It was a rather daunting task to select the ideal candidate for this inaugural “Nurses in Action” section. Many came to mind, each of whom fulfill a vital mission in the delightfully diverse spectrum of professional roles nurses can occupy. In my own corner of the nursing world, however, one nurse clearly captured the spoils of both my attention and admiration: Susan Painter, DNP, PMHNP-BC, who serves as the lead faculty for the Family Systems Psychiatric Mental Health Nurse Practitioner Program at Case Western Reserve University’s Frances Payne Bolton School of Nursing (CWRU FPB SON). I should be quick to point out, however, that teaching and academic administration are just one aspect of this nurse’s noble work; in other words, those are just her day jobs. There are many, many more dimensions to this effervescent, dynamic, talented, and socially-committed nurse, and for that reason she is clearly a “nurse in action.”

The first time I met Dr. Painter, her cool demeanor immediately impressed me; not cool as in business-like efficient, but cool as in understated and patiently understanding. Although she stared at me quite intently, there was something about her eyes that conveyed she was an expert in the art of mindfulness and really listening. She’s not one of those people who are transparently in thought about the next meeting on their packed agenda while engaging in conversation. As we spoke, she was almost present and seemed genuinely interested in making a connection with a new nurse colleague. I could almost see the ‘gears’ moving within her head throughout our conversation: what would we accomplish together? Future partnerships, writing opportunities, co-teaching, community service. Her quiet sense of commitment and compassion were so energizing – and motivating – I felt ready to face any opportunities, co-teaching, community service. Her success is like trying to define the undefinable. She is just one of those people who draws good quality people – and their talents – together. She treats people extraordinarily well and goodness seems to find her in return. For these and so many other reasons, Dr. Painter isn’t just a nurse in action, she’s a nurse in action, and it is with honor and admiration that I submit her name as the inaugural nurse for our Nurses in Action column.

As we discuss the Studio, I glanced around her office and see tangible reminders of the many dimensions of her life: textbooks, ungraded student assignments tucked carefully away on a shelf, and her never-silent cell phone. Dr. Painter leads a full, abundant life to say the least, but once again she has the unique gift of making each person with whom she comes in contact feel very special: a student in a demanding graduate nursing program, a neighbor, a doctoral-prepared nurse colleague, or a client. Her ability to remain fully present even on stressful days is something I wish she could dispense in pill form. While that’s not possible, the infectious nature of her dedication and compassion has impacted the lives of so many at the local, state, and national levels. In fact, she recently was consulted as a subject matter expert for nurses and APRNs in applying safer practice guidelines regarding the opioid crisis, but then found time to mentor a colleague, welcome a new group of nursing students, and host a neighborhood event at the Painter’s Art Studio. She also sits on a review board evaluating safety plans for national church communities regarding sexual abuse, and is a local church advisory member for a west side community church whose membership serves a large number of chronically mentally ill neighbors.

Trying to delineate the reasons for Dr. Painter’s success is like trying to define the undefinable. She is just one of those people who draws good quality people – and their talents – together. She treats people extraordinarily well and goodness seems to find her in return. For these and so many other reasons, Dr. Painter isn’t just a nurse in action, she’s “nursing in action,” and it is with honor and admiration that I submit her name as the inaugural nurse for our Nurses in Action column.
The first-half of the new legislative session has not been a disappointment when it comes to a flurry of bill introductions and the legislature working through the state operating budget. The Ohio Nurses Association (ONA) has been engaging the 133rd General Assembly (GA) on issues that impact our profession as it relates to scope of practice, workplace safety, and title protections.

House Bill (HB) 144 was introduced by Representative Don Manning (R-New Middletown) on March 19, 2019, with the intent to prohibit the use of nurse mandatory overtime as a condition of employment. HB 144 was referred to the House Commerce and Labor Committee on March 26th, where it received sponsor testimony on April 10th, and proponent testimony on May 8th. Four individuals testified on ONA’s behalf: Kelly Trautner, ONA Interim CEO; Shelly Malberti, ONA First Vice President; Emma Jasper, ONA Supporter; and Baylee Stiers, ONA member who submitted written testimony. The bill awaits its third hearing and ONA looks forward to providing additional testimony in support of its passage.

HB 144 is a reintroduction of a bill (HB 456) from 2017 that successfully reported out of committee in the 132nd GA, had a majority vote to pass out of the House of Representatives, but stalled out in the Senate during Lame Duck.

Senate Bill (SB) 131 was introduced by Senator Steve Huffman (R-Tipp City) on April 18, 2019, with the intent to change the title of veterinary technician to veterinary nurse. SB 131 was referred to the Senate Agriculture and Natural Resources Committee on May 29th and awaits its first hearing. ONA continues to adamantly oppose SB 131 and working on language to strengthen our current title protection to reserve the title “nurse” to individuals who provide human care. SB 131 is a reintroduction of a bill (HB 501) from the last General Assembly that successfully reported out of committee, passed the House floor, but did not advance through the Senate prior to the end of the last legislative session.

House Bill (HB) 177 was introduced by Representative Tom Brinkman (R-Mt. Lookout) on March 26, 2019, with the intent to end a requirement that advanced practice registered nurses have a standard care arrangement in place with physicians. HB 177 was referred to the House Health Committee on April 9th, proponent testimony on April 30th, and opponent testimony on May 14th. ONA supports the Ohio Association of Advanced Practice Nurses efforts and signed a joint letter backing HB 177.

House Bill (HB) 224 was introduced by Representative Jon Cross (R-Kenton) and Representative Shane Wilkin (R-Hillsboro) on April 29, 2019, with the intent to grant ordering authority for certified registered nurse anesthetists in certain facilities. HB 224 was referred to the House Health Committee on May 8th, where it received sponsor testimony on May 21st and proponent testimony on May 26th. ONA supports the Ohio State Association of Nurse Anesthetists efforts and submitted written testimony backing HB 224.

