Unleash the Power of Nursing

Most of you reading this are not members of the Texas Nurses Association (TNA). TNA represents the interests of registered nurses in the state and works with the American Nurses Association to advocate for you and your patients. The Texas Nursing Voice is mailed to all nurses in the state as a courtesy. Yet only a small fraction of nurses belong to TNA and support the work we do at the state and national levels. TNA has made a bold move to dramatically lower the membership dues to join ANA and TNA, with the intention of allowing every nurse the opportunity to be part of a united voice to support nursing.

Why Does That Matter?
Registered nurses are the largest group of health care professionals in this country, numbering more than three million. We are the most trusted profession. However, our knowledge, skills, and expertise are largely underutilized. Nurses are crucial to achieving the critical goals of expanding health care coverage while improving quality and controlling costs. Now is our time to seize the opportunity to take on new roles, participate in improving the quality of patient care, and gain greater appreciation for nurses’ contributions.

TNA and ANA are empowering nurses with resources, programs and standards that help you advance your career and your profession.
• Save up to $95 on ANCC specialty certification exams
• Stay up-to-date on nursing news
• Advance your knowledge
• Protect your job, your safety and your rights as a nurse.
Presidents of the 28 statewide Districts of Texas Nurses Association, as well as some District offices, are listed below. They invite you to contact them with questions or comments about TNA District membership and involvement.

1: Laura Sarmiento  
Phone: 915.588-3173  
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8: Sarah Williams  
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9: Patrick Laird  
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2370 Rice Blvd., #109  
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10: Helen Woodson  
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13: Vacant

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16: Mimi Baugh  
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19: Tara Patton  
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E-mail: Rebekah.powers@midland- memorial.com

22: Toni McDonald  
E-mail: tdmc donald@windstream.net

23: Inger Zerucha  
Phone: 903.35-2632

24: Esmeralda Garza  
Phone: 956.878-6201  
E-mail: tachuro48@yahoo.com

25: Jenny Wilder  
Phone: 903.826-2712  
E-mail: jennywilder@gmail.com

26: Winners of the Texas Nurses Association’s 2013 Auxiliary Awards are listed below. They invite you to contact them with questions or comments about TNA District membership and involvement.

27: Vacant

28: Jenny Wilder  
Phone: 903.826-2712  
E-mail: jennywilder@gmail.com

29: Vacant

30: Vacant

31: Vacant

32: Vacant

33: Vacant

34: Vacant

35: Vacant

36: Vacant

37: Vacant

38: Vacant

39: Vacant

40: Vacant

2013 by Texas Nurses Association, 8501 North MoPac Expressway, Suite 400, Austin, TX 78759.  
111-450-0645, e-mail tnveditorial@texasnurses.org

Address Changes  
Send address changes to  
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e-mail: tnveditorial@texasnurses.org

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Most readers of our publications are aware that Texas Nurses Association (TNA) is a professional membership organization for registered nurses in the state of Texas. What may surprise some readers is that TNA was founded in 1907 and is the oldest professional nursing organization in the state.

TNA started its advocacy work immediately and was successful in getting registration and standardized education for nurses by 1909. It also brought about creation of the Texas Board of Nurse Examiners, now called the Texas Board of Nursing (BON).

TNA continues to advocate for nurses in all areas of practice to this day. The association also collaborates with numerous other nursing organizations to maximize the impact of nursing’s voice in Texas. Advocating for the nursing profession, for the individual nurse, and for the health of Texas citizens has always been the work of TNA.

For over 100 years, TNA has extended its advocacy to three categories:

1. For the Profession

The State Capitol in Austin may seem a world away from a nurse’s day-to-day practice. To TNA, it’s practically home. TNA staff and members spend significant time at the State Capitol, advocating for nurses, the nursing profession, and quality health care for all Texans.

Since nursing provides a unique and significant perspective as health care policy decisions are made, TNA has learned over its 100-year history that sharing that perspective in legislative and regulatory arenas creates positive change for Texas nurses and their patients. Experience has proven that when nursing fails to be involved, the important decisions for nursing and health care will be made without nursing’s input.

Within TNA, the Governmental Affairs Committee leads the governmental affairs program. TNA members from across the state make up this committee, as do members from TNA’s four largest local districts. The committee reports to the TNA Board of Directors.

Texas Nurses ‘n Action Center. The online Texas Nurses ‘n Action Center offers the latest legislative information on key nursing and health policy issues. Action alerts from the center provide online prompts when nurses need to take action to make nursing’s voice heard. Legislators and other policy makers can be contacted directly from the center. A few minutes are all it takes to make a big difference.

Nursing Legislative Agenda Coalition. TNA hosts a coalition of nursing organizations that identify issues the Texas Legislature needs to address, come to consensus of opinion, and carefully craft nursing’s positions on those issues. Together, these nursing organizations make up the Nursing Legislative Agenda Coalition (NLAC). During the legislative session, coalition members endorse and work to enact the agenda.

2. For the Nurse

As a nurse, you are the center of each patient’s care in the State of Texas. You are also at the center of the work of the Texas Nurses Association.

Texas Nurses Association believes its role is to supply nurses with the tools they need to advocate for their patients’ well-being as well as their own. TNA gathers information from nurses regarding their practice environments:

Laws Protect Nurses When Advocating for Patients (Whistle-blower Protections). TNA believes patients are best served when nurses can be patient advocates without fear of retaliation. Supporting a regulatory environment that protects nurses when they advocate for their patients is a big part of advocacy for the profession. TNA has advocated legislatively for over 20 years to make whistle-blower protections a reality for Texas nurses.

3. For the Profession

For over 100 years, TNA has extended its advocacy to three categories:

Texas RN/APRN PAC. The RN/APRN PAC is the officially sponsored political action committee (PAC) of TNA, as well as the Texas Association of Nurse Anesthetists (TANA) and the Coalition for Nurses in Advanced Practice (CNAP). Through its advisory committee, the RN/APRN PAC identifies candidates deserving of nurses’ endorsements and financial support in races for the Texas Senate, Texas House of Representatives, and selected statewide races, including the governor and lieutenant governor races.

History of Texas Nursing Practice Act and Nursing Legislation. In 1909, ten years prior to women securing the right to vote, members of TNA (then named the Texas Graduate Nurses’ Association) initiated legislation that resulted in the first licensing act for Texas nurses. That State Nurses’ Registration Act was a significant first step. Ever since, TNA has diligently worked to make the Nursing Practice Act (NPA) a strong practice act for Texas nurses.

Texas RN/APRN PAC.

For most, it’s a tough choice: keep your job and fall behind on the most innovative practices, or derail your career for an education.

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BIG THINKING FOR A BIG WORLD
• TNA surveys nurses throughout the state.
• The association conducts nursing focus groups on major topics.
• TNA appoints committees of nurses from all over Texas to discuss problems and find solutions for the nursing profession.
• The House of Delegates, made up of elected TNA nurse members throughout the state of Texas, meets each spring to make ultimate policy decisions for the organization.

Direct care nurses are often at the hub of difficult work situations. From information gathered, TNA has identified the following work problems. The association has also prepared short-term guidance sheets that may be of assistance in your problem solving.

As the voice of professional nursing in Texas, TNA actively promotes the use of all workplace advocacy tools, which are legally in place for all of nursing. For simplicity, TNA makes available through its online store, the Annotated Guide to the Texas Nursing Practice (http://txna.affiniscape.com/storeindex.cfm). It’s a reference every nurse should have since it provides straightforward information about the Texas Nursing Practice Act — the rights of nurses to act for their patients.

