There are many fewer nurses than will be required to provide care for those who need it. There are currently approximately 2.8 million registered nurses in the United States. The expected growth rate for registered nurses between now and 2020 is 26%, while the national average for all employment areas is 14% (US Bureau of Labor Statistics, 2013). However, it is estimated that there is a current need for approximately 3 million nurses. By the year 2020, the expected deficit in the number of nurses will be 29%, or more than one-half million fewer nurses than needed. This is exacerbated by the fact that about 1 million nurses will be considering retirement within the next 10 years (HRSA, 2013).

The U.S. Nursing Workforce Trends in Supply and Education was published in 2013 by the Health Resources and Services Administration (available at http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefulreport.pdf). Using data collected from a variety of sources, this study shows that the age distribution of RNs breaks down as follows:

- Up to 50: 41.4%
- 51–60: 25.3%
- 61–69: 21.4%
- 70+: 12.9%
- 80+: 1.4%
- 90+: 0.4%

A significant number of these nurses, many with extensive experience and enviable expertise in providing care, plan to retire within the next five to ten years. Even with new nurses entering the profession, the number of departing nurses, and the collective knowledge they will be taking with them, will leave a significant gap in nursing services for years to come. At the national level, data show that the number of people entering the profession is growing rapidly, with the number of RNs successfully passing the NCLEX exam increasing by 108% from 2001 to 2011 (HRSA, 2013). The largest growth area is in non-bachelors’ prepared nurses. Many nurses are returning to school - the number of RN to BSN graduates is estimated to have increased 86% in the past four years. Likewise, the number of masters’ and doctoral graduates increased by 67% from 2007 to 2011 (HRSA, 2013).

There are significantly more, and different, types of nursing opportunities available to nurses now than there were ten to twenty years ago. Although the majority of nurses are still employed in "traditional" nursing employment settings such as hospitals, nursing homes, and clinics, increasing numbers of nurses are serving in community roles, occupational nursing, school nursing, military service, and even supporting space missions.

While there is healthy interest in nursing as a career, and enrollments in nursing education programs are promising, there are many more prospective students who are turned away from nursing education programs due to a shortage of faculty and clinical sites available to support their learning needs. The primary focus of graduate programs in the past two decades has been on preparation of advanced practice nurses, who have chosen to practice primarily in clinical settings.

Compensation for services as a clinician has been much higher than for faculty, which has contributed to the shortage of nursing instructors. Many states are trying to address the shortage of nursing instructors, many with high-technology diagnostic and therapeutic regimens. Nurses need a high level of technological sophistication and comfort with operating machines and equipment that support patient care. Nurses also need a high level of knowledge to deal with an increasingly complex care in complex healthcare environments. Most importantly, nurses need to have skills in critical thinking, clinical judgment, and data analysis in order to provide safe patient care. To be sure that nurses have a safe level of knowledge to practice, the National Council of State Boards of Nursing has raised the pass rates on the NCLEX-RN examination, effective in spring of 2013 (NCSEBN, 2013). As the population of the United States ages, the needs of patients will increase. However, because people are living longer, and often have active senior lifestyles, the needs of future "senior citizens" will be different than the needs of older persons in the past. Nurses will need to be thorough in their assessment and specific in planning and implementing care for this increasingly large population.

Patients are also better informed today than ever before. They come to the health care environment clutching yellowprints from their computers or with ideas about appropriate medications based on television advertising. Patient teaching and helping patients and families wade through the wide array of information available will be a key role of the nurse of the future. The nurse must stay knowledgeable in order to have correct information to share with patients and families.

Whose Job Is It continued on page 4
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Instructions to Complete By Mail
1. Read the independent study carefully.
2. Complete the post-test and evaluation form for each study.
3. Fill out the registration form indicating which studies you have completed, and return original copies of the registration form, post test, evaluation and payment (if applicable) to: Ohio Nurses Association, 4000 East Main Street, Columbus, OH 43213.

References
References will be sent upon request.

Questions
Contact Sandy Swearingen (614-448-1030, sswearingen@ohnurses.org) or Kristina Otter, MA, MS, RN, Director, Continuing Education (614-448-1027, kottor@ohnurses.org).

Disclaimer: The information in the studies published in this issue is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

The Ohio Nurses Association (ONA) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Additional independent studies can be purchased for $15.00 plus shipping/handling for both ONA members and non-members. ($12.00 if taken online). A list is available online at www.CE4Nurses.org.

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Ohio Nurse Page 3

Join the Ohio Nurses Association

The Ohio Nurses Association does a lot for the nursing profession as a whole, but what does ONA do for its members?

FREE AND DISCOUNTED PRODUCTS AND SERVICES Members take advantage of a wide array of discounts on products and services, including professional liability insurance, continuing education, and special tuition rates to partner RN-to-BSN programs.

WORKPLACE ADVOCACY ONA provides members access to a wide range of resources to help them make a real difference in the workplace, regardless of the practice setting. ONA gives members the resources to create healthy and safe work environments in all health care settings by providing tools to help nurses navigate workplace challenges, optimize patient outcomes and maximize career benefits.

EDUCATION Whether you've just begun your nursing career or are seeking to enhance or maintain your current practice, ONA offers numerous resources to guide you. For example, the Ohio Nurses Foundation awards several scholarships annually with preference to ONA members. Members also save up to $120 on certification through ANCC, and can earn contact hours for free through the independent studies in the Ohio Nurse or online at a discounted rate, among many other educational opportunities.

NURSING PRACTICE ONA staff includes experts in nursing practice and policy that serve our members by interpreting the complexities of the Nurse Practice Act and addressing practice issues with a focus of ethical, legal and professional standards on a case-by-case basis.

LEGISLATIVE ADVOCACY ONA gives members a direct link to the legislators that make decisions that affect nursing practice. Members can become Legislative Liaisons for their district, join the Health Policy Council and participate in the legislative process in many other ways through their ONA membership.

These are just a few of the benefits nurses receive as ONA members. Dues range from $35-$50 a month and we offer reduced dues rates to new graduates, unemployed and retired nurses. Go to www.ohnurses.org or Join/Renew to start taking advantage of what ONA has to offer.

Go to www.ohnurses.org
to join today!
Nursing assistants and technicians are being given responsibility for performing more care tasks. Some of these are facility driven decisions, while others reflect changes in the work environment. Time parameters are serving as benchmarks for expected behaviors. When the focus of care becomes the tasks that are performed, there is a risk of losing sight of the primary focus of nursing – caring for the whole patient. Unless nursing is able to articulate its importance and validate the impact of “care” on quality outcomes, the profession runs the risk of being “outsourced” to task-providers.

The healthcare system itself is changing. There is more focus on accountability of all providers in all phases of the care delivery process, rather than the silo approach where primary care, acute care, rehabilitation, and long-term care occur essentially in isolation. Quality improvement initiatives focus on root cause analysis of problems and limitations in providing quality care, and then develop educational, practice changes, and administrative interventions to ensure that issues are addressed. Providers, payers, and patients are all more focused on outcomes – the “so what” aspect of providing care. It’s not just about what we do, but why we do it and what results we get.

What concerns do nurses voice about their work environments?

Frequent concerns of nurses in today’s practice environment focus on working conditions, time constraints, and “paperwork” (or “computer work”) – all of which are impediments to building and sustaining healthy work environments.