If you would like to keep up-to-date with ONA's grassroots efforts at the Statehouse, please visit the Ohio Nurses' Action Center at: https://p2a.co/s4KjTLl
8 EASY CALMING TECHNIQUES FOR THE OVERWORKED AND OVERWHELMED

Adela Ellis, Ambassador, Infinity Scrubs

After a day of work, it’s unfortunately not unusual to find yourself exhausted and strung out by the daily pressures and stressors of modern life. This is all the more true if you work a demanding job that absorbs a lot of your time and energy, such as nursing. But there are steps you can take to help yourself feel more equipped to manage the daily stress of your workload. The following tips and tricks can improve your physical, mental, and emotional well-being and help you calmly face overwhelming situations.

1. Unplug

In modern times, the world is more connected than ever. While this advancement of technology is impressive in many ways, it is not without its downsides. Screens are everywhere, and it’s no secret that most of us are guilty of spending a large amount of our time in front of one – at work, at home, and on the go. Our brains are constantly inundated with updates, notifications, and a steady stream of information, and research has shown that being bombarded continuously in this way increases stress levels.

To combat the effects of technology on your stress levels, make an effort to turn off your devices and distance your contact with technology as soon as you can. By doing so, your brain will be able to put your technical distractions aside, and you can find yourself feeling more relaxed and better able to manage the day.

2. Pause

Incorporating meditation into your daily routine can result in a host of excellent benefits, including reduced stress, better sleep, greater awareness of self, and an increased attention span, to name only a few. Find a window of time during your day, even just 15 minutes, to be still and quiet. Meditation takes practice, and you will likely find it difficult at first. If you feel your mind wandering during your sessions, gently bring it back to your breathing, which affords a calming effect.

3. Decompress

If traditional meditation is not for you, consider introducing active meditation into your routine. Active meditation is a type of meditation that involves movement. You can try simple therapeutic tasks, such as coloring, gardening, cooking, or cleaning as a means of decompressing and letting your mind wander while performing menial, repetitive tasks. The benefits of active meditation are that performing menial handwork allows you to take a moment to calm your mind and perform a task that does not require any mental effort on your part. This affords a sense of calm and has the added benefit of eliminating potential stressors – like a sink full of dishes or an untidy lawn.

4. Realign

Yoga is a deeply transformative practice rooted in ancient traditions. It is practiced by billions of individuals the world over for its grounding and rejuvenating benefits. By incorporating yoga into your routine, you can expect increased flexibility, improved energy and vitality, and many other positive physical benefits. With yoga, however, the mental benefits are just as important as the physical. Like meditation, yoga helps you to disconnect from stressors and focus on your breathing, which affords a calming effect.

5. Break a Sweat

Exercise releases endorphins, which are feel-good chemicals that guard your body against stress and help you feel more capable. Anything you choose to do to get your heart pumping can increase your blood flow and get these essential resources to your brain and vital organs. Experts recommend a minimum of 30 minutes a day to promote a sense of general well-being, so, whether you like to run, swim, dance, or lift weights – get moving!

6. Hydrate and Nourish

Drinking enough water and ensuring you fuel your body with the essential nutrients it needs to function. Studies show that dehydration leads to an inability to concentrate, as well as increased fatigue and anxiety, which makes keeping on top of your water intake an absolute must. Aim for a minimum of eight glasses of water each day and try to keep to a balanced diet of fruits, vegetables, and healthy fats.

7. Reset

Getting enough sleep is a vital aspect of your overall health. It is common knowledge, yet studies show that 35% of American adults get less than the recommended seven hours of sleep per night and that, of those, most are getting less than six hours. Make sure your sleep is a priority. Getting the required amount of sleep gives your body the opportunity to perform all the necessary repair and restorative work it needs to make you feel more energized and ready to face the next day. If you find it hard to fall asleep, try taking a look at your sleep hygiene. Ensure you have a warm bed in a cool room, low light levels, no gadgets, and avoid caffeine and other stimulants in the evening for a restful night’s sleep.

8. Indulge

Taking time for yourself to do something you enjoy, either in solitude or with loved ones, can help you feel more balanced. Whether it’s reading, catching a movie, or taking a long soak in the tub, switching your brain off to indulge in one of your favorite things can work wonders on your overall well-being.

Surround yourself with things that make you happy, both at work and at home. Even something as seemingly trivial as the colors you surround yourself with can affect your mood, whether it’s your lipstick, wallpaper, or the scrubs you wear for work.

Final Thoughts

When it comes to destressing, don’t stress out! It’s easy to get deterred by incorporating these practices into your daily routine. This is all the more true if you work a demanding job that absorbs a lot of your time and energy, such as nursing. But there are steps you can take to help yourself feel more equipped to manage the day.

Respect comes with the job when you’re a U.S. Air Force Nurse. The reason? You’ll be a commissioned officer with great responsibilities. Of course, with greater responsibility comes greater expectations. Here are a few tips to get you pointed in the right direction:

- Find time to take short breaks during the day.
- Connect with your colleagues and friends.
- Take care of your health by exercising regularly.

Conclusion

Incorporating these practices into your daily routine will increase your sense of calm but also the pleasure you take in your everyday routine.

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Online Certificate Program Focuses on Veterans’ Needs, Starts Sep. 8

The Ohio State University College of Social Work is offering a 14-week, online Advanced Certificate in Serving Veterans and Their Families program for social workers, nurses, therapists, and anyone interested in exploring military culture, its impact, and learning more about how to serve veterans and their loved ones.

It’s time to serve those who have served us. Sign up today! go.osu.edu/veterans-certificate

Contact cswe@osu.edu or 614/292-5167
It’s that time again! Registered Nurses in Ohio are due to renew their licenses this year. Now is the time to make sure you have your continuing education completed or to consider what professional development activities you would like to attend before October 31st.

What is Required?

Let’s talk a little bit about Category A. We in the CE department here at ONA get a lot of questions about what Category A actually is. There are different terms thrown out there, including ‘nursing law’ and ‘ethics.’ So what ‘counts’ for Category A?

Category A continuing education in Ohio is an activity in which the content focuses on varying aspects of our nursing law, 4723 Ohio Revised Code and/or Ohio Administrative Code. There is not one singular “nursing law” course or activity. In fact, these activities can vary greatly in theme or central topic. For example, here at ONA we offer several Category A activities, including:

- Mandatory Reporting of Elder Abuse & Nursing Clinical Judgement
- Nursing Process & Clinical Judgement
- Social Media & Professional Boundaries
- Continuing Education & Professional Development: Ohio Law and Rules
- Speaking Up For Safety: The Nurse’s Role in Carrying Out Mitigation Orders
- Ohio Nursing Law and Rule: Current Issues in Practice
- Basics of Professional Boundaries and Sexual Misconduct for Nurses

Just to name a few! So as you can see, the topics themselves vary. But the main resource and what will be discussed throughout is how these issues relate back to 4723, our nursing law and the rules that guide our practice. I encourage you all to really think about what areas you would like to learn more about, and not just attend an activity because you are required to have “something on law.”