Texas Nurses Association knows it takes commitment, dedication, and hard work to earn the right to be a registered nurse. TNA promotes workplace advocacy so that every RN can practice safely and protect their license. Workplace advocacy is a nurse-to-nurse strategy that can give RNs a meaningful voice in their workplace. As a result of TNA workplace advocacy efforts in the past, Texas now has one of the strongest Nursing Practice Acts in the country.

3. For Texans
Texas Nurses Association supports health policy that improves the health of Texans and their access to quality health care. Through participation in a number of state advisory groups and work groups, TNA represents the perspective of nursing. In addition, through involvement in various health care coalitions, TNA supports legislative initiatives that advocate for good, sound health care policy for all Texans.

The following describe some of the groups in which TNA represents nursing. In addition, TNA provides substantial resources in terms of Practice and Education for the profession. Extensive information about TNA is available via the website: www.texasnurses.org.

Texas HIV/AIDS Coalition. The coalition was founded to advocate for appropriate funding for HIV/AIDS programs within the state of Texas, to expand access to quality health care and treatment for all people living with HIV/AIDS, and to advocate for public policies that promote the health, welfare, and civil rights of all Texans affected by HIV/AIDS.

Texas Nurses Association supports the work of this coalition. Through representation at the coalition’s quarterly meetings, TNA ensures the voice of nursing is represented.

Texas Public Health Coalition. Created in 2006, the Texas Public Health Coalition is a group of more than 20 organizations that seeks to improve the health of all Texans by advancing core public health principles at the state and community levels. Through legislative initiatives, promotion of health and disease prevention, and education to encourage citizens to adopt healthy lifestyles, the coalition focuses on the leading causes of death and disability in Texas—cancer, tobacco use, obesity, and stroke.

Texas Immunization Stakeholder Working Group. Established by the 78th Texas Legislature to improve the state immunization rates with a special focus on children, this work group is a partnership of representatives from federal, state, and local agencies and programs: schools, health care providers, employers, insurance/health plans, vaccine manufacturers, and members of the private sector who come together under the Texas Department of State Health Services (DSHS). Texas Nurses Association represents nursing.

A priority of the group is to develop a road map to assist the Immunization Branch of DSHS, set priorities, and implement plans to increase the vaccination rates in the state.

Healthy Texas Babies. The Healthy Texas Babies initiative, a partnership of the Texas Department of State Health Services and the March of Dimes, was undertaken to reduce infant mortality in Texas. A panel of experts guides it, and a Texas Nurses Association representative is a member of the panel, representing nursing. Activities of the initiative are based on current research.

October, November, December 2013
Texas Women’s Health Coalition. TNA joined this new coalition in 2013. TWHC advocates for primary care and prevention services for underserved women in Texas.

Texas Nurses Foundation. TNA formed the Texas Nurses Foundation (TNF) in 1982. The TNF serves not only Texas nurses but every resident of the state. Its programs are unique and benefit all Texans. TNF’s focus is to provide charitable, professional, public education, and scholarly work to improve the health of Texas citizens.

Texas Nurses Foundation’s mission is to promote the health and well being of Texas citizens. TNF is the charitable, professional and public education, and scholarly arm of the Texas Nurses Association. Proceeds from charitable gifts are administered by TNF to support activities that promote health care by enhancing the art and science of nursing. Programs and projects of TNF include the following:

TPAPN. The Texas Peer Assistance Program for Nurses (TPAPN) allows nurses to help nurses. Funded primarily by nursing licensure fees via the Texas Board of Nursing, it offers the opportunity for RNs and LVNs to find their way through the challenges of substance abuse and/or mental illness and return to practice safely and competently. TPAPN came into being after TNA successfully lobbied for the program in 1987.

TPAPN offers nurses life-renewing opportunities for recovery from chemical dependency and mental illness and integrates nurses back into the profession, thus protecting the public and promoting professional accountability.

TPAPN adheres to a philosophy of providing an opportunity for recovery combined with protecting the public from unsafe nursing practice. Nurses who have substance use disorders or certain psychiatric disorders should be offered the opportunity for education, treatment, and recovery. This philosophy is based on the belief that recovery from substance use disorders and certain psychiatric disorders is possible, and that the return of nurses to safe nursing practice is in the best interest of the profession and society.

NOEP. The Nurse Oncology Education Program (NOEP), a nonprofit project that

TNA ORGANIZATIONAL CHART

Texas Nursing Voice October, November, December 2013
All in the TNA Family continued on page 5
All in the TNA Family continued from page 3
The TNF is also the home of the Texas Team’s Academic Progression in Nursing (APIN) Grant, which started in August 2012. The project focuses on increasing the number of BSN nurses in Texas in order to meet the IOM goals for the Future of Nursing for 2020. The Robert Wood Johnson Foundation funded the two-year grant, Texas is one of only nine states funded for this project.

The Nurse Aide Competency Evaluation Service (NACES) was established in April 1989 as a result of the Omnibus Budget Reconciliation Acts (OBRA) of 1987 and 1989, which require certification of nurse aides. NACES provides many services that support the quality of care provided in long-term care facilities. NACES was originally formed under the TNF but in 1994 was formed into a separate company.

NACES primary function is to coordinate and conduct the testing of nurse aide candidates who work in long-term care facilities. It currently provides nurse aide certification testing in Texas, South Carolina, Washington, Mississippi, Alabama, Colorado, Virginia, North Carolina and Georgia. In addition, NACES trains nurse aide examiners in Rhode Island and performs long-term care-related data collection services for Texas state agencies on a contract basis.

NACES nurse examiners are registered nurses who work as independent contractors, choosing when and where they test. They must have experience with long-term care or treating elderly or disabled persons.★

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✓ Stay up-to-date on nursing news with a free subscription to ANA's peer-reviewed, award-winning journal The American Nurse and many other resources that are free to ANA members: American Nurse Today, Online Journal of Issues in Nursing and SmartBrief—a value of over $50.
✓ Explore job openings that are right for you through the ANA Career Center.
✓ Protect yourself with significant savings on Professional Liability insurance for ANA members.

Make a Difference – Please Join Us

We have lowered our membership dues—now for the remarkably low membership dues of just $15 a month or $174 a year, you receive all the benefits of membership in both ANA and TNA!

Nurses need to work together. Every nurse who becomes a member of ANA and TNA adds to the power and influence of all nurses and strengthens the profession. Join today. (See membership application on page 17.)

TNA Direct Members

Are you a TNA Direct member? You can upgrade to TNA/ANA membership for only $75 more a year, or $15 per month. Phone or email TNA at 1-800-862-2022 (ext. 133); tna@texasnurses.org. You may also upgrade when you receive your annual renewal notice.

Every nurse who becomes a member of ANA and TNA adds to the power and influence of all nurses and strengthens the profession. Go to http://tinyurl.com/MemAppDwnld to join ANA/TNA today!
February Texas Team Summit in Dallas

A Texas Team Summit will be held on February 12, 2014 in conjunction with the Johnson & Johnson gala that evening, which aims to raise funds for nursing scholarships, graduate nursing education fellowships, and IOM nursing grants across Texas.

