You must also meet the additional requirements for a multistate license. These are the Uniform Licensure Requirements (ULRs). If you do not meet all of the ULRs, you may still retain your single-state license. If you need to practice across a state border, you can do so by applying for a single-state license in that state (or using an active license that has been issued to you by that state). An applicant for multistate licensure in a state that is part of the eNLC must meet the following ULRs:

1. Meets the requirements for licensure in the home state (state of residency);
2. a. Has graduated from a licensing board approved RN or LPN/VN prelicensure education program; or
   b. Has graduated from an international education program (approved by the authorized accrediting body in the applicable country and verified by an independent credentials review agency to be comparable to a licensing-board approved prelicensure education program);
3. Has passed an English proficiency examination (applies to graduates of an international education program not taught in English or if English is not the individual's native language);
4. Has passed an NCLEX-RN® or NCLEX-PN® Examination or predecessor exam;
5. Is eligible for or holds an active, unencumbered license;
6. Has submitted to state and federal fingerprint-based criminal background checks;
7. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
8. Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
9. Is not currently a participant in an alternative program;
10. Is required to self-disclose current participation in an alternative program; and
11. Has a valid United States Social Security number.

If you need to practice in a state that is not a member of the eNLC, you need a single-state license issued from that state regardless of whether you hold a multistate license.

Using Nursys to protect from fraud and identity theft, verify licensure status, and more

Protecting your license from potential fraud or identity theft should be a priority, especially now that Oklahoma has entered the eNLC. One of the best ways to safeguard your license is to enroll in NCSBN's Nursys e-Notify®. Powered by participating U.S. boards of nursing (BONs), Nursys e-Notify is the only national primary source equivalent database for licensure verification of RNs and LPN/VNs. Quick, easy, secure and FREE, enrollment takes just a few minutes and you can then receive licensure status updates including multistate and single-state changes within the eNLC. You can track licensure verifications for endorsement and manage multiple licensure verifications. Keeping on top of your license status can help you prevent fraudulent licenses or certificates being issued in your name.

Employers can also use Nursys QuickConfirm to verify a nurse's licensure status and determine in which states a nurse has the authority to practice.

Do you need to request verification as a requirement for applying for a license in a new state? In one simple step, Nursys Licensure Verification will send that board of nursing all of the verifications from all participating states.

Additional information about the eNLC can be found at www.nursing.ok.gov/enlc, www.nursecompact.com and www.ncsbn.org/enhanced-nlc-implementation.htm. For the latest information, you can also follow the eNLC on Twitter and Facebook.

Evidence Based Practice Update: Reducing Hospitalizations in Chronic Obstructive Pulmonary Disease

Madeleine Adams, BSN, RN; Emily Cockrell, BSN, RN; Kelsey Hale, BSN, RN; Rahil Khalili BSN, RN; Ashley Litton BSN, RN; and Molly Wright, BSN, RN

Editorial assistance from Dr. Helen Farrar, University of Oklahoma, Fran and Earl Ziegler College of Nursing

As a familiar source of global morbidity and mortality, COPD is defined by the World Health Organization (WHO) as, "a progressive life-threatening lung disease that causes breathlessness (initially with exertion) and predisposes individuals to exacerbations and serious illness" (World Health Organization [WHO], 2017). COPD is responsible for approximately 700,000 hospitalizations each year (Benzo et al., 2016). COPD is ranked as the fourth leading cause of death around the world, attributing to over three million deaths in 2015 (Wang, Tan, Xiao, & Deng, 2017). Additionally, COPD exacerbations account for over half of all COPD-related medical costs. Reducing hospitalizations of persons diagnosed with COPD is essential to the reduction of these costs. For this article, we explored how self-management education and use of action plans (information regarding what to do when exacerbations occur) compared to usual care according to the Global Initiative for Chronic Obstructive Lung Disease guidelines.

The online databases of EBSCO, Ovid Medline, and the Joanna Briggs Institute Evidence Based Practice Database were used in the search for evidence. The search terms used were Chronic Obstructive Pulmonary Disease, self-management, hospitalizations, hospital readmissions, and randomized controlled trials.

