Countdown to the 84th Legislative Session: Texas Nursing Agenda

The 2015 legislative session will see a number of nursing initiatives in the areas of nursing workplace, nursing education, school nursing, and advanced practice nursing.

Workplace

TNA's Governmental Affairs Committee is evaluating two initiatives which promote a safe, quality work environment for nurses. One is reducing violence against nurses in areas of the hospital (non-psychiatric hospitals) outside of the emergency department, similar to the legislation passed in 2013 providing for enhanced criminal penalties for assault against emergency department personnel. The legislation may also address required de-escalation training for hospital nurses. A second is to address concerns that have been raised about nurses and other health care providers having adequate preparation in treating patients with infectious disease and adequate access to training in use of the most appropriate personal protection equipment.

Why? Nurses deserve a workplace which promotes their delivery of quality nursing care and provides a safe place in which to practice.

Nursing Education / Shortage

The goal is to maintain the Nursing Shortage Reduction Fund at the same level received in 2013 ($33.75 million). In 2009-2013, the Texas Nursing Workforce Shortage Coalition (made up of over 100 member organizations including nursing, education and hospital members as well as business groups) was successful in educating legislators on the continued need for funding. The Coalition will be working again in 2015 to maintain the same level of special funding for nursing education.

Why? A shortage still exists in nursing. Despite an apparent recent reduction in its severity due to the economic recession, increasing the number of nurses in Texas will remain a critical issue. As the economy recovers, nurses, who delayed retirement or chose to remain working full-time, will in fact retire and/or go to part-time. Adding to the demand will be the aging of the Texas population. Failure to continue funding nursing education could undo all of the gains that have been made over the past decade.

School Nurses

Legislation has again been filed to require school districts to notify parents if a school nurse is not assigned to their child’s campus. In 2013, this legislation was initiated by the Texas-American Federation of Teachers and actively supported by nursing.

Why? Notifying parents there is no school nurse at their child’s school permits them to make arrangements (such as leaving work on short notice) if their children have special health care needs or experience temporary acute illnesses while at school.

Advanced Practice

The Coalition for Nurses in Advanced Practice, Texas Nurse Practitioners and the Texas Nurses Association will have initiatives addressing APRN practice and reimbursement. These include permitting an APRN to be in a managed care organization network without the APRN’s delegating physician being required to be in that network, extending delegation of the prescribing of Schedule II controlled substances to patients with mental illness and in palliative care, and permitting APRNs to sign documents attesting to their patients’ health condition (e.g., jury exemptions, need for utilities not to be cut off, and the like). Nursing will also actively support an initiative of the Texas Association of Business to secure funding to increase the number of primary care APRNs.

Why? APRNs need assurance that they can fully participate in the reimbursement plans to which their patients belong. It is the APRN who is often the most familiar with the patient’s condition and treatment, but in many cases only a physician can sign documents related to the patient’s condition, e.g., jury exemption or turning off utilities. For patients with mental health conditions and patients needing palliative care, Schedule II controlled substances are the most appropriate medication, and APRNs caring for these patients need to be able to prescribe them. Finally, Texas
Texas Nurses Association
Districts and Presidents

 Presidents of the 28 state-wide 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.

Dist. 1: Lawrence Giron
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lfdanes@elp.nnn.com

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Dist. 3: Shakyrin Napier
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Dist. 23: Vacant

Dist. 24: Vacant

Dist. 25: Vacant

Dist. 26: Vacant

Dist. 27: Vacant

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Dist. 29: Vacant

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For more information or to view our current job opportunities, please visit www.texasnurses.org/Districts/08/
My Voice Was Heard: Attending Nurse Day at the Capitol

by El Burley, BSN, RN

In February 2013, during the 83rd Legislative Session, I became an active participant in the profession of nursing. I was given an opportunity to affect change in my profession by engaging with Texas legislators and their staff at Nurse Day at the Capitol while in my final semester of nursing school at Texas State University. Although it may be surprising to think that one nurse can affect change, I was encouraged to know that there are approximately 2.8 million nurses in the United States (HRSA, 2013) and each one of us has a voice.

Nurse Day at the Capitol began with registration for the event and detailed communication prior to and during the event. I never felt unsure of the day's activities. Before the actual event at the Capitol, all students, faculty, and first-time attendees were required to be present for an instructional session that provided important information ranging from logistics to how to effectively speak with legislators and their staff. This instructional session truly answered all of my questions, allayed jitters, and provided networking opportunities with other nurses which unified us in one clear and concise voice.

