PATIENT SAFETY: How far have we come? Page 13

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In many ways I have been on a circular journey with you throughout my presidency, as I have used the terms ‘connection and connectivity’ to describe what I view as the importance of being in touch with you, the member.

During the course of our “Renewal” process, staff challenged the board and all the participants — district presidents, committee chairs, and members — working to identify the components of a restructured TNA to consider the question “What If?”

“What If” the board had recommended to the House of Delegates that we no longer have districts?

“What If” the board had proposed that districts no longer be supported by the Texas Nurses Association and were left to their own devices?

The answer was an emphatic “the district level/local level is the heart and feeder source” of the entire Texas Nurses Association! Or to say it another way, the “districts/local area members are the heart and soul of TNA!”

Without first insuring that a relationship with local members was in place and thriving, there would be no connection with one another or with the state association. At the same time, neither the board nor the House of Delegates wanted to presume that they knew the best model for local membership entities and were, therefore, reluctant to suggest what a district structure should look like. At the moment “Integrated” and “Supported” are the two distinctions that we are using to differentiate the level of service provided by TNA to local members and their organizational structure. This could change as we move forward.

GROWING MEMBERSHIP

The one underlying “What If?” that preceded all of our transition and renewal efforts was whether TNA would partner with the American Nurses Association (ANA) in its then newly-proposed membership marketing campaign. The TNA board made the decision to move forward with ANA. The rest, as they say, is history! We have now more than doubled our membership, enabling us to continue the reduction in membership dues.

ENGAGING MEMBERSHIP

Now, it is time to ask other “What If?” questions.

“What If!” members attended local meetings at whatever frequency possible?

“What if members volunteered at district events, held office, or participated in area government affairs activities?

“What If?” each current member recruited one new TNA member?

Membership would double again with very little effort!

As we are learning at the state level, it is not enough to just get nurses to join TNA. We must find places for them to serve! Each of us has different talents, skills, and voices. Some of us will be extroverts, others introverts, some activists, others reflectors. TNA celebrates each and every talent and has a place for you to thrive. As we learned from Timothy Porter O’Grady at our Leadership Conference, leaders live in the potential.

“Imagine,” as the Beatles lyrics would suggest, how much more influential Texas Nurses Association could be if nursing organizations truly worked together as one to address the many practice changes requiring legislative action? “You may say I’m a dreamer, but I’m not the only one …”

As Margaret Mead would suggest “Never doubt that a small group of thoughtful committed people can change the world, indeed it is the only thing that ever has.”

THE BEST IS YET TO BE

“What If?” you choose to work together with others in your local area to identify, recruit, retain, and develop our future nursing leaders? “What a wonderful world (of nursing) it would be!”
KUDOS

Denise Benbow, MSN, RN, has been selected by the National Council of State Boards of Nursing (NCSBN) to participate in the 2016 cohort of the NCSBN Institute of Regulatory Excellence Fellowship Program. This fellowship is a four-year professional development program for nurses engaged in nursing regulation to enhance their leadership and expertise in evidence-based regulation. Benbow is a nursing consultant for practice at the Texas Board of Nursing and serves as Board Staff Liaison to the Texas Peer Assistance Program Advisory Committee.

Beth Ulrich, EdD, RN, FACHE, FAAN, has been honored with the 2015 Excellence in Leadership Award from Texas Organization of Nurse Executives (TONE). The award honors nurse executives who demonstrate the ability to relate and connect with nursing staff through innovative and effective methods and who demonstrate active community involvement. A nationally recognized thought leader known for her research studying nursing work environments and the experiences of new graduate nurses, Ulrich has extensive experience as a senior executive in both not-for-profit and for profit healthcare organizations.

David Marshall, JD, DNP, RN, CENP, NEA-BC, chief nursing officer at the University of Texas Medical Branch Galveston, was recognized with the Senior-Level Nursing Executive Award in Modern Healthcare magazine’s 2016 Excellence in Nursing Awards. Marshall has served as the chief nursing officer at University of Texas Medical Branch Galveston since 2001. According to Modern Healthcare, Marshall earned the award “for his exemplary skills in running UTMB’s nursing programs over the past 15 years.”

Susan Ramnarine-Singh, EdD, RN, MSN, MPA, CNOR, MAJ/ANC(R), was recently presented with the DAISY award from the Central Texas College Nursing Department for her positive impact on students. The award is

If you are a Texas Nurses Association member and you’ve changed employers, been promoted, received an award, or been elected or appointed to a board or community organization, we’d like to hear from you. Notices printed in the TNA News section are limited to members of the Texas Nurses Association and are printed at no cost. Information must be submitted in writing, is subject to editing, and will be printed as space is available.