Several initiatives have been undertaken to address the issue of increasing concern. In fact, national emphasis has recently been placed on establishing and maintaining a safer environment for practice that will help to reduce the incidence of injuries. In fact, the American Nurses Association has published standards entitled “Safe Patient Handling and Mobility: Interprofessional National Standards”. These standards provide guidelines for developing policies and procedures to improve patient safety in all levels of healthcare organizations.

The IOM (2004) reports that a major role of nurses in the healthcare system is surveillance, which is defined as “the collection and evaluation of data that supports the connections among nursing practice, the health-illness spectrum, and particularly with the mechanical aspects of electronic medical records computerized documentation becomes more the norm in healthcare facilities, the focus is shifting from teaching nurses to using electronic health records to “meaningful use”, the value of electronic tools in collecting and evaluating data, leading to more effective decision making and higher quality care.

What behaviors do nurses exhibit that interfere with the ability to provide quality care?

It has been said that “nurses eat their young.” We have often heard nurses say that they have been required to perform challenging tasks that are more helpful to younger colleagues who join our work teams. Recent comments have suggested that nurses do not support their colleagues who are not able to maintain a pace fast enough, lift heavy loads, or perform functions as quickly as their more experienced colleagues. It is not only traditional generational differences, but also that young nurses must “pay their dues” and validate their competence by demonstrating the mechanical aspects of electronic medical records. The IOM (2004) report states that different software systems are used in different organizations, and often nurses are not involved in the development or selection of these systems. Implementation of a system that isn’t conducive to effective use is, in many cases, more problematic than helpful. The other issue that young nurses must face is the need to resist having to learn computer skills in order to perform their tasks. It is not unusual for nurses to complain about the computerized documentation as a “necessary evil” that has to be accepted because it is the way of the future. With this type of focus, it is easy to lose sight of the true value of documentation as a tool to help all health care team members provide quality care.

Use of computers has made it necessary to perform other tasks that might have been eliminated by automation. One challenge has been that different software systems are used in different organizations, and often nurses are not involved in the development or selection of these systems. Implementation of a system that isn’t conducive to effective use is, in many cases, more problematic than helpful. The other issue that young nurses must face is the need to resist having to learn computer skills in order to perform their tasks. It is not unusual for nurses to complain about the computerized documentation as a “necessary evil” that has to be accepted because it is the way of the future. With this type of focus, it is easy to lose sight of the true value of documentation as a tool to help all health care team members provide quality care.

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When over time, when a nurse is not supported in the work environment, in complaining and whining about current conditions, they are not able to function as an organism, by the nurses and the institution. Consequently, the risk of patient and/or nurse injury is increased. It has been said that “nurses eat their young.” We have often heard nurses say that they have been required to perform challenging tasks that are more helpful to younger colleagues who join our work teams. Recent comments have suggested that nurses do not support their colleagues who are not able to maintain a pace fast enough, lift heavy loads, or perform functions as quickly as their more experienced colleagues. It is not only traditional generational differences, but also that young nurses must “pay their dues” and validate their competence by demonstrating the mechanical aspects of electronic medical records. The IOM (2004) report states that different software systems are used in different organizations, and often nurses are not involved in the development or selection of these systems. Implementation of a system that isn’t conducive to effective use is, in many cases, more problematic than helpful. The other issue that young nurses must face is the need to resist having to learn computer skills in order to perform their tasks. It is not unusual for nurses to complain about the computerized documentation as a “necessary evil” that has to be accepted because it is the way of the future. With this type of focus, it is easy to lose sight of the true value of documentation as a tool to help all health care team members provide quality care.

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Nurses have been taught clinical skills but little in the way of leadership and management skills. While some
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Ohio Nurse Page 5

Whose Job Is It continued on page 6

1. Remove scope of practice barriers.
2. Expand opportunities for nurse to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health care.
8. Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.

Through a system of action coalitions established across the country, grassroots efforts are now underway to bring these recommendations to fruition.

As noted above, one of the recommendations of this report is that the number of baccalaureate prepared nurses increased to 80% by the year 2020, in order to address many of the complex issues and challenges addressed earlier in this study. National data from HRSA (2013) indicates that only 55% of the RN workforce is educated at the baccalaureate or higher level. This drops to 34% of RNs living in rural areas of the county. Clearly, the need is great, equally clear is the evidence that higher levels of education are critical to enabling nurses to be leaders and change agents – from the bedside of the patient to the boardroom of the hospital to the halls of the US Congress.

What tools, resources, and behaviors can help us advocate for ourselves, our patients, and our profession?

Know and Use the Code of Ethics. The Code of Ethics for Nurses (ANA, 2002) addresses nine major factors that drive professional behaviors of nurses. The first three of these address the individual nurse and the nurse/ patient relationship, the second group of three focuses on the nurse within the system of healthcare delivery, and the final three provisions of the Code address the relationship of the nurse to the community and the development and enhancement of the profession of nursing. The primary obligation of the nurse, according to the Code, is to the patient. There is also a duty to provide care to self. How can we provide appropriate care to those relying on our expertise if we are tired, underfed, or undereducated? The Code requires that nurses embrace the profession and serve as advocates for nursing within the healthcare environment and in the public eye.

Know and follow the laws and rules regulating nursing practice. The rules regulating the practice of nursing in Ohio (4723-1 to 4723-27 of the Ohio Administrative Code) address the responsibility of nurses to advocate for their patients in a variety of ways. Specifically, standards for safe practice in 4723-4.14 include such expectations as displaying your credentials when providing care; being respectful of patients' rights, dignity, and confidentiality; being honest in documentation; working collaboratively with other care providers; and questioning prescribed medications that have the potential for causing harm. Implementation of the nursing process requires, according to rule, use of critical thinking and clinical decision making. As you practice, you personally perform tasks that are delegated to them by RNs or LPNs. The role of the licensed nurse is to implement the nursing process, which includes assessment, planning, implementation, and evaluation. The unlicensed person has the ability to perform tasks which assist the nurse, but is not able to assume responsibility for implementing the nursing process. Prior to delegation, the nurse is accountable to assess the patient, the situation, and the provider. Upon determining that conditions are met that would allow the unlicensed person to perform the task safely, the nurse might delegate the task. After delegation, the nurse continues to monitor the situation to be sure the task is being performed safely and should withdraw delegation if the patient safety is at risk. Respect for the role of the unlicensed assistant is critical. It would be impossible to provide appropriate care in today's healthcare environment if unlicensed personnel were denied the legal authority to function. Being knowledgeable and able to value their contributions, and follow the delegation process to be sure you are functioning in a legally appropriate way. Share those delegation rules (Chapter 4723-15 OAC) with your unlicensed assistants – talk about the responsibility each of you has to be sure patient safety is maintained.

Work collaboratively with healthcare providers from other disciplines. Adversarial relationships are counterproductive to a healthy work environment. Do not hesitate to participate in dialogue with physicians, dietitians, therapists, and others who are involved in your patients' care. Keep in mind that you have a vital role to play and important knowledge to share in contributing to the total plan of care for the patient. Be assertive but not aggressive in your communication. Think ahead to anticipate what questions other care providers may have, and be sure you have some essential information available when asked; do not allow diagnostic labeling of patient care issues. The SBAR tool (Situation, Background, Assessment, Recommendation – www.ihi.org) is an evidence-based tool designed to improve communication among healthcare providers that you may find helpful.