The following day, I was proud to see so many nurses convening at the Capitol, and, although I was a nursing student, I was welcomed as a peer. During the day, we attended both the House and Senate Health and Human Services Committee meetings and were asked to stand in the gallery as legislators, staff, and visitors recognized nurses' presence as part of Nurse Day at the Capitol, sponsored by the Texas Nurses Association. Following this, attendees separated into predetermined groups and legislators' offices to visit. We made three visits to legislators' offices, which included those of Senator Charles Schwertner and Representatives Larry Gonzales and Jodie Laubenberg. The previous night's instructional sessions provided guidance for these meetings, and I felt comfortable educating legislators and their staff about the profession of nursing and what pieces of legislation mattered to us and why.

Although not all of the bills passed that we were in favor of, there were some definite victories – HB (House Bill) 705 aimed at reducing assaults against emergency room nurses and SB (Senate Bill) 406 in favor for expanding prescriptive authority for advanced practice nurses. We were successful in our efforts in 2013, and I encourage all nurses to participate in Nurse Day at the Capitol. I have learned that, regardless of previous legislative experience or your position within Benner’s “From Novice to Expert” theory, through coordination, a clear voice, and the perspective of individual nurses, we are able to affect change in the legislature and health care.

Source:

For more information on Nurse Day at the Capitol or to register, visit texasnurses.org.
Meet the Health Care Professionals in the 84th Texas Legislature

The 181 members of the 84th Texas Legislature who will be sworn in on January 13th will include three nurses, six physicians, and a paramedic.

Nurses: Representative Donna Howard (D-Austin), Incumbent
Representative Susan King (R-Abiline), Incumbent
Representative Stephanie Klick (R-Ft. Worth), Incumbent

Physicians: Senator Donna Campbell (R-New Braunfels), Incumbent
Representative Greg Bonnen (R-Friendswood), Incumbent
Representative J.D. Sheffield (R-Gatesville), Incumbent
Representative John Zerwas (R-Simonton), Incumbent
Senator Stuart Spitzer (R-Kaufman), New Member

Paramedic: Representative Mando Martinez (D-Weslaco), Incumbent

The Nurses
Representative Donna Howard (D-Austin). Although not currently practicing as a nurse, Rep. Howard holds a BSN and a master’s in health education – both from the University of Texas at Austin. A former critical care nurse at Brackenridge and Seton hospitals in Austin, she was the first hospital-based patient education coordinator in Austin, and served as a health education instructor at the University of Texas at Austin. Rep. Howard has also served as president of Texas Nurses Association’s local Austin-area district. A recognized expert on public education, Howard was elected to the Eanes ISD Board in West Austin, where she served from 1996 to 1999, and was certified as a Master School Trustee by the Texas Association of School Boards. Rep. Howard was first elected to the Texas House of Representatives in 2006. In the 83rd (2013) Legislature, she was a member of the House Administration (Vice-Chair), Appropriations, and Higher Education Committees. Rep. Howard has authored numerous nursing-initiated bills and has been a strong advocate on behalf of nursing at the Texas Legislature.

Representative Susan King (R-Abiline). Rep. King earned a BSN in nursing at the University of Texas at Austin. She has served as co-director of surgery at the Texas Heart Institute, St. Luke’s Episcopal, and Texas Children’s Hospitals in the Texas Medical Center. Currently, she is the co-owner and nursing director of Elm Place Ambulatory Surgical Center in Abilene. In the 83rd (2013) Legislature, she was a member of the Select Committee on Health Care Education & Training (Chair), Appropriations, Public Health, and Administration Committees. Like Rep. Howard, she has authored numerous nursing-initiated bills and has been a strong advocate on behalf of nursing at the Texas Legislature.

Representative Stephanie Klick (R-Ft. Worth). Rep. Klick received her BSN from Texas Christian University. She has served as a nursing supervisor at Glenview Hospital, now known as North Hills Medical Center. More recently, she’s worked as a nurse consultant case manager to coordinate care for severely injured patients, and as a compliance consultant for long-term care facilities for the developmentally disabled. In 2005, she was elected Chairman of the Tarrant County Republican Party. Rep. Klick was first elected to the House in 2013. In the 83rd (2013) Legislature, she was a member of the House Human Services, Elections, and Rules & Resolutions Committees.