The TNA News section does not include information on papers, speeches (unless they are of national stature), CNE presentations, or political announcements.

Announcements for TNA News should include all pertinent information including employer name, email, and contact numbers. Photos are welcome, but must be 300 dpi (high resolution) at a size of at least 3” x 4”. Send submissions to editor@texasnurses.org.
FOUNDATION NEWS: $10,000 Donation Launches New Research Grant Program

In her position as executive director of the Texas Nurses Association, Cindy Zolnierek, PhD, RN, is charged with promoting Texas policies that support a quality practice environment, where nurses can safely care and advocate for their patients. Through a variety of policy initiatives, TNA continues to further its mission: Empowering Texas Nurses to advance the profession. But how can TNA measure the success of the policies it promotes?

To address this, Zolnierek has pledged $10,000 over five years to launch the Nursing Policy Dissertation Research Grant Program. Established under the Texas Nursing Foundation, the research grant program will support research specifically on policy initiatives supported by TNA.

In an interview with Zolnierek, she talked about her history with TNA and why she thinks this grant program is so important to nursing in Texas.

Texas Nursing: How did you get involved with TNA?
Cindy Zolnierek: When I moved to Texas in 2007, I was very excited to begin a new role as director of practice for TNA. A career long member of the American Nurses Association and its constituent state association where I resided (Michigan and California), I held the director of practice position in high esteem and felt honored to serve Texas nurses in this role.

Texas Nursing: As a member of other nursing associations, what differences did you see in Texas?
CZ: Before my official start date, I asked for reference material to prepare me for the position. I received and read the Annotated Guide to the Texas Nursing Practice Act. (Yes, I am nerdy enough to actually read the entire book!)

My first impression was WOW! Nursing Peer Review, Safe Harbor, advocacy protections for nurses! I was very excited to learn more about the unique and robust practice act that Texas nurses enjoyed.

TN: You have just pledged $10,000 to launch this grant program. What is the need you are trying to fill?
CZ: Texas has one of the richest Nursing Practice Acts in the country. TNA has been a leader in translating research—such as IOM reports, including To Err is Human, Transforming the Work Environment of Nurses, etc.—into policy through legislative and regulatory efforts (e.g., safe patient handling, safe staffing, workplace violence, and patient advocacy protections). Yet, these policy initiatives have not been rigorously evaluated. Instead, when TNA attempts to build upon or improve policy to support nursing excellence and safe, quality patient care, we are left to rely on anecdotal and scant quantitative data.

TN: What is your vision?
CZ: I have a passion and a vision! My passion is to celebrate, highlight, and accentuate the uniqueness and richness of the Texas Nurse Practice Act — as supported by TNA — and to help
HEALTH IT: Texas Nurses Evaluate Usage/Usability

By Susan McBride, PhD, RN-BC, CPHIMS, FAAN; Mari Tietze, PhD, RN-BC, FHIMSS; and Laura Thomas, PhD, RN, CNE

The healthcare industry is undergoing major transformation to establish an interoperable health information technology infrastructure to connect the nation with electronic health records (EHRs) and health information exchanges (HIE). This informatics revolution is impacting all aspects of the nursing profession (Murphy, 2012; T.I.G.E.R, 2014).

The Texas Nurses Association (TNA)/Texas Organization of Nurse Executives (TONE) Health Information Technology (HIT) Committee was charged with examining how Texas nurses across the state were affected by EHRs. The committee aimed to establish baseline measures of satisfaction and suggest improvement strategies to be deployed in 2016. In 2017, the committee will evaluate their impact.

ENGAGING OVER 1,150 NURSES

The committee chose an online nursing survey tool, Clinical Information Systems Implementation Evaluation Scale (CISIES), to evaluate the perceptions of Texas nurses related to the usability and usefulness of their institution’s clinical information system (CIS) for patient care delivery. This information could help direct statewide efforts to improve HIT for nurses and associated stakeholders. Findings could also be used to inform and educate health care organizations about the current experience of Texas nurses with CISs, such as EHRs. The final report of this study (McBride et al., 2015) would provide a foundation for future studies and comparisons with national benchmarks.

The survey was launched Sept. 23, 2014, and resulted in 1,177 nurses responding anonymously. The survey took about 15 minutes and contained 37 satisfaction questions and 25 questions that described characteristics of how their current EHR system works. The study results indicated the importance of examining nursing satisfaction in terms of the key characteristics of the EHR, such as the nationally established standards under the meaningful use (MU) requirements created by the Health Information Technology for Economic and Clinical Health (HITECH) Act.