Build your team. Be a leader – whether you have the "title of a management position or not. Help to make your practice environment a quality place where people enjoy being with each other, value each other's contributions, and work together to reach common goals. Buckingham and Coffman (1999) have identified 12 factors that contribute to people feeling valued and appreciated in the workplace. These are:

- Knowing what is expected
- Having the resources to do the job
- Having the opportunity to do one's best
- Being recognized for doing good work
- Knowing that someone cares
- Having the opportunity to enhance professional development
- Knowing that one's opinions are valued
- Believing that one's job is important
- Having co-workers who are committed to quality
- Having friends at work
- Receiving regular feedback and progress assessments
- Having opportunities to learn and grow

Assess these factors on two levels. First, think about yourself and how you feel about your work. Do you have a positive sense of each of these areas? Are there areas where you need additional support or assistance? How can you get the help you need to make your work environment and experience...
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Whose Job Is It continued from page 5

more positive? Secondly, think about your colleagues. What do you do to recognize the work that others do? How frequently do you provide feedback and growth opportunities for others? How well do those you work with know what you expect of them? Take the initiative to be a leader in each of these areas. You will be happier, and so will your colleagues!

Be a “magnet.” The American Nurses Credentialing Center has a Magnet Recognition Program® to acknowledge healthcare facilities that have demonstrated excellence in “quality patient care, nursing excellence, and innovations in professional nursing practice” (ANCC, 2013). The Magnet model includes components of transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations, and improvements; and empirical outcomes. Is your organization already a magnet facility? If so, how are you contributing to its continued quality of nursing performance? If not, can you individually display some of the forces of magnetism that have been found to be beneficial to patients, nurses, and facilities? Perhaps your individual behaviors will be the beginning of change within your department, then within your organization.

Be a member. Are you a member of a professional organization? In Ohio, the Ohio Nurses Association and the Licensed Practical Nurse Association of Ohio are major advocacy organizations for nurses. Leaders and members in these organizations work in a variety of ways to promote nursing and advocate for nurses. They are visible at places ranging from the statehouse to the state fair. Through membership, you have an opportunity to be a voice for nursing, to participate in legislative initiatives, or professional development activities that will enhance not only your own practice but the professional and public images of nursing.

There are also specialty organizations for various areas of nursing practice. Most of these are organized at the national level, many have local or regional chapters or special interest groups. Membership in an organization specific to your practice area gives you a way to do such things as connect with colleagues from around the city, state, or country, learn best practices, keep up with changes in your specialty area, participate in development of practice standards or benchmarks, and advocate for state or federal legislation that enhances your work.

Be a learner. Never be satisfied that you are “done” learning. The “life expectancy” of healthcare knowledge today is very short. New drugs, treatment strategies, equipment, and research are changing the way we practice on a regular and rapid basis. Don’t be afraid to learn new things – and don’t be afraid to admit that there’s something you don’t know! None of us can keep up with everything that’s new. Surround yourself with knowledgeable colleagues, seek experts when appropriate, and participate in regular learning activities to keep yourself knowledgeable. Enhance your academic education – there are numerous scholarships and other incentives available to help you return to school. As noted in the IOM report on the Future of Nursing (2011), earning an advanced degree is highly recommended as a strategy to improve both quality of patient care and the ability of the nurse to participate fully in the transformation of the healthcare system. Choose continuing education wisely – focus on what you can learn to enhance your knowledge, skills, and abilities – not just collecting certificates to prove that you’ve earned enough contact hours for relicensure! Consider becoming certified in your practice area – this is another way to continue to learn and grow, as well as provide evidence of your expertise and continue competence.

The time is now – the place is here – the job is yours! Each of us has the responsibility to advocate for ourselves, for our patients, and for nursing. There are tools and resources that can help you. We cannot “assume” that someone else will speak for us or will take care of our needs. The job is yours, mine, and ours – together we can make wonderful things happen for nursing!
**Whose Job Is It, Anyway? The Nurse’s Role in Advocacy and Accountability**

**Post-Test and Evaluation Form**

1. Nursing practice today is affected by both internal issues and public concerns.
   a. False
   b. True

2. There are currently approximately __________ million nurses in the United States.
   a. 1.4
   b. 1.8
   c. 2.8
   d. 2.9

3. The projection of nurses needed in 2020 is
   a. Equal to the projected number of new graduates
   b. Greater than the anticipated number available
   c. Less than half of the current demand
   d. Unrelated to current trends and statistics

4. According to the American Association of Critical Care Nurses, a healthy work environment includes
   a. Good pay
   b. Meaningful recognition
   c. Priority of managers to select days off
   d. Responsibility for personal growth

5. The shortage of nurses today is exacerbated by
   a. Inadequate numbers of nursing faculty
   b. Lack of enrollment in nursing schools
   c. Low interest in nursing as a career
   d. Low pay for nurses

6. There is a documented relationship between sub-optimal work environments and errors.
   a. False
   b. True

7. The primary focus of nursing is
   a. Conducting research
   b. Documenting
   c. Performing tasks
   d. Providing care

8. The concept of horizontal violence relates to
   a. Desire for control
   b. Effective leadership
   c. Patient or family outbursts
   d. Perceptions of powerlessness

9. When dealing with conflict, many nurses choose
   a. Acting out
   b. Avoidance
   c. Confrontation
   d. Procrastination

10. The National Database of Nursing Quality Indicators includes
    a. Behaviors of members of the healthcare team
    b. Hospital-wide issues that affect nursing care
    c. Resources compiled from the federal government
    d. Behaviors of members of the healthcare team

11. The Code of Ethics for Nurses includes a statement that nurses need to care for themselves.
    a. False
    b. True

12. Both RNs and LPNs have licenses and legally defined scopes of practice.
    a. False
    b. True

13. Unlicensed assistive personnel perform tasks when they receive
    a. Authorization
    b. Delegation
    c. Direction
    d. Licensure

14. You are the RN on a busy long-term care facility unit. An LPN comes to you with assessment data and a question about the plan of care. Your best response is:
    a. Do what you think is best. I’m busy here.
    b. OK – I’ll take over from here; I should have done this myself in the first place.
    c. I appreciate your assessment of this situation. What thoughts do you have about what might work best?
    d. Why are you bothering me with this? You’ve been assigned to this patient, so figure it out or call the doctor.

15. You are an LPN in an assisted living facility. There is an RN on call but you know she is at her son’s soccer game. You have a concern about a new resident based on your assessment. Your best option is to:
    a. Call the RN to share your assessment data and discuss the plan of care
    b. Implement the standing orders for the facility
    c. Take the initiative to develop the care plan and hope it meets with the RN’s approval when she comes in tomorrow
    d. Tell the resident’s family that they will have to stay with the new resident tonight in case there is an emergency

16. You are a nurse on a hospital medical-surgical unit. You are aware that several of your colleagues are talking about leaving due to their frustration with staffing, leadership, and support from the organization. Much time is spent in grumbling about current issues and concerns. Your best response is:
    a. Avoid the issue
    b. Build a network of colleagues and develop a plan for improvement to present to your nurse manager
    c. Suggest that the colleagues who are unhappy leave for their new positions and let you know if there is space in the organization for you
    d. Tell your colleagues that grass is not always greener on the other side of the fence

---

**Evaluation**

1. Were you able to achieve the following objectives?
   a. Identify forces affecting nurses ___Yes ___ No
   b. Discuss strategies to ___Yes ___ No

2. Was this independent study an ___Yes ___ No effective method of learning?

If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form?