The Physicians
Senator Donna Campbell (R-New Braunfels). Sen. Campbell earned her MSN from Texas Women’s University, specializing in cardiovascular clinical nursing and nursing administration. She received her M.D. from Texas Tech University and completed her residency at the University of Texas Medical Center in Houston. Her primary specialty is emergency medicine and she has a secondary specialty in ophthalmology. She practices in the emergency department in Columbus, Texas. Sen. Campbell

84th Texas Legislature continued on page 5

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January, February, March 2015

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Representative J.D. Sheffield (R-Gatesville). Rep. Sheffield received his D.O. from Texas College of Osteopathic Medicine. He completed an internship in family medicine at the University of Texas Medical Branch in Galveston and his residency at Southern Colorado Family Medicine. He is the medical director at Coryell Medical Clinic and has served as senior staff physician at Scott & White Clinic, as well as chief of staff at Coryell Memorial Hospital. Rep. Sheffield was first elected to the House in 2013. In the 83rd (2013) Legislature, he was a member of the House Public Health, Corrections, and Rules & Resolutions Committees.

Representative John Zerwas (R-Simonton). Rep. Zerwas is an anesthesiologist with Greater Houston Anesthesiologists. He has also served as the chief medical officer of Memorial Hermann Houston. Rep. Zerwas was elected to the Texas House of Representatives in 2007. He has worked to increase transparency for health consumers and improve Texas’ organ donation laws. In the 2011 and 2013 legislative sessions, he authored legislation designed to expand Medicaid managed care while making it more cost-effective. In the 83rd (2013) Legislature, he was a member of the House General Investigating & Ethics (Chair), Appropriations (Chair of Subcommittee on Health & Human Services), and Human Services Committees. In 2009 and 2011, Texas Monthly magazine named Rep. Zerwas to its “Ten Best Legislators” list.

Representative Stuart Spitzer (R-Kaufman). Rep. Spitzer, a native of Athens, TX, is new to the Texas Legislature. He earned a bachelor’s degree from Baylor University and an M.D. from the University of Texas Southwestern in Dallas. He is a general surgeon at Texas Health Resources and the Surgical Associates of Kaufman. Rep. Spitzer’s wife is also a physician, practicing family medicine part-time.

The Paramedic
Representative Armando “Mando” Martinez, (D-Weslaco). Rep. Martinez received his B.S. from the University of Texas-Pan American and his paramedic education through Texas State Technical College. Rep. Martinez was first elected in 2005. In the 83rd (2013) Legislature, he was a member of House Transportation (Vice Chair), Higher Education, and Local & Consent Calendars Committees.

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For more information and requirements go to texasnurses.org/page/WorkAtTNA

PROGRAM DIRECTOR

NACES Plus Foundation (NACES), an affiliate of the Texas Nurses Association, is seeking a Program Director to oversee and guide the various components of NACES, including planning, organizing, staffing, leading, and evaluating program activities. The Program Director will assure that NACES fulfills all contractual obligations for nurse aide testing and other projects, and provide leadership to the staff to create and implement strategies to successfully achieve the goals of NACES.

For more information and requirements go to texasnurses.org/page/WorkAtTNA

LIVESTRONG Cancer and Fertility Training for Health Care Professionals

by Sarah R. Arvey and Ashley Koenings, LIVESTRONG Foundation

Each year, more than 150,000 Americans are diagnosed with cancer during their reproductive years (<45 years), and approximately 80% of those live at least 5 years beyond treatment. With a national trend in delayed childbearing, more and more patients diagnosed within their reproductive years still wish to bear biological offspring. Even with recommendations and guidelines established as early as 2006 from oncology organizations such as ASCO concerning informing patients about the risks that cancer and its treatment poses to their fertility, providers are still not informing their patients nor referring them to fertility preservation services at an acceptable rate, and many hospitals systems have not established formal procedures that could ensure that this occurs.1,2 Patients who were not informed about these risks and options express ongoing distress and regret, even years after their treatment.

It is time to change this. In addition to the desire to meet clinical quality care standards, health care providers have a moral imperative to provide patient-centered care that includes addressing cancer and fertility needs for every patient. Texas nurses can help turn the tide. A free, online health care professional training developed by the LIVESTRONG Foundation and supported by generous funding from the Cancer Prevention and Research Institute of Texas P120225 will be available in January 2015 to help support nurses and their supportive care teams play a role in improving the care of people affected by cancer.

The LIVESTRONG Fertility Training for Health Care Professionals is an interactive e-learning program focused on issues surrounding cancer treatment and fertility. This online course engages learners with LIVESTRONG’s fertility resources and teaches effective communication skills for addressing fertility issues with patients. Additionally, the course will provide resources and guidance for organizations to establish a systematic approach to fertility at the institutional level.