TEXAS NURSES SPEAK

The study found:

- 62.9% of nurses responding agreed or strongly agreed that overall, they prefer using the system over the old way of doing things, with 17.7% of respondents indicating they disagreed or strongly disagreed.
- 60% indicated they believed they could depend on the system, with 40% disagreeing or strongly disagreeing.
- 57.8% indicated they had adequate training, however 12.9% disagreed or strongly disagreed that training was adequate.
- 54.4% reflected that they agreed or strongly agreed that the system had improved care, with 15.6% disagreeing or strongly disagreeing that care had been improved at their institution.

continued on page 8
56.9% indicated that they believed errors are reduced with the system, with 12% disagreeing or strongly disagreeing that the system reduced errors.

55.7% noted that they strongly agreed or agreed that the system is more efficient than the old way of doing things, whereas 15.3% disagreed or strongly disagreed that the system is more efficient.

49.8% agreed or strongly agreed that the system improves practice, and 16.2% indicated they disagreed or strongly disagreed the system improves practice.

WEIGHING VARIABLES
More specific analysis was conducted on the relationships among characteristics. Some of those findings are:

- Satisfaction mean of 1.71 indicating neutrality or some dissatisfaction; however, a substantial proportion of scores in the 2-5 range indicated nurses are satisfied with their EHRs.

- Regional differences were apparent in terms of satisfaction of EHRs, with significantly higher satisfaction within the Metroplex public health region (North Texas).

- Younger nurses were more likely to be satisfied with their EHRs than older nurses, yet years of nursing and perceived competency with computers also impacted this finding.

- Rural settings reported significantly higher rates of satisfaction than urban settings; however, when the maturity of the EHR is taken into account, these differences were resolved.

- When narrative responses to open-ended text questions were examined, nursing informatics, financial support, and executive leadership resulted in more positive feedback.

- Usability, design, and workflow challenges resulted in frustrations and time away from patients.

- Potential regulatory issues were noted with statements related to “intentional entry of erroneous/false data” to “work around the system” and “first-hand knowledge of patient safety events” related to Health IT.

- The combined results of the qualitative and quantitative data can be used to further examine details on trends related to both positive and negative narratives that would indicate region, EHR-type, or rural/urban challenges, etc., to inform improvements.

- Frustrations were noted with physicians, nurses, and other health care colleagues who resisted the use of technology.

- Mixed reviews on Clinical Decision Support (CDS) with drug-drug and allergy alerts indicated some dissatisfaction, whereas CDS related to standards and protocols for clinical decisions was associated with nursing satisfaction.

ADDING QUANTITATIVE ANALYSIS
These data have been extensively analyzed by the TNA/TONE HIT Committee research team. This involved statistical analysis to adjust for differences such as nursing demographics, maturity of the EHRs, and regional variations.

Additionally, approximately 350 nurses responded in their own words, reporting their experiences with EHRs. These comments from nurses have been analyzed for patterns and trends and will also be reported. This information will be forthcoming in a full report to be distributed by TNA and TONE once board approvals have been received and next steps are finalized.
**NEXT STEPS**

In general, some of the critical recommended next steps based on these findings are:

1. Convene a statewide meeting to report study findings and develop tactical strategies to address the findings. Work with the Rural Institutes, Regional Extension Centers, Texas Organization of Community and Rural Hospitals (TORCH) and other organizations to further support rural providers and hospitals in achieving meaningful use and optimization of EHRs.

2. Explore how CDS systems can be optimized for nursing.

3. Discuss policy initiatives regarding barriers to and solutions for use of EHRs.

4. Through partnership with TONE and the Texas Hospital Association (THA), engage executive leadership in Texas hospitals to promote awareness of study findings and to develop quality improvement strategies addressing communication and support.

5. Communicate and convene with the Texas Team Executive Committee and Practice and Education Committees to inform nursing leadership across Texas of the study findings and to solicit input for improvement strategies.

6. Engage the Deans and Directors of the schools of nursing (and other schools of health professions) for an open discussion of how informatics might be integrated into curriculum.

7. Engage other content experts across the nation including usability, informatics, and TIGER leadership to foster improvement strategies for usability, system design, workflow, competency development, and other related areas.

8. Consider establishing a national strategy led by Texas, inviting other states to participate in collecting benchmark data.

9. Timelines and next steps recommended are reflected in the figure below. Included in the timeline, as previously noted, is formulation of interventions from October to December 2015 followed by deployment of interventions during the year 2016. A post-intervention survey to measure the impact of interventions on the satisfaction scores of the CISIES will be initiated in 2017.

This study and the subsequent findings provide a unique opportunity for listening to the voices of Texas nurses, expressing how Health IT might be improved. On behalf of Texas nurses, the TNA/TONE HIT Committee thanks the TNA and TONE boards for their leadership and support, as well as the 1,177 nurses that stepped forward to respond to the TNA/TONE Statewide Study Assessing Experiences of Nurses with their EHRs.