An additional note about Category A: these activities “must be approved by the board, an OBN approver, or offered by an OBN approved provider unit headquartered in the state of Ohio” (4723-14-01, OAC). Ohio Nurses Association is both an OBN approver and an OBN approved provider unit, making us eligible to offer these activities.

What You Need to Know:

- RNs licenses must be renewed by October 31, 2019.
- To avoid paying a late fee, renewal applications must be submitted online by September 15th, 2019.
- Renewal period opens up July 1st, 2019.
- Failure to renew your nursing license will result in a lapsed license.
- Practicing without a valid, active license is illegal and will be subject to disciplinary action.

For continuing education activities, visit www.nurses.on.org, Click on Events or visit www.ce4nurses.org.

Exceptions:

- Continuing education is not required for the first renewal period following earning your nursing license after the NCLEX.
- If you were practicing in another state and obtained an Ohio license by endorsement:
  - Licensed in Ohio one year or less = 12 contact hours of continuing education is required.
  - Licensed in Ohio for more than one year = 24 contact hours of continuing education is required.

Resources: 4723-7-09 (OAC), 4723-14-03 (OAC), www.nursing.ohio.gov

For continuing education activities, visit www.ohnurses.org. Click on Events or visit www.ce4nurses.org.
not required to act on “minor violations...if the board determines that the public is adequately protected by issuing a notice or warning to the alleged offender.” Reporting an error to the Board does not automatically result in discipline or changes in licensure status.

Nurses have a duty to keep their patients, and their information, safe. But we know that errors and mistakes do occur, especially with the modern innovations of technology and electronic health records. The American Nurses Association (ANA) Code of Ethics, Provisions 3.1 and 3.4, dictates that should an error or near-miss occur, nurses must follow institutional policy for reporting and ensure proper disclosure to the patient. It emphasizes the importance of nurses always being accountable for their actions and reinforces that disciplinary action is not always warranted, especially if the error was committed accidentally and did not cause harm (American Nurses Association, 2015). The Code of Ethics goes on to say that reporting errors or questionable practices, is “focusing on the patient’s best interest as well as the integrity of nursing practice” (American Nurses Association, 2015).

In addition to self-reporting to the Board of Nursing, if a breach should occur, please contact your institution’s legal and/or risk management department per organizational policy.

For more information, please visit the Ohio Board of Nursing website: www.nursing.ohio.gov and Ohio Administrative Code (http://codes.ohio.gov/oac/4723) and Ohio Revised Code (http://codes.ohio.gov/orc/4723).

This information is not intended as legal advice. For specific legal questions regarding this matter, please contact an attorney.

Additional Resources:
https://www.nursingworld.org/coe-view-only

Have a question for Nurse Jesse? Visit ohnurses.org/asknursejesse

Ohio Anesthesia Patient Care Bill to Offer Clarification of CRNA Scope

Earlier this year, the Ohio State Association of Nurse Anesthetists introduced the Anesthesia Patient Care Bill (HB224). Jointly introduced by Representatives Jon Cross (R-District 83) and Shane Wilkin (R-District 91), HB224 includes twelve co-sponsors and currently resides in the Ohio House Health Committee. Prior to the summer recess, the committee held interested party meetings, along with sponsor, proponent and opponent testimony.

House Bill 224 is a result of years of confusion over the CRNA scope of practice and specifically, a CRNA’s ability to write orders for others to administer. In an effort to assist healthcare providers to better utilize the skills and training of a CRNA, the Anesthesia Patient Care Bill was drafted. Specifically, HB224 will define CRNAs as prescribers, and explicitly restore their ability to order diagnostic tests, medications, fluids, and treatments for conditions related to the administration of anesthesia or when performing clinical functions. The bill prohibits a CRNA from prescribing medications to be filled at the pharmacy for use at home. In addition, HB224 will describe a CRNA’s ability to direct registered nurses, licensed practical nurses and respiratory therapists to assist in patient care management.

OSANA is confident that Ohio’s policy makers will see the need for this bill, which does not change the current scope of practice for CRNAs in Ohio. CRNAs in 40 other states have ordering or prescriptive authority as either an inherent part of their scope, or explicitly granted in the statute. Ohio CRNAs believed they had this authority in the past, and HB224 will help clarify this by placing it in Ohio statute.

For more information about the Ohio Anesthesia Patient Care Bill, contact the OSANA State Government Relations Director, Kellie Deeter at kelliedeeter@icloud.com.
I am proud and honored to be a nurse. When I reflect on my nursing journey, I realize just what an adventure it took to get here. I entered Kent State University at Stark (KSUS) as a first-generation non-traditional college student committed to a major in a competitive program with no guarantee of acceptance. I committed a year of my life just on the hopes that I was good enough to receive acceptance into the nursing program. I was fearful of the unknown and insecure in my strengths. I thought these insecurities would diminish once I received acceptance into the nursing program; but this could not have been further from the truth. Acceptance only fueled my fear, but I have also never felt as much hope for my future as I did this day. Over the next three years, I discovered just how strong my will and determination were to join a profession that tests your strengths before you even enter the workforce. With the belief that nurses do make a difference, the support of my fellow nursing students, the undeniable influence of nurse leaders and the overwhelming reward of active engagement in nursing organizations, I achieved my goal. I graduated Cum Laude, full of hope for my future. Despite the achievement of graduating, I was more nervous than ever, and I felt like my journey was just getting underway. I am sure I am not the first nursing student to feel physically ill and unsure prior to embarking on the next steps after graduating nursing school. I entered the NCLEX exam location with more fear and determination than I thought possible. I left with more anxiety than is healthy and quickly called my partner in crime, fellow nursing student, Holly Renninger. She brought me back down to earth from the spiral that I entered when I realized that the last hour would determine if I had just spent four years of my life only to have my heart broken. Calmer and flustered, I returned home to a torturous three day wait. I did everything possible during this time to distract my mind from the knowledge that my future was still uncertain. When I received my results, an overwhelming sense of acceptance and peacefulness hit me as I opened the notification, but I knew that no matter what the results were, I had done my best to ensure that my journey would not end with a failed exam, wasted time or regrets. I passed! It is incredible the amount of accomplishment in nursing school is incredible but cannot compare to what I have experienced since graduation. I attribute this personal growth to my continued commitment and volunteer work with the local and state student nurse organizations such as the Ohio Student Nurses Association (OhSNA) and at the professional level with the state with the Ohio Nurses Association (ONA). It was during these professional development opportunities as a student nurse and now as a registered nurse that I met two of the most influential nurse leaders I have had the privilege