The fertility training takes about 30 minutes to complete and features four modules:

• Module 1: Fertility and Cancer—Learn about the issues surrounding people diagnosed with cancer during their childbearing years and receive an overview of the training program.
• Module 2: Risks and Options—Utilize LIVESTRONG’s fertility resources to determine patients’ risks and options regarding fertility.
• Module 3: Discussing Fertility—Practice having conversations with patients about fertility risks and family-planning options in an interactive simulation.
• Module 4: The Systematic Approach—Discover resources and supporting material to implement a systematic approach to cancer and fertility in your institution.

To access the training in January 2015, visit livestrong.org/fertilityhcp. For additional questions regarding the training or resources to support your patients with cancer, please contact cancer.naviagation@livestrong.org.

References

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The 5th anniversary of the Institute of Medicine’s (IOM) landmark report on the Future of Nursing is rapidly approaching. Texas Team—the state’s action coalition, founded to advance the eight recommendations of the report—will celebrate its 4th anniversary. The Texas Team is one of the nation’s leading action coalitions; through its work and partnerships, it has accomplished much in the way of addressing the recommendations. Texas Team includes more than 375 coalition member organizations that support the IOM recommendations. Texas Team is sponsored by the Texas Nurses Association and BlueCross BlueShield of Texas.

In February 2014, coalition leadership transitioned to co-leads Cole Edmonson, DNP, RN, Cindy Zolnierek, PhD, RN, and Cindy Johnson, MSN, RN. Under this new leadership, work has continued to focus on strategies to achieve IOM goals. New efforts include an Academic Progression in Nursing (APIN) phase two grant, Nurses on Boards training, nurse residencies in rural organizations, a nursing leadership webinar series, a survey of nurses’ knowledge of the IOM report, a new structure for action coalition teams, and a strategic communication plan that includes a new website.

Education Team members Kathryn Tart, EdD, RN and Helen Reid, EdD, RN received a second round of funding to continue their work to assist associate degree nurses in completing their BSNs. The APIN-2 grant expands initial efforts with an enhanced focus on diversity, including special considerations for rural communities. Nurse residencies in rural settings, based on the University of Iowa model, are proposed to ensure rural communities benefit from enhanced education of registered nurses. Texas is celebrating current successes; graduates in the RN to BSN programs increased 88% from 2011 to 2013 and the percentage of BSNs in the state increased from 45.6% in 2007 to 52.5% in 2014.

The Texas Association of Business (TAB), a Texas Team coalition member, is advocating that the legislature allocate funds to increase provision of primary care APRNs. TAB firmly believes that APRNs provide high quality health care and are crucial to address the shortage of primary care providers in Texas. A recent survey of nursing school deans conducted by TAB and the Texas Team found that schools could expand enrollment by 502 APRN students per year in 2016 and 779 APRN students by 2019. Texas Team fully supports and appreciates this initiative of TAB.

Nurses on Boards inaugural training was completed in July 2014 in partnership with Texas Healthcare Trustees and Avery Partners. The training was designed to prepare nurses in the art of governance and to serve on boards, both in and outside of health care settings. The initial class of 26 nurse leaders ranged from BSN to doctorate-prepared nurses and from clinical nurses to chief nurses. Seventeen of the 26 nurses trained are on boards now and the remaining nine have begun the process to obtain a board position. The next phase of training is scheduled for the first quarter of 2015. The Center to Champion Nursing in America/Robert Wood Johnson Foundation (CCNA/RWJF), along with 21 national nursing professional organizations, announced the Nurses on Boards on a Coalition with a mission of achieving 10,000 nurses (hashtag #10knurses) on boards nationally by 2020. Texas Team co-lead Dr. Edmonson was privileged to serve on the coalition steering committee as one of nine members and one of two state action coalitions with a seat on the steering committee.

The Texas Team has continued to evolve its structure and teams through the creation of additional positions. Each team or committee has established a representative to focus on rural health, emerging leaders, diversity/inclusion and LVN practice. Diana Ruiz, DNP, RN, one of the co-leads for the Texas Team Advancing Leadership Team, was selected as an emerging leader for the Inaugural Class of the CCNA/RWJF Breakthrough Leaders in Nursing Program. In addition, the Texas Team launched the webinar series on nursing leadership designated to increase the understanding, awareness and preparation of nurses to lead in various settings and the impact nurse leaders can achieve.

