MORAL INJURY

Yet, nursing is a demanding profession with high rates of workplace injury, constant juggling of life and death decisions for multiple people at once, compounded more frequently by the emotional workplace hazard of moral distress. And the human costs of this moral injury among nurses has an injurious effect on the very fabric of an entire profession of people. The consequence of widespread moral distress across the healthcare continuum is a dangerous proposition that we cannot ignore. While moral injury is not an actual diagnosis, the cumulative impact might be.

The connection between moral injury and burnout is inextricable, as repeated moral injury begets burnout. We hear a great deal about burnout sometimes within in a couple years of starting their career. Recognizing the impact of burnout on patient satisfaction, outcomes and safety, The Joint Commission recently released a Quick Safety advisory emphasizing the need to combat burnout through building resilience in the nursing workforce. The work of nurses brings compassion and humanity to a healthcare system that is very broken. We have a payment system that has transformed the system from a public good into a giant industry filled with Fortune 500 companies. Most every aspect of the current healthcare environment, while critical in the immediate future, seems to represent a short-term victory.

The healthcare system is constantly changing because of technological advances, stakeholder power dynamics, regulation and other factors. And the work nurses do is affected by the ebb and flow of these changes. As long as our healthcare system is subject to similar degrees of market force that drive other private industry, a deeper level of resilience and a stronger voice in the change process is a must for protecting the universal heart and soul of the nursing profession. Moral injury and burnout are symptoms of the type of change no one wants. Therefore, it is incumbent upon the profession and other stakeholders to dig deeper into the causes, the effects, and potential solutions to moral injury and burnout in order to protect the precious resource that nurses are in our healthcare system. And it is important to remember that nurses across the entire continuum of the profession are at-risk: whether nurses training future nurses, nurses managing nurses, or nurses delivering care at the bedside.

The equation for addressing the systemic problems that are plaguing the profession requires action that fosters change and empowers nurses to share their experience. The Ohio Nurses Foundation is poised to do just that by funding a research project by George Washington University that will endeavor to nail down some very specific systemic pressures that are hurting our nation’s nurses. The product of the research promises to be an important source not only for those who want to correct course for the profession, but also for those who want an accurate picture of the human effects of a system that needs fixed. The Foundation’s work will surely serve as a catalyst for broad-based advocacy and generation of solutions that will turn the tide on moral injury and the related dissonance that has become a barrier for the profession and for patients for far too long. A win for nurses, the profession, and for patients.

Moral Injury continued on page 14
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Certified Nurse Midwife
If you think you are too small to make a difference, try sleeping with a mosquito.

The Dalai Lama sums up activism with that one quote. Each of us has a voice and we all have the opportunity and the obligation to speak up for what is right. So what does that mean, exactly, when we are talking about nursing?

Did you know that among the 99 members of the Ohio House of Representatives and the 33 Ohio Senators, only five are healthcare professionals? Of the five members, two are physicians (Senator Stephanie Huffman and Representative Beth Liston), one is a pharmacist (Senator Dave Burke), one holds a Doctor of Public Health in health policy (Representative Alison Russo) and one is a nurse who hasn’t had an active RN license since 1995 (Representative Diane Grendell)? Take a moment to let that settle in. Our Ohio General Assembly is made up of 132 members and only one has the education and training as a nurse, but has not had an active registered nurse license since 1995. However, our members show up in the “people’s house” to pass laws that directly affect patient care and the nursing profession. Even if you forget what your high school civics class taught you about how a bill becomes a law, you know enough about the government process to realize that the majority of our legislators are passing (or not passing) laws for a profession to which they have limited experience in. Now, I obviously do not expect our legislators to become experts in every field of study, nor do I blame them for using their own personal background, knowledge, and experiences to formulate their opinion on health care and nursing. However, we have the unique opportunity as nurses to educate our members of the General Assembly.

In nursing school, we are taught that it is the nurse’s responsibility to help foster autonomy, integrity, social justice and to be our patient’s advocate, but when is it ingrained within us to do the same among our peers and our profession? Who is the nurse’s advocate? How do we advocate for our own profession? As nurses, we value the dignity and worth of each human being and we tend to put others’ needs before our own. To this, I raise the questions; do you personally feel the dignity and worth of the nursing profession? Do you advocate for your own profession? If nurses aren’t advocating for their own profession, no one else will. I do not mean to sound cynical, but the concept of, “The squeaky wheel gets the grease” most certainly applies to the legislative process and how decisions are made at the Statehouse. The voice of nursing will never be heard.