of accomplishment. We spend years in nursing school experiencing stress, questioning our abilities and learning our limits. Only after nursing school, NCLEX, first job interview, orientation and stepping out onto the floor on my own did I realize that my journey has no end, only rites of passages, filled with personal and professional growth. I have faced challenges since the day I decided to enter nursing school, but I have succeeded at every challenge because my commitment is strong. In my opinion, there are few careers that can demand from day one. I earned my way into a profession that repays me every day. The amount of personal growth I experienced in nursing school is incredible but cannot compare to what I have experienced since graduation. I attribute this personal growth to my continued commitment and volunteer work with the local and state student nurse organizations such as the Ohio Student Nurses Association (OhSNA) and at the professional level with the state with the Ohio Nurses Association (ONA). It was during these professional development opportunities as a student nurse and now as a registered nurse that I met two of the most influential nurse leaders I have had the privilege

to know, Sally Morgan and Barbara Brunt. These experiences allowed me to discover my passion for service and advocating for our profession. I realized only recently that I entered nursing school without a full sense of what nursing is; I knew that nursing meant caring and commitment to excellence but I did not know that nursing meant a piece of me would always be at work, thinking about a patient, a patient’s family, reflecting on my day and asking myself how I can improve, planning or participating in professional development activities, or trying to effect change that will enhance the image of professional nursing. As I mature in my role, there is a sense of pride and camaraderie that continues to develop when I get to say that I am a registered nurse. I remain active in Ohio Nurses Association and Sigma Theta Tau International and I make the effort to talk to nursing students at every opportunity in the hopes that I can influence them to join me on my journey of advocating for the nursing profession through service and professional development. I started this journey knowing that nursing would affect change on my life for the better, but I did not give much thought about how I could affect nursing until I joined my first professional nursing organization.


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South Lake Hospital
To honor every U.S. nurse during National Nurses Week 2019, ANA declared there were 4 Million Reasons to Celebrate.1 And of those, Ohio can lay claim to nearly 250,000. Which means there were likely about 250,000 Ohio nurses celebrated Nurses Week this year, honoring our profession and recognizing how we contribute towards our nation’s health.

So, how did Ohio nurses celebrate National Nurses Week?

I recently posed this question via social media, and received a few responses (Thank you, all)! I was also fortunate enough to reminisce with other nurses about Nurses Weeks in the past.

It actually hasn’t been all that long that we’ve celebrated National Nurses Week. In May 6-12 every year, with May 12 the anniversary of Florence Nightingale’s birth. Although there had been various proposals and designsations since 1953, it wasn’t until 1990 that the ANA Board of Directors declared May 6-12, 1991 as National Nurses Week. And these dates did not become permanent until 1993.

Since then, nurses have ‘officially’ celebrated Nurses Week in many ways – where they work, through professional organizations, or for some, on a more personal level, a time for honor and reflection.

**Workplace Celebrations**

Past workplace celebration brings smiles to many of my former colleagues. Our institution, indeed, celebrated Nurses Week in a huge way: Gifts for every nurse, CE events with nationally known speakers, speaker luncheon, and a research poster displays, breakfasts for the night shift, all converging in a dazzling Clinical Awards Ceremony.

ONA member, Nancy Haas, was often in charge of the entire celebration, including the stickiest details. Were the right names etched onto the proper clinical awards? With correct spellings? How do we keep hungry non-nurse day shift workers from sneaking into the night shift breakfast? Who will drive to the airport and pick up our speakers? How will we signal speakers to cut their remarks short so the awards ceremony won’t drag on all night? Where can we hold a luncheon? Nurses Week 2015. The exhibit ran through Nurses Week, 2015. The exhibit displayed works of art showing people in caregiving roles from early history, through the advent of nursing as a profession, into modern times of caring for people infected with Ebola virus. The unique nurse-patient relationship, from birth through death, during war and in peace, through illness, injury, and health was highlighted vividly. A group of Cleveland nurses was able to tour this exhibit, which led to thoughtful, heartfelt reflection afterwards.

**Future Nurses Week Celebrations**

Google ‘How to celebrate Nurses Week’ and you’ll immediately get pages upon pages of ideas, many (unsurprisingly) from purveyors of gifts and party materials. There really could be about 250,000 ways an Ohio nurse could celebrate! (And get ideas for Nurses Week 2020.)

But mixed in with the more commercial trimmings is a deeper message. Nurses should celebrate nursing, in whatever way seems best, for any individual nurse. At least for a week every year. Because nurses care. We help others. We learn. And together we improve the health of all.

*This is an ‘upwards’ estimate from Ohio Board of Nursing’s 48,554 LPN license renewals in 2018, and 198,052 RN renewals in 2017.*

**Personal Celebrations**

Personal heartfelt reflection is a way some nurses find to best celebrate Nurses Week. During a Nurses Week CE event in Columbus on Holistic Nursing, presenter Deborah Shields paused midstream during her discussion of cultural nursing. She had just mentioned Madeleine Leininger, and outlined her contributions towards this aspect of care. She then wished every attendee a very Happy Nurses Week, and continued, “Nurses Week is a time to stop. Reflect. And thank the nurses who have gone before us. Our work stands on some very strong shoulders.”