4. What other topics would you like to see addressed in an independent study?

---

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The ABCs of Effective Advocacy: Attention, Bipartisanship, & Collaboration

Developed by Jan Lanier, JD, RN

OBJECTIVES

1. Discuss the Patient Protection and Affordable Care Act (ACA).
2. Describe the legislative process.
3. Describe the policy process and how it relates to the ACA.
4. Identify the various ways in which nurses can be politically involved.

STUDY

Nurses are often reluctant or even unwilling to act as advocates on behalf of their profession.

However, sitting on the sidelines of unprecedented changes within the health care industry means nursing's interests may not be adequately reflected in the emerging public policies.

All nurses can be effective advocates if they have the right tools to do so. After completing this study, nurses will be able to describe how they can increase the effectiveness of their advocacy efforts.

STUDY

Every year legislators at both the state and federal levels enact laws that directly affect nurses and nursing practice. Each such law, the Patient Protection & Affordable Care Act (ACA) was enacted in March 2010. Known as health care reform or “Obamacare,” this law makes significant changes in the overall health care delivery and cost system.

The law incentivizes community-based care with a focus on care management and prevention rather than on the standardization of services rendered. The ACA, although facing ongoing challenges during its implementation stage, promises to change the face of health care, emphasizing activities that are the foundation of nursing practice. Under the evolving new paradigm, experts predict that admission to the hospital will be viewed as a system failure rather than normal every day event.

Although nurses, as the largest segment of the health care workforce, will undoubtedly experience changes in their practice as a result of the ACA, they have been largely silent during the health care reform debates. Many legislators have marked “Nurses do not understand (and therefore should not be involved)” to describe their influence over health care reform and other initiatives. By not showing up, nurses are on the outside looking in and may find that their advocates are not only in attendance, but have the ability to be an incredible force by their sheer numbers, but policy makers also rely upon nurses’ expertise. (Haehler, 2013 p 15).

While others recognize the important role nurses can and should play in the policy-making arena, nurses themselves find this aspect of their professional role distasteful, uncomfortable, and non-essential. “I did not become a nurse to engage in this sort of political activity.” I simply want to take care of my patients and have time to take on yet another responsibility.”

While nurses have a unique perspective on matters of health care, many nurses, in reality nursing is a regulated profession in a regulated industry. Showing up, advocacy, therefore, is not an option. Rather, it is a requirement.

Contrary to what many believe, engaging in professional advocacy need not be time consuming or a mysterious process. It can be simple and straightforward. By engaging with the role of politics in determining the “winners and losers” at the table. People with more relational factors will be considered along with how perceptions affect the ultimate outcomes. Finally, the importance of bipartisanship and collaboration to nurses’ advocacy efforts will be highlighted. In particular, with respect to the role these factors play in determining the staying power of the advocacy endeavor.

Many people study the law making process in junior high and high school government classes thinking that the information is something they will never need to use. They forget the details as soon as the school bell rings. But knowing the rules of lawmaking is important to those who are interested in the process. Like other processes or systems, there are certain norms or rules that govern how the game is played. Just as one cannot play football without knowing what the game is all about, one cannot play in the lawmaking arena without having an idea about the rules of the road.

A bill is introduced into the chamber to which the bill’s sponsor belongs. Once a bill is introduced, it is assigned a number, sequentially, that it maintains throughout the entire process. As an example, the House bill would be HR 1 even when it goes to the Senate for action by that body and vice versa.

A proposal must be passed by both the senate and the house within the two-year legislative cycle, (January following a general election where voters select all members of Congress, and all state and local government leaders, a percentage of U.S. Senate until December after the next legislative general election). Bills can be sidetracked anytime during the process without a formal vote ever being taken.

Contrary to what many believe, engaging in professional advocacy need not be time consuming or a mysterious process. It can be simple and straightforward. By engaging with

Committee action

While the committee hearing process may appear spontaneous, in actuality it is well orchestrated. Proponents make sure their positions are represented by witnesses carefully prepared to tell the story that strategists (AKA lobbyists) believe will be the most persuasive. Opponents typically put on the same type of campaign. Nurses are excellent witnesses who have real-life experiences to share that can help lawmakers understand the need for the proposed law. In addition, their technical expertise can be helpful in preparing the bill’s sponsor for his/her testimony that kicks-off the committee hearing process. Lawmakers may ask questions of the witnesses and may make recommendations for changes (amendments) to the proposed law. Nurses may also be asked to provide their expertise on the nuances that shape the overall process.

Committee action may appear to be chaotic at an one level. It may seem that lawyers at any given time are merely telling witnesses what they want to hear. In reality, while the committee process is important, most crucial decisions about contentious bills occur in legislative offices outside of the public eye. One gets to these key meetings, however, by demonstrating interest and a commitment to the causes they represent.

Nurses may also be referred to a subcommittee, where more complicated matters can be debated and compromises attempted. Again, while participation in the subcommittee action is critical, nurses must realize that much of the most contentious work occurs in less formal settings. Once its work is completed, a subcommittee sends the bill back to the full committee for a final, ultimate decision as to whether the bill will move forward.

Full chamber action

When a committee recommends a bill favorably, house or senate leaders determine when (or if) it will be placed on the agenda of the full house or senate for a formal vote. Lobbyists and bill sponsors are keys to leadership decision-making in this regard. If it means “losing a full floor vote” the bill will most likely languish and ultimately die from inattention.

A bill can pass one chamber and go to the other, or be amended on the floor as well as in committee or subcommittee. If a bill is approved it will then be referred to the other chamber to begin the process over again or, if both chambers have acted, go to the chief executive (president or governor) for signature.

If the bill passes one chamber and goes to the other, it is not unusual for changes to occur in the second venue. Even the smallest changes require the initiating chamber to negotiate compromise actions cannot be obtained, house and senate leadership name a conference committee. This committee considers both versions of the bill and may make recommendations regarding the final proposal. A conference committee report is prepared and voted upon by both chambers. Senators and representatives may vote “aye” or “no” to accept the report. They may not amend it in any way.

Signature

The governor or president as chief executive of either the state or federal governments signs the bill into law. A bill may be vetoed or approved upon submission to the chief executive. The president may have one veto the bill while allowing the remaining provisions to become law. Once signed, a bill becomes an “act” or the law of the land, effective either immediately if it has been declared an emergency proposal or within the number of days specified in the law itself, or within the time frame specified by the state’s Constitution.
Policy Process

Policy-making occurs in many venues both public and private. For purposes of this study public policy (laws and rules enacted by governmental entities) is the focus. However, the primary targets are the specific policy that is being made in the work place, by an organization, or by a legislative body.

“The policy is the deliberative course of action chosen by an individual or group to deal with a problem.” (Mason 2012 p. 5) Policy-making entails choice. It is all about choosing between two or more alternatives. In modern society, policy-making often has become a complex problem. Laws and rules are the ultimate reflection of the policy choices that are made, but how do people determine the rules? How do they pick which rules to make? This is critically important to the entire process. Nurses need to be part of those early discussions and debates.

