Texas Team Second Summit

February 12 in Dallas

by Ellarene Duis Sanders, PhD, RN, NEA-BC

The Texas Team Action Coalition kicked off in March 2011 with their first summit. The nearly three years since then have seen a tremendous amount of collaboration in order to develop the Texas Team into a working, productive action coalition that is truly addressing the Institute of Medicine’s (IOM) Future of Nursing recommendations in Texas.

On February 12, Texas Nurses Association (TNA), Blue Cross Blue Shield (BCBS), and Texas Organization of Nurse Executives (TONE) will host the second summit for the Texas Team. This will be a unique opportunity to recognize and celebrate the accomplishments of the action coalition to date as well as generate new ideas to further the work. It is amazing what our network of nurses and partners have been able to accomplish during this time with minimal financial support and infrastructure.

Summit Program

The program will open with Susan Hassmiller, PhD, RN, FAAN, of the Robert Wood Johnson Foundation. She will give the keynote address on the national perspective of the Institute of Medicine (IOM) work. Alexia Green, PhD, RN, FAAN, and Co-Leader of the Texas Team, will provide an overview of the organization’s work. Texas Team’s Practice, Education, and Leadership teams will offer a set of informative breakout sessions to feature their work. Texas Team regional leaders will present another set of breakout sessions, highlighting their successes. The day will close with an endnote by Beverly Malone, PhD, RN, FAAN, of the National League for Nursing.

Long-term Plans

The Texas Team Action Coalition will be in existence through 2020 in order to assure that we meet the eight IOM goals. To recap the eight goals:

1. Remove scope of practice barriers.
2. Expand opportunities to lead collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with BSN to 80 percent by 2020.
5. Double the number of nurses with doctorate degrees by 2020.
7. Prepare nurses to lead change.
8. Build an infrastructure for the collection and analysis of workforce data.

Your Participation

The Summit will help you understand the progress that has been made to date and what still remains to be done to accomplish these goals. If you are already involved in Texas Team work, this will be a great opportunity to network with other involved colleagues from across the state. If you have not yet participated in the Texas Team, this will be an opportunity to find out how your professional goals fit with this work and in which groups you want to get involved. We need your participation to create the preferred future for nurses and nursing in Texas!

The Promise of Nursing for Texas Gala Evening

This summit is being held in conjunction with The Promise of Nursing for Texas Evening Gala, which occurs the same evening in Dallas. The gala, sponsored by Johnson and Johnson, will raise funds that will be dedicated to Texas Team projects as well as nursing scholarships and faculty development in Texas.

Along with renowned nursing luminaries Drs. Beverly Malone, PhD, RN, FAAN, Susan Hassmiller, PhD, RN, FAAN, Billye Brown, EdD, RN, FAAN, and Linda Cronenwett, PhD, RN,
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Our nation faces the most profound shortage of nursing professionals in its history—a shortfall of nearly half a million nurses. This and a serious shortage of nursing educators over the next decade threaten to disrupt both the quality and availability of health care in Texas and elsewhere.

In response to this shortage, Johnson and Johnson has hosted the Promise of Nursing Event (discovernursing.com/the-promise-of-nursing-events#no-filters) an evening event that celebrates nurses in different U.S. cities to raise funds for nursing communities each year since the inception of its Campaign for Nursing’s Future (discovernursing.com/) more than 10 years ago.

To date, 31 Promise of Nursing galas, hosted by the Campaign, have been held across the country. Other regional events have raised more than $19 million in nursing scholarships and grants, faculty fellowships, and program expansion grants for schools of nursing across the United States in support of nursing education. In partnership with the Foundation of the National Student Nurses’ Association, the funds are awarded in states where the nursing shortage is most acute.