TNA and TONE will continue to update Texas nurses on the activities of the HIT Committee through the organizations’ communications channels — websites, emails, publications, and social media. Contact Mari Tietze, Co-chair of TNA/TONE HIT Committee at mtietze@twu.edu.

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**REFERENCES**


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**STAY TUNED ...**

To better understand the findings, inform regional improvement strategies, and develop an overall plan to improve Texas nurses’ satisfaction with their EHRs, the TNA/TONE HIT Committee will be working to create venues for more in-depth discussions with Texas nurses.

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**Half of those surveyed agreed or strongly agreed that their EHR system improves practice.**

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THINKING SPACE: UTMB Launches Nation’s First Hospital Makerspace for Nurses

By Nadia Tamez-Robledo, Texas Nurses Association

Wherever there’s a nurse, there’s an idea for making patients more comfortable, making care safer, and making health care more efficient.

That’s the view of TNA member David Marshall, the University of Texas Medical Branch (UTMB) at Galveston’s chief nursing and patient care services officer. From socket sets to a 3-D printer, nurses at UTMB’s John Sealy Hospital now have the tools to turn ideas into inventions.

The Massachusetts Institute of Technology’s (MIT) MakerNurse program, which aims to promote innovation among nurses, selected UTMB in August to become the first hospital in the nation with a MakerHealth™ Space. As the first medical makerspace, the 175-square-foot room is equipped to help nurses record and prototype ideas that may improve patient care.

“We’re really excited to be trailblazers,” Marshall said. “One of UTMB’s values is lifelong learning, and we feel part of lifelong learning is innovation and making things more efficient for nurses and safer for patients.”

Resources in the 8th-floor room include a 3-D printer, laser cutter, hammers, and a sewing machine. UTMB’s colleagues from MakerNurse and MIT are in the space a couple of weeks each month to help nurses, and they are otherwise available to staff via Skype. Recruiting for a MakerHealth™ Space shop manager is underway.

“One of the things we are really aiming for is having a space where nurses can leave where they are delivering care and rapidly go write it down or tell somebody in the makerspace about their idea and start prototyping what they were coming up with,” Marshall said. MakerNurse was created in 2013 as a branch of MIT’s Little Devices program. MakerNurse cofounder Anna Young said, after staff visited Nicaragua and saw nurses making protective clothing, repairing stethoscopes, and undertaking general problem-solving.

Makerspace:

“Open community labs where makers come together to share resources and knowledge to build and make or fix things.”

Source: Massachusetts Institute of Technology
“Nurses are some of the most creative and innovative people in the hospital system but also are some of the quietest,” she said. “They’re really part of the medical technology solution.”

Nurses at UTMB were designing to improve care before the space was open, a factor Young said led to its selection. Some innovations included an arm rest to improve cardiac catheterization, a tool apron, and a closed fluid delivery system to reduce the chance of infection with IV lines, Marshall said.

Jason Sheaffer, RN, said he headed to the MakerHealth™ Space as soon as he found out about it. As nurse manager of the Blocker Burn Unit, Sheaffer was hoping to improve the process of treating patients with severe chemical burns. When chemicals saturate the skin, a nurse or nurse technician must flush the skin using a water hose, sometimes for hours. Sheaffer is looking for process that is both more efficient for nursing staff as well as easier on the patient.

Sheaffer got help at the MakerHealth Space designing and printing parts for a chemical burn shower system.

“Now we have a working model that will connect to a water source and diffuse it over large area,” he said. “It frees up my nurses to do critical care and intervention rather than standing holding a hose over a patient. As a general rule, nurses are really artistic, creative problem solvers, and they tend to confront problems that are not easily solved. Having the ability to go and talk to someone knowledgeable in a field like engineering or computer science, I feel like it’s the kind of thing that will take off.”

An expansion of the UTMB MakerHealth™ Space is in the works, and Young said MakerNurse hopes to replicate the space around the country.

Nurses are welcome to use the space on weekends, and it’s also open to medical personnel in other fields, Marshall said. He added that UTMB hopes to share best practices it develops with the broader healthcare community.

“Our ultimate dream would be to have something that is such a great idea that it became patentable or became a commercializeable innovation,” Marshall said, adding the inventor and university would have dual ownership of a resulting patent. “And if that never happens, at least we’re capturing ideas that make things patients and more efficient for the healthcare provider.”

MakerNurse: “Seeks to bring nurse ‘making’ to the forefront of health care.”

Source: makernurse.org
WHAT’S ON YOUR MIND ABOUT NURSING?