The Texas Nurses Association, Blue Cross and Blue Shield of Texas, and the Texas Organization of Nurse Executives (TONE) are hosting the summit. The summit will be held in Dallas from 8 a.m. - 4 p.m. Confirmed speakers include Sue Hassmiller, PhD, RN, FAAN, of the Robert Wood Johnson Foundation (RWJF) and Alexia Green, PhD, RN, FAAN, of Texas Tech University Health Science Center. Announcement of a third speaker, another nationally recognized nursing and health care expert, is expected.

Dr. Hassmiller is the Senior Advisor for Nursing at RWJF. She directs the Foundation’s Future of Nursing: Campaign for Action in partnership with AARP. Dr. Hassmiller will provide a national overview of the future of nursing. She served as the study director for the Institute of Medicine’s report, “Future of Nursing: Leading Change, Advancing Health.”

Dr. Green has served as the co-leader of the Texas Team for nearly three years. She will provide an overview of Texas Team progress during this time period. In addition, attendees will hear from Texas Team’s three sub teams: Practice, Education, and Leadership as well as from selected leaders who represent the eight regional teams across the state.

The summit will provide recognition of achievements to date, consultation for the regional participants who are still working to get things started, and inspiration to those who are looking for the most effective strategies to implement on a local or regional level.

The times and the teams are changing. In February, at the time of the Dallas summit, several significant transitions will occur in the leadership of the Texas Team and its sub-teams. Current leaders are working to role model effective transitions in leadership within the context of the Texas Team. More details will follow on those changes as plans are finalized.

We hope that you will join us and discover what your individual and collective contributions to the Texas Team work will be going forward. To learn more about the Texas Team and their work, visit campaignforaction.org; facebook.com/TxTeamNursing; or contact Dr. Susan Ruppert at Susan.D.Ruppert@uth.tmc.edu. The regional teams can also work with professional and lay groups or organizations that are interested in having a speaker talk about the Texas Team and the implications for health care in Texas.

Optimal patient care begins before conception. Help Texas women get healthy now to ensure better birth outcomes and healthy children later. Someday Starts Now offers tools to help you talk to patients about important aspects of the preconception period. View training videos and download educational materials for your patients at SomedayStartsNow.com/Providers.

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**Texas Health Steps**

Texas Health Steps courses are developed by the Texas Department of State Health Services and the Texas Health and Human Services Commission. All courses are comprehensive and accredited by the American Nurses Credentialing Center, Texas Medical Association, National Commission for Health Education Credentialing, Texas State Board of Social Worker Examiners, Accreditation Council of Pharmacy Education, UTHealth Dental School Office of Continuing Dental Education, Texas Academy of Nutrition and Dietetics, Texas Academy of Audiology, and International Board of Licensure Consultants Examiners. Continuing Education for multiple disciplines will be provided for these events.

Texas Health Steps offers more than 40 free CNE courses, including:
- Reducing Non-Medically Necessary Deliveries Before 39 Weeks
- Infant Safe Sleep
- Breastfeeding
- Newborn Screening

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**Legal Issues?**

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361.887.8670
Attorneyjoe@flores@gmail.com

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Q: What is the difference between Incident-Based Peer Review and Safe Harbor Peer Review in nursing?

A: There are two kinds of nursing peer review:

1. **Incident-Based (IBPR)**, in which case peer review is initiated by a facility, association, school, agency, or any other setting that utilizes the services of nurses investigating an incident suspected to be caused by the practice of the nurse; or

2. **Safe Harbor (SHPR)**, which may be initiated by an LVN, RN, or APN prior to accepting an assignment or engaging in requested conduct that the nurse believes would place patients at risk of harm, thus potentially causing the nurse to violate his/her duty to the patient(s). Invoking safe harbor in accordance with **Rule 217.20** protects the nurse from licensure action by the Board of Nursing (BON) as well as from retaliatory action by the employer.

**FAQs on Safe Harbor**

**Q:** I normally work med-surg. Recently our census has been low, so I have been floated. This week, I was floated to the NICU to charge and take care of some really sick babies. I did not feel comfortable with that because I really don’t think I have the knowledge or skills to competently care for that patient population. What do I do?

**A:** If you feel you are being asked to accept an assignment that would cause you to violate the Nursing Practice Act (NPA) or BON rules, especially any of the standards of practice in **Rule 217.11**, you will want to refer to **Section 301.352** (http://www.bon.texas.gov/nursinglaw/npa1.html#352) of the NPA, which addresses the nurse’s right to refuse an assignment. The Comprehensive Request for Peer Review Determination or Safe Harbor originates from this statute (http://www.bon.state.tx.us/practice/pdfs/SHPR-CompRequest.pdf). Safe Harbor protects you from potential action against your nursing license and retaliatory action from your employer when the procedure is correctly followed. The idea behind Safe Harbor is that a group of nursing peers examines the assignment the nurse was asked to accept and determines whether the nurse was being asked to accept an assignment that was unsafe and or outside of his or her knowledge, skills, and physical or emotional abilities. Safe Harbor is invoked at the time you are asked to engage in an activity or an assignment that you believe is not safe for patients. Remember, you cannot invoke Safe Harbor after a patient has been hurt or after the shift is over and done. Patient safety is the focus, and the Peer Review Committee can be a catalyst for positive changes, resulting in improved staffing systems.

**Q:** I am a surgical nurse. I worked my regular shift and assumed call for the night. I was called in about 2 hours after leaving my regularly scheduled shift and worked through the night. I was scheduled to work the next day, but I never got to go home and sleep! I was so tired, and I told my manager that I didn’t feel safe to work due to fatigue, but she couldn’t get anyone to come in and replace me. What do I do?

**A:** The NPA and BON rules have always emphasized that the nurse’s responsibility and duty to the patient is to provide safe and effective nursing care. In relation to overtime and or consecutive hours worked, the nurse has a duty to recognize when he or she is unfit to practice secondary to physical, mental, and/or emotional fatigue. Nursing judgment and provision of nursing care may be impaired if a nurse is physically, mentally, or emotionally exhausted, which could lead to nursing errors. While the BON does not have authority in employment situations, there are protections in both the NPA and the Safe Harbor Rule 217.20, (http://info.sos.state.tx.us/pls/pub/readtacExt.TacPages?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=20) for a nurse who declares safe harbor in good faith, as in this instance where fatigue would compromise patient safety.★

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Q: I normally work med-surg. Recently our census has been low, so I have been floated. This week, I was floated to the NICU to charge and take care of some really sick babies. I did not feel comfortable with that because I really don’t think I have the knowledge or skills to competently care for that patient population. What do I do?

A: If you feel you are being asked to accept an assignment that would cause you to violate the Nursing Practice Act (NPA) or BON rules, especially any of the standards of practice in **Rule 217.11**, you will want to refer to **Section 301.352** (http://www.bon.texas.gov/nursinglaw/npa1.html#352) of the NPA, which addresses the nurse’s right to refuse an assignment. The Comprehensive Request for Peer Review Determination or Safe Harbor originates from this statute (http://www.bon.state.tx.us/practice/pdfs/SHPR-CompRequest.pdf). Safe Harbor protects you from potential action against your nursing license and retaliatory action from your employer when the procedure is correctly followed. The idea behind Safe Harbor is that a group of nursing peers examines the assignment the nurse was asked to accept and determines whether the nurse was being asked to accept an assignment that was unsafe and or outside of his or her knowledge, skills, and physical or emotional abilities. Safe Harbor is invoked at the time you are asked to engage in an activity or an assignment that you believe is not safe for patients. Remember, you cannot invoke Safe Harbor after a patient has been hurt or after the shift is over and done. Patient safety is the focus, and the Peer Review Committee can be a catalyst for positive changes, resulting in improved staffing systems.