Indeed, some nurses find the most meaningful aspect of Nurses Week is to provide a special time to thank those nurses who have had most influence on their own careers. When orienting new graduates to their first steps in their nursing careers, we often asked what brought them to nursing. Many times the answer was a relative who was a nurse, or a nurse who had cared for them or a family member. They sensed the huge difference a nurse made, and wanted to be like ‘that nurse.’ Nurses Week is the time to send a note, card or small gift thanking them for this important contribution.

Nurses Week is for nursing students also – our nurses of the future! One Ohio student nurse, Christine Smothers, from Frances Payne Bolton School of Nursing in Cleveland, celebrated in a huge way. During Nurses Week 2019, she received word that she had won the Goldwater Scholarship, the most prestigious undergraduate scholarship in the natural sciences, mathematics, and engineering in America – only the second student nurse to do so in its 50+ year history! She felt honored to represent nursing in this way, and looks forward to making nursing voices heard in the world of scientific research.

**Occupational Celebrations**

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**Parking Sponsor** Speak Friday Opening of the House, Marquis Friday, Signage Outside of the House of Delegates

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**Awards Celebration**
Speak at Awards Celebration, Marquis Saturday and Signage Outside of the House of Delegates

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**Convention Bag Sponsor $3,500**
The bag for convention will have the logo of the sponsor prominently displayed on top with the ONA logo on the bottom. The sponsor of the bag will also be entitled to one give-away item in the bag. They will also have a ¼ page in the ONR along with other items listed on the sponsorship grid.

**Gold Sponsor $3,000**
The Gold Sponsor will have signage outside the House of Delegates for the entire event. They will also have social media posts and other items listed on the sponsorship grid.

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The Lanyard Sponsor will have its name or logo printed on the lanyards used at the event. They will also have ¼ page ad in the ONR along with other items listed on the sponsorship grid.

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Pre-Convention Continuing Education

October 11, 2019

8:00a-8:10a  Welcome/Introductions
8:10a-9:10a  Safe Staffing – Communications - Linda Aiken
9:10a-9:20a  Break
9:20a-10:20a Safe Staffing – Leadership - Linda Aiken
10:20a-10:30a Break
10:30a-11:15a Second Victim Phenomenon/Workplace Advocacy - Natalie Cline

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)

Speakers

Linda H. Aiken, PhD, The Claire Fagin Professor of Nursing, Professor of Sociology, Director of Center for Health Outcomes and Policy Research, and Senior Fellow of the Leonard Davis Institute of Health Economics at the University of Pennsylvania, Philadelphia, USA. Dr. Aiken conducts research on the use of performance measures to demonstrate relationships between health care workforce factors and patient outcomes in over 30 countries. She is the author of more than 300 scientific papers. She is an elected member of the US National Academy of Medicine, the American Academy of Arts and Sciences, a former President of the American Academy of Nursing, and an Honorary Fellow of the Royal College of Nursing. She is the recipient of the Christiane Reimann Prize from the International Council of Nurses and was an Inaugural Member of the International Nurse Researcher Hall of Fame of Sigma Theta Tau International.

Natalie Cline is a staff infusion nurse at the Taussig Cancer Center at the Cleveland Clinic, where she has worked for the past two years. She also has five years of inpatient pulmonary medicine experience. In addition Natalie teaches nursing clinicals for Kent State University two days a week.

Presentation Title: Managing Second Victim Phenomenon

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John J. Schlageter, III, J.D., Esq.
Program Director
Phone: 419 530 7748
E-Mail: John.Schlageter@Utoledo.edu
The Nurses Choice Luncheon is a special event where we truly celebrate nursing – whether it's through recognizing special nursing students with scholarships, awarding amazing nurse researchers with grants or honoring those who have shown their support of the nursing profession with Nurses Choice Awards.

This luncheon is the foundation’s main fundraiser and the reason this organization has been able to give nearly $180,000 in nursing scholarships and research grants since its inception.

Scholarships:
- Amy Barto, Minority Student Scholarship – $1,000
- Katherine Cottrill, Mary Beth Hayward Scholarship – $1,000
- Jamie Kuhiman, Deborah Hague Memorial Scholarship – $1,000
- Rachel Reese, Traditional Nursing Scholarship – $1,000
- Neva Ryan, Students Returning to School to Major in Nursing Scholarship – $1,000
- Susie Winters, RNs Majoring in Nursing Scholarship – $1,000
- Rose Solar, Summit and Portage District Scholarship – $1,000

Research Grant
Jason Payne $2,000

Nurses Choice Award-Individual
Dr. Amitabh Goel, MD

Gingy Harshey-Meade Excellence in Leader Award
Susan Stocker, Ph. D

CONGRATULATIONS TO ALL THE WINNERS from the 2019 Nurses Choice Luncheon
8 steps for making effective nurse-patient assignments

By Stephanie B. Allen, PhD, RN, NE-BC
Reprinted from American Nurse Today

Successful assignments require attention to the needs of both nurses and patients.

YOUR MANAGER wants you to learn how to make nurse patient assignments. What? Already? When did you become a senior nurse on your floor? But you’re up to the challenge and ready to learn the process.

Nurse-patient assignments help coordinate daily unit activities, matching nurses with patients to meet unit and patient needs for a specific length of time. If you are new to this challenge, try these eight tips as a guide for making nurse-patient assignments.

1. Find a mentor
Most nurses learn to make nurse-patient assignments from a colleague. Consider asking if you can observe your charge nurse make assignments. Ask questions to learn what factors are taken into consideration for each assignment. Nurses who make assignments are aware of their importance and are serious in their efforts to consider every piece of information when making them. By asking questions, you’ll better understand how priorities are set and the thought that’s given to each assignment. Making nurse-patient assignments is challenging, but with your mentor’s help, you’ll move from novice to competent in no time.

2. Gather your supplies (knowledge)
Before completing any nursing task, you need to gather your supplies. In this case, that means knowledge. You’ll need information about the unit, the nurses, and the patients. (See What you need to know.) Some of this information you already know, and some you’ll need to gather. But make sure you have everything you need before you begin making assignments. Missing and unknown information is dangerous and may jeopardize patient and staff safety.

