In 2008, the Texas Nurses Association began a partnership with Arthur L. Davis Publishing Agency to produce Texas Nursing Voice, a newspaper-style publication to be sent to all nurses in Texas. Since that time, TNA has shared nursing-related news through Texas Nursing Voice with the 250,000 nurses in Texas. So, it is with careful and serious consideration that the Texas Nurses Association is concluding this partnership and the publication of Texas Nursing Voice.

Are you a member of TNA?
Over the years, many nurses have assumed that they are receiving this publication because they are members of the Texas Nurses Association. However, that may not be true. This publication, Texas Nursing Voice, is sent to every registered nurse in Texas, regardless of membership in TNA. After this issue, nurses who have not joined TNA will no longer receive these types of communications from TNA.

Thank you to readers and ALD Publishing
Thank you to the thousands of nurses who have read and enjoyed Texas Nursing Voice over the years. Your comments and feedback are greatly appreciated.

TNA extends special gratitude to Arthur L. Davis Publishing Agency for their work to produce and send this publication to all nurses in Texas. They have been a solid partner.

Renewal drives new programs
This was a difficult decision for TNA staff and board of directors. As TNA progresses through the “renewal” process, all programs and resources have been re-evaluated to ensure that members of TNA are getting the highest benefits for their membership. The Texas Nurses Association provides several opportunities for information and engagement for members:

- Texas Nursing Magazine is a quarterly publication which features a variety of articles about innovative programs in nursing and related areas, policy issues that affect nurses, and TNA member news.
- TNA Check-up is a new weekly e-newsletter sent to TNA members which includes the latest nursing news, a practice tip from TNA’s Practice Director, policy and government affairs updates, and a short list of upcoming events.
- TNA’s Policy Council consists of a 20-person council, four external committees, and expert advisors to each committee. (See page 3 for more information on how to participate.)
- TNA districts are local organizations that may meet, provide networking opportunities, organize events, and share information on the local level. Visit the TNA website at TexasNurses.org to determine your district.
- TNA district online communities allow members of each TNA district to communicate with other members, ask questions, and share information online.
- TNA offers these benefits and many others to TNA members. To join, visit TexasNurses.org and click on the “Join Us!” button at the top.
- If you have questions about Texas Nurses Association membership or any upcoming events, please contact TNA@Texasnurses.org.

Speak out for your practice
With professional membership in TNA, you can be a powerful voice that speaks boldly for nursing and boldly for the practice environment. As a TNA member, your voice will be heard when TNA speaks out on crucial nursing issues. Membership in TNA enables you to become a full participant in defining your profession now and into the future.

Texas Nurses Association: Empowering Texas Nurses to Advance the Profession!
Texas Nurses Association
Districts and Presidents

Presidents of the 28 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.

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Policy Engagement: Analyzing Nursing Policies for Legislative Action

by Andrew Cates, Director of Government Affairs, Texas Nurses Association

The inaugural TNA Policy Council started in 2015 with a vision of including as many TNA members as possible in the development of the policy issues that guide the association’s direction.

“The idea was that TNA has thousands of members who are on the front lines of nursing practice,” said TNA Vice President Jeff Watson, MSN, RN, NEA-BC, CRRN, who also chairs the Policy Council. “We need all who are interested to help guide our policy-making so that we can remain responsive to their needs.”

Getting Started

The initial Policy Council consists of twenty of the best and brightest minds in nursing, from areas that run the gamut of nursing practice and geographical representation throughout the state. The Policy Council met over the summer of 2015 to set issues of importance and assign committees to do research and provide recommendations on policy positions. Those committees are:

• Advanced Practice Registered Nursing
  - This committee looks at issues surrounding APRNs and their practice in the state of Texas.

• Regulatory
  - The regulatory committee examines regulatory issues affecting nursing in Texas, including close scrutiny of the Board of Nursing, Health and Human Services Commission, Department of State Health Services, and all rule-making by the bodies that may affect you.

• Workplace Advocacy
  - This committee’s charges include research and recommendations regarding issues that may affect nurses in the workplace, including fatigue, safe staffing, and workplace violence.

• Education
  - The education committee looks at education and related finance issues that may affect nursing, including statewide appropriations to universities and community colleges to address nursing shortages in Texas, qualified faculty recruitment, and ensuring that nursing education is prioritized in the state of Texas.

Providing Input

In addition to the committees, each consisting of 10 to 12 members, each committee has a set of Expert Advisors who are kept abreast of all committee meetings and updates so that they can reliably advise the committees on a wider scale. The Expert Advisors are key to ensuring a broad outreach into the TNA community. And the best part? Expert Advisors can get involved from the comfort of home, since their responsibility is as easy as opening and responding to an email. Currently the Policy Council has more than 300 Expert Advisors and is always accepting new advisors, but … you have to be a member of TNA to participate.