**Q:** I am a surgical nurse. I worked my regular shift and assumed call for the night. I was called in about 2 hours after leaving my regularly scheduled shift and worked through the night. I was scheduled to work the next day, but I never got to go home and sleep! I was so tired, and I told my manager that I didn’t feel safe to work due to fatigue, but she couldn’t get anyone to come in and replace me. What do I do?

**A:** The NPA and BON rules have always emphasized that the nurse’s responsibility and duty to the patient is to provide safe and effective nursing care. In relation to overtime and or consecutive hours worked, the nurse has a duty to recognize when he or she is unfit to practice secondary to physical, mental, and/or emotional fatigue. Nursing judgment and provision of nursing care may be impaired if a nurse is physically, mentally, or emotionally exhausted, which could lead to nursing errors. While the BON does not have authority in employment situations, there are protections in both the NPA and the Safe Harbor Rule 217.20, (http://info.sos.state.tx.us/pls/pub/readtacExt.TacPages?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=20) for a nurse who declares safe harbor in good faith, as in this instance where fatigue would compromise patient safety.★

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After the Success of the 83rd Legislative Session – What’s Next?

By Ellarene Dias Sanders, PhD, RN, NEA-BC, Interim Executive Director, TNA

In this summer’s issue of Texas Nursing Voice, we reported on the many successes of the 83rd Texas Legislature. You might be wondering what happens now, between the fall of 2013 and the 84th Legislature in 2015. Does everyone take a long vacation? Not quite.

There is much to do. For starters: monitoring implementation of legislation, watching for opportunities for public comment on rulemaking, identifying glitches in the language of laws passed that may need editorial change or clarification in the next session, and – yes – identifying and monitoring issues that may lead to legislation in the next session.

First up is making sure that nurses know about the new legislation and how it will affect them and their practice. Texas Nurses Association (TNA) publishes this newspaper, commonly called the TNV, which is distributed to every licensed nurse in Texas. So, except for nurses who most recently moved to Texas, everyone receives the basics in print form.

Generally speaking, TNA and specialty nursing organizations also provide additional information about legislation to their members. For example, TNA is hosting conferences in three locations this fall to reach out to members and others. A significant portion of the program Forces and Factors, Issues and Influencers: Knowledge Nurses Need to Lead™, will provide information from the perspective of the TNA, Texas Board of Nursing (BON), and Texas Hospital Association (THA) about how nursing practice, licensure, and practice settings will be impacted by new legislation and rulemaking.

As you can imagine, TNA staff, TNA Governmental Affairs Committee, and TNA APRN Task Force are all actively reviewing and holding conference calls to discuss and determine how to collaborate with others to get the best possible rules for APRNs. In addition, TNA convenes the APRN Round Table, the Coalition for Nurses in Advanced Practice (CNAP), and all of the APRN specialty groups and their lobbyists so that everyone has input into comments and suggested rule changes. The nursing groups and physician groups will also engage in dialogue and negotiation about the rule language before it is finalized. This one could keep a lot of people busy between now and November 1!

SB 406
Senate bill (SB) 406 goes into effect November 1, 2013. This is the bill that replaces site-based models for physician delegation of Rx authority with the prescriptive authority agreement model. This bill required joint rule making on the part of the Texas BON and Texas Medical Board. Draft rules came out recently, and there will be an opportunity for public comment before they are adopted.

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SB 414
Several bills that were passed require studies to be completed TNA will be monitoring those and offering input when appropriate. We will involve our Education Committee and other stakeholders as needed. One example of this is SB 414, which directs the THECB to conduct a feasibility study of community colleges offering baccalaureate degrees in nursing and applied sciences. Many people have strong opinions on this topic, and there are interested parties outside of nursing as well. If this model is allowed for nursing at some future time, other professions will want the same opportunity.

SB 1375
Another feasibility study was authorized in SB 1375 to look at whether the BON should be a self-directed, semi-independent body in order to give it more flexibility with its budget. TNA supported this idea during the session and will continue to do so during the interim. These are just a few of the specific bills that will be part of TNA’s focus during the legislative interim. In addition, the TNA Board of Directors (BOD) has appointed a number of committees that are charged with monitoring and responding to issues and trends in Texas nursing during the next year. These committees include the APRN Task Force, Continuing Nursing Education, Education, Finance, Governmental Affairs Committee (GAC), Health Information Technology (HIT), which is jointly sponsored by the Texas Organization of Nurse Executives (TONE), Nominating, which is an elected committee, and Practice. See the accompanying sidebar “TNA Committee Charges” for a sampling of committee responsibilities.
TNA Committee Charges

APRN TASK FORCE
Kathryn Artnak, San Angelo; Phyllis Gordon, San Antonio; Sue Iha, Bastrop; Karen Polvado, Wichita Falls; Kay Sanders, Fort Worth; Sandy Tolar, McAllen

Charges:
• Monitor and provide input into rulemaking process re: SB 406.
• Provide input regarding current Advanced Practice Registered Nurse issues.
• Complete other duties as assigned by the Board of Delegates (BOD).

CONTINUING NURSING EDUCATION COMMITTEE
Charlene Adams, Victoria; Pat Alvoet, San Antonio; Kathryn Baldwin, Fort Worth; Nancy Blume, Beaumont; Ruth Ann Bridges, Lubbock; Jacqueline Brock, Blue Ridge, Chair; Betty Bowles, Wichita Falls; Jenny Delk-Fikes, Midland; Debra Edwards, Austin; Becky Fuentes, San Angelo; Helene Harris, Temple; Sheree Henson, Burleson; Kathy Husband, Baytown; Francine Kingston, Houston; Joe Lacher, Brownsville; Kathy Lee, Ropesville; Cheryl Lindy, Kingwood; Jessica Maples, Lubbock; Devonna McNeill, Fort Worth; Rebekah Jan Milligan, N. Richland Hills; Rebekah Powers, Midland; Sidney Roach, Weslaco; Sahar Seyedkhalil, Dallas; Janeen Smith, Longview; Cynthia Stinson, Lumberton; Sarah Towery, Irving; Jane Tustin, Dallas; Eoisa Tamez, San Benito

Charges:
• Review Approved Provider and Individuality Activity applications.
• Maintain ANCC/TNA criteria during the application review process.
• Complete review and committee work in a timely manner.
• Maintain confidentiality in all work.
• Attend the semi-annual TNA CNE committee meetings.
• Serve as a mentor to new committee members as needed.
• Participate in committee work as needed.
• Serve as a liaison to the Texas Board of Nursing, regarding continuing nursing education issues.

EDUCATION COMMITTEE
Sally Durand, Friendswood; Betty Macini, Dallas; Advisor; Christina Murphey, Austin; Helen Reid, Mesquite; Stephanie Woods, Dallas, Chair; Mary Yoho, Tomball

Charges:
• Evaluate and make recommendations regarding clinical hours in pre-licensure RN programs.
• Review progress related to development of concept-based curriculum and determine if recommendations need to be made.
• Review progress in Academic Progression across the continuum (e.g. RN-BSN, etc.) and develop strategies for increasing MSN and doctoral education in nursing.
• Examine interdisciplinary education in Texas and develop a model that will work in variable educational settings (e.g. community college, academic medical centers, and others).