Self-management education refers to programs that help people who have ongoing health conditions learn how to live life to the fullest. For many people, this means lives with less stress, more energy, and a greater ability to do the things they want to do. Self-management programs help you learn strategies and develop the skills and confidence to cope with symptoms, manage fatigue, handle stress, manage medications, eat healthy, and be active. Self-management programs can help you learn key strategies, such as goal setting and self-monitoring. These strategies can help you make good decisions about your health so that you feel better. In other words, you will learn how to better "self-manage" your chronic condition such as COPD.

Usual care according to the Global Initiative focuses on the "Management of COPD in four components: (1) Assess and Monitor Disease; (2) Reduce Risk Factors; (3) Manage Stable COPD; (4) Manage Exacerbations (World Health Organization [WHO], 2017). This has proven to be limited because the primary focus is on symptom and disease management instead of exacerbation prevention and early intervention. However, the WHO does go on to discuss that usual care must be personalized to the specific needs of an individual (World Health Organization [WHO], 2017). The individualization of treatment is essential in providing specific, patient-centered care.

The majority of research reviewed demonstrated a reduction in hospitalizations over a 12-month period following the initiation of a self-management plan and use of an individualized action plan in patients diagnosed with COPD. Patients had fewer exacerbations, and when an exacerbation occurred were able to control their symptoms using self-management instead of requiring a hospitalization. A handful of articles did not support the use of a self-management program and action plans, finding no significant impact on reducing hospitalizations in the intervention groups. Hospitalization rates were similar for the control and intervention groups

A recommendation for current practice based on the evidence includes self-management education and the use of an action plan in patients diagnosed with COPD. There is a high level of strength in the recommendation derived from the evidence we reviewed. Future studies need to describe self-management interventions and details of the action plan more thoroughly so that the self-management education and action plans can be generalized to the population. Also, the action plans must take comorbidities into account when used in the general population, as many people diagnosed with COPD have comorbidities (Lenferink et al., 2017).

The review of evidence has suggested that self-management education and action plans decrease the number of hospitalizations in patients with COPD. The majority of the research articles demonstrated the effectiveness of self-management education and use of an action plan in patients diagnosed with COPD in decreasing the number of hospitalizations. While some of the articles had neutral results, none of the articles showed a negative correlation between self-management education and the use of an action plan in patients diagnosed with COPD and the number of hospitalizations. Further research must focus on the effects of this intervention on patients with comorbidities.

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Oklahoma Nurses Association 2018 Legislative Priorities

The mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses. Oklahoma currently faces a shortage of quality, accessible heath care options, particularly in rural areas.

To that end, ONA has a series of legislative priorities in 2018:

Funding

- Ensure adequate funding for vital health care related services, including direct care, illness prevention and health outcomes. Shortfalls in funding for health and behavioral health services will increase costs in other areas of the state's budget, and will lead to dire negative consequences for individuals, families, and communities, placing all at risk. When funding falls below critical levels, every other health priority for Oklahomans and nurses is negatively impacted. Nursing is one of the few professions in Oklahoma providing care to our citizens from cradle to grave.

Governance

- Preserving the Board of Nursing's oversight and regulation of nursing practice
  Nursing is the largest group of healthcare providers including LPN, RN and APRN, each one with its own unique scope of practice. The Oklahoma Board of Nursing is already a consolidated licensure and regulatory entity governing nursing practice. Ensuring professional nursing oversight of this board provides for the critical health and safety of the public. This self-sustaining, non-appropriated Board contributes revenue to the state general fund while providing for efficient, focused regulation of the nursing profession.

Nursing Practice

- Access to efficient, competent health care is supported when licensed Nursing professionals practice to the full extent of their scope of practice. Competent nursing practice improves the health and safety of every Oklahoman. Evidence demonstrates that state health rankings are higher when nurses practice to the full extent of their license.

Full Practice Authority: Twenty-two states and the District of Columbia give APRNs full practice authority, allowing them to use their knowledge, skills and judgment to the full extent of their education and training. Currently, Oklahoma law requires APRNs to enter into an agreement with a physician for supervision of their prescriptive authority. Many APRNs must pay a flat fee or a percentage of revenues to the physician for the agreement. This drives up health care costs, limits consumer choice and the accessibility of health care throughout our state, while placing a needless financial burden on APRNs.