Introduction to Marie Manthey and Nursing Salons

To continue with the theme of engagement and conversation from the two most recent House of Delegates (HOD), TNA will introduce a Nursing Salon during the interactive component of the 2016 HOD. Marie Manthey, PhD(h), MNA, FAAN, FRCN (known to many as the “mother of primary nursing”) will join with us to facilitate the Nursing Salon process she describes as “a group of nurses engaging in thoughtful conversation about the nursing profession.” It is an opportunity for nurses to connect — across specialties, practice environments, hierarchies, roles, etc. — and discuss nursing.

The Nursing Salon begins with a simple inquiry: what is on your mind about nursing? Key topics are identified for further discussion, and the rest is conversation: the informal interchange of thoughts, information, and ideas. The purpose is the process, not to do but to be — engaged, connected, open, reflective.

TNA hopes that those attending the House of Delegates will be inspired to host Nursing Salons within their districts. The simple act of conversation can assist us, as nurses, to connect and re-energize in powerful ways. Join us for conversation with Marie Manthey and your TNA colleagues at this year’s HOD!

HOUSE OF DELEGATES: APRIL 15-16

Join the Texas Nurses Association for the 2016 House of Delegates:
April 15 and 16
Westin Austin Hotel at the Domain
11301 Domain Dr., Austin, TX 78758

Cost:
- $50 per delegate; $25 per delegates who are also attending the Legacy Banquet
- $100 for HOD observers - includes Marie Manthey participation.
(Very limited space for observers - purchase tickets early)

Tickets available for the HOD and the Legacy Banquet at TexasNurses.org.

“Salons are lively gatherings where people engage in ‘big talk’ — talk that amuses, changes, amazes and is sometimes passionately acted upon.”

- Salons: The Joy of Conversation

FROM MARIE MANTHEY REGARDING NURSING SALONS:

“There is never a specific agenda, no decisions are made, no one is responsible for taking action, no reports are written. At first, I thought people would feel frustrated or dissatisfied with no achievable outcomes to measure. I have learned however, that information shared at the Salon has been brought into the lives of the participants in substantial and profound ways. Insights, shared wisdom, deep connectivity, and exquisite understanding of the depth of our values both energize and inform the lives of those who attend.

For more information please visit chcm.com/about-us/our-consultants/marie-manthey.
More than 15 years ago, the Institute of Medicine (IOM) released the landmark report *To Err is Human*, alerting the public to the magnitude of health care errors. Recently the National Patient Safety Foundation (NPSF) convened a panel to evaluate the state of patient safety during the past 15 years and to make recommendations for accelerating improvements. The findings were published in the progress report, *Free from Harm*, available online at npsf.org.

The report revealed that numerous safety interventions have been incorporated into clinical practice, from central line bundles to surgical checklists. Health policy recommendations have been implemented at state and federal levels including mandatory preventable adverse event reporting and pay-for-quality reimbursement formulas. Although great strides in patient safety have taken place through numerous collaborative efforts, preventable harm still occurs with frightening regularity.

There is still a long way to go to achieve a culture of safety and high reliability health care, and nurses can take the lead. From the bedside to the board room, nurses play a vital role in achieving a culture of safety throughout the continuum of care. To support nurses in this effort, the American Nurses Association (ANA) is launching a yearlong campaign, *Safety 360 Taking Responsibility Together*.

**FOCUS: PREVENTING FAILURE**

While “culture of safety” is an obvious fit with the healthcare industry, the concept originated outside of health care through the study of high reliability organizations (HRO). Examples include the nuclear power and airline industries. Such organizations engage in high stakes and complex work and have strong systems and processes in place to prevent potentially catastrophic errors.

One important attribute of HROs is the unwavering focus on preventing failures. Safety is prioritized over all other core values and includes establishing a climate of trust where safety concerns can be openly discussed and near-misses are viewed as learning opportunities. Nurses and organizations are challenged to balance a just culture where errors are viewed as a source of system knowledge with the equally important need to hold people accountable for their actions.

**ERRORS THROUGHOUT THE SYSTEM**

Upon its release in 1999, *To Err is Human* generated significant media attention, primarily because of a startling statistic: each year an estimated 44,000 to 98,000 hospital deaths were caused by errors. In human terms, this is equivalent to a year with a jumbo jet crashing every day with many more patients surviving with permanent...
disabilities. The years leading up to the 1999 report had seen increasing public concern and a growing patient safety movement, due initially to two highly publicized medical errors in 1994 at the esteemed Dana-Farber Cancer Institute. By 1998, 28 front-page stories focused on medical errors in hospitals.