Get Involved or Join!

TNA is counting on our members to help build the policies that will direct the state of nursing for the next legislative session and beyond. Are you a TNA member? Then email Acates@texasnurses.org today if you’d like to get involved. Please include your name, contact information, and the committee (APRN, Regulatory, Workplace Advocacy, or Education) for which you would like to serve as an Expert Advisor.

Not a member yet or not quite sure if you are or not? Call us today (1-800-862-2022) and join so that you can have a hand in making the voice of Texas nurses heard!
Texas CNWS Begins Workplace Violence Study

by Cindy Zolnierek, PhD, RN, Executive Director, Texas Nurses Association

The 2010 IOM Future of Nursing Report called for better nursing workforce data — information about the number of types of nurses, where they are employed, and what roles they fill. This understanding is essential to ensure the preparation and availability of a nursing workforce able to support new models of health care delivery.

Texas is very fortunate to have a funded Center for Nursing Workforce Studies (CNWS) within the Department of State Health Services. Lead by Pam Lauer, MPH, the CNWS conducts a number of studies regarding the Texas nursing workforce to project supply and demand and alert others of the need to intervene to ensure an adequate workforce for the future.

This spring (March 2016) the CNWS will conduct the following staffing studies:
- 2016 Hospital Nurse Staffing Study (biennial)
- 2016 Long Term Care Nurse Staffing Study (biennial)

Complete the survey!

In addition, the CNWS will conduct a survey of individual nurses and hospitals regarding workplace violence. A representative sample of nurses licensed in Texas will receive a paper survey in the mail regarding their experiences with violence while practicing as a nurse.

This study was authorized by HB 2696 (Rep. Donna Howard and initiated by TNA) so that Texas-specific data regarding violence in the workplace could be gathered and utilized to inform future legislative initiatives to prevent violence against nurses. If you receive a survey in your mailbox, please complete and return it! Your participation will help TNA advance workplace safety for nurses.

Reports for the spring

The CNWS will be reporting on the following nursing surveys in March/April 2016:
- 2015 Home Health and Hospice Care Nurse Staffing Study (biennial)
- 2015 Demographics and Trends (biennial)
- 2015 Nursing Education Program Information Survey Reports (biennial)
- Supply and Demand for Nurses in Texas (special study; has not been completed for over a decade)

Texas CNWS Begins Workplace Violence Study

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Since 1907, when the Texas Nurses Association’s first members set out to define and regulate nursing through legislative advocacy, nurses and patients in Texas have benefited. Legislatively achieved gains in Texas have been significant for nursing practice. Now, more than 100 years later, TNA members continue the work through collaboration and vision.

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Joint membership in TNA and the American Nurses Association is now highly accessible at only $15/month or $174/year. Together with TNA, ANA represents the largest and most inclusive group of nurses in the country.

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• TNA’s Career Center

And ANA benefits:
• ANA’s Career Center
• ANA online continuing education
• ANA’s education alliance discounts
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• ANA’s mentoring program to match new RNs with more experienced nurses

Plus!
Develop your leadership skills:
• Participate in policy efforts as an expert advisor to one of the four Policy Council committees.
• Join in local activities through your TNA district.
• Apply for the ANA Leadership Institute

Visit TNA’s website at TexasNurses.org, and click on the red “Join Us!” button at the top of the page. You will be directed to TNA/ANA’s shared member page:

Make your nursing voice heard through TNA and ANA
With professional membership in TNA and ANA, your voice joins those of THOUSANDS of nurses who share your passion for the profession and your patients. You become part of the solution for advancing nursing issues at the state and national level and defining your profession now and into the future.

TNA & ANA: Empowering Texas Nurses to Advance the Profession

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The following commentary ran in the Austin American-Statesman on Aug. 17 and in The Dallas Morning News on Dec. 8. Inglis, a longtime TNA member, is a retired editor and neonatal intensive care nurse living in Austin. She can be reached at her website inglisopinion.com.

Texas politicians have a bad habit of interfering with board of medicine investigations. They need to butt out.

The health professions boards are some of the most important agencies in state government because they exist to protect you and me from harm. The various regulatory bodies govern, license and discipline doctors, nurses, dentists, pharmacists, psychologists and many other practitioner groups. They do a fine job despite parsimonious funding from benefactors who are large donors of Perry?