Prescriptive Authority: Under current Oklahoma law, APRNs are only allowed to prescribe Legend drugs and Schedules III-V, even with supervision by a physician. In other states, APRNs are also allowed to prescribe drugs from Schedule II. Oklahoma APRNs are qualified through education and training to prescribe a full range of medical drugs that includes Schedule II. The inability of APRNs to prescribe Schedule II drugs creates an unnecessary burden on Oklahoma patients and impedes the care for patients with chronic or acute pain, behavioral disorders and more. This will provide greatly needed access to care for patients across Oklahoma.

Insurance Credentialing: In order to provide affordable and accessible health care to consumers and compete in the health care marketplace, it is vital that APRNs be allowed insurance credentialing, permitting them to bill insurance companies directly rather than billing through a facility or physician's office.

Improving Oklahomans' health status

- Improving the physical, mental, and economic well being of the individual, the family, and the community increases Oklahomans' health status.

Education

- Support only those educational proposals that promote the emotional, mental, and physical wellbeing of school children at risk.
- Nursing education is an important and critical component in the development, maintenance and competence of Oklahoma's nursing workforce.

HRSA Health Workforce

Today, the NHSC's Bureau of Health Workforce (BHW) released the 2017 Application and Program Guidance for the NURSE Corps Loan Repayment Program. The application cycle will close on Thursday, March 8 at 7:30 p.m. ET.

The program offers funding to registered nurses (RNs), advanced practice registered nurses, and nursing faculty for payment of their qualifying educational loans in exchange for a two-year service commitment at either a health care facility with a critical shortage of nurses or an eligible school of nursing in the case of nurse faculty. Additional loan repayment is available for a third year of service.

Applicants are encouraged to visit the NURSE Corps Loan Repayment Program webpage to learn more.

We appreciate your support in promoting the NURSE Corps Loan Repayment Program!

Bureau of Health Workforce | National Health Service Corps
Health Resources and Services Administration

Career Sphere

From the bedside to the boardroom: Are you ready to serve?

By Connie Mullinix, PhD, MBA, MPH, RN; AnnMarie Lee Walton, PhD, MPH, RN, OCN, CHES; and Diana Ruiz, DNP, RN, APHN, CCTM, CWOCN, NE-BC

Reprinted from American Nurse Today

Use the skills you have—and learn new ones—to advance health care and your career.

You're educated and prepared to lead in safety and quality. You're at the bedside caring for patients and working to improve care. However, decisions about the allocation of resources for caregiving are made at the board level, and there's a dearth of nurses in board positions. Why?

A nurse's insights

The late nurse leader Connie Curran told the story of a nurse on a hospital board asking significant questions when financial cuts were needed. The proposed solution was to discontinue pharmacy services in remote parts of the facility during off shifts. The nurse board member asked, "Who would go to the central pharmacy when patients need medications in the middle of the night?" The answer: "The nurses." Her next question: "Who will do the nursing care while the nurse is transporting the medicines?" By the end of the conversation, the board realized that the proposed budget solution would actually increase costs.

Because of her intimate knowledge of bedside care delivery and her understanding of the relevant systems, this nurse board member prevented her hospital from making a costly mistake. Clearly, the nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

What's stopping you?

So why don't nurses serve on hospital boards? Do policymakers not appreciate the value nurses can bring, or are nurses not stepping forward to join? If they're not stepping forward, is it because nursing culture is built on serving in the background? Or do nurses think they don't have the competencies needed for board service?

In *The Atlantic*, authors Kay and Shipman state, "Evidence shows that women are less self-assured than men—and that to succeed, confidence matters as much as competence." Most nurses are women, so Kay and Shipman's conclusions could easily apply to nurses who don't seek board positions.

However, findings of a recent study of board effectiveness showed that a greater number of women on a board results in better, more well-rounded decisions. One investment firm tracks the number of women on companies' boards and offers to invest funds in those that have more women and thus greater returns on investments. According to Joy and colleagues, "The correlation between gender diversity on boards and corporate performance can also be found across most industries—from consumer discretionary to information technology."