The unit and its environment will set the foundation for your assignments. The environment (unit physical layout, average patient length of stay [LOS]) defines your process and assignment configuration (nurse-to-patient ratios). You’re probably familiar with your unit’s layout and patient flow, but do you know the average LOS or nurse-to-patient ratios? Do you know what time of day most admissions and discharges occur or the timing of certain daily activities? And do other nursing duties need to be covered (rapid response, on call to another unit)? Review your unit’s policy and procedures manual for unit staffing and assignment guidelines. The American Nurses Association’s ANA’s Principles for Nurse Staffing 2nd edition also is an excellent resource.

Review the assignment sheet or whiteboard used on your unit. It has clues to the information you need. It provides the framework for the assignment-making process, including staff constraints, additional duties that must be covered, and patient factors most important on your unit. Use the electronic health record (EHR) to generate various useful pieces of patient information. You also can use the census sheet, patient acuity list, or other documents of nursing activity, such as a generic hospital patient summary or a unit-specific patient report that includes important patient factors.

Depending on your unit, the shift, and the patient population, you’ll need to consider different factors when making assignments. Ask yourself these questions: What patient information is important for my unit? Does my unit generate a patient acuity or workload factor? What are the time-consuming tasks on my unit (medications, dressing changes, psychosocial support, total care, isolation)? Which patients require higher surveillance or monitoring?

Finally, always talk to the clinical nurses caring for the patients. Patient conditions change faster than they can be documented in the EHR, so rely on the clinical nurses to confirm each patient’s acuity and individual nurses’ workloads. Nurses want to be asked for input about their patients’ condition, and they’re your best resource. Now ask yourself: How well do I know the other nurses on my unit? This knowledge is the last piece of information you need before you can make assignments. The names of the

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nurses assigned to the shift can be found on the unit schedule or a staffing list from a centralized nursing staff office. If you know the nurses and have worked with them, you’ll be able to determine who has the most and least experience, who’s been on the floor the longest, and who has specialty certifications. You’ll also want to keep in mind who the newest nurses are and who’s still on orientation.

Decide on the process
Now that you’ve gathered the information you need, you’re ready to develop your plan for assigning nurses. This step usually centers the unit layout with your patient flow. Nurses typically use one of three processes—area, direct, or group—to make assignments. (See Choose your process.)

Set priorities for the shift
The purpose of nurse-patient assignments is to provide the best and safest care to patients, but other goals will compete for consideration and priority. This is where making assignments gets difficult. You’ll need to consider continuity of care, new nurse orientation, patient requests and satisfaction, staff well-being, fairness, equal distribution of the workload, nurse development, and workload completion.

Make the assignments
Grab your writing instrument and pencil in the first nurse’s name. This first match should satisfy your highest priority. For example, if nurse and any other returning nurses are reassigned to the patients they had on their previous shift. If, however, you have a complex patient with a higher-than-average acuity, you just assigned your best nurse to this patient. After you’ve satisfied your highest priority, move to your next highest priority and match nurses with unassigned patients and areas.

Sounds easy, right? Frequently, though, you’ll be faced with competing priorities that aren’t easy to rate, and completing the assignments may take a few tries. You want to satisfy as many of your priorities as you can while also delivering safe, quality nursing care to patients. You’ll shuffle, move, and change assignments many times before you’re satisfied that you’ve maximized your priorities and the potential for positive outcomes. Congratulations—you’ve assigned the nurse-patient assignments are finally made.

Adjust the assignments
You just made the assignments, so why do you need to adjust them? The nurse-patient assignment list is a living, breathing document. It involves people who are constantly changing—their conditions change in an instant. The assignment process is constant. The second option is to assign each nurse directly to a patient. This process works best on units with a lower patient census and nurse-to-patient ratio. Most nurses use one of three assignment processes.

Choose your process
Your nurse-patient assignment process may be dictated by unit layout, patient census, or nurse-to-patient ratio. Most nurses use one of three assignment processes.

Area assignment
This process involves assigning nurses and patients to areas. If you work in the emergency department (ED) or postanesthesia care unit (PACU), you likely make nurse-patient assignments this way. A nurse is assigned to an area, such as triage in the ED or Beds 1 and 2 in the PACU, and then patients are assigned to each area throughout the shift.

Direct assignment
The second option is to assign each nurse directly to a patient. This process works best on units with a lower patient census and nurse-to-patient ratio. For example, on a high-acuity unit, such as an intensive care unit, the nurse is matched with one or two patients, so a direct assignment is made.

Group assignment
With the third option, you assign patients to groups and then assign the nurse to a group. Bigger units have higher censuses and nurse-to-patient ratios (1:5 or 1:6). They also can have unique physical features or layouts that direct how assignments are made. A unit might be separated by hallways, divided into pods, or just too large for one nurse to safely provide care to patients in rooms at opposite ends of the unit. So, grouping patients together based on unit geography and other acuity/workload factors may be the safest and most effective way to make assignments. You also can combine processes. For example, in a labor and delivery unit, you can assign one nurse to the triage area (area process) while another nurse is assigned to one or two specific patients (direct process). Unit characteristics direct your priorities in making assignments. Your process will remain the same unless your unit’s geography or patient characteristics (length of stay, nurse-to-patient ratio) change.

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What the Mirror Doesn't Tell You

Tracey Long, PhD, RN, MSN, CDE, CNE, CHUC, CCRN

“I hate my body.” “Where did all these ugly gray hairs and wrinkles come from?” “How could anyone find me attractive when I look like this?” “My body is such a burden.”

If you’re like 97% of the American population, you’ve probably said something like this to yourself. According to a recent survey done by Glamour magazine 30 years ago and repeated in 2014, 54% of women perceive their bodies as less than 50% (or lack thereof) and nutrition. Without adequate vitamin intake or sun, your skin may be pale and flacid; without adequate essential fatty acids, it may be dull or dry. Stress, overwork, and lack of purpose in your life may reflect in the empty eyes that stare back at you.

What the mirror tells you

Relying on the mirror to tell you “who is the fairest of them all” may not give you the whole truth. Despite potentially negative messages people get from the mirror, it can provide helpful information. It can tell you a lot about both the outside and the inside of your body. Although we focus on our exterior image, the mirror can provide information about the internal health of your body.