GOVERNMENTAL AFFAIRS COMMITTEE
Misty Baggett, Lindale; Patty Freier, Lubbock; Natalie Garry, DeSoto; Linda Green, Houston; Jere Hammer, Port Lavaca; Stan Harmon, El Paso; Jennifer Johnston, Austin; April Lee, Austin; Shirley Morrison, Houston; Martha Myers, Austin, Teresa Oehler, Spring, Alternate; Antwonn Smith, Fort Worth, Co-Chair; Paula Stangeland, Galveston; Susy Sportsman, Forestburg; Cindy Strzelecki, Windcrest; Poldi Tschirch, Houston; Cindy Zolnierek, Georgetown, Co-Chair

Charges:
• Participate in recognition/appreciation/farewell for Jim Willmann.
• Provide input regarding future staffing for Governmental Affairs.
• Provide input regarding interrim rulemaking to follow up on successful nursing legislation.
• Scan the environment for future legislative issues.
• Complete other duties as assigned by the BOD.

HEALTH INFORMATION TECHNOLOGY COMMITTEE*
Nancy Crider, Houston, Co-Chair; Viola Hebert, Tomball; Susan McBride, Fort Worth; Molly McNamara, Kingwood; Mary Beth Mitchell, Dallas; Elizabeth Sjoberg, Austin; Mari Tietze, Irving, Co-Chair
* This is a TNA/TONE Joint Committee

Charges:
• Complete the Information System Evaluation Tool study.
• Assure that any publications regarding work of the committee or research studies recognize TNA/Texas Organization of Nurse Executives (TONE) sponsorship.
• Complete Health Information Technology (HIT) Toolkit for direct care nurses.
• Determine if there is a policy outcome for the committee.

PRACTICE COMMITTEE
Dana Bjarnason, Galveston, Chair; Juliana Brixey, Houston; Stephanie Huckaby, Red Oak; Cynthia Keese, Sinton; Judith (Ski) Lower, Water Valley; Bronia Michelenko, Galveston

Charges:
• Monitor Care Coordination, Staffing, Fatigue.
• Address bullying in multiple practice settings.
• Develop nurse advocacy resources and program for Texas nurses.
• Monitor implementation of Affordable Care Act and make recommendations for Texas nurse involvement.
• Identify and describe nursing roles within accountable care organizations.
• Provide input to staff in order to support development of appropriate communication(s) to nurses to differentiate TNA from the Texas Board of Nursing.

HELP IDENTIFY A GOOD SAMARITAN NURSE!!!
Please help us identify the Good Samaritan Nurse who offered to help in a choking incident involving Security officers and a 17-year-old Hispanic male in the parking lot/side-walk area at North Star Mall in San Antonio on Saturday afternoon, March 6, 2010.

This Good Samaritan Nurse offered assistance, which was rebuffed by the security officers. Young man was left with severe brain injury as a result. Asking this Good Samaritan Nurse to again step forward and help us by identifying herself, and telling us what she saw and observed that day. Security videos taken by security officers have been deleted. Please help.

Call 210-710-5677 and talk to or leave a message and your telephone number for Larry at The Law Offices of Larry A. Bruner, P.C. if you know anything about this matter.
The quality of health care and patient safety in the United States has become a national concern in recent years, motivated by the release of a number of new reports in Congress and elsewhere. The first report (IOM, 2000) noted that medical errors have become a national public health problem. The same report suggested that substantive improvements in information technology are necessary to support clinical and administrative decision-making about healthcare systems (IOM, 2000). A theme common to all the IOM reports is that broad safety and quality improvements require the development of innovative, electronic health information systems – and that nurses have a key role to play in this effort.

Health care organizations in Texas are in the process of adopting and integrating information systems to meet the requirements of the Office of the National Coordinator toward achieving meaningful use of electronic health records and health information exchanges. The evaluation of the benefits that accrue from the adoption of health information technology is limited. Within Texas, there has been little effort to systematically evaluate the experience of those who use clinical information technology and how they use the technology (Greenhalgh, Potts, Wong, et al., 2009).

A First for Texas

In a multi-organization project, the Texas Nurses Association (TNA) and Texas Organization of Nurse Executives (TONE) will use the Information Systems Evaluation Tool (ISET)©, 2nd Edition (Smith et al., 2012), a 45-item survey designed to measure the participants' satisfaction with their clinical information system (CIS). Although several studies have been conducted of user experiences with their electronic health record (EHR) system, also known as clinical information systems, this is the first survey data collection effort conducted statewide in Texas.

Staff nurses, who are end users of an electronic health record (EHR) system, will be invited to participate, and the results will be presented in the aggregate form. Results will also be used for national benchmarking purposes and to inform workforce development from an evidence-based approach.

Participants

The ISET survey tool was developed by CMH designed to measure the user's satisfaction with a clinical information system (CIS) and includes a brief demographic survey of the participant and of the participating hospital. Respondents to the survey will be practicing nurses, including registered nurses (RNs), advanced practice registered nurses (APRNs), licensed vocational nurses (LVNs), and nursing support staff, such as nurse technicians at participating facilities who respond to this online ISET survey as part of the TNA/TONE CIS Survey Project. Participating facilities will be Texas acute care facilities and their associated acute care, ambulatory/episodic care, and long-term care (LTC) units that elect to participate in the TNA/TONE

TONC CIS Survey Project. The TNA/TONE CIS Survey Project is a joint project that measures Texas nurses’ satisfaction with the CIS at their facility. The confidentiality of participants will be maintained through use of CMH’s electronic survey administration system, which utilizes a popular online survey tool and secures protocol that works through a cryptographic system to protect data.

The role of information technology in improving safety and quality is complex and dependent on the systems and processes in which it is embedded. Furthermore, health information systems implementation is confounded by human factors and barriers, which can impede user acceptance and use (Sengstack & Gugerty, 2004; Saathoff, 2005).

Influences on Technology Adoption

Two theoretical models for information systems implementation success were reviewed during the creation of the ISET. The DeLone and McLean Model of Information Systems Success, a widely used model, which has guided a number of information systems evaluation studies, was first presented in 1992 (DeLone & McLean, 1992) and later updated (DeLone & McLean, 2003). Three dimensions are identified as important to systems success: System quality, information quality, and service quality. These dimensions may be measured by user satisfaction, intention to use, use, and measurable net benefits.

The Innovation Diffusion Theory (Rogers, 1995) identifies constructs about technology that influence its adoption as well as aspects of adopters and the adoption process. In addition to the technology constructs, the Innovation Diffusion Theory looks at organizational factors that influence technology adoption. Relative advantage, compatibility, complexity, trial-ability, benefits realization, adaptability, risk, task performance improvement, and knowledge required for use are attributes of technological innovations that impact adoption. Tolerance of ambiguity, intellectual ability, motivation, values, learning style, and organizational/social position are characteristics of individual adopters who influence adoption. These aspects of technology adoption are commonly part of the data gathering process of user experiences in surveys such as the ISET survey.

Critical Input from End Users

The meaningful implementation of any CIS is conditioned by human and system factors, which can impede user acceptance. If end users believe that the technology is easy to use and is useful in supplying the information they need for decision-making purposes, adoption has a higher likelihood of success. If end users perceive that there is no relative benefit of the new system compared to what had been available to them in the past, it is reasonable to assume that adoption will be resisted. (Classen & Bates, 2010).

The ISET was developed with sufficient granularity to ascertain end-user perceptions of specific aspects of system functionality, usability, and usefulness. Survey results can be used to guide system improvements in the CIS and to help inform a strategy to better prepare Texas nurses for the rapid deployment of technology.