Agenda setting

As more individuals have health insurance coverage because of requirements in the ACA, access to care could change dramatically. Policy-makers and state legislators roles have recognized that there are not enough primary care providers to meet the anticipated demands for this problem. The ACA will likely affect many other policy areas as well. To be the most effective, the time to be at the table is at the agenda setting stage. How a problem is framed will determine which individuals will be most affected. In the future, individual policies will be discussed and debated.
Evaluation

To determine whether a policy change is working effectively, there should be some evaluation of the outcomes. Occasionally, the legislation that creates the change is not analyzed or the evaluation is not conducted. Pilot programs may be authorized with built-in criteria to be addressed and reported on before the program is replicated on a broader scale. Without an evaluation, it is impossible to determine the effectiveness of the program. Without the right tools or data, the evaluation process cannot proceed. The evaluation is the stage when stakeholders are asked how well the program works. The evaluation is a good opportunity to build relationships with stakeholders. It is not enough to simply observe the outcomes. One must find out what the stakeholders think about the program. 

Attention to People—it truly is who you know

Certainly knowledge of the legislative/regulatory arena is not for the faint of heart. Politics is rooted in human behavior, and that can be a deterrent for many nurses who are reluctant to embrace some of the most obvious power patterns. What are their teams go through before a game. They watch endless game film to identify their opponents’ patterns. What are their opponents’ patterns. Could they use that same approach in their advocacy. A lawmaker with health care experience (a nurse, a lawyer, or an attorney) is a good resource. Nurses are frequently charged with the evaluation responsibility. Developing appropriate evaluation tools that measure outcomes fairly can be challenging, especially if the message being conveyed is inconsistent with personal perceptions. 

Attention to Politics—the elephant in the room

A collegiality that predates legislators and their staff members. They knew each other from the start. Nurses are good resources for determining the effectiveness of a legislative initiative, and their contributions should not be ignored or minimized. In her experience nurses often determine who gets what office, the plum work and the seniority that form the basis for the authoritative allocation of resources. Nurses are frequently charged with the evaluation responsibility. Developing appropriate evaluation tools that measure outcomes fairly can be challenging, especially if the message being conveyed is inconsistent with personal perceptions.

More about perceptions—a different perspective

Nursing remains primarily a female-dominated profession even though the number of males has been increasing. Consequently, some of the lessons learned through childhood games are played out in the policy-making world where boys and girls play out their childhood roles through team sports. Boys through their team sports learn to understand competition, winning, hierarchy and how to lose and how to win. Nurses may be less comfortable playing with people they do not know, and that can lead to a lack of decision-making. Men are more directly involved in controversial substantive issues. Men are more directly involved in controversial substantive issues. Women focus first on process—making sure everyone has his/her say before making decisions about more controversial substantive issues. Men are more directly involved in controversial substantive issues. Women focus first on process—making sure everyone has his/her say before making decisions about more controversial substantive issues. 

A legislator watched the care her mother received in a long-term care facility and noted that nurses were not only caring but made her feel comfortable. She merely left a cup of pills in the room and exited as if the task was completed. She was one of the first nurses introduced in the legislature to authorize unlicensed individuals to administer medications in these settings, the legislation was merely codifying existing practice. The legislation was merely codifying existing practice. Nurses who find themselves meeting with a legislative aide should fully appreciate the opportunity and cultivate the relationship. Nurses who find themselves meeting with a legislative aide should fully appreciate the opportunity and cultivate the relationship. Savvy lobbyists and advocates know that connection for the future. Always provide materials that should take full advantage of the opportunity and cultivate the relationship. Savvy lobbyists and advocates know that connection for the future. Always provide materials that should take full advantage of the opportunity and cultivate the relationship. 

Because these personal experiences can be difficult to overcome, to make inroads requires acknowledgment of the value of the experience while bringing other knowledge to the table. The best way to convince others to see it. One strategy would be to invite a lawmaker to shadow a legislative aide. They watch the care her mother received in a long-term care facility and noted that nurses were not only caring but made her feel comfortable. She merely left a cup of pills in the room and exited as if the task was completed. 

Getting a lawmaker’s attention

Attention to perceptions—this is worth a thousand words” holds true in the policy-making arena. While advocates may produce mounds of evidence supporting a particular position, personal connections remain a powerful force that words cannot always overcome, especially if the message being conveyed is inconsistent with personal perceptions. 

Most legislators know a nurse and many have nurses as family members. Despite these connections a legislator’s aide may be unknown. When nurses need to reach a lawmaker, out-dated or incorrect information. Further, if the media coverage is negative, it is more likely that the legislator will be more receptive to the lobbyist’s message. 

Perceptions at work

A lawmaker with health care experience (a nurse, a lawyer, or an attorney) is a good resource. Nurses are frequently charged with the evaluation responsibility. Developing appropriate evaluation tools that measure outcomes fairly can be challenging, especially if the message being conveyed is inconsistent with personal perceptions. The best way to convince others to see it. One strategy would be to invite a lawmaker to shadow a legislative aide. They watch the care her mother received in a long-term care facility and noted that nurses were not only caring but made her feel comfortable. She merely left a cup of pills in the room and exited as if the task was completed. 

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A legislator watched the care her mother received in a long-term care facility and noted that nurses were not only caring but made her feel comfortable. She merely left a cup of pills in the room and exited as if the task was completed. The ABCs of Effective Advocacy continued on page 11
Nurses need not compromise their integrity to be effective in the legislative arena. By speaking with a consistent voice with patience, passion, and perseverance, legislators will get the message that nurses are not going unheeded. Changing perceptions can be time-consuming and can take years to complete a coalition. Changing perceptions can be time-consuming and can take years to complete a coalition. By speaking with a consistent voice with patience, passion, and perseverance, legislators will get the message that nurses are not going unheeded. Changing perceptions can be time-consuming and can take years to complete a coalition. Nurses often find themselves in the group A category when the group B approach would serve their interests better. Nurses often find themselves in the group A category when the group B approach would serve their interests better. In order to increase the likelihood of success, a well-developed, well-coordinated coalition is essential for prolonged success. In order to increase the likelihood of success, a well-developed, well-coordinated coalition is essential for prolonged success. That means developing relationships that span legislative sessions and election turnarounds. That means developing relationships that span legislative sessions and election turnarounds. Members of the nursing profession are not homogenous individuals. Members of the nursing profession are not homogenous individuals. The political game, and it is truly a game, is a marathon requiring perseverance and understanding the voting patterns, and political and other partisan considerations. Politics does indeed make strange bedfellows. Today's opponents may be tomorrow's sponsor of your key bill. One cannot afford to make enemies on one side of the political aisle or the other. While one political party may hold a seemingly insurmountable majority today, election results could completely change the political makeup of the house, senate, and executive branch in the future thus making previous alliances essentially meaningless. Members of the nursing profession are not homogenous in their political beliefs or philosophies. Rather than being identified or aligned with one party or the other, nursing's larger interests are best served by maintaining positive relationships with both political parties. That means respecting members on both sides of the aisle and keeping the lines of communication open even when engaging in more overt political activities such as candidate endorsements and political contributions. Collaboration As noted previously, unity among nurses would enhance the overall effectiveness of the profession's advocacy efforts. Because numbers can be powerful influencers over public policy decisions, building coalitions between nursing groups and others can be a wise strategy for maximizing the effectiveness of their advocacy efforts. Collaboration as noted previously, unity among nurses would enhance the overall effectiveness of the profession's advocacy efforts. Because numbers can be powerful influencers over public policy decisions, building coalitions between nursing groups and others can be a wise strategy for maximizing the effectiveness of their advocacy efforts. SBG helps seniors pick plans offered by United Healthcare, Anthem, Aetna, Mutual of Omaha, and Humana. "Generally speaking, we help people when they are turning 65, retiring from work or during the Fall open enrollment period," said Josh Kinzel, a SBG representative. "By speaking with a consistent voice with patience, passion, and perseverance, legislators will get the message that nurses are not going unheeded. 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Several relatively simple steps provide a roadmap to success: • Accept the obligation to be involved, at least to some extent. Involvement need not be a full-time job, but it is also not an option. • Connect with a nursing organization to build networks and stay informed. Policy-making is often time sensitive and always dynamic. While employers may be good resources for information, always look elsewhere for additional perspectives to make sure you have the fullest picture possible of the issues. • Share information with colleagues. Your enthusiasm could be contagious and influence others to also get involved. • Recognize you are the boss—elected officials work for you. Many have very little in-depth knowledge about nursing and health care delivery so you are the expert. They need you! • Vote for those who will be representing you in congress, at the statehouse, and on school boards and city councils. And vote knowledgeably. • Reach out to your legislator, at the local, state and federal levels. Know who they are and offer your considerable expertise to help them understand some of the complex issues they must deal with around health care. • Use the skills that are the foundation of nursing practice—communication in difficult circumstances and a knack for education—in the advocacy arena. Remember, "Those who refuse to participate in politics shall be governed by their inferiors."—Plato
**The ABCs of Effective Advocacy: Attention, Bipartisanship, & Collaboration**