In the video *Sentimental Women Need Not Apply: A History of the American Nurse*, producers Garey and Hott suggest that the first trained nurses were chosen because they were hard workers, stayed in the background, didn't call attention to themselves, and were subservient—hardly characteristics for board service. This history may have set the stage for nurses not seeking positions where their insights are needed.

The *nursing voice* is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

Skills, skills, skills

For the benefit of patients and the financial health of hospitals and other healthcare organizations, boards need to harness the safety, quality, and evidence-based practice knowledge of nurses; nurses need to join healthcare agency boards. To achieve this national goal, nurses also need to become more aware of the skills they already possess that translate well into board service. For example, nurses are experts at communication and reading nonverbal cues. They're good at establishing relationships, making others feel comfortable, using data for decision making, and, as we're often reminded by the yearly Gallup Poll, perceived as honest and ethical.

Walton and Mullinix developed a list of board-readiness skills that can help you assess your ability to work successfully on a board. A single individual can't be expected to have all the skills, but you can check yourself against this list of overall competencies.

- Understand the difference between management and governance.
- Comprehend financial statements presented to board members each time they meet.
- Possess social etiquette proficiency for business conducted in social settings.
- Know Robert's Rules of Order so you can contribute to accomplishing the board's work.
- Bring influence and work to gain power.
- Possess negotiating skills.
- Speak comfortably in public.

Where are you strong and where do you need more refinement? If you're deficient in any area, don't let that stop you from serving; take the time to hone your skills. (See Get ready to serve.) Patients and healthcare organizations deserve your expertise at the bedside and in the boardroom.

Count and be counted

Ready to be counted as someone who wants to serve? Visit the national Nurses on Boards Coalition website (www.nursesonboardscoalition.org) and let boards know you want to serve. If you're already serving, you can help the Future of Nursing: Campaign for Action reach its goal of 10,000 nurses on boards by 2020 by visiting www.nursesonboardscoalition.org to make sure you're counted. Ultimately, nurses serving on boards provide a voice for and improve the health of their communities across the country.

Connie Mullinix is an associate professor in the department of nursing at the University of North Carolina–Pembroke. AnnMarie Lee Walton is a postdoctoral fellow at the University of North Carolina Chapel Hill, School of Nursing. Diana Ruiz is the director of population & community health in the Medical Center Health System in Odessa, Texas.

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Get ready to serve

If you'd like to serve on a board but don't feel you have a complete skill set, take advantage of these resources.

Financial statements

AME Learning: Finance for Board Service
This online, self-paced course gives you the tools and vocabulary to understand the language of finance.

The program includes:

- 10 to 30 hours of online, interactive, self-paced content
- Straightforward instruction on how to read and analyze financial statements.

To access the program:

1. Go to www.amelearning.com/nursesonboards.
2. Purchase the PIN for $45.
3. Follow instructions to log in to the course.

Note: Once purchased, the tutorials are time-limited and available for 2 years.

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MEMBERSHIP

ANA Membership Invitation

ANA AMERICAN NURSES ASSOCIATION ONA OKLAHOMA NURSES ASSOCIATION

For dues rates and other information, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

Essential Information

First Name/MI/Last Name

Gender: Male/Female

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone Number *Circle preference:* Home/Work

City/State/Zip

Email address

County

Professional Information

Employer

Current Employment Status: (ie: full-time nurse)

Type of Work Setting: (ie: hospital)

Current Position Title: (ie: staff nurse)

Practice Area: (ie: pediatrics)

Required: What is your primary role in nursing (position description)?