We all know that nurses spend each day educating patients and families about disease processes, treatment options and medications, among many other things. We also know that nurses are the healthcare experts because we are at the bedside and in the community 24 hours a day, 7 days a week. So why not use this expertise to educate our members of the General Assembly.

The Ohio Nurses Association has a couple of ways to get involved! ORA launched the Advocacy Academy and the Legislative Ambassador program three years ago. To date, ORA has trained over 90 registered nurses as Legislative Ambassadors who have been assigned to an Ohio legislative district to be the nurse expert in that area. If this sounds like something you’d be interested in joining, contact Lisa Walker for more information at lwalker@ohnurses.org.

Last year the ORA Policy team launched the Ohio Nurses’ Action Center and Advocacy Network. This Center is a place where you can keep up-to-date with our profession’s biggest policy issues, as well as what may be affecting health care in Ohio! You can sign up as an advocate and take action on the issues we care about most. To join the ORA Advocacy Network, text ONAADVOCATES (all one word) to the number 52886. Click on the link that you will receive in the return text message and fill out your information! The information you provide will be stored in the Ohio Nurses’ Action Center and will only be used for our advocacy efforts.

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

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

We all know that nurses spend each day educating patients and families about disease processes, treatment options, and medications, among many other things. We also know that nurses are the healthcare experts because we are at the bedside and in the community 24 hours a day, 7 days a week. So why not use this expertise to educate our members of the General Assembly?

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

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² To check the rates you may qualify for, SoFi conducts a soft credit pull that will not affect your credit score. A hard credit pull, which may impact your credit score, is required if you apply for a SoFi product after being pre-qualified.
Jennifer Donaldson wanted to update nurses at the University of Cincinnati Medical Center about ongoing negotiations over nurse recruitment and retention, so she launched a six-minute Facebook Live video during a break from her job as a labor and delivery nurse. Even though she was exercising her legal right to communicate with members of her union, Donaldson was fired.

Donaldson is vice president of the Registered Nurses Association/ONA, the union that represents more than 1,700 nurses at the hospital. RNA President Michelle Thoman, a medical-surgical nurse at the hospital was not on duty that day but, acting in a union capacity, helped Donaldson record the video. Thoman received a final written warning for her participation. Before this incident, neither nurse had prior disciplines on their record. In fact, Donaldson has spent 28-years as a labor and delivery nurse, is a nursing student mentor, and is an adjunct faculty member at the University of Cincinnati. Thoman began her nursing career five years ago at the medical center. Thoman was chosen to be a preceptor for the Dedication Education Unit through the University of Cincinnati’s College of Nursing.

In June, the ONA filed five unfair labor practice charges with the National Labor Relations Board against the medical center. The basis for the charges include serious violations of federal law, such as discharging an employee for engaging in federally protected concerted activity and acts by the employer that interfere with, restrain or coerce its employees in the exercise of their federally protected union rights. The union has demanded that the hospital reinstate Donaldson and remove Thoman's disciplinary letter. The grievance hearing for the two union officers was postponed at least three times, the most recent on Aug. 28. No new hearing has been scheduled.

Union members have been actively fighting for changes at the hospital, such as critical staffing, nurse retention, and rest and meal breaks for nurses. The nurses say the medical center’s actions to stop their momentum is alarming because their advocacy is focused on positive changes to the hospital. The illegal tactics employed by the hospital have only added fuel to the fight. For example, earlier this summer, the RNA held a rally with community allies to demand the medical center put an end to its union-busting antics.

“Our local really found our voice through our last contract fight, and now the hospital is trying to take out our leadership with this attack,” says Thoman. “To have the support of the Cincinnati labor community and the public was wonderful. The rally was truly a summer solidarity celebration.”