In 1994, Betsy Lehman, a 39-year-old Boston Globe health reporter, died after a massive overdose of chemotherapy, and a second patient suffered heart damage after a similar error. Because of the prestige of Dana-Farber, these tragedies rocked the health care industry. If an error of that magnitude could happen there, it could happen anywhere. In June of 1998 the IOM initiated the Quality of Health Care in America Project with the initial emphasis on patient safety and preventing harm stating “the status quo is not acceptable and cannot be tolerated any longer.”

The year following the publication of To Err is Human was one of soul-searching, congressional hearings, finger pointing, and assigning blame. In September 2000, the Chicago Tribune ran the headline “Nursing Mistakes Kill, Injure Thousands” in a story that characterized nurses as “overwhelmed and inadequately trained.” The article further asserted that cost-cutting measures in cash-strapped hospitals “forced (nurses) to walk a thin line between do no harm and doing the impossible.”

IDENTIFYING PRACTICE BREAKDOWN
Nurses do play a key role in patient safety, and much research has been done on nursing practice breakdown. By 2002, a team led by noted nurse researcher Patricia Benner published the Taxonomy of Error, Root Cause Analysis and Practice-Responsibility (TERCAP), an instrument designed to capture data on nursing errors. TERCAP organizes nursing practice into eight categories:

- attentiveness
- clinical reasoning
- professional responsibility / advocacy
- prevention
- intervention
- interpretation of orders
- medication administration
- documentation

TERCAP also includes systems factors that can increase the likelihood of errors such as staffing levels, miscommunication, and interruptions. Eventually this work led to the development of the national TERCAP database, an initiative of the National Council of State Boards of Nursing (NCSBN). Aggregate data will help identify patterns of nursing practice breakdown and facilitate the development of interventions to improve patient safety.

Many patient safety resources for nurses have been developed in recent years. The Agency for Healthcare Research and

“It may seem a strange principle to enunciate as the very first requirement that in a hospital that it should do the sick no harm”

- Florence Nightingale

**Utilizing Best Resources**

The Centers for Disease Control website at cdc.gov has several pages dedicated to patient safety, from infection control to falls prevention. A rich resource for nurses working in long term care and assisted living, the CDC has introduced a new resource on falls prevention in seniors — STEADI (Stopping Elderly Accidents, Deaths & Injuries) at cdc.gov/steadi/. Every 20 minutes a senior dies from a fall-related injury, and one in three seniors fall each year. The STEADI website has information for professionals and consumers on fall prevention and maintaining independence at home.

The NCSBN publication, Nursing Pathways for Patient Safety, is also a useful resource for nurses. The book has one chapter for each of the eight categories of nursing practice and recommendations to prevent practice breakdown. The last two chapters of the book provide information on mandatory reporting and how organizations can shift to a whole systems approach to safety.

The Institute for Safe Medication Practices (ISMP) is the premier resource for medication safety information. The mission of this nonprofit organization is to educate the health care community and patients on safe medication practices. They offer free webinars — both live and recorded — with contact hours for continuing nursing education credit. They also offer other resources including important FDA medication-related safety announcements and free newsletter subscriptions for nurses and hospitals, long term care, and ambulatory facilities.

Nurses can also collaborate with pharmacists on medication safety initiatives. The American Society of Health-System Pharmacists maintains an online page of current resources, tools, and a bibliography of patient safety resources including several articles on supporting “second victims” of medical error. The second victims are the nurses who may experience a personal and professional crisis and psychological harm when a patient suffers a serious or fatal injury from a mistake. The emotional turmoil that haunts a nurse in the aftermath of a serious error can be exacerbated by isolation and workplace incivility. Nurses who are second victims need support, compassion, respect, trust, and an opportunity to be involved in efforts to improve safety.

**Supporting Co-Workers Supports Patients**

Nurses play a key role in patient safety at every level of the organization. It starts with maintaining high personal standards for the basic safety practices, from hand washing to medication administration. To help each other stay accountable, nurses can both adhere to safety standards as well as encourage coworkers to do the same. Additionally, nurses can support each other when safety issues are present and when a nurse makes an error.

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FREE FROM HARM: Accelerating Patient Safety Improvement Fifteen Years after To Err is Human

**Recommendations**

1. Ensure that leaders establish and sustain a safety culture.
2. Create centralized and coordinated oversight of patient safety.
3. Create a common set of safety metrics that reflect meaningful outcomes.
4. Increase funding for research in patient safety and implementation science.
5. Address safety across the entire care continuum.
7. Partner with patients and families for the safest care.
8. Ensure that technology is safe and optimized to improve patient safety.

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all nurses appreciate their roles as heirs to this right to practice. My vision is to build evidence to inform and advance nursing policy that supports excellence in nursing practice for safe, quality patient care in Texas.

TN: How will the grant program address these issues?