In February 2014, the Texas Team, along with Johnson and Johnson, sponsored a Promise of Nursing Gala to raise funds for nursing student/faculty scholarships and grants dedicated to advancing the IOM recommendations. The event raised over $350,000. The first student and faculty scholarships have been awarded. In addition, five grants have been awarded across the state that address advancing faculty preparation, faculty scholarships have been granted. In addition, five grants have been awarded across the state that address advancing faculty preparation, student mentoring, implementing the Choosing Wisely® initiative for nurses, Nurses on Boards training and a community-based public health externship for nurses.

Texas Team co-lead Dr. Edmonson and member Linda Lawson, DNP, RN created a strategic communication plan in cooperation with RWJF to help guide and focus communications in order to achieve a coalition membership of 500 in 2015. In addition, a Texas Team website was created at www.txactioncoalition.org. Here you can stay up-to-date on the Team’s work, accomplishments, upcoming events, and news, as well as make donations and join the coalition. Following the Texas Team on Facebook is another way to receive all the latest updates including new coalition member announcements.

Thank you to all our coalition members, leaders and dedicated organizations. You are the reason the Texas Team is successfully shaping nursing and health care in Texas and leading the nation.

IOM FON Recommendations

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

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Why? The BON’s finances are currently subject to the appropriations process, which means their budget is set two years in advance, making it very difficult for the board to effectively respond to the changing needs of their constituencies. For example, if there is an increased demand for the BON to process applications for new nursing education programs, it is not able to simply hire additional staff even if it has the funds available to do so. No business could operate very long with such lack of flexibility to respond to the changing needs of its customers.

Public Health Initiatives

Each legislative session, nursing supports initiatives to improve the health of Texas citizens. An example is supporting the initiatives of the Texas Public Health Coalition, which is a broad-based coalition consisting of provider and consumer groups that include the Texas Nurses Association, Texas Medical Association, Texas Hospital Association, American Cancer Society, and American Heart Association. In 2015 the Coalition will address priorities in five areas: promoting healthy eating and reducing obesity, cancer prevention, reducing tobacco use including e-cigarettes, promoting immunizations, and reducing preventable accidents.

Initiatives by Others

Every session, legislation is filed by others that directly affect nurses and nursing – some positively and some negatively. The 2015 session will be no different. The Texas Nurses Association and other nursing organizations will monitor the 6000-7000 bills expected to be filed in 2015, identify those most directly affecting nurses and nursing, and provide input on those bills as appropriate. In some cases, these are bills that nursing believes are harmful to nurses and their patients. An example of such a bill was the legislation filed in 2011 and 2013 that would eliminate the confidentiality of nurses who report physicians to the medical board. It is anticipated that this legislation may again be filed this session.

As always, nurses’ presence at the Capitol during the session is important. As the largest group of health care professionals, present everywhere health care is provided, nurses need to be active and visible everywhere policy discussions occur. TNA is nursing’s voice at the Capitol. Join us on February 23 and 24 for Nurse Day at the Capitol.

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EOE
Understanding the legislative process that each bill follows is one of the keys to passing legislation in Texas. One might think of passing bills as running a two-lap, timed hurdles race where runners must be sure that they cleanly clear each hurdle while focusing on a clock ticking down to zero. Similarly, if a bill fails to complete any step in the legislative process or fails to complete all the steps in the allotted time, it will have lost the legislative “race” and will not pass.

### TEXAS LEGISLATIVE PROCESS: HOW A BILL IS PASSED INTO LAW

**140 DAY SESSION (1/13/15 - 6/1/15)**

With start and end of session deadlines usually 100 days or less to get a bill through process.

**LEGISLATIVE PROCESS BEGINS**

- **CHAMBER 1:** Getting Committee Hearing in 1st Chamber
- **CHAMBER 2:** Getting Committee Hearing in 2nd Chamber
- **CHAMBER 1:** Getting Majority Vote in the 1st Chamber
- **CHAMBER 2:** Getting Majority Vote in the 2nd Chamber
- **CHAMBER 1:** Getting Out of Committee
- **CHAMBER 2:** Getting Out of Committee

**CONFERENCE COMMITTEE RESOLVES ANY DIFFERENCE IN THE BILL AS PASSED BY THE 2 CHAMBERS**

**GOVERNOR SIGNS, VETOES OR TAKES NO ACTION**

**YOUR INPUT CAN INFLUENCE THE 2015 SESSION**

During a legislative session, TNA may provide specific feedback to legislators about nurses and their practice. For example, when TNA visits with legislators and their staff about a possible initiative to reduce violence against nurses, we are frequently asked: How much of a problem is that and are nurses physically assaulted? Do you have any specific examples outside of the ER?