Hence, medical board investigations tend to be traumatic, and the extent of potential harm is also enormous. Physicians with a medical board investigation of a guy harming patients? That's just wrong. It brings with a medical license. Would it surprise you to hear that the good doctor as well as the doctor's benefactor were large donors of Perry?

We know it's not unusual for politicians to interfere with boards of medicine on behalf of Perry called Oklahoma Gov. Mary Fallin, a fellow Republican. According to a memo written later by the board's executive director, Fallin's general counsel visited the board saying, "Governor Fallin didn't want any more calls from Rick Perry about this, that Governor Perry said it was a travesty, and what would it take to make it go away."

Soon after the meeting, the board agreed to a deal. Anagnost admitted no guilt, paid a fine, agreed to additional training and kept his medical license. Would it surprise you to hear that the good doctor as well as the doctor's benefactor were large donors of Perry?

Perry's not the only Texas politician to interfere with boards of medicine on behalf of wealthy donors. Health professions’ boards do not have their own police forces. They depend on the ears and eyes of health care professionals to fulfill their duty to protect the public from improper practitioners. When a complainant reports a medical professional to his or her licensing board, the board typically notifies the practitioner of the alleged violations. They do not provide the practitioner with a copy of the complaint to protect the whistleblower from retribution, thus preserving the integrity of a system that has worked reasonably well to route out bad actors.

Contemptuous of the board's process, in recent sessions, the following politicians have authored or sponsored legislation to provide physicians with a copy of complaints: Sen. Bill Zedler, R-Arlington; Sen. Lois Kolkhorst, R-Brenham; Donna Campbell, R-New Braunfels; and Rep. John Zerwas, R-Richmond.

Fortunately, all their bills failed. It helped that committee members heard testimony about the Winkler County nurse who was fired from her job, criminally prosecuted and endured a trial after which she was acquitted. That only happened because the doctor and county's sheriff tricked the Texas Medical Board into giving enough of a description of the complainant that they were able to figure out who she was.

Other than pandering to wealthy physician donors, what possible benefit could result? Only a health care worker who had nothing to lose would report a physician if they thought the doctor would receive a copy of the complaint.

If politicians would remember that they were elected to serve the public interest and let medical board investigations run their course, we'd all be safer.

The Dallas Morning News recently reported that former Gov. Rick Perry interfered with the Oklahoma medical board's investigation of Dr. Steven Anagnost, a spinal surgeon who practices in Tulsa.

The Oklahoma board began investigating Anagnost in 2010 for violations involving 23 patients whose surgeries were bungled, leaving them dead, paralyzed or in perpetual pain. Other accusations involved charging for surgeries he did not perform as well as failed surgeries in which he implanted a spinal device he was paid to promote. Anagnost had been named in dozens of malpractice lawsuits and had settled cases by paying out of his own pocket. Records show he admitted failing to report the settlements to the board, as state law requires.

By 2013, the medical board had spent three years and $600,000 investigating Anagnost and was on the verge of revoking his license when Perry called Oklahoma Gov. Mary Fallin, a fellow Republican. According to a memo written later by the board's executive director, Fallin's general counsel visited the board saying, "Governor Fallin didn't want any more calls from Rick Perry about this, that Governor Perry said it was a travesty, and what would it take to make it go away."

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Texas Access to Affordable Healthcare Still Lagging

by Kevin Stewart, Texas Nurses Association Government Affairs

The Commonwealth Fund, a nonpartisan foundation that supports independent research on health issues, released its latest scorecard on State Health System Performance. The bad news is that Texas ranks last in the “Access and Affordability” category. The good news is that TNA has a solution: Allow APRNs to practice to the full extent of their training and education.

Not surprisingly, every state that made it into the top ten has a modernized Nurse Practice Act. They all allow full practice for Nurse Practitioners, and most of them grant full practice to Nurse Anesthetists, Clinical Nurse Specialists, and Nurse Midwives. Nine of the ten have also granted independent prescriptive authority to Nurse Practitioners. The results could not be clearer. Full practice goes hand-in-hand with access and affordability.

Increasing access would mean more primary care providers in rural and economically disadvantaged areas. Instead of waiting until a condition is bad enough to warrant hospitalization, patients could be treated early by highly qualified APRNs. Increasing affordability would mean lowering out-of-pocket costs for all Texans, as well as reducing the incredible tax burden caused by state welfare programs. Access and affordability of health care are the two most important issues that Texas currently faces. Let’s do something about it.