- ☐ Clinical Nurse/Staff Nurse
- ☐ Nurse Manager/Nurse Executive (including Director/CNO)
- ☐ Nurse Educator or Professor
- ☐ Not currently working in nursing
- ☐ Advanced Practice Registered Nurse (NP, CNS, CRNA)
- ☐ Other nursing position

Ways to Join

10% Discount On First Year Dues: $252.45 Annual or $21.49 Monthly

☑ Regular ANA and State Membership Dues: $280.50 Annual or $23.88 Monthly

Membership Dues

ANA-PAC Contribution (optional).....$

ANF Contribution (optional) .....$

Total Dues and Contributions.....$

Ways to Pay

Monthly Payment **10% Discount On First Year Dues:** $21.49

☐ Check
☐ Credit Card

If paying by credit card, would you like us to auto bill you annually? ☐ Yes

Annual Payment **10% Discount On First Year Dues:** $252.45

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☐ Credit Card

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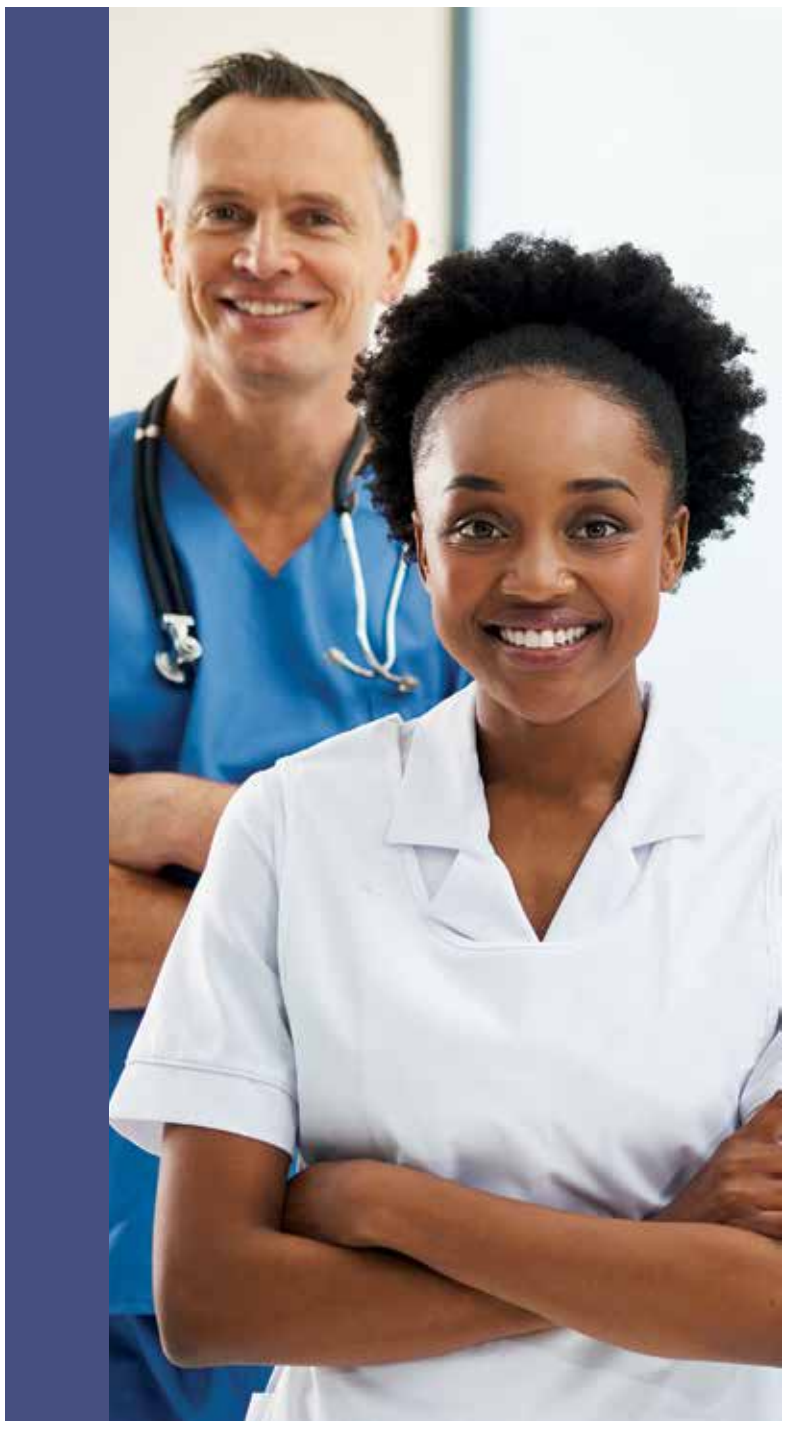

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