



**Book of Reports
Addendum
2010 - 2011**

Oregon Council of Clinical Nurse Specialists (OCCNS)

Officers: Mary Waldo, PhD, RN, G-CNS-BC, CPHQ; Ann Busch, MS, RN, CWOCN, ACNS-BC-PP, FAAN; Sherri Atherton, MS, RN, CNS-BC, CIC; ONA staff: Sue Davidson, PhD, RN, CNS

Activities

- A. Regulatory: In spring 2010, the OSBN proposed changes in requirements related to the continuing education contact hours of CNSs. The Board's proposal would have narrowed the CE options and could have forced CNSs to seek CE that might not have been relevant to their practice. Across summer and early fall, OCCNS worked collaboratively with the Board to simplify the proposed rules but still maintain appropriate standards for CE that are part of the recognition of CNSs in Oregon. Suggested language was adopted in November, 2010 and in addition, the OCCNS provided the OSBN with a list of many specialty organizations relevant to CNS CE. At the June meeting, Chairperson Mary Waldo made a presentation regarding CNS practice to the entire OSBN board and staff.
- B. The annual OCCNS Executive Group retreat was held in October, 2010.
- C. Health care reform: OCCNS Executive Group member, Ann Busch made presentations to the Oregon House and Senate Legislative Health Care Committees describing the role of the CNS in health care reform. A similar presentation on the same topic was made by Ann Busch and Sherri Atherton to the Oregon Nursing Leadership Collaborative in November 2010.
- D. Three general meetings of the OCCNS have been held in December 2010; January and March 2011. These meetings used videoconferencing to connect with CNSs in the Medford area, telephone conferencing and in person attendance for as many as 20-25 CNSs across the state.
- E. Kudos and other updates:
 - Ann Busch, member of the OCCNS Executive group, has become a Fellow of the American Academy of Nursing, and was also awarded the Under Secretary for Health's Award for Excellence in Transplant Care Practice.
 - Stephen Patten, CNS in Perioperative Services at Portland VAMC, has become the President of National Association of Clinical Nurse Specialists.
 - Several years ago, the only CNS program in Oregon at OHSU was closed. However, recently, OHSU has announced the re-opening of the CNS program with a focus on the Adult/Gerontology CNS. OCCNS hopes to partner with OHSU SON to assist with recruitment and potentially, provide clinical preceptorship opportunities for students in the program.
 - Membership campaign: There are 188 CNSs recognized in the state of Oregon; of this number, 19 (10%) have obtained prescriptive privilege. Currently, 25 CNSs in Oregon (13% of all CNSs in the state) are members of ONA and the national organization. These data are the setting for membership projects in the coming year. Five CNSs have joined ONA under the membership campaign.

Goals for 2011-2012

- Provide continuing education to CNSs through meetings and a workshop;
- Develop and implement a research project related to outcomes of CNS practice;
- Recruit three new OCCNS board members;
- Continue to recruit new members for ONA/OCCNS;
- Develop an agenda and plan for sharing the findings of the Report on the Future of Nursing (IOM/RWJ).

Cabinet on Education

Members: Beverly Epeneter, RN, PhD, Chair; Faculty, Linfield Good Samaritan School of Nursing; Kay Carnegie, Director, RN, MS, Chemeketa Community College Health Professions Program; Melissa Sanchez, RN, MS, FNP, Nurse Practitioner in Private Practice- Salem; Janet Killen, RN, RT, BSN, Lane Community College, Patricia Bellamy, RN, BS, CCRN, Providence St. Vincent Medical Center, ICU (Retired), Florence Hardesty, PhD, RN; Member Emeritus. ONA staff: Susan Hendershot Link, PhD, RN, CNS

Activities

The Cabinet on Education met approximately every month during the April, 2010 – April 2011 time period. There are currently three open elected positions on the Cabinet.