Opponents to full nurse practice argue that Texas would be sacrificing quality of care by allowing nurses to practice independently, yet they don’t have any research to support their claims. In fact, research has shown the exact opposite. For the overwhelming majority of patients who seek medical attention from their primary care provider for typical conditions, full-practice APRNs are more than qualified and provide a reasonably priced alternative to a visit to the physician’s office.

There are three steps to making an impact on APRN practice:

1. Make sure you are a TNA member;
2. Get involved with TNA through the advocacy process so that you can tell your elected official that you want Texas to move up in the rankings; and
3. Tell them that we know how to do it — full practice authority for APRNs in Texas.
The Benefit of Association Membership to the Individual Nurse

by A. Louise Dietrich, RN

The following letter was read at a meeting of the Graduate Nurses’ Association of Texas, El Paso, May 23 and 24, 1911.

We hear so much from nurses who are urged to join associations, “What’s the use, we get no benefit from them,” that it makes one wonder “Who is at fault?” I believe the nurse who derives no benefit from such a membership is at fault far more than either the association or the other members. Those who wish an education do not go off by themselves and never make use of the means given them whereby they may obtain an education. They go to school, college, mingle with those educated and cultured. The artist reads art, lives among artists, takes every opportunity to bring himself in contact with the most learned in this profession. Likewise the musician, the doctor, the lawyer, and every other profession. Why not the nurse? A great deal of knowledge can be gained through competition and discussion. Hence the value of mingling with your fellow nurses. The nurse who will not do this becomes narrow, knowing only her own views, remembering only those things she learned in one hospital. She truly misses more in her professional life than she knows about.

The nurse who makes an effort to attend meetings is bound to derive some benefit. First, the benefit of determination, which is bound to strengthen that good quality in her; then the benefit of seeing other places, of meeting new people, of strengthening her brain by the use of it, in competing with others. How much good do you suppose one would derive it, to secure an education, she went to school once in September, perhaps twice in October, not at all in November and December, and so on! And how much good do you suppose a nurse would get from an association if she attended once, then not again for several months, or once in five years. I tell you we can derive benefit from any undertaking, providing we put what is best in us into that undertaking, providing we put what is best in us into that undertaking, and I always feel like saying, “Shame! You have never done anything for your profession,” to the nurse who gets no benefit from association membership.

You know when you are nursing a desperate case and give all your knowledge, strength, enthusiasm and time to the recovery of that patient, you learn a great deal about human nature, nursing, medicine, etc., and are therefore benefited. Just so is the nurse who gives her knowledge, thought, enthusiasm and time to association work benefited, and once she has tasted the results of such work she will be ever ready to keep her membership and work for the good of the profession. The great trouble is that the majority want to be the generals, and object to being the soldiers, but of what use is a general if he has no soldiers? It is the soldiers who do the work and deserve the glory. It is the members who make the association and not the officers. To be sure, without the right leader the success will not be so great, but when the members are the right-thinking, enthusiastic helpers and workers they could not do otherwise than select the proper generals.

A great many times I believe people say things when they don’t realize how they sound. For instance, I once heard a lady say she “did not believe in foreign mission,” and yet she was giving largely to the school of waifs who were chiefly foreigners, so that they might be educated, cared for and made good citizens of the United States. It has been said that a man who is afraid to mingle with his fellow-men has something behind such a feeling that is not a credit to him. Let it not be said of this profession that the nurses who will not mingle with their fellow nurses either have not the right to do so or are afraid of competition. Rather let us band ourselves together and be thankful there are such ways and means of education open to us as associations of graduate nurses. Let us remain members, or become members, not only because we can derive great benefit from them by working to find the good in them, but because we can help our fellow nurses by our example, enthusiasm and work.

To join the Texas Nurses Association, visit TexasNurses.org and click the red “Join Us!” button at the top.
I was recently asked by the staff of the Texas Nurses Association about why I became a nurse. The simple answer is that I became a nurse because I like to engage people. I love to be with people. I love to teach them how to better manage and control their health and/or whatever health crisis they may be experiencing at the particular time I get involved with them.

Originally, I was a pre-med major, but I really didn’t like studying the courses about medicine. What really caught my interest was the interaction that I had with people when I was a nursing assistant working at a hospital during the summer.

Eventually I decided that medicine was not the route I wanted to take, but instead, I wanted to be a nurse. The interactions that prompted me to become a nurse are also what drove me to TNA. As much as I love being with people, I love being with people who are nurses 10 times more. We learn from each other. We provide insight, camaraderie, and even competition.

In the letter printed on page 9, A. Louise Dietrich, RN, former TNA president and the first TNA staff member, points out the importance of nursing associations. She wrote the letter in 1911!