Johnson and Johnson together with The Texas Team Advancing Health through Nursing (dshs.state.tx.us/chs/cnws/texasteam/) and The Promise of Nursing for Texas Steering Committee are pleased to host an upcoming gala event in Dallas to celebrate nurses and their extraordinary contributions to the state of Texas. Adding to the excitement of this extraordinary evening, acclaimed nursing leaders Drs. Beverly Malone, PhD, RN, FAAN, Susan Hassmiller, PhD, RN, FAAN, Billye Brown, EdD, RN, FAAN, and Linda Cronenwett, PhD, RN, FAAN will be in attendance, underscoring the importance of The Texas Team and The Promise of Nursing goals in Texas.

All monies raised in Texas will remain in the state to benefit its nursing community and will be used to fund nursing student scholarships, graduate nursing education fellowships to help prepare nurse faculty, and grants for use in meeting the IOM recommendations in regions across Texas. This event will mark the third time a Promise of Nursing event has been held in Texas with nearly $630,000 raised previously.

The Promise of Nursing for Texas will take place on Wednesday, February 12, 2014 at the Hilton Anatole in Dallas. A reception begins at 6:00 p.m. with a dinner to follow at 7:00 p.m. Please R.S.V.P. by February 4, 2014. E-mail: nursingevents@its.jnj.com or call 732-524-5700.
Changing the Conversation:
Cultivating Nurses for Boards

by Cole Edmonson, DNP, RN, FACHE, NEA-BC

Answering the call to become a nurse and pursue a life of service is certainly common to all who enter the profession of nursing. Answering the Institute of Medicine’s Future of Nursing report’s call to serve as a nurse on a board is a different matter altogether. There has never been a more opportune time for nurses to step forward in a reformation where morally holistic lead is needed. Every nurse must become aware of the Future of Nursing recommendations and take time to understand the gaps between our current state and our future state, both in our profession and as individual nurses. Perhaps more importantly, what can and will each of us do personally and professionally to improve the health care of all Americans?

The American public continues year after year to vote nursing as the most trusted and ethical profession in the Gallup Poll. The majority of Americans believe that nurses should have more input and influence in the health care transformation than they currently do, but the fact remains that nursing is a clinical profession with its expertise in caring for patients. Leadership is a different domain of expertise, one that nurses typically do not experience in any immersible theory-based way until they begin graduate level work.

Education and Experience

In order to lead, nurses must gain experience through education. With only 13.2 percent of nurses having masters or doctorate level preparation, the leadership gap is expansive. Nurses have the ability to bridge that gap with their boundary-spanning skills and expertise. Being prepared as a generalist with knowledge in many disciplines is of great advantage when it comes to providing and understanding a variety of perspectives.

The nursing profession as an art and science keeps its holistic focus on health and wellbeing across the life span. Requiring education in life sciences, social science, research, and theory; nursing is a natural match for the complex task of leading. Nurses need to see organizations such as hospitals or health care facilities as living systems bounded in complexity and constantly seeking a state of homeostasis and, in the process, take the leading roles for which their education has prepared them. With their depth and breathe of information, knowledge, and wisdom about these living systems and the social sciences, nurses are well-positioned to sit on health care and non-health care related boards.

With this context, it’s easy to see why having nurses as voting members on boards adds perspective, brings voice to health and wellbeing issues, and provides ethics knowledge to the acumen of any board. Nurses keep the discussions morally centered and bring frameworks and models to bear on wicked problems to produce positive results. Nurses practice with a patient-centered framework and use the nursing process (assess, diagnosis, plan, intervene, and evaluate) to breakdown the complex problems faced by patients (i.e., congestive heart failure) and organizations (i.e., patient flow).

Committed Candidates

Finding the right candidate for a board position requires commitment. For example, Dr. Stephanie Woods, PhD, RN, was selected to serve on the Texas Health Presbyterian Hospital Dallas Board of Directors in 2011. Her candidacy was promoted by the chief nursing officer (CNO) and president to fill a board vacancy. The CNO and CEO worked with the board’s nominations committee. Vetting the candidates is an exhaustive process. It is designed to strengthen a board by providing needed skills, knowledge, and perspective along with clinical and business acumen. Dr. Woods’ academic and service career in clinical practice, as a nurse leader, CNO, chief operating officer, and associate dean prepared her for the role of board member along with her masters and doctorate degrees.