**Post-Test and Evaluation Form**

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Date: __________</th>
<th>Final Score: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Christmas tree bill:</td>
<td></td>
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<tr>
<td>2. Advocacy:</td>
<td></td>
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<td>3. Politics:</td>
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<tr>
<td>4. Legislators:</td>
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<tr>
<td>5. Legislature:</td>
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</tbody>
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**Definitions**

a. Individuals who are authorized to make laws.
b. Process through which people make decisions with authority to determine who gets what.
c. A tactic for getting issues addressed legislatively in the waning days of a legislative session.
d. The entity authorized to engage in lawmaking.
e. Seeing a need and finding a way to address it.

**Politics**

a. Stick
b. Carrot

In identifying potential sponsors for the mandatory overtime prohibition bill which of the following would be important considerations?

a. Party affiliation with members of the majority party being more likely choices
b. Legislator A is a member of the standing committee to which the bill is likely to be referred.
c. Legislator A has sponsored multiple health care bills and is recognized as having expertise on the subject by his peers.
d. All of the above

The mandatory overtime prohibition bill has been and will be affected by policy forces. Match the force with its effect.

<table>
<thead>
<tr>
<th>Interest group:</th>
<th>10. Scientific research:</th>
</tr>
</thead>
</table>

**11. Politics**

a. There is some evidence to show working excessive hours affects one's judgment & ability to make critical decisions resulting in medical errors.
b. The organization opposing the bill has encouraged its members to contact legislators to express serious concerns about how the bill will ultimately affect the local hospital's profitability and economic viability. The hospital is one of the major employers in many legislative districts.
c. It is an election year and opposition to the bill has been very vocal. Maintaining majority control is at stake in the election & could easily swing to the minority party. Therefore it is important not to upset key supporters.

d. A bill becomes a law upon signature by the president even if the Senate has refused to concur with changes made by the House of Representatives.

**12. Bill becomes a law upon signature by the president even if the Senate has refused to concur with changes made by the House of Representatives.**

<table>
<thead>
<tr>
<th>12. A bill becomes a law upon signature by the president even if the Senate has refused to concur with changes made by the House of Representatives:</th>
<th>a. True</th>
<th>b. False</th>
</tr>
</thead>
</table>

**13. The stages of the policy process include:**

- Agenda setting, intervention, revision, & public comment
- Problem identification/agenda setting, planning, implementation, & evaluation
- Introduction, committee action, vote by the legislature, & signature of the president or governor
- Critical thinking, hearings, revision, evaluation

**14. The legislative branch of government is the only branch with authority to make public policy.**

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
</tr>
</thead>
</table>

**15. Once a bill is enacted, supporters of the legislation can be assured that the bill will be implemented as intended.**

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
</tr>
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</table>

**16. Agencies with rule making authority can propose new and revised rules without regard for the two-year legislative cycle that governs activities within the legislature.**

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
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**17. A lawmaker has noted that many of the teenagers in his daughter's class at school are overweight, bordering on obese. He asks for a meeting with a family friend who is also a school nurse to discuss his concerns. The nurse prepares for the meeting but upon arriving at his office learns that she will be meeting with the legislative aide rather than her friend. The nurse should:**

a. Politely refuse to meet with the aide because she was prepared to meet with the legislator, and the aide will not understand the points she wants to make.
b. Ask the aide to re-schedule the meeting for a time when the legislator is able to attend.
c. Provide the aide with the materials she has prepared and discuss the pros and cons of developing public policy to address the problem.
d. Meet with the aide to let him know how upset she is that the legislator is not available emphasizing how much time she spent preparing for the meeting.

**18. Because politics is a power game that nurses are not well equipped to play, they may refuse to be involved in any public policy-making activities.**

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
</tr>
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</table>

**19. Developing collaborative relationships can enhance the likelihood that a policy initiative will be successful; however, effective collaboration requires all the following:**

a. Agreement as to how the group will function and make decisions
b. Resources sufficient to support the work of the collaborative
c. Having people with decision-making authority at the table

d. Frequent meetings to make sure everyone is kept abreast of all developments.

**20. A single party holds a strong majority in both the senate and house and also controls the executive branch. Several legislative initiatives are enacted that a nursing organization adamantly opposes. The organization is considering sponsoring a series of televised ad spots ridiculing targeted lawmakers in the majority party. The organization should recognize:**

a. Lawmakers do not pay attention to these sorts of ads so there will be no repercussions.
b. The ads will ensure the offending lawmakers are not re-elected thus changing the balance of power in both the legislative and executive branches of government.
c. The ad campaign may backfire thus making it more difficult for the organization to get its legislative initiatives addressed.
d. Lawmakers will understand the organization's concerns and take steps to revise the offending initiatives.

**21. The agenda setting phase of the policy process is the point where a problem is framed or defined thus setting the stage for how the policy will be shaped.**

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
</tr>
</thead>
</table>

**22. Because the Affordable Care Act was enacted without bipartisan support its implementation has met with several obstacles including:**

a. Law suits challenging the constitutionality of various provisions in the Act
b. Refusal by some states to agree to take on administrative responsibility for the insurance exchanges that must be in place by 2014.
c. Inadequate appropriation of the funds needed to fully enforce certain provisions of the Act
d. None of the above
e. a, b, & c

**23. Policy evaluation is undertaken to determine whether a program is working effectively and may include:**

a. Cost benefit analysis
b. Pilot programs with built-in criteria that shape the analysis
c. Determinations as to whether the changes envisioned are being realized
d. Analysis as to whether the program is reaching its intended target
e. All of the above
f. All except b

**24. The legislative process can never be short-circuited for expediency purposes because doing so violates the federal and state Constitutions.**

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
</tr>
</thead>
</table>

**25. When a bill is introduced into the House of Representatives or Senate it will be numbered sequentially and will maintain that same number throughout the process.**

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
</tr>
</thead>
</table>

**Evaluation**

**1. Were you able to achieve the following objectives?**

- Discuss the Patient Protection Act ___ Yes ___ No
- Describe the legislative process ___ Yes ___ No
- Identify the various ways in which nurses can be politically involved. ___ Yes ___ No
- Explain the importance of learning principles of advocacy ___ Yes ___ No

**2. Was this independent study an effective method of learning?**

a. Yes
b. No

**3. How long did it take you to complete the study, the post-test, and the evaluation form?**

a. 20 minutes
b. 21-30 minutes
c. 31-45 minutes
d. 45 minutes or more

**4. What other topics would you like to see addressed in an independent study?**
Standards of Practice and Delegation for Nurses Licensed to Practice in Ohio

Developed by: R. Wynne Simpkins, RN

This independent study has been developed for nurses who wish to learn more about Chapter 4725-4 and 4725-13 of the Revised Code, the Standards of Practice for Nurses and the Delegation of Nursing Tasks to others practicing under the direction of licensed nurses.