References


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Participating facilities will be Texas acute care facilities and their associated acute care, ambulatory/episodic care, and long-term care (LTC) units that elect to participate in the TNA/TONE

Research Purpose and Questions

As previously noted, the purpose of this study is to identify key issues relating to the nurse’s experience using clinical information systems (electronic health records). Specifically, the study aims to answer the following research questions:

• What are key issues with the current deployment of the electronic health record in the practice setting?

• What is the relationship between health setting characteristics and the nurses’ perceptions of their CIS?

• What is the relationship between the nurses’ characteristics and the nurses’ perceptions of their CIS?

• What are the related core HIT competencies that should be covered in nursing education?

The goal is to launch the survey on a limited basis this fall and then conduct the full survey every two years to measure progress. Results will be available through TNA and TONE.★

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TNA’s 2013 Collaborative Efforts Thrive

by Laura Lerma, MSN, RN

This spring and summer were busy for the Texas Nurses Association (TNA) and several of the coalitions and collaboratives, of which TNA is privileged to be a part.

Healthy Texas Babies (HTB) Initiative

The Expert Panel of the Texas Department of State Health Services (DSHS) Division of Family and Community Health Services’ Healthy Texas Babies Initiative met on March 22. The Expert Panel includes community members, clinicians, insurance companies, health systems, family advocacy groups, faith community members and others. They meet every six months and provide input for program planning during the interim. The purpose of the March meeting was to roll out a proposed plan, developed by the Initiative’s Steering Committee, to transition the DSHS initiative into a statewide collaborative.

The Texas initiative is different from other initiatives throughout the country. The focus of this multidisciplinary initiative is on healthy moms having healthy pregnancies and delivering healthy babies at the right time at the right hospital for the right cost. According to David L. Lakey, MD, Commissioner of Health, Department of State Health Services, Texas has experienced a decrease in the number of medically indicated inductions along with a decline in the number non-medically indicated inductions prior to 39-weeks gestation and that will implement a plan to develop facility neonatal levels of care. Both the Community Health and Clinical Workgroups reinforced that none of their proposed projects can exist in vacuum. The Workgroups continue to support activities that will reduce or eliminate elective non-medically indicated inductions prior to 39-weeks gestation and will implement a plan to develop facility neonatal levels of care. Both the Community Health and Clinical Workgroups reinforced that none of their proposed projects can exist in vacuum. The community must work with its local healthcare providers and visa versa. Both must elicit support from the government and third-party payers.

There was lively discussion and many questions from the Expert Panel. Their questions and the subsequent recommendations will be taken back to the steering committee, where they will be analyzed and the transition plan and time line will be finalized.

Primary Health Care Expansion Regional Stakeholder Meeting

TNA was invited to attend the first Primary Health Care Expansion regional stakeholder meeting in Austin on April 30. The purpose of this new meeting was to share information about the program and solicit feedback from interested stakeholders.

The Primary Health Care (PHC) Services Act was enacted by the Texas legislature in 1985. The current, traditional PCH program provides services to Texas residents at or below the 150% of the federal poverty level (FPL). The program provides services to men, women, and children. The Primary Health Care Expansion program will receive a significant increase in funding for the expansion of preventive and primary care services to women age 18 years and above.

The PHC expansion differs from the current PHC program. It will receive increased funding, which should lead to an increase in the number of patient seen. It will also receive an increased number of contractors providing services, which will allow for better coverage and increased access. The income eligibility goes from 150% to 200% FPL. Services will include family planning, breast and cervical cancer screening, and prenatal care.

The Department of State Health Services accepted requests for proposals (RFPs) this summer from contractors, who must:

• provide comprehensive care;
• be an eligible Texas Women’s Health Program provider;
• be a Medicaid provider;
• provide family planning services;
• provide a wide range of FDA-approved contraceptives;
• have a Class D pharmacy; and
• classify pregnancy as an emergency medical service.

The meeting on April 30 was the first of eight regional meetings to be held throughout the state. Representatives of the program will gather to discuss the thoughts, ideas, questions, and comments related to the PHC expansion in an effort to fine tune the program and develop rules. More to come!

Test Texas HIV Coalition

The Test Texas HIV Coalition represents stakeholders who promote routine HIV testing as an opportunity for early diagnosis and treatment. Their goal is to enable people with HIV to live longer while preventing the spread. The purpose of the 2013 Coalition meeting was to enhance the knowledge of those engaged in the implementation of routine, sustainable, and integrated HIV testing as a standard of care in health care settings. Presentations included an update on the current Texas statistics related to HIV; best practices related to the use of
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TNA’s 2013 Collaborative Efforts continued from page 12

electronic health records, staff development, and linking to care; and the new HIV testing algorithms.

It is estimated that 70,000 people in Texas are known to have HIV. An additional 17,000 people are living with HIV but are unaware of their status. This means that one in every 374 Texans living in the United States is known to have HIV. The number of people known to have HIV increased by 34% from 2005 to 2011. Advances in medical care enable Texans with HIV to live longer, healthier lives. While longer survival will bring with it greater costs and other potential challenges, the good news is that the death rate among people with HIV is decreasing dramatically.

Early diagnosis leads to earlier, more effective treatments—and more chances to prevent further spread of HIV. Routine HIV testing can save lives and help curb the epidemic. In 2006, the Centers for Disease Control and Prevention (CDC) recommended that HIV testing be a routine part of medical care for all persons 13 to 64 years of age. By 2001, nearly 40% of Texans over the age of 18 had been tested at least once for HIV in their lifetime. People who know their HIV status early and are on treatment are less likely to transmit the infection to others and are more likely to live long, productive lives.

Late testing results in missed opportunities to prevent the new infections. Late testing also increases the cost of care while leading to poor health outcomes and earlier deaths. It is important for everyone to know his or her status, to receive medical care if infected, and to talk openly about HIV without fear or shame. Prevention is treatment; treatment is prevention.

In April 2013, the United State Preventive Service Task Force issued an A rating for routine HIV screening of patients age 15-65. “The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened (A recommendation).” There are excellent examples—from Washington, DC to Texas—of clinicians implementing creative ways to get people tested. Some clinicians focus on changing the cultures of the organizations by getting buy-in through the use of champions and education. Others adjust their electronic health record systems to both remind healthcare providers and monitor compliance. Some organizations focus on staff development and training needs that include weekly meetings and rounding. And, once patients are tested, getting them linked to care requires a 360-degree dedicated effort.

Due to advances in lab technologies, the CDC has revised its HIV testing algorithm. The new algorithm takes into account the 4th gene mutation HIV 1/2 immunoassay, which is able to detect HIV-1 and HIV-2 antibodies and the p24 antigen, which leads to earlier diagnosis and treatment. More information about the algorithm can be found on the CDC and DSHS websites.

Resources available: https://tx.train.org

Implementing Routine HIV Testing in Texas (Course #103254)

Texas Health Steps
The Texas Health Steps Advisory Panel met on May 20. Topics of discussion were wide ranging:

- A concern was raised related to 17-hydroxyprogesterone, which is used to reduce the risk of premature birth in women prior to 37 weeks gestation in women who have a history of at least one previous premature birth. For years, 17-hydroxyprogesterone has been compounded by pharmacies at a cost of approximately $15.00 per dose because it was not available by brand in the United States. Now it is being manufactured at a cost of $1,500.00 per dose, making the cost of treatment very high. The FDA is allowing continued use of the compounded product at this time.