CZ: I believe we need evidence, grounded in research that informs our next steps in strengthening policy to support nursing practice. The TNF Nursing Policy Dissertation Research Grant Program will provide support to nurses conducting dissertation research on policy initiatives promoted by TNA. I am committing $10,000 over 5 years to this research fund (I have personally contributed $2500 to date). To be able to award at least one dissertation grant of $5,000 to $10,000 annually, we will need to achieve and maintain a base of at least $30,000.

I invite all TNA members to join me in support of TNA as a leader in policy that supports excellence in practice. Please consider a tax deductible contribution to the TNF Nursing Policy Dissertation Research Grant Program today. Texas nurses thank you.

To donate visit the TNA website at texansnurses.org.

Many member inquiries to the TNA Practice Line involve safe staffing issues and how to invoke safe harbor when a nurse believes the duty to the patient may be at risk. Nurses help patients and the organization by alerting hospital administration when safety issues and near misses occur. For urgent safety issues, this involves alerting the supervisor immediately and following the chain of command. Involving other departments — such as safety, quality, risk management, and corporate compliance — may also be necessary. These departments advise administrators and help ensure that organizational policies, laws, and regulations, such as Texas Safe Staffing law and peer review statutes, are followed.

Speaking up can involve something as simple as writing a note to administration with an explanation of the situation, including observations and recommendations. Unfortunately, nurses who speak up about safety concerns are sometimes dismissed, treated as troublemakers, or worse. Nurses in leadership roles can build a culture of safety by listening with curiosity and responding with integrity, transparency, and accountability. Behaviors such as defensiveness and retaliation erode trust and create a situation where safety issues are swept under the rug.

ANA President Pam Cipriano said it best in a recent interview, “Safety doesn’t require a hierarchy. It requires empowering every voice.” The nurse’s duty to the patient includes taking measures to keep patients free from harm and speaking up when safety threats are identified. Nursing is the most trusted profession, and the public counts on nurses to do whatever it takes to keep patients safe from harm.

ARTICLE REFERENCES AND SAFETY RESOURCES:

Agency for Healthcare Research and Quality (AHRQ) published Patient Safety and Quality: An Evidence-Based Handbook for Nurses


Safe Staffing Pocket Guide – Includes information on the Texas Safe Staffing Law and Safe Harbor Peer Review - available at the TNA Online Store.
modeled after the DAISY Award for Extraordinary Nurses, created by the DAISY Foundation and presented to nursing instructors whose expertise and excellence are demonstrated in their role as teachers of nursing students.

Elizabeth Sjoberg, RN, JD, general counsel for the Texas Hospital Association was recently honored with the inaugural Lifetime Achievement Award by the Texas Organization of Nurse Executives (TONE). As THA’s Associate General Counsel, Sjoberg works on areas including nurse licensure, practice and education; data collection; children’s and women’s issues; health information technology; and public health promotion and wellness.

Nancy Vish, PhD, RN, President and CNO of Baylor Heart and Vascular Hospital, Dallas, has been recognized by Becker’s Hospital Review as one of 130 women health leaders. Vish has more than 20 years of experience in nursing and management. She joined the Baylor Health Care System in 1996, working her way up until she became vice president of clinical operations and CNO of Baylor Heart and Vascular Hospital when it opened in 2002. In 2005 Vish became president.

ELECTIONS & APPOINTMENTS

Lenora Sefcik, MSN, RN, was appointed to the Palliative Care Interdisciplinary Advisory Council. The council will consult and advise Health and Human Services Commission on matters related to the various aspects of the statewide palliative care consumer and professional information and education program.

IN THE NEWS

A new endowed professorship in the Texas A&M College of Nursing and Health Sciences honors Dr. Eve Layman, PhD, RN, NEA-BC, who is retiring after 14 years at Texas A&M University-Corpus Christi. A donation of $100,000 established the Dr. Eve Layman Professor of Nursing with an additional amount to fund the first year of the award. The recipient of the Dr. Eve Layman Professor of Nursing will demonstrate a sustained record of health services or nursing research with continued contributions, such as publications in peer-reviewed journals, professional presentations and recognition by peers as a leader.

Layman, the Associate Dean for Graduate Nursing Programs, joined the faculty in 2001, and has focused on the development of nurse leaders and research of nursing workforce issues. She was instrumental in advancing the distance learning practices and in creating the Doctor of Nursing Practice program.
TNA Board Report

The Texas Nurses Association Board of Directors held their quarterly meeting in late January. Consisting of five directors and four officers, the TNA board sets policy and manages the direction of the association.

For the past year, the board has embraced “Renewal,” developing innovative strategies for engaging and communicating with members.

At the January meeting, the board took action on a variety of issues.