Accomplishments 2010 – 2011

1. Nursing Specialty Certification. Cabinet drafted the 2011 ONA Action Report: *Strategies to Encourage Professional Specialty Certification among Licensed Oregon Nursing Professionals*. Cabinet on Education Chair, Beverly Epeneter will co-present this action report with the chair of the Cabinet on Economic and General Welfare during the 2011 ONA House of Delegates. Cabinet examined peer-reviewed professional literature evidence in support of nurse certification as an accepted method for nurses to demonstrate a nationally accepted standard of professional competence and skill.
2. Recruit and Support Nurse Educators. Cabinet members provided active support for state and federal legislative efforts to increase the incentives and reduce the barriers to nurses who want to become nurse educators. In May/June, 2010, Kay Carnegie gave testimony in the Legislature on loan forgiveness approaches.

Goals 2010-2011

1. Support the implementation IOM Report in Oregon. "The Future of Nursing: Leading Change and Advancing Health," outlines a blueprint for professional nursing in the future. Cabinet will work to develop strategies to implement nursing education recommendations by:
 - a. Reviewing the issue of residency programs for new nursing graduates in Oregon.
 - b. Developing strategies to address the issue of new nursing graduates' difficulty in finding initial positions in nursing. Although the economic downturn has been implicated, another unintended consequence is that new graduates of nursing programs who cannot find work may leave nursing or experience decline in their skills if unused for a period of time.
 - c. Continue to identify and recruit nursing faculty in Oregon to membership in ONA.

Cabinet on Human Rights and Ethics

Members: Donna Routh, RN, MSN; Sally Miller, RN; Krystal McCay, RN; Jennifer May, RN; Arliss Roman, RN, Retired (Emeritus)

Cabinet on Nursing Practice and Research

Members: Margaret Brown, RN; Allison Hyder, RN (until 3/2011); Linda Mill, RN, ADN; Charlesetta Nichols, RN; Toni Young, RN; Marilyn Neville, RN, Retired (Emeritus); ONA staff: Sue Davidson, PhD, RN, CNS; Susan Hendershot Link, PhD, RN, CNS; Lynda Enos, RN, MS, COHN-S, CPE

Activities

These Cabinets have had three face-to-face and two conference call meetings during 2010 – 2011. The Cabinets meet separately and together during the face-to-face meetings because

they are focusing on intersecting and overlapping issues. ONA staff has served as facilitators to the meetings.

The primary focus for each Cabinet has been:

Cabinet on Nursing Practice, Education and Research

1. Monitoring developments in the state related to nurse staffing ONA statewide forums on nurse staffing, ANA/ONA project on Nurse Staffing with consultant Jean Seago, receiving updates on the ONA Advocacy forums related to nurse staffing summer, fall of 2010, reports on the Oregon Nurse Staffing Collaborative, nominating potential direct care RN members to serve on the group, receiving reports related to Staffing Documentation and Report Forms.
2. Receiving status reports and alerts re: trends in practice and Safe Patient Handling issues from ONA staff and from ONA's 40 Professional Nurse Care Committees.
3. Practice issue identification and work plan related to input from Nursing Practice Consultants.
4. Develop competency in the conduct of meetings, participation in ONA House of Delegates.

Cabinet on Human Rights

1. Evaluating the literature related to nurses' involvement in obtaining Informed Consent.
2. Written response to American Nurse Association review of a policy paper related to End of Life and Palliative Care.
3. Refinement and consensus from other Cabinets regarding revision of the 2010 Action Report on Nurse to Nurse Bullying.

Both Cabinets

1. After review of the literature, developing an action report for the 2011 House of Delegates on the contribution of nurses to Just Culture.
2. Interacting with three guests: a) Beverly Shield, Just Culture; and b) Lizzie Cunningham, Project Lead, Releasing Time to Care in Oregon; and Jean Seago, PhD, RN, FAAN (ANA/ONA project to review Oregon's Nurse Staffing Law)

Goals 2011- 2012

1. Continue support the state-wide focus of nurses on nurse staffing.
2. Complete the project related to nurses' involvement in Informed Consent.
3. Continue leadership development in members of both Cabinets.
4. Receive reports on status of ONA staff-led projects such as Safe Patient Handling and nurse to nurse bullying, and nurse staffing.
5. Develop a plan that prepares nurses to practice in a reformed health care system.