1.5 contact hour of Category A (Law and Rules) will be awarded to the completed portion of this independent study. The author and planning committee members have declared no conflict of interest. Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice or to be used in place of consultation with a registered nurse.

For specific implementation information, please contact an appropriate professional organization, legal source, or facility policy.

The Ohio Nurses Association (ORN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.


OBJECTIVES

1. List at least two differences in the scopes of practice for RNs and LPNs in Ohio.
2. Discuss delegations of nursing practice for all nurses licensed in Ohio.
3. Discuss delegation principles for use by nurses as outlined in the Ohio Administrative Code.

STUDY

As a nurse licensed in the state of Ohio, you must practice within the parameters set by the Nurse Practice Act, also known as Chapter 4725 of the Ohio Revised Code (ORC). Under this statute, you can delegate nursing tasks as directed by other nurses, provided that you understand the respective scopes of practice for individuals working under your supervision. Rules that further define the respective practices of every nurse in Ohio, whether a licensed practical nurse (LPN), registered nurse (RN), or advanced practice nurse (APN) [may also be referred to as an advanced practice registered nurse (APRN)], are written by the members of the Ohio Board of Nursing (OBN) with input from other nurses and interested parties across the state. The Rules, found in Chapter 4725 of the Ohio Administrative Code (OAC), are rules written by the state’s policy makers to ensure that the standards to which they are held by the licensed nurse in Ohio are met.

This learning activity will cover the scope of practice for each level of nurse recognized in Ohio, then take the learner through the legal standards of practice and delegation standards as found in the respective chapters of the OAC. As used in this learning activity, as in the ORC and OAC, the term “Nurse” is a generic term depicting all nurses in Ohio, whether a licensed practical nurse (LPN), registered nurse (RN), or advanced practice nurse (APN). APN is an umbrella term that includes the certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, and certified nurse practitioner. Before an individual may apply to the OBN for a certificate of authority, commonly referred to as a COA, to function as an APRN in Ohio, the individual must hold at least a Master’s degree and certification in a nursing specialty area, which means the APN/ APRN has the knowledge, skills, and abilities to practice within the bounds of his/her specialty. When the length of time each is enrolled in school, studying the human body, its limitations, disease processes, and the various remedies and associated nursing care, it is easier to understand the breadth and depth of the scope of practice for each level of nurse licensure. Please bear

Standards of Practice continued on page 14

Licensed Practical Nurse (LPN)

LPN PRACTICE

The LPN is considered a “dependent practitioner” because the LPN’s practice is to be directed or guided by another licensed health care practitioner such as a:

Registered Nurse; Physician; Dentist;

The LPN is considered a “dependent practitioner” and provides care to patients to the extent that requires the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences.

1. Observation, patient teaching, and care in a diversity of health care settings;
2. Coordination, implementation, and evaluation of nursing;
3. Administration of medications and treatments; and
4. Delegation of tasks as directed by a registered nurse; and
5. Administration of medications, treatments, and evaluations of nursing;
6. Assessing health status for the purpose of providing nursing care;
7. Providing health counseling and teaching;
8. Providing medicines and therapeutic devices; and
9. Care of individuals and groups with complex health problems, consistent with the nurse’s education and certification, and in accordance with rules adopted by the board.

When a certified nurse practitioner is collaborating with a nurse, the nurse’s scope of practice is limited to the procedures that the podiatrist has the authority under section 4731.51 of the Revised Code to perform.

Certified Nurse Practitioner (CNP)

The CNP in Ohio, “in collaboration with one or more physicians or podiatrists, may provide for the ‘management of preventive services and those primary care services necessary to provide health care to women antepartum, intrapartum, and the postpartum period’, but may not perform: ‘version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal pregnancy’” [Section 4725.43 (A) ORC] (129th General Assembly, 2013).

Certified Nurse Midwife (CNM)

The CNM in Ohio may provide for the ‘management of services necessary to provide health care to women antepartum, intrapartum, and the postpartum period’, but may not perform: ‘version, deliver breech or face presentation, use forceps, do any obstetric operation, or treat any other abnormal pregnancy’” [Section 4725.43 (C) ORC] (129th General Assembly, 2013).

Certified Nursing Assistant (CNA)

The CNA in Ohio is not intended to provide legal and/or medical advice or to be used in place of consultation with a registered nurse.

Certified Registered Nurse Anesthetist (CRNA)

CRNA in Ohio, “with the supervision and in the immediate presence of a physician, podiatrist, or dentist, may administer anesthetics, perform anesthesia induction, maintenance, and emergence, and may perform supervision preanesthetic preparation and evaluation, anesthetic management, and postanesthetic evaluation and recovery” [Section 4725.43 (B) ORC] (129th General Assembly, 2013).

Clinical Nurse Specialist (CNS)

The CNS in Ohio works “in collaboration with one or more physicians or podiatrists, may provide and manage the care of individuals and groups with complex health problems and provide health care services that promote, improve, and manage health care within the nurse’s nursing specialty, consistent with the nurse’s education and in accordance with rules adopted by the board.” [Section 4725.43 (B) ORC] (129th General Assembly, 2013).

Determination of Death-Section 4723.36 ORC

An RN may determine and pronounce an individual’s death if the nurse is providing or supervising the nursing care of the individual through a licensed hospice care program or an entity that provides palliative and respiratory care and the respiratory and circulatory functions of the individual are not being maintained artificially at the time determination and pronouncement of death are made. Additionally, the CNS and CNP may determine and pronounce death in a:

• Licensed nursing home;
• Residential facility for the aging; or
• A county home or district home.

The RN, CNP can determine and pronounce death, but may not complete any portion of the individual’s death certificate, and must notify the individual’s attending physician and the medical director of the CTP as with all other nursing licenses, information about the APN/APRN with a CTP may be found on the State of Ohio e-licensure website at https://license.ohio.gov/lookup/default.aspx?division=66.

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standards tend to be directly related to the acuity level of client care that is generally anticipated for the setting. Should a patient in home care present with a sudden change in condition, the nurse is expected to respond accordingly. The OBH, in their infinite wisdom understood the differences in care settings and appropriately established standards of practice. Basically, all nurses licensed in Ohio, regardless of scope of practice, are held to similar standards with respect to competent practice and patient safety. Each nurse is responsible for practicing competently and competently according to the standards for the practice area in which the nurse is engaged and within the respective scope of practice for which the individual is licensed, i.e., licensed practical nurse, registered nurse, or advanced practice nurse. The registered nurse may direct or delegate from the client, family, significant others, or other members of the health care team.

(4) Planning:
(i) The nurse demonstrates knowledge, skills, and abilities necessary to provide the nursing care.
(ii) The nurse obtains current information from the client, family, significant others, or other members of the health care team.