The board approved a change to the Integrated District Policy by adding the following:

iv. Designate two officers as official delegates for the Integrated District to TNA House of Delegates for the length of their terms; and

v. Arrange for election by district membership to select the remaining number of apportioned delegates and alternate delegates

1. Election of apportioned delegates and alternate delegates shall be by majority votes, with no minimum voting requirements and no runoffs.

2. In the event of a tie, a winner shall be chosen by lot.

BIG PICTURE

The board addressed the TNA strategic plan. Discussion revealed that initial deadlines may have been ambitious, and options and paths may need to be redefined.

Although a primary goal of renewal is for members to be active at the grassroots--district--level. However, activity at that level is not as widespread as the board had hoped.

Requirements for active district status include projects involving schools of nursing and the Texas Nurses Foundation. TNA staff are working to develop the tool kits for district participation.

The board continues to work to increase membership, with the goal of 20,000 members by 2020.

The health of the TNA districts is of great concern to the board. As TNA progresses through renewal, the organization is evolving into a stronger, streamlined, and responsive entity, focused on engaging members.

TNA staff members are meeting with districts throughout the state to identify what they need to be successful.

SPRING EVENTS

The board discussed the various aspects of the upcoming House of Delegates. (see page 12 for more details).

Staff updated the board on the status of the TNA publications. Texas Nursing Voice has been terminated, and plans are moving forward to enhance and expand Texas Nursing.

The progress of the new APRN Alliance--a coalition of five APRN organizations--was discussed.
BEYOND THE CAPITOL
WHERE IS TNA REPRESENTING YOU?

The Texas Nurses Association’s advocacy for nurses and the profession extends far beyond the Texas Capitol. Look at where you were represented in the last quarter!

**TEXAS TEAM: ADVANCING HEALTH THROUGH NURSING**
- Texas Team Rural Health Symposium
- Texas Team Practice Committee
- Texas Team Education Committee
- Texas Team Executive Committee and Regional Nurse Leaders
- Academic Progression in Nursing Advisory Committee
- Central Region Legislative Summit

**TEXAS BOARD OF NURSING (BON)**
- Quarterly meeting of the board of directors

**APRN ALLIANCE**

**TEXAS PUBLIC HEALTH COALITION**

**HEALTHY MINDS COALITION**

**TEXAS MOST COALITION**

**CENTERS FOR MEDICARE & MEDICAID SERVICES HOSPICE TECHNICAL EXPERT PANEL**

**TEXAS HIGHER EDUCATION COORDINATING BOARD**
- Innovative Grant Award Advisory Committee
- Pre-nursing Curriculum Advisory Committee (member Kathryn Tart, EdD, RN)

**TEXAS ALZHEIMER’S DISEASE PARTNERSHIP**

**HOME HEALTH QUALITY IMPROVEMENT NETWORK**

**TEXAS WOMEN’S HEALTH CARE COALITION**

**HEALTH AND HUMAN SERVICES**
- Texas Center for Nursing Workforce Studies (TCNWS)
  - Advisory Committee
  - Nursing Workforce Supply/Demand Advisory Task Force
  - Workplace Violence Survey Task Force
  - Governmental Public Health Nurse Staffing Task Force (Lisa Campbell, DNP, RN)
  - Home Health and Hospice Nurse Staffing Survey
- Department of State Health Services Public Health Inventory of Services Stakeholder meeting
- State Health Services Council
- Behavioral Health Advisory Council (member Celeste Johnson, DNP, RN)
- Texas Preparedness Coordinating Council (member Ron Hilliard, MSN, RN)
- Pharmacy and Therapeutics Committee
- Electronic Prescribing of Controlled Substances Committee (Marie Tietz, PhD, RN)
- Testimony, Transformation of the Texas HHS public hearing

**TEXAS MEDICAID WELLNESS PROGRAM ADVISORY BOARD**

**TEXAS IMMUNICATION STAKEHOLDERS WORK GROUP**

**TEXAS COALITION FOR HEALTHY MOTHERS AND BABIES**

Interested in representing Texas nurses through a TNA appointment to a state work group? Contact us at TNA@texasnurses.org.
Leaders & Legends of Texas nursing

April 15 | 6 p.m. Reception | 7 p.m. Dinner | Westin Hotel at the Domain Austin | Tickets available at texasnursing.org

Please join the Texas Nurses Association at the 2016 Legacy Banquet to celebrate the following individuals for their outstanding contributions to nursing.

Dolores M. Alford, PhD, RN, FAAN
Ellen L. Palmer, PhD, RN
Mary V. Fenton, DrPH, RN, ANP, AHN-C, FAAN
Jim Willmann, JD

Mildred Garrett Primer, RN*
Renilda Hilkemeyer, RN*
Sr. Charles Marie Frank, RN* *posthumously honored