To better respond to such requests, TNA is building a database of nurses who are willing to participate in brief surveys on topics such as reducing violence against nurses. Please go to texasnurses.org and register to participate. Thank you in advance!
Sally was audibly upset and angry. As a nurse herself, Sally held dear to the ideas and requirements behind professional nursing, best practices, and nursing engagement in lifelong learning to support quality and safety in healthcare. As her mother was placed into a nursing home, Sally felt these ideals shatter around her. She commented critically on the conditions she observed, the poor staffing, the lack of accountability, and the complacency. She grieved over the care her mother was receiving, feeling ashamed of her profession and of her nursing peers. Sally needed answers and wanted a larger voice on the importance of Professional Nursing in Texas, the proliferation of abuse and neglect of the elderly, and accountability to remedy the issue. The answers would surprise Sally.

Our Elderly Deserve Better

According to the National Center on Elder Abuse, elder and vulnerable/dependent adult abuse affects millions of people in the U.S. It occurs regularly in the community and in long-term care settings such as nursing homes and care homes/assisted living facilities. The facts are startling:

- In a study of 2,000 interviews of nursing home residents, 44% said they had been abused and 95% said they had been neglected or seen another resident neglected. (Broyles, 2000)
- Over 50% of nursing home staff admitted to mistreating (e.g. physical violence, mental abuse, neglect) older patients within the prior year in one study. Two thirds of those incidents involved neglect. (Ben Natan, 2010)
- 7% of all complaints regarding institutional facilities reported to long-term care Ombudsmen were complaints of abuse, neglect, or exploitation. (NORS Data, 2012)

These statistics confirmed Sally’s fears. Nursing home residents need both stronger and more immediate protections, and nurses are key to that protection.

Nurses, Know Your Power

Nurses have a voice…a large voice…and should speak up, advocating for patient safety. In fact, it is a duty! Professional nursing practice is a minimum standard for the practice of nursing within the state of Texas as outlined in the Board of Nursing Rules, Standards and Scope of Practice, contained in Chapter 217.11. These standards apply to all nurses. But let’s take a closer look at those standards that most align with the prevention of abuse and neglect:

- **Knowing and conforming to all applicable laws.** This includes nursing rules and regulations as well as other state and federal regulations, such as HIPAA, facility licensing rules, etc.
- **Promoting and participating in education and counseling to a client(s) and, where applicable, the family/significant other(s) based on health needs.** This may include advocating for the patient and family to improve the quality of life.
- **Maintaining professional boundaries.** This is especially important in long-term care settings, where often we feel a more familiar connection to residents.
- **Reporting.** Complying with mandatory reporting requirements of Texas Occupations Code Chapter 301 (Nursing Practice Act), Subchapter I, which include reporting a nurse who violates the Nursing Practice Act or a board rule and contributes to the death or serious injury of a patient, whose conduct causes a person to suspect that the nurse’s practice is impaired by chemical dependency or drug or alcohol abuse, whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries, or whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse’s continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
- **Practicing nondiscrimination in care.** Providing appropriate care to all healthcare consumers without discriminating on the basis of race, ethnicity, religion, or ability to pay.
- **Nursing intervention.** Nurses must intervene, providing aid, care and assistance to those in need of nursing care.
A Blueprint Guides the Process

Organizations are responsible for creating a culture of civility. They must also develop and maintain operational frameworks that support a culture of civility. Six building blocks are offered as a blueprint to establish a culture of civility.

Building Block #1: Increase awareness of all members of the health care team (HCT), to create a sense of urgency and stimulate a call to action.

1. Survey the interprofessional team, including students. The survey should ascertain perceptions of the quality of relationships, communication effectiveness, roles and any “hierarchical” or stigmatizing attitudes present and the consequences of those attitudes on teamwork and patient safety.
2. Have an open dialogue at public forums with all members of the HCT using the results of the survey. Define workplace intimidation.
3. Invite a guest speaker to discuss the topic of civility, citing national data and organizational examples.
4. Analyze stressors and systems’ issues contributing to a lack of civility and begin to address them. Examples may include factors related to nurse workload or inefficient processes. One eastern state’s medical center recognized the complexity of its systems issues and the difficulty a single manager might have in getting resolution. They assigned a department head, vice president and CEO to meet with staff, listen to their issues/concerns and clear the way to a successful resolution.
5. Include the expectation of civility in patients’ and families’ Rights and Responsibility documents.