- There have been two recent Texas Health Steps policy changes:
  - Autism screening using the M-CHAT at 24 months, which is a checkup requirement and is reimbursable;
  - Lowering the blood lead level that is considered elevated and requiring follow up from 10 mcg/dL to 5 mcg/dL.

- The autism screening policy change lead to a discussion about the statewide concern regarding a lack of available specialists to whom positive-tested children can be referred.

- The Texas Health Steps provider website contains links to forms related to lead reporting and investigation as well as to patient information related to the change in the blood lead level standard.

- The statewide shortage of TB skin test antigens was discussed. Fifty-dose vials of Tubersol are not available.

- With the increased national attention on mental health, the advisory panel discussed the need to ensure that mental health screening in adolescents is being performed. They also discussed possibly having the separate reimbursement for use of a specific tool, similar to developmental screening. It was recommended that a pilot be done before implementing the program statewide that will help to determine the need, what age to test, and what tool to use.

- A process is being developed that will allow clients to consent to the sharing of sensitive data that will be accessed through the “Your Texas Benefits” card. The client provides consent for all data rather than being able to pick and choose.

- Texas Health Steps is tracking legislation that includes psychotropic medication prescribed for children in foster care and the use of cranial molding orthoses.

Alzheimer’s Disease Partnership
State Plan Update
On August 28, TNA attended the summer 2013 meeting of the Texas Alzheimer’s Disease Partnership. The purpose of the partnership is to bring the best minds together to implement the state plan that was developed three years ago. In order to implement the state plan, three goal groups were organized—the Disease Management Goal Group, the Prevention and Brain Health Goal Group, and the Caregiving and Support Goal Group. The meeting provided an opportunity for each goal group to report on their successes and challenges.

The Disease Management Goal Group developed the pocket guide Clinical Best Practices for Early Detection, Diagnosis, and Treatment of Persons With Alzheimer’s Disease. Designed for primary healthcare professionals, the 30-page guide contains the most current clinical guidelines in an effort to promote best practices for recognizing, diagnosing, and treating individuals with Alzheimer’s disease or related dementias.

The goal of the Disease Management Goal Group is to improve the health and quality of life of people living with Alzheimer’s and other dementias through the delivery of quality care. They have also emphasized the importance of education and awareness of early detection and treatment. This group focuses on developing tools and resources for healthcare providers, caregivers, and families. The group submitted a grant to the Alzheimer’s Association’s outreach to name a few. The group also wants to focus on working more closely with caregivers and on patient safety issues.

The goal of the Prevention and Brain Health Goal Group is to improve the cognitive health of Texans across the life span—beginning in childhood and across the age continuum.

The recent goal of this group was to develop a coordinated approach to the development and dissemination of evidence-based, quality-of-care programs related to prevention and brain health. To that end, the group developed two white papers that provide a big picture of brain health fitness. Both papers are now awaiting peer review.

Moving forward, the group will be combining these two white sheets into one with a focus on brain health and dementia risk reduction and investigating multiple means of dissemination to both lay people and health professionals. They also want to review the CDC’s Healthy Brain Initiative (http://www.cdc.gov/aging/healthybrain/) to see how their work supports the work on Alzheimer’s.

The goal of the Caregiving Goal Group is to help caregivers experience enhanced levels of support through improved access to Alzheimer’s and dementia care information and services. To accomplish this goal, the group has compiled a resource list that they will distribute through traditional partners. They have reached out to nontraditional partners. They developed a consumer guide to residential care called Understanding Residential Care Options for People With Alzheimer’s. They submitted comment to the Texas Department of Aging and Disability Services related to mandatory, annual training in Alzheimer’s disease and related dementias for all certified nursing assistants. They have also promoted several evidence-based programs that focus on identification, assessment, and support of caregivers.

In the future, the group would like to work more closely with nontraditional partners, continue to build evidence that demonstrates the effectiveness of caregiver programs, and establish a statewide outreach program with speakers. There was much to celebrate but also an understanding that there is still a lot to be done to address the needs of Texans with Alzheimer’s disease and other related dementias and their caregivers.

We will continue to provide updates on our partnering efforts with each of our coalitions and collaboratives. TNA is honored to be involved with these worthwhile organizations that focus on the health of all Texans.
In late August, TNA staff had the opportunity to participate in the Texas State Innovation Models Initiative Conference, held in Austin, Texas. The conference provided an overview of the program, draft model design options, and stakeholder feedback (https://www.hhsc.state.tx.us/hhsc_projects/innovation/sim.shtml).

Background

In April of 2013 the Texas Health and Human Services Commission received a State Innovation Models (SIM) design grant from the Centers for Medicare and Medicaid Services (CMS). This opportunity was available for up to 30 states to design or test innovative multi-payer delivery and payment models, including but not limited to Accountable Care Organizations (ACOs), medical or health homes, improvement to the public health infrastructure – all while achieving the Triple Aim. The Triple Aim is a framework developed by the Institute for Healthcare Improvement to optimize health system performance by improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care.

As a result, the goal of the Texas Model Design project is to bring together key stakeholders to reach consensus on the gaps in technical knowledge and identify the resources needed to secure health care services that are based on quality rather than quantity. The Texas Model intends to provide a framework for aligning state resources, inclusive of public health programs, improved access to care, social program as well as educational and community-based programs. The Texas Model will be Texas-specific and include several opportunities for participation that represent local innovation, regional collaboration, and meet the diverse community needs of our Texas citizens. The finalized model will be submitted to CMS in December 2013.

SIM Foundation

Within the model components, three pillars of innovation support the SIM design grant. Those three pillars are: 1) transforming the delivery of care; 2) transitioning to quality-based payments; and 3) building the capacity for continuous improvement and innovation. The SIM Foundation derives knowledge from leveraging current innovation, both federally sponsored and state initiated. Foundational supports at the federal level are drawn from previous exemplars, such as shared savings through ACO structuring, Medicare Incentives, and Health Care Innovation Awards. At the state level, foundational exemplars can be drawn from the 1115 Medicaid Transformation Waiver, Medicaid Managed Care Quality Strategies, and the Portal for Comprehensive Health Data in Texas, to name a few.

SIM Health Outcome Priorities

In order to measure the success of innovation modeling, the Texas Model proposes four outcome measures that could be correlated to innovation improvements. The outcome measures are currently associated with excessive spending and resource waste, representing opportunities for improvement. The proposed outcome priorities focus on: 1) Potentially Preventable Admissions (PPA); 2) Potentially Preventable Readmissions (PPRs); 3) Potentially Preventable ER Visits (PPVs); and 4) Newborn Outcomes.

Conclusion

The SIM project represents innovative proposals to redesign the health care delivery system to align with the Triple Aim, providing improved access and quality at a lower cost.
“Sneaky” Faculty Bolster Oncology Content in Undergraduate Nursing Curricula

By Joni Watson, MBA, MSN, RN, OCN

Over 1.6 million Americans will hear “you have cancer” for the first time in 2013. While cancer is the second leading cause of death in the U.S., advances in research and treatment improve survival rates, and more than 13 million cancer survivors are alive today (American Cancer Society, 2013). Nurses in all fields of practice must step up to the challenge of providing quality oncology care across the continuum.