Dietrich not only advocates for association membership, but more importantly, active membership. As I think about the thousands of interactions I have had over the years through TNA, I cherish each one. I have made great friends through TNA, encountered mentors, and been challenged. I have seen the best of our profession, seen fellow nurses struggle, and have had the privilege of encouraging young nurses. I have fought for nursing on the state and national level.

And I am a better person and nurse because of this.

I invite you to join me at TNA. And I hope you see the benefit of not only being a member, but an active one. Become an expert advisor to a committee. Get involved with your local district. Watch for future committee openings.

Build your own history of cherished interactions; join TNA today!
Nursing continues to be rated the most trusted profession, according to the annual Gallup poll ranking of honesty and ethics in various fields. For the past 14 years, the public has voted nurses as the most honest and ethical profession in America. This year, 85 percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high,” tying a nurses’ high point on the Gallup poll and 17 percentage points above any other profession.

“It’s essential that we leverage this trust to lead and implement change in the health care system,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA). “Hospitals, health care systems and other organizations are lacking an important perspective and can’t make fully competent decisions if they don’t have registered nurses at the board table or in the C-Suite.” To further this goal, both the Texas Nurses Association (TNA) and ANA are members of the Nurses on Boards Coalition, working to place 10,000 nurses on boards by 2020.

Ethics is an essential part of nursing practice. This includes an ethical responsibility to ensure the safety of patients and the health and wellness of nurses and other health care providers. In 2015, ANA released a revision of its Code of Ethics for Nurses with Interpretive Statements, a cornerstone document of the nursing profession that reflects many changes and evolutions in health care and considers the most current ethical challenges nurses face in practice. The release was just one component of the “Year of Ethics,” a series of activities emphasizing the importance of ethics in nursing practice.

In 2016, ANA will build on this concept of ethical and shared responsibility by launching a year-long “Culture of Safety” campaign to drive changes leading to a safer health care system. The campaign will also highlight how patients, communities and the nursing profession can benefit from efforts to foster a culture of safety in health care.

For more information on TNA and ANA activities, please visit TexasNurses.org and NursingWorld.org.
During a speech at the Texas Capitol on Veterans Day, Gov. Greg Abbott discussed the state of veterans’ health care. He pointed out that the number of veterans on waiting lists of one month or longer has increased by 50 percent since 2014.

In response, the Texas Nurses Association, the Texas Nurse Practitioners, and the Texas Association of Nurse Anesthetists sent a letter to Gov. Abbott urging a solution — allow APRNs to practice to the full extent of their education and training.

Excerpt from the letter:

“Waiting lists often occur because the number of veterans needing care far exceeds the number of practitioners able to serve them. Allowing APRNs — nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists — to fully practice would substantially reduce the waiting lists for veterans in Texas. It would also improve patient outcomes and reduce costs. As 50 years of peer-reviewed research has demonstrated, APRNs provide safe, cost-effective, and quality health care equal to the level of physician care.

Currently, 21 states and the District of Columbia grant APRNs full-practice authority. Numerous organizations, including the National Governors Association, the National Conference of State Legislatures, the Institute of Medicine, AARP, and the Robert Wood Johnson Foundation, are calling for Texas and other states to do the same. We all stand ready to support you in ensuring that veterans — who have put their lives on the line to save ours — have access to quality health care.

And patients are not the only ones to benefit. A 2012 study by noted Texas economist Ray Perryman estimated the economic impact to Texas of allowing the almost 20,000 APRNs in Texas to practice fully:

- $700 million in increased tax receipts to state and local governments;
- More than 97,000 permanent jobs;
- An increase of $16 billion in spending and $8 billion in state economic output annually; and most importantly,
- Improved patient outcomes and reduced overall health care costs.”

TNA thanks the Texas Nurse Practitioners and the Texas Association of Nurse Anesthetists for their willingness to work quickly on this response. All these organizations will continue to advocate for APRNs to deliver the services they are educated and trained to provide.

Allowing advanced practice nurses to fully practice in Texas will save money and more importantly, it will save lives.

APRN Legislative Day!

Join us for a day of conversation and action on issues of concern to nurses in advanced practice. Keynote presenter:

Dr. Bill Sage, MD, JD
James E. Dougherty Chair for Faculty Excellence Professor, Department of Surgery and Perioperative Care University of Texas at Austin

Monday, Feb. 22, 2016
8 a.m. to 12:30 p.m.
The Bullock Museum
1800 Congress Ave.
Austin, TX 78701

Sponsored by the APRN Alliance, a partnership of Advanced Practice Registered Nurse organizations who seek to advance common interests through a unified voice.

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