Building Block #2: Create an organizational framework that identifies expected behaviors for all members of the HCT.

1. Re-examine the organization’s mission statement for consistency with a commitment to civility.
2. Ensure organizational values support a culture of civility.
3. Ensure that all employees understand expectations around a culture of civility.
4. Involve employees in the process of integrating concepts and expectations regarding civility in the fabric of the organization – mission and values.
5. Include the expectation of civility in patients’ and families’ Rights and Responsibility documents.

Building Block #3: Define a process that operationalizes a framework of civility.

1. Involve the interprofessional team in efforts to change the culture.
2. Consider the scope of the effort, and mechanisms to ensure organization-wide integration of the culture.
3. Define a clear system for reporting and responding to incidents of incivility to include a special procedure for immediate response to a critical situation.
4. Create mechanisms for providing support to individuals experiencing incivility.
5. Establish reporting mechanisms to track occurrences and trends of incivility.
6. Identify real and perceived barriers to establishing a culture of civility, e.g. zero tolerance for incivility or to permit action to remove such barriers.
7. Establish levels of consequences based on the seriousness of the offense, whether it is a first time or repeat offense, the location (public or private) of the event, and the perceived intent of the offending individual.

Building Block #4: Build trust in the new system to address and successfully resolve issues.

1. Implement a confidential, non-retaliatory reporting system.
2. Define a consistent and unbiased process for investigating and following up on incidents. Never allow a complaint to go without a response.
3. Apply policies consistently.
4. Inform interprofessional team members of expected conduct and require them to sign a Code of Conduct policy upon hiring and during annual performance reviews or credentialing.

Building Block #5: Maintain the momentum until an actual change of culture occurs.

1. Commit management to lead by example.
2. Advertise via multiple media any outstanding examples of exemplary behavior and all successes. Keep the timeline for implementation and results visible to all.
3. Provide recognition for progress made toward goals. Don’t wait until the goal is fully implemented.
4. Re-survey team members regularly to assess culture shift.

Building Block #6: Provide education on the organization’s expectations and provide opportunities for development of skills related to civility.

1. Examples of development topics are assertiveness, conflict resolution, interpersonal communication, customer service, and crucial/critical conversations.
2. Utilize referrals to employee assistance programs for individual counseling (i.e. anger management).
3. Assist teams in objectively assessing their unit’s culture and identifying a plan of action.

Most institutions have all or part of these building blocks in place. Is the framework operational and effective? Do employees remember what they learned? Perhaps it may be time to dust off the institution’s blueprint for civility and recharge the staff to obtain the best results.
Setting Priorities: The Nursing Legislative Agenda Coalition

First convened by the Texas Nurses Association in 1989, the Nursing Legislative Agenda Coalition (NLAC) serves as a mechanism for Texas-based nursing organizations to come together before each legislative session to set nursing’s legislative priorities for that session—its agenda for the session. Even though an individual organization may have its own priorities among the initiatives on the agenda, the agenda represents the initiatives nursing as a whole supports. The 20–25 member organizations of NLAC meet three times during each biennium to develop the agenda. During the session, the representatives of the organizations participate in weekly conference calls to keep up-to-date on what is happening at the Capitol, so they can in turn inform the members of their organization. NLAC is representative of both LVNs and RNS, all practice settings and all levels of nursing education. NLAC enables nursing to speak with a stronger, more unified voice than is possible as individual organizations. The deadline for organizations joining NLAC for 2015 session is mid-January. Organizations which have helped shape the 2015 Nursing Legislative Agenda are:

- Association of periOperative Registered Nurses of Greater Houston
- Association of Women’s Health, Obstetrics & Neonatal Nurses
- Coalition for Nurses in Advanced Practice
- Houston Oncology Nursing Society
- Houston Organization of Nurse Executives
- Licensed Vocational Nurses Association of Texas
- Texas Association of Deans & Directors of Professional Nursing Programs
- Texas Association of Vocational Nurse Educators
- Texas Association of Nurse Anesthetists
- Texas Council of periOperative Registered Nurses
- Texas Emergency Nurses Association
- Texas Nurses Association
- Texas Nurse Practitioners
- Texas Nursing Students’ Association
- Texas Organization for Associate Degree Nursing
- Texas Organization of Baccalaureate & Graduate Nurse Educators
- Texas Organization of Nurse Executives
- Texas Public Health Nurses
- Texas RN First Assistants Network
- Texas School Nurses Organization

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How long has Texas been a mandatory continuing education for re-licensure state? If you answered 23 years, you would be correct. The mandatory continuing education requirement went into effect in 1991 under Rule 216 of the Texas Board of Nursing's rules and regulations. In that time, we have seen many changes to the rule. The definition of continuing nursing education (CNE) has changed several times. We have seen mandatory CNE topics come and go—Hepatitis C and Bioterrorism, for example. We have seen mandatory CNE topics come and stay—forensic evidence collection, jurisprudence/ethics, and geriatrics/older adults. And, in recent years, we have seen the inclusion of national certification as a way to meet the mandatory requirement and the need to focus your contact hours (not CEUs) in your area of practice.