A 2012 survey conducted by the Nurse Oncology Education Program (NOEP) revealed that almost 59 percent of participating nurses cared for cancer patients on a regular basis. Considering nurses take care of varied populations at risk of cancer—those currently living with cancer or those who have survived the disease—nurses in all fields of practice should have a strong knowledge of cancer prevention, detection, treatment, and survivorship.

Undergraduate nursing curricula is packed with content that new nurses need to pass the National Council Licensure Examination for Registered Nurses, or NCLEX-RN, to enter into the profession. Few of Texas’ 214 nursing vocational – have stand-alone oncology courses. (Texas Board of Nursing, 2013a, b). Most nursing education programs weave oncology content throughout current courses where appropriate.

So how can undergraduate nursing faculty increase the amount of oncology content with an already packed syllabus? Sneak it in.

For nearly 30 years, NOEP has developed and presented a Faculty Training Program and provided faculty-specific oncology resources. Consequently Texas nursing faculties have:

• developed new oncology simulation cases;
• assessed current nursing program curricula to define cancer content gaps and opportunities for new lectures;
• partnered with cancer survivors—either in person, via videos, or by way of written words and blogs, such as Voices of Survivors (voicesofsurvivors.org)—to share their stories as additional learning strategies;
• collaborated with nontraditional clinical partners such as local cancer advocacy organizations and local professional oncology nursing chapters to add diversity to current clinical opportunities.

Now, NOEP has introduced a no-cost, four-part package designed to help faculty and educators incorporate oncology content into nursing curricula. Enhancing Your Curriculum: Preparing Tomorrow’s Nurses in Cancer Prevention includes short presentations, appropriate for students on preventing lung, colorectal, breast, and cervical cancers as well as critical thinking questions and additional resources. The programs, accredited for continuing nursing education (CNE), are made possible by the Cancer Prevention and Research Institute of Texas.

The oncology knowledge and evidence base is constantly evolving. While increasing oncology content in already full undergraduate nursing education programs can be daunting, faculty all across Texas are fitting it in wherever they can, setting up nursing students and the millions of patients they’ll collectively serve for successful, evidence-based oncology care.

Visit noep.org to check out the curriculum package and earn CNE. Next, enhance your curriculum to reflect the evidence! ★

References:

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The Texas Hospital Safe Staffing Law contains useful information on how to best question a patient assignment and advocate for patient— and nurse— safety. Included is simple, direct guidance on when and how to request Safe Harbor— Texas’ formal mechanism for resolving patient safety concerns when a nurse fears duty to patient is at risk.

Fatigue is a Workplace Hazard will inform nurses about the risk of fatigue, a factor that can impair a nurse’s ability to practice competently and safely. Methods for preventing and mitigating fatigue are included.

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The Annotated Guide is a to-the-point reference that can facilitate a better understanding of the laws and regulation governing the nursing practice.

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TNA Invited to Town Meeting with HHS Secretary Sebelius

The Texas Nurses Association (TNA) was one of several healthcare and community advocacy groups invited to attend a “town meeting” with U.S. Secretary of Health and Human Services, Kathleen Sebelius, hosted by the Texas Hospital Association. Secretary Sebelius stopped in Austin on August 6, as part of a cross-country trip to discuss the implementation of the Affordable Care Act (ACA) with various groups. She made similar visits to San Antonio and Dallas.

The purpose of this meeting was to open a dialogue among interested and attending parties related to how to reduce Texas’ uninsured population. According to federal statistics, 4,888,642 or 23 percent of Texans are uninsured yet eligible for coverage under the auspices of the ACA (www.hhs.gov/healthcare/index.html).

A robust discussion ensued among the attendees regarding the challenges facing Texas as the state with the largest number of uninsured citizens. Solutions will require partnerships at all levels and innovative thinking about whether or not Texas opts into the ACA plan and funding.

Whether Texas opts into the ACA funding or not, open enrollment in the Healthcare Insurance Marketplace will begin nationwide on October 1, 2013 and run through March, 2014, with coverage starting as soon as January 1, 2014.
What kind of knowledge do nurses need to lead? Every nurse is expected to be a collaborative partner—a full contributor—with other health care professionals in redesigning a future health care system that is accessible, affordable, and truly patient centered. In today’s transforming health care environment, every nurse has a leadership role.

At Texas Nurses Association, we understand that taking on leadership roles requires you to use time productively and energy efficiently. With your busy fall schedule in mind, TNA is changing the format of its Annual Nursing Leadership Conference this year—and bringing the conference to you. Register for any one of four September, October, or November dates. This year, you get to choose the day and location that best suits you.

Whether you’re a seasoned practitioner or new to practice, the COO of a huge hospital system, a mid-sized city hospital, or a mid-manager of a rural facility, Forces and Factors, Issues and Influencers: Knowledge Nurses Need to Lead provides up-to-date knowledge about new legislation, Nursing Practice Act amendments, and new regulations that will affect practice. It’s knowledge every nurse needs to lead.

The focus of this one-day CNE activity is on the latest outcomes of the 83rd Texas Legislature that will impact nursing and daily nursing practice. Other topics include a review of nursing demographics and trends in Texas, insights into the issues and influencers of care delivery, and the importance of advocacy at all levels of nursing. This activity is critically important for every nurse practicing in today’s Texas healthcare environment. That’s why we’ve built so much flexibility and choice into the conference locations and dates for you.

October, November, December 2013

Forces and Factors, Issues and Influencers: Knowledge Nurses Need to Lead awards 6.0 contact hours to attendees who successfully complete the activity. For more information about this one-day, continuing nursing education activity, go to the TNA website texasnurses.org/events.

TOPICS & GUEST SPEAKERS

NURSING BY THE NUMBERS: DEMOGRAPHICS AND TRENDS
Stacey Cropsey, DNP, RN
Texas Nurses Association
Director of Practice

Passionate about excellence in nursing practices, Dr. Cropsey presents current nursing workforce data and trends, emphasizing collaboration with colleagues to address nursing barriers, projected to affect the profession of nursing across the state of Texas in the year to come.

83RD LEGISLATIVE SESSION: IMPACT ON NURSES, NURSING, AND WHAT’S NEXT?
Ellarene Duis Sanders, PhD, RN, NFA-BC
Texas Nurses Association, Interim Executive Director

It was a great year for nursing in the legislative process! Find out how changes will affect you, your practice, the nursing profession and what is on the horizon leading up to 2015.

BOARD OF NURSING UPDATE: FOLLOW-UP TO THE 83RD LEGISLATIVE SESSION
Katherine Thomas, MN, RN, FAAN
Executive Director, Texas Board of Nursing
Kristin Benton, MN, RN,
Director of Nursing,
Texas Board of Nursing

Learn how legislative changes affect licensure and the regulation of nursing practice.

83RD LEGISLATIVE SESSION: WHERE DO WE GO FROM HERE?
Elizabeth Sjoberg, JD, RN
Associate General Counsel, Texas Hospital Association

Identify the impact of legislative changes on hospitals and related entities.

ADVOCACY: A NURSING LEADERSHIP IMPERATIVE
Lolly Lockhart, PhD, RN
Healthcare Consultant

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BOARD OF NURSING FACTUAL ANALYSIS

- More than 16,700 complaints were filed against nurses with the Texas Board of Nursing (BON) in 2012.
- The number of complaints has increased 317% since 2005.
- However, the number of nurses only increased 27%.
- One out of every five nurses will have a licensing issue at some point in their professional career.
- More than 90% of nurses who are called before the BON do not have legal representation.

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