(3) Implementation:
(a) Administering medications and treatments prescribed by an individual who is authorized to practice in this state and is acting within the course of the individual’s scope of practice;
(b) Providing direct nursing care at the direction of another practitioner; and
(c) Not current or valid;
(d) The nurse demonstrates knowledge, skills, and abilities necessary to provide the nursing care.

(4) Evaluation:
(a) Collaborate with other health care providers and the client to establish mutually acceptable goals and outcome criteria.
(b) Document the client’s responses to nursing interventions.
(c) Communicate the client’s responses to nursing interventions to members of the health care team;
(d) Contribute to the revision of the nursing component of the client’s plan of care on the basis of the evaluation.

Registered Nurse
The registered nurse may direct or delegate other members of the health care team; and
(b) Reassess the client’s health status, revise the plan of care; and
(c) Communicate the client’s responses to nursing interventions to members of the health care team.

(2) Planning:
(b) Communicate the nursing component of the care plan and all modifications of the plan to the members of the health care team.

(3) Implementation:
(a) Administering medications and treatments prescribed by an individual who is authorized to practice in this state and is acting within the course of the individual’s scope of practice;
(b) Providing direct basic nursing care at the direction of another practitioner; and
(c) Not current or valid.

(4) Evaluation:
(a) Contribute to the evaluation of the client’s responses to nursing interventions.
(b) Document the client’s responses to nursing interventions.
(c) Communicate the client’s responses to nursing interventions to members of the health care team;
(d) Contribute to the revision of the nursing component of the client’s plan of care on the basis of the evaluation.

(1) Assessment:
(a) Collect data. This includes:
(i) Collection of subjective and objective data from the client, family, significant others, or other members of the health care team.

Keeping Current
There is a strong need for all nurses to keep current on practice trends and regulations. Some nurses must read journals, complete continuing education programs related to nursing practice, and when appropriate, participate in nursing research. Nurses are responsible and accountable for:

(d) Take any other action needed to assure the safety of the client.

In the event that the nurse does not follow an order as prescribed, the nurse must, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order (4723-4 OAC) (Ohio Board of Nursing, 2010). Consult with Others
Nurses are held to a very high standard when it comes to keeping private, patient specific information in confidence. Luckily, we work in teams of nurses and health care professionals for the patient. All nurses are not the same, they do not have different talents, levels of education and experience, and areas of expertise. Working as part of a team allows everyone to bring their knowledge to the table. In that team may include other nurses, physicians, respiratory therapists, physical therapists, social workers, or any other of the many roles that make up the team of highly specialized professionals employed in health care today. The nurse is responsible for understanding their own limits and to report to and consult timely and as necessary with other nurses or other members of the health care team. Confidentiality
Nurses are held to a very high standard when it comes to keeping private, patient specific information in confidence. Unfortunately, it is not uncommon for nurses to share confidential information verbally, in writing, pictures, or even viewing the health care records of a patient for whom we do not care. This is not acceptable. The health care systems have computerized medical records and each time a patient record is accessed the identity of the individual accessing the record is recorded. One method used by employers to track that ONLY individuals involved in the care of a patient are accessing their records. A nurse should not use a personal communication device (i.e. cell phone or tablet) to take pictures of patients or even body parts of patients, such as a wound or bruise, even if the patient consents. Nurses should not share any information with anyone other than those involved in the care of the patient that is not directly involved in the care of that patient.

Carrying Out Orders
Most nurses understand that bathing someone who is extremely short of breath could have a negative outcome for the patient, unless the nurse takes steps to minimize the oxygen demands being placed on the patient through nursing measures such as bathing the patient in stages, keeping the patient warm, and making sure that the patient’s oxygen supply is flowing freely. No physician order is necessary for a nurse to make such nursing decisions. That is just good nursing care. The rules are all encompassing, in that the wording allows for nursing decision making, but also ensures that nurses are not making nursing decisions out of physicians in a timely manner. LPNs, RNs and APNs/ARNPs are held to carry out the orders of other licensed health care practitioners. That order must be carried out timely. Timely is a relative term meaning that the time in which an order is to be carried out by the nurse depends on a variety of conditions including the condition of the patient or the timing of the medication with specific blood levels, LPNs and RNs are held to follow a specific order. The nurse is expected to carry out or implement all valid orders for clients appropriately and according to practice standards, while keeping timely. Occasionally, the nurse may make a decision not to follow a specific order from a physician. The nurse is permitted to do so, but in the meantime must clarify the order if the nurse believes the specific order is:
(a) Inaccurate;
(b) Not properly authorized;
(c) Not current or valid;
(d) Harmful, or potentially harmful to a client; or
(e) Contradicted by other documented information.

No one nurse can possibly know everything there is to know about nursing or healthcare. Luckily, we work in teams of nurses and health care professionals for the patient. All nurses are not the same, they do not have different talents, levels of education and experience, and areas of expertise. Working as part of a team allows everyone to bring their knowledge to the table. In that team may include other nurses, physicians, respiratory therapists, physical therapists, social workers, or any other of the many roles that make up the team of highly specialized professionals employed in health care today. The nurse is responsible for understanding their own limits and to report to and consult timely and as necessary with other nurses or other members of the health care team.

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The Board of Nursing also provides detail on how nursing care is to be delivered and documented. The nurse shall deliver care completely, accurately, and timely. Documentation of nursing care must include:

- Nursing assessments or observations;
- The care provided by the nurse for the client; and
- The client's response to that care.

Other patient safety measures that nurses, licensed to practice in Ohio, are required to use at all times include:

1. Promote a safe environment for each client.
2. Provide privacy during examination or treatment and in the care of personal or bodily needs.
3. Treat each client with courtesy, respect, and with full recognition of dignity and individuality. (Ohio Board of Nursing, 2010)

Professional Boundaries

Nurses provide personal care for people in a wide range of situations and settings. "Variables such as the care setting, community influences, patient needs and the nature of therapy affect the delineation of boundaries." (National Council of State Boards of Nursing, 2009)

Delivery of nursing care outside of the traditional institution settings of hospitals and nursing homes, has been found to be an effective cost saving method of delivery. With the decentralization of health care delivery, nurses are able to exercise more autonomy. The patient is sometimes viewed as a friend or colleague, which has opened a host of issues related to professional boundaries.

As the professional in a nurse-patient relationship, the nurse is always responsible for establishing and maintaining professional boundaries with each patient and the patient is always presumed incapable of giving free, full, or informed consent to the behaviors by the nurse on a personal level. (Ohio Board of Nursing, 2010) (National Council of State Boards of Nursing, 2009) This is one area in which the Rules of the Board of Nursing are extremely explicit. Rule 4725-4.06 OAC states:

(K) A licensed nurse shall not:

1. Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a client.
2. Engage in behavior toward a client that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.

(L) A licensed nurse shall not misappropriate a client's property or:

1. Engage in behavior to seek or obtain personal gain at the client's expense;

Within the context of professional boundaries and patient privacy, the idea of social media bears mention. Societal boundaries have been blurred by the advent of social media sites on which people are compelled to reveal their innermost thoughts or feelings on everything from the weather, to their love lives and work experiences. Nurses, being human and an important part of society are no exception. What is different, is that if a nurse chooses to share specific information about their day at work, not only is the employer likely to take issue that may lead to discipline of the nurse, but patients and their families may be harmed by having unauthorized personally identifiable information placed on the internet.

For the remainder of this independent study, please refer to CHNurses.org and click on Ohio Nurse Independent Studies.
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