Using your nursing assessment skills, take an objective look at your skin and hair. You may notice dry skin or scalp, hair loss, skin coloration, or texture. For instance, your endocrine system is an amazing creation of numerous autonomic functions working through feedback loops of chemicals to regulate many systems. It also regulates the endocrine system, balancing insulin and glucagon to work in complete harmony to balance blood glucose levels. These levels affect the function of all three trillion cells in your body. Your glucose level rises in the morning and is balanced by insulin. Other organs, including the kidneys, liver, and muscles, regulate glucose levels. The liver stores glucose and releases it into the bloodstream when needed. When your glucose level drops, the liver releases stored glucose back into the bloodstream. Glucagon, released by the pancreas, assists in maintaining blood glucose levels.

What the mirror doesn’t tell you

The mirror tells you that you need to eat more fruits and vegetables, drink more water, and exercise more, but it may not tell you what you need to do to achieve optimal health. It may not tell you that you need to eat a balanced diet, get enough sleep, or manage stress. The mirror may not tell you that you need to be kind to yourself, or that you need to seek help for a mental health disorder.

The nursing reflection

Ironically, some nurses who care for sick patients and help promote health and healing are unhealthy themselves. Research shows that occupational stress, poor coping behaviors, and lack of support create anxiety and depression in nurses. The longitudinal Nurses’ Health Study, which began in 1988, examines relationships among hormone replacement therapy, diet, exercise, and other lifestyle practices and chronic illnesses. It found female nurses’ health was no better than that of the general populace. Ideally, a nurse’s health should reflect their education and knowledge of the human body. Unfortunately, knowledge alone doesn’t create vibrant health. We should sing along with the Disney character Mulan, who asks, “When will my reflection show who I truly am?”

You’re invited to join the American Nurses Association campaign for action improving nurses’ health and wellness. For more information please visit http://www.nursinghealthynation.org/ and view the free webinar on the grand health challenge for nurses at https://campaignforaction.org/webinar/improving-nurses-health-wellness/

As nurses, we can do better to reflect the true inner beauty of our bodies—and project that beauty in our lifestyles. Balancing the mirror’s messages is the key. What the mirror doesn’t tell you is that you can inspire others to honor your body. What it does tell you is that you can motivate you to care for yourself, so you can better model healthy behaviors for patients.

Fixing the mirror’s reflection

In our society of quick fixes and limited warranties, it’s easy—and often necessary—to replace just about everything. Most material objects can be replaced when they’re worn out. The only thing that can’t be replaced is the human body. We can misuse and abuse it or treat it with loving care. Despite the amazing advances of medical science (and plastic surgery), your body is still your physical essence. Although it comes with a lifetime warranty, its quality isn’t guaranteed; that’s up to you. Our decisions can determine our destiny with health. Saying you don’t have time for your health today may leave you with no health for your tomorrow.

What does your mirror say to you? Will you listen?

AUTHOR BIO

Tracey Long is a Professor of nursing in Las Vegas, Nevada for Chamberlain and Arizona College. As an identical twin, she regards her twin sister as her better reflection. When did you last thank your pancreas? In apprehension how like a god!

What the mirror doesn’t tell you

The first thing you’ll see is a distorted reflection. “What a piece of work is man! How noble in reason, how infinite in faculty! In form and moving how express and admirable! In action how like an angel! In apprehension how like a god!”

The mirror doesn’t tell you about the amazing functions of your body systems, or that you and your body are the most brilliant creations in the universe. For instance, your endocrine system is an amazing creation of numerous autonomic functions working through feedback loops of chemicals to regulate many systems. It also balances your energy levels through the thyroid gland. When is the last time you thanked your adrenal glands for helping regulate your blood pressure via cortisol and aldosterone?

Thanks to auto-regulation, your body can maintain its temperature within the same general range even when the environment around it changes constantly. Breathing is controlled by tissues in your carotid arteries that track carbon dioxide (CO2) concentration and send messages to the brain’s respiratory center. Your body breathes faster or slower to eliminate CO2 as needed, all without your conscious awareness.

What the mirror doesn’t tell you

Your pancreas produces both insulin and glucagon, which naturally oppose each other, but work in harmony to balance blood glucose levels. These levels affect the function of all three trillion cells in your body. Your glucose level rises in the morning to awaken you and give your cells energy to start the day automatically. Somatostatin regulates the endocrine system, balancing insulin and glucagon to work in complete balance without your attention. Even men admit to body image angst, from 1997 to 2001, the number of men who had cosmetic surgery increased 119%. Unhappiness about body image has been reported among girls as young as age six. Clearly, we need to evaluate the messages the mirror is sending to us.

Mirror, mirror, on the wall

Although many of us rely on mirror messages as the absolute truth, we need to be aware of the inherent distortions the mirror may hold. Even since 8,000 B.C., when the mirror made its first appearance, people have been evaluating their personal worth based on their physical appearance. Two opposite attitudes exist. Some people are fixated by their own faces, as shown by an obsession with “selfies.” Others declare their body hatred throughout the day as we often see on social media. We have a love-hate relationship with the mirror—but the mirror may not always tell the truth.

What does your mirror say to you? Will you listen?

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- SBIRT can lead to long-term reductions in alcohol and other substance use, harmful physical consequences and mortality, adverse social consequences of use, sick days and missed work, and hospitalization/hospital care utilization (Babor et al., 2017).
- The US Preventive Task Services Force has given SBIRT a “B” rating and recommends its use with all adult primary care patients (Moyer & USPSTF, 2013).
- The National Committee for Quality Assurance (NCQA) and the Health Effectiveness Data Information Set 2018 (HEDIS®) has announced the first measures to evaluate unhealthy alcohol use screening and follow-up care for adults in a health plan population: Unhealthy Alcohol Use Screening and Follow-Up (ASFI). SBIR support optimal attainment of this measure (NCQA, 2018).
- Approximately 16 state Medicaid programs and 31 commercial insurers support reimbursement for SBIRT services (IRETA, 2018).
- The Accreditation Council for Graduate Medical Education (ACGME) also recommends SBIRT training within medical residency programs (ACGME, 2018).