Quality, Not Compulsion

The inclusion of national certification and the focus on area of practice reinforce a trend that is occurring in continuing education, not just in nursing, but in continuing education in many healthcare disciplines. The moving away from the need to meet a regulatory requirement—e.g., “I gotta get my 20 contact hours before my license expires,”—to the need to make sure those contact hours mean something impacts nursing practice and, ultimately, patient care.

Time and resources allocated for CNE these days is getting tighter. As a consumer of continuing nursing education, you want to make sure that you are getting the CNE bang for your hard-earned buck, whether that dollar is yours or your employer’s.

What to Look for in CNE

• The CNE activity has to meet the definition of continuing nursing education as defined by the Texas Board of Nursing (BON) and cannot fit into BON’s list of what they do not consider to be CNE.

• The contact hours must be awarded by an agency BON recognizes. BON’s website contains a list of acceptable agencies.

• The content of the activity should be pertinent to your area of practice.

• In addition to being pertinent to your area of practice, it should help you maintain competency, promote professional growth, and contribute to lifelong learning.

• Given today’s focus in healthcare on quality outcomes and patient safety, as nursing practice needs to be evidence-based, so does nursing continuing education.

As you can see in the adjacent listing, CNE requirements are defined by BON, but nurses are responsible for ensuring that CNE they take are relevant to and supportive of their practice. Nurses can ensure the activities they select are evidenced-based and focused on quality outcomes by making sure the activities are provided by or through a nationally accredited organization.

Examples of accredited organizations include the American Nurses Credentialing Center (ANCC), the Accreditation Council for Continuing Medical Education (ACCME), and the Accreditation Council for Pharmacy (ACPE). What these, and other similar organizations, have in common is a framework for establishing and maintaining criteria based on the best available evidence, embracing and supporting quality, and enhancing practice by establishing and measuring outcomes.

Accreditation Ensures Standards

Contact hours awarded by or through a nationally accredited organization—or through an approved CNE provider—provide value to the nursing profession, regulatory agencies/employers, and patients. Nurses can trust that when they attend an activity that is provided by an accredited/approved organization, they will receive the most current evidence-based information from experts in their fields. These experts are held to high standards of maintaining content integrity and avoiding bias.

Regulatory agencies, like BON, and employers are assured that nurses who have participated in a CNE activity provided by an accredited/approved organization have engaged in a quality learning experience that will contribute to their ability to provide safe, quality patient care. Patients benefit by receiving care from nurses whose practice is based on the most current information leading to improved care and the best outcomes possible.

Evidence-based standards and measurable outcomes that demonstrate value are concepts now embedded in nursing and nursing practice. Shouldn’t we expect the same of our continuing education activities? CNE is not just to meet a regulatory requirement anymore. It must make a difference.


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A nurse’s duty is to always advocate for patient safety, including taking any nursing action necessary to comply with the standards of nursing practice. In addition to the mandatory reporting requirements for nurses, there are optional reporting requirements in the Nursing Practice Act, Section 301.4025:

- A nurse may report a licensed health care practitioner, agency, or facility that the nurse has reasonable cause to believe has exposed a patient to substantial risk of harm as a result of failing to provide patient care that conforms to minimum standards of acceptable and prevailing professional practice, statutory, regulatory, or accreditation standards.

- A nurse may report to the nurse’s employer or another entity at which the nurse is authorized to practice any situation that the nurse has reasonable cause to believe exposes a patient to substantial risk of harm as a result of a failure to provide patient care that conforms to minimum standards.

What does this mean for Sally and other nurses in her shoes? It means we as nurses are accountable and duty-bound to advocate for and promote patient safety, both in the services we provide and in reporting appropriately and in good faith those instances where patient safety is at risk. It all starts with us! Abuse and neglect of the elderly is unconscionable, and when we as nurses encounter situations that negatively impact this vulnerable population, we must act. For more information on how health care practitioners can help stop elder abuse, visit www.nceoaaoa.gov.

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