The RNA has launched a petition to reinstate Donaldson and rescind the warning against Thoman; the union has also called on the medical center to listen when the nurses tell the hospital what they need to do their jobs and continue their effort to put patients first. The RNA has also planned an informational picket on Sept. 10.

Show your support for our nurses who are fighting for a voice at work by adding your signature to the petition at www.DontSilenceCincyNurses.com.
Category A Ohio Nursing Law and Rules

All RNs and LPNs licensed in Ohio are required to complete one (1) contact hour of Category A for renewal. This contact hour is directly related to the Ohio Nurse Practice Act and the rules of the Ohio Board of Nursing.

To qualify as Category A, the CE must be approved by an Ohio Board of Nursing (OBN) Approver, or offered by an OBN approved provider unit headquartered in the state of Ohio.

All of the courses below meet this requirement and can be taken at www.ce4nurses.org.

Basics of Professional Boundaries and Sexual Misconduct for Nurses
DESCRIPTION: This independent study has been developed for nurses who wish to learn more about professional boundaries and sexual misconduct relative to nursing practice.
OUTCOMES: The nurse will have enhanced knowledge of professional boundary issues as well as identify what a nurse should do if a boundary crossing or violation should occur.
1.4 contact hours of Category A (Law and Rules) will be awarded for successful completion of this independent study.
Expires 11/1/2020

Continuing Education & Professional Development: Ohio Law & Ethics (Category A) Webinar
OUTCOME: The learner will self-report an increase in knowledge related to 4723-14 and the ethical importance of maintaining their own professional development.
1 Category A contact hour will be awarded with successful completion.
Expires 3/1/2021

Gone Fishin’: Trolling for Strategies to Stay Current with Nursing Law and Rules
DESCRIPTION: This study has been designed to enhance the nurse’s ability to find information to stay up-to-date on Ohio nursing law and rules.
1.8 contact hours of Category A (Ohio Nursing Law and Rules) will be awarded for successful completion of this independent study.
Expires 5/1/2020

Mandatory Reporting of Elder Abuse & Nursing Clinical Judgment (Category A Webinar)
OUTCOME: The learners will identify one way to utilize nursing judgment in the assessment and/or reporting of elder abuse.
1 Category A contact hour will be awarded with successful completion.
Expires 5/1/2020

Nursing Process and Clinical Judgment: Ohio Board of Nursing Law and Rules
DESCRIPTION: The Ohio Board of Nursing operates under Chapter 4723 of the Ohio Revised Code (4723 ORC), which provides the law regulating the practice of nursing in Ohio. The law
Ohio Nursing Law & Rules: Continuing Education Requirements for Re-Licensure

DESCRIPTION: This independent study has been designed to enhance the nurse’s ability to find information to stay up-to-date on the Ohio nursing law and rules.

OUTCOME: The learner will demonstrate sufficient knowledge related to current issues in nursing practice in Ohio and the laws surrounding them.

Expires 9/30/2020

Ohio Nursing Law and Rules – Current Issues in Practice

DESCRIPTION: This independent study has been designed to enhance the nurse’s ability to find information to stay up-to-date on the Ohio nursing law and rules.

OUTCOME: The learner will have an increased knowledge related to current issues in nursing practice in Ohio and the laws surrounding them.

1 contact hour of Law and Rules (Category A) will be awarded for successful completion of this independent study.

Expires 5/1/21

Ohio Nursing Law and Rules: The Basics That Every Nurse Needs to Know

DESCRIPTION: This independent study has been developed for nurses who are new to Ohio and who must complete two contact hours of continuing education on Ohio Law and rules in order to be eligible for licensure by endorsement.

OUTCOME: The nurse will have an increased knowledge of Ohio Nursing Law and Rules as it pertains to their practice.

1.6 contact hours of Law and Rules (Category A) will be awarded for successful completion of this independent study.

Expires 11/1/2020

Social Media and Professional Boundaries: Legal and Ethical Perspectives (Webinar)

DESCRIPTION: This video course has been developed to give nurses a better understanding of the responsibilities/requirements when using social media in the workplace and around patients/families.

OUTCOME: The learner will identify one concept learned in how to manage social media in order to maintain professional boundaries, prevent violations of nursing law, rules and promote professional ethics.