The Problem: A National Substance Use Crisis

An estimated:
- 66.6 million (24.5%) persons in the US aged 12 and older are using alcohol
- 30.5 million (11.2%) are using other drugs (not including tobacco)

Percentage of patients misusing alcohol or drugs
- 23.4% of patients in primary care
- 39.9% of patients in emergency departments (EDs)

Percentage of adults aged 26 and older
- 52.7 million (24.7%) are misusing alcohol
- 20.2 million (9.5%) are misusing other drugs (not including tobacco)

For years nurses have managed the care of patients with drug and alcohol misuse problems. Through Pittsburgh SBIRT and our Champion training, Chatham-educated nurses now have SBIRT, a new tool, to more effectively manage that care.

Dr. Zane Gates, MD, Co-founder of EMPOWER3 Center for Health Primary Care Office

Chad Rittle & Michelle Doas, Nursing Champions, Chatham University

Approximately 66.6 million persons in the US aged 12 and older are using alcohol and 30.5 million are using other drugs (not including tobacco). The US Preventive Task Services Force has given SBIRT a “B” rating and recommends its use with all adult primary care patients. The National Committee for Quality Assurance (NCQA) and the Health Effectiveness Data Information Set 2018 (HEDIS®) has announced the first measures to evaluate unhealthy alcohol use screening and follow-up care for adults in a health plan population. Approximately 16 state Medicaid programs and 31 commercial insurers support reimbursement for SBIRT services. The Accreditation Council for Graduate Medical Education (ACGME) also recommends SBIRT training within medical residency programs.
Pittsburgh SBIRT uses an effective, individually tailored approach to provide SBIRT services to healthcare providers, professional and other interprofessional disciplines. The program was developed from a national leader in SBIRT implementation, training, and evaluation, the Program Evaluation Research Unit (PERU) located within the University of Pittsburgh, School of Pharmacy.

Pittsburgh SBIRT is unique from other SBIRT training programs because clients can choose from the following services:

- Innovative multi-media online curricula
- Unique virtual patient encounter
- Personalized training plan that has been proven effective
- Evidence-based curriculum
- Evidence-based implementation framework
- Champion training network
- Individualized ongoing support
- Validated evaluation tools
- Extensive resource library
- Special population training
- Special topics training
- Continuing education credits with certificate of completion

There is no other program with as many validated learning opportunities and individualized training approaches as Pittsburgh SBIRT. Pittsburgh SBIRT programs are not costly and have been associated with demonstrated success by those who have used them.

Since 2006, Pittsburgh SBIRT has provided tailored curricula and approaches to train over 6,500 healthcare professionals.

I wanted to initiate SBIRT at Sadler Health Center and after some inquiring I had the Champion Training with the SBIRT Program through PERU was the best choice. My colleague and I attended the three day training — from the get go we felt very welcomed, valued and important. This staff was knowledgeable, professional, and the training we received was comprehensive, detailed, and tailored to our specific needs. The underlying message of the importance of SBIRT was always represented by their staff, and their ongoing support and direction as we continue to roll SBIRT out is invaluable. I would recommend them to anybody without hesitation!

Kristen Ruis, SBIRT Champion
Sadler Health Center (FQHC)
If you are passionate about making a difference and excited by the possibilities, join us!

We are changing the way post hospital care is delivered. Are you ready to be a part of the future?

Whether you are an experienced caregiver or a nurse leader, Illuminate HC has a place for you.

We hire people, not positions. We are proud of our team and we show it by providing them with recognition, respect, opportunities for growth and bankable benefits. Our pay and perks are among the best in the area.

In return, we seek out people who truly care about others and want to make a difference – in the lives of patients and in the lives of their co-workers. We also look for people who are comfortable with change and want to help bring new ideas and innovations to life. It’s an interesting and energetic environment. We work together. Everyone pulls in the same direction, everyone contributes to the team’s success.

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- SKLD Wyoming
- SKLD Zeeland

If you are passionate about making a difference and excited by the possibilities, join us!
Why SKLD?

More like a hospital.

SKLD is more like a hospital than a typical nursing home. From the scope and caliber of our staff, to our clinical capabilities and our ability to honor personal preferences, SKLD is a cut above. We offer services and use technologies rarely found in skilled care facilities. From the moment you arrive, it's clear we're different.

At SKLD, our care - and our culture – are empowered by Illuminate HC.

 Illuminate HC is leading the way in modernizing skilled care. Driven to be a catalyst of change in a healthcare setting that has been slow to evolve, Illuminate HC created the industry's leading Research and Development Lab. More than a place, it's a mindset of innovation and a hive for collaboration with people inside and outside of health care.


Illumination in Action

Illuminate HC works shoulder-to-shoulder with SKLD to elevate patient and family experiences and to nurture a great environment for staff. Our patients – and our care teams – benefit from Illuminate HC's ground-breaking ideas, proprietary technologies, unique service and training programs, and practical, onsite expertise. Their laser focus on continuous improvement, accelerates our capacity to provide a level of care, comfort and convenience rarely found in nursing homes.

Here are some of the ways SKLD care differs from most:

• We utilize SNFists. A SNFist is a doctor who manages the care of people while they are in a skilled facility. Our SNFists round on patients, lead care teams, coordinate and communicate with patients, families, hospitals and personal physicians. They get to know their patients, so even small changes in their health can be noticed early and treated quickly.

• Our nurses can spend more uninterrupted time with their patients because we use unique staff positions to support them. We don't staff to meet ratios, we staff to meet needs. And, one of our most important needs is to maximize the time our nurses can spend with patients and families.

• We also have a pharmacist on our care team. Most nursing homes rely upon a monthly visit from a pharmacy consultant. At SKLD, we value the added layer of medication management and oversight an on-staff pharmacist provides. This is critically important for patients with chronic conditions, complex medication needs and to assure medication protocols change as medical conditions change.

• We use technologies most facilities simply won’t invest in. Like:
  - A best-in-class electronic medical record system that supports patient needs before, during and after SKLD care
  - A one-of-a-kind communication and service platform that allows SKLD patients to arrange their day, their way
  - A patented, award-winning logistics system that allows us to communicate via wearable devices, so we can respond to patient needs quickly and consistently with the most appropriate staff person
  - An app our employees can use to communicate across teams or across facilities and to provide easy, 24/7 access to information and systems that help them do their jobs

• We don't simply want the best care teams, we actively cultivate a culture and compensation strategy to attract and retain the best.
• We LOVE our work and it shows in the attitude of our caregivers and in the atmosphere they create for patients and their families.