Expires 6/11/21

OUTCOME: The learner will demonstrate sufficient knowledge related to the legal and ethical principles of medication safety and nursing practice in order to maintain professional boundaries, prevent violations of nursing law, rules and promote professional ethics.

2.0 contact hours of Nursing Law and Rules (Category A) will be awarded for successful completion of this independent study.

Expires 12/1/2020

OUTCOME: The learner will demonstrate sufficient knowledge related to the legal and ethical principles of medication safety and nursing practice by achieving a score of 80% or higher on post-test.

1 Category A contact hour will be awarded with successful completion.

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The Importance of Title Protection in Healthcare

The word nurse (ners) has origins from the latin nutricius, meaning person that nourishes. Nursing comes from “to nourish” (Online etymology dictionary, 2019). Today the word is used in reference to nursing an infant child as well as to the practice of nursing. In both uses, you can see the applicability of its origin, to nourish. Nursing mothers are providing their infant with nourishment and food to grow and thrive. Those practicing nursing are nourishing their patients in a variety of ways not just by tending to their wounds and alleviating their pain, but by nourishing their soul through compassionate care, empathy and emotional support.

Nurses today work in a variety of settings, more than ever before. Not only are nurses caring for the sick, but they are aiding in health promotion, disease prevention and management, health literacy and education.

According to the American Nurses Association (ANA), Registered Nurses (RNs):
- Perform physical exams and health histories before making critical decisions
- Provide health promotion, counseling and education
- Administer medications and other personalized interventions
- Coordinate care, in collaboration with a wide array of health care professionals (American Nurses Association, n.d.)

The word nurse carries significant respect and honor. The public has awarded nursing as the most trusted profession for 17 years in a row (Brenan, 2018). Nurses have worked hard for years to earn that title and to proudly display RN, Registered Nurse, on their name badge.

The title ‘nurse’ is not currently protected across America. According to ANA, “At least 39 states are known to have language in their Nurse Practice Act; either explicit in restricting use of the title “nurse” to only those who are licensed or implicit language restricting use of any words implying the individual is a licensed nurse” (ANA, 2013).

Title identification and protection is important because a profession’s standards and scope of practice hinge on not only education and preparation, but also statute and rules that surround it. The title of nurse is no exception. Legislation continues to pop up across the United States that is related to title protection and more specifically, those who can call themselves nurses.

Senate Bill (SB) 131 was introduced in the Ohio state Senate 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 29, 2019 and had its first hearing on June 26, 2019. The bill is a reintroduction of similar legislation (HB 501 and SB 337) from the last Ohio 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.

Individuals have asked why Ohio was targeted as one of the first states to introduce legislation to change a registered veterinary technician to registered veterinary nurse. It was introduced in Ohio because our state statute does not protect the
title “nurse.” “Registered Nurse,” “RN,” “Advanced Practice Registered Nurse,” “APRN,” “Licensed Practical Nurse,” and “LPN” are all protected titles, however, “nurse” on its own is not.

The Ohio Nurses Association (ONA), along with 36 other state nurses’ associations and the American Nurses Association, continue to adamantly oppose SB 131 and any language that threatens to weaken the title of nurse. Association opposition comes from a longstanding belief that title protection safeguards the public. “Restricting use of the title “nurse” to only those individuals who have fulfilled the requirements for licensure as outlined in each state’s nurse practice act is a protection for the public against unethical, unscrupulous, and incompetent practitioners. Nurse practice acts describe entry level qualifications such as education, practice standards and code of conduct for continued privilege to practice nursing” (American Nurses Association, 2013, para. 3).

The title “nurse” has always been linked to the care of humans—and prior to 1903, anyone could call themselves a nurse and practice nursing in the United States. Moreover, nurses in Ohio formed the Ohio Nurses Association in 1904 so we would have a powerful platform for the protection, promotion and advancement of our profession, beginning with Ohio’s Nurse Practice Act. For over one-hundred years, nurses have fought to establish standards of practice and licensure. Through these regulatory efforts, the nursing profession has protected the public and nurses’ credibility. Furthermore, licensure through state statutes limits the use of the title “registered nurse” and “licensed practical nurse.” In Ohio, the Nurse Practice Act, Ohio Revised Code 4723.03 (A), explicitly states that:

“(A) No person shall engage in the practice of nursing as a registered nurse, represent the person as being a registered nurse, or use the title “registered nurse,” the initials “R.N.,” or any other title implying that the person is a registered nurse, for a fee, salary, or other consideration, or as a volunteer, without holding a current, valid license as a registered nurse under this chapter.” It also states in ORC 4723.03 (E): “No person shall use the titles or initials “graduate nurse,” “G.N.,” “professional nurse,” “P.N.,” “graduate practical nurse,” “G.P.N.,” “practical nurse,” “P.N.,” “trained nurse,” “T.N.,” or any other statement, title, or initials that would imply or represent to the public that the person is authorized to practice nursing in this state except for licensed nurses.

Furthermore, immediately after defining the term “registered nurse,” the Ohio Revised Code 4723.01 states:

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What's in a Title?

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<tr>
<th>Title</th>
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<tr>
<td>Nurse Practitioner</td>
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<td>CRNA</td>
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<td>Nurse Anesthesiologist*</td>
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<td>Registered Nurse *title protected</td>
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While these may seem like just letters or titles, there are serious implications for practice. Healthcare professionals must be diligent in clarifying their position and credentials. For example, when you hear the term, doctor, what do you think of? How do you know if it’s a nurse researcher, with his PhD? Or a surgeon with her MD?

Now imagine how confusing this could be for patients and non-healthcare professionals. As healthcare professionals we know there is a significant difference between a psychologist with a PhD and a psychiatrist with an MD, for example. A patient, however, may not be familiar with the key differences between the two.

As stated above, those not licensed as a nurse may not refer to themselves as one, but we must be just as careful with the rest of the titles in order to make sure our patients and clients understand. It is our duty to explain who we are and what we are here to do, each and every time we encounter a patient.

There has been much discussion on the issue in recent years as more nurses are obtaining doctoral degrees. According to the American Association of Colleges of Nursing, from 2017-2018 the number of DNP graduates increased from 6,090 to 7,039 (American Association of Colleges of Nursing, 2019). In 2011, the percentage of nurses holding a doctorate...
degree was less than 1%, with a forecast and goal to double that number by 2020 (Feeg & Nickitas, 2011). With both the number of programs and graduates increasing, nurses are increasingly obtaining doctorate degrees and earning the privilege of being called “Doctor.”

A nurse practitioner, who obtains a doctoral degree such as a PhD or DNP, may be referred to as “Doctor.” In a 2013 position statement, the Emergency Nurses Association (ENA) stated: “This title in the discipline of nursing is central to establishing collegial, collaborative relationships with all members of the healthcare team by recognizing a higher educational level that nurses bring to the arena” (Emergency Nurses Association, 2013, p. 1).

However, the American Medical Association (AMA) argues about “misrepresentation” in passed Resolution 211, stating that doctoral-prepared nurses referring to themselves as doctor will only confuse patients and mislead them into believing their care is being provided by a physician (Klein, 2007). The important takeaway from this is that nurses, regardless of credential, are responsible for clearly communicating their role and credentials with each patient encounter. Clear identification of roles and credentials is essential to safe, effective patient care. Each role should be respected for its individual contribution to the healthcare team.

The rules governing nursing in the state of Ohio, OAC 4723-4-08, states: (C) At all times when a licensed nurse is engaged in nursing practice and interacting with the patient, or health care providers on behalf of the patient, through any form of telecommunication, the licensed nurse shall identify to each patient or health care provider the nurse's title or initials set forth in division (E) of section 4723.03 of the Revised Code to identify applicable licensure as a registered nurse, licensed practical nurse, certified nurse-midwife, certified nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist.

Title Protection: Not Just for Registered Nurses

Title protection has been in the news lately regarding more than just the title of nurse. The American Association of Nurse Anesthetists (AANA), the national professional association of nurse anesthetists, recently voted and approved the use of “nurse anesthesiologist” (The Committee For Proper Recognition for CRNAs, 2019) (American Society of Anesthesiologists, 2019). While some states have approved this change and calls it “misleading” and an effort to “dismantle the successful and proven anesthesia care team model at both state and federal levels” (American Society of Anesthesiologists, 2019, para. 1).

Where do we go from here?
The Future of Nursing

Safeguarding the title of nurse provides professionals, as well as the community at-large, needed security in knowing what is meant by that term. With the healthcare industry drastically changing, people should know what to expect when being cared for by a nurse. This is especially true since the role of the nurse has rapidly evolved over the years and is expected to continue on this trajectory of growth and change.

In 2008, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) began a study on the Future of Nursing. This was a two-year initiative to report on recommendations for the Nursing profession. Of the four main messages that resulted, these were directly impacted by how we define the word “nurse.” They are:

1) That nurses should practice to the full extent of their education and training.
2) That nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States.
3) And that effective workforce planning and policy making will require nurses to collect better data and information (Institute of Medicine, 2011).

The committee that was established for this study recognized that the nursing profession is the largest of the health care workers. For that reason, they stated that nurses have an opportunity to be leaders in improving the system. They prioritized future demands for care to be safe, patient-centered, accessible, affordable, and have quality outcomes. Primary care and prevention would be the focus, giving rise to needed systematic changes in healthcare. Nursing are moving from acute care to new roles such as coaches for chronic conditions, care coordinators for transitional care, and other front-line positions in public health. Nurses are expanding their roles regarding informatics and technology.

Nurses will continue to be, as described by the business world, “disruptive innovators,” forcing
nurse leaders to become more “innovator-friendly” and accommodate this rise in nurse entrepreneurs and inventors (Fuller & Hansen, 2019). Nurses are creating improvements in the healthcare industry that may start out small, but end up changing the way patients receive care. An example of this is Nurse Practitioners setting up clinics in unconventional locations such as Walmart to increase access to care in lower socioeconomic communities (Fuller & Hansen, 2019). It worked so well that these clinics are now seen in a myriad of places.

Many things must take place for this growth in nursing to be seamless. Such things as effective leadership would be needed to empower nurses to deal with the pressures of these changes (Institute of Medicine, 2011). Unique nurse identifiers will have to be created and used in electronic health records to demonstrate nurses’ contributions in the value-based reimbursement (Sensmeijer, et al., 2019). Nurses in Informatics will have to be data specialists to interpret the vast amount of information collected regularly (Carroll, 2019). Nurses will need to continue using their voice in policies, procedures, regulatory and accreditation standards to influence systems. As the world becomes more global, nurses will need to focus on this globalization. No matter the country, this profession shares the desire to make changes so that our communities are healthier (Cipriano, 2018).

There is no doubt that nursing roles are definitely evolving. One basic concept of what is yet to come, however, is that nurses need to protect their title so that the understanding of the word is consistent throughout our communities. As you can see, it is imperative that now more than ever, nurses must advocate for title protection. Nurses must emphasize that nursing is the care of humans in a variety of settings. Our profession is unique and needs to be recognized as such.

For more information on how you can get involved, visit http://ohnurses.org/advocacy/

References


The Committee For Proper Recognition for CRNAs. (2019). NURSEANESTHESIOLOGISTINFO. Retrieved August 21, 2019, from NURSEANESTHESIOLOGISTINFO: https://www.nurseanesesthesiologistinfo.com

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Moral Injury continued from page 1

References
3 Id.

Submitted Question:
Nurse Jesse, I heard that there is a new DNR form in Ohio. Is this true?

Answer:
Yes! Effective September 1, 2019, a new DNR form is available in Ohio. According to the Ohio Department of Health, “The form is one page and includes the DNRC and DNRC-Arrest choices, the DNR Protocol, and information regarding the protections provided to health care providers, and instructions. All existing DNR order forms will continue to be honored and are valid until revoked by the individual.”
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MEMBER UPDATE

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  - Pressure Injuries Webinar – 1 Contact Hour
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- Save the Date: 3rd Annual Nurse Wellness Conference – Friday, March 20, 2020. Stay tuned for more details!
- Volunteer Opportunities: The Council on Practice and Continuing Education Council will be recruiting new members! Please visit connect.ohnurses.org and click on Volunteer for more details and to apply!
- Reminder! Please renew your license prior to September 16th to avoid a late fee! Renew before October 31st to avoid suspension!

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)

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