Having a nurse on the board of a hospital is an important decision, not only for the board but for the executive team as well. An RN board member can be a strategic partner for a CNO and the members of an executive team. An RN has the chance to change the conversation and develop partnerships with the community, organization, and the board. However, having a nurse on the board does not mean that advocacy is always nurse-centric. In fact, it rarely is. RN board members must balance the needs of the organization with those of the profession. Balanced advocacy for the health of both is required to achieve the best for the organization and the community of patients served by the organization. Boards are a carefully balanced group of stakeholders, representing the diversity of the population served with the needs of the organization. Depending on the composition of the board, the needs may be different...
Changing the Conversation continued from page 4

at different times. In general, boards are looking for members who have business skills, quality management knowledge, clinical operations experience, financial management skills, and generally have influence within the community.

Effect and Influence

As an RN board member, Dr. Woods is very effective and influential in strategic planning, operational excellence accountability, financial responsibility, and quality metrics. Dr. Woods’ nursing background and her many nursing leadership positions in both service and academia help her to ask pertinent questions and probe for deeper understanding and accountability. Most boards have a role in quality, such as health care outcomes and patient satisfaction metrics, so her understanding of health care complexity is an asset. When clinical issues are discussed, it is not uncommon to see board members turn to Dr. Woods for her opinion.

As a board member, she makes frequent rounds in the organization with the CNO to understand care processes, challenges, and strengths as well as to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with front-line caregivers to understand care processes, challenges, and strengths as well as to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and line caregivers and those in service of the strength as well to connect with frontline caregivers and those in service of the form. When clinical issues are discussed, it is not uncommon to see board members turn to Dr. Woods for her opinion.

Like Dr. Woods, you can carefully plan your career and education to position yourself for board service. Creating a network of peers in and outside of health care will be crucial to cultivating your interest in serving on a board. These networks not only create opportunity. They may also help position you for service in the broader community.

The CNO and the RN board member must have a positive and professional relationship in order to have a maximum impact on stakeholders in the organization. Dr. Woods is routinely invited to participate in nursing activities, including a Magnet® site visit, nursing leadership meetings, and visits with applicants for high impact nursing leadership roles. “The opportunity to serve as the first nurse on the THD board is both exhilarating and terrifying!” Dr. Woods describes of her board experience. “I am keenly aware that I must conduct myself nobly. It is not as much about my sake but it is about paving a way where a nurse will always be represented on the board. I sincerely hope I am making a way for others to serve in the future. Nurses have so much to offer boards.”

Public Trust, Call to Action

As the most trusted and ethical profession in the nation, nurses are leading some of the most powerful and influential businesses and programs in the nation, including Centers for Medicare and Medicaid Services (CMS). In Texas, nurses serve in the state legislature, hold positions on policy boards, lead health systems, lead hospitals, and lead academic organizations and entrepreneurial businesses all while caring for patients, families, and communities with great outcomes.

The public is asking. Will you answer the call? Will you embrace your greatness as a nurse? Will the nursing profession step fully into the leadership roles being asked of it? Preparing yourself, positioning yourself, and broadening your perspective are a few actions you can take to become the bridge needed to close the gaps between what we do today and what we are capable of doing tomorrow.

About the author: Dr. Edmonson is a Robert Wood Johnson Foundation Executive Nurse Fellow and a Chief Nursing Officer at Texas Health Presbyterian Hospital Dallas. He is president-elect for Texas Organization of Nurse Executives (TONE), co-lead of the Texas Team Practice Committee, and president of the DFW Great 100 Nurses, Inc. ★

Texas Team continued from page 1

FAAN, we hope that many nurses will be able to attend both events. It will be a tremendously positive day for Texas Nursing! Registration information for The Texas Team Second Summit will be available soon. Watch for details to be posted at ttnurses.org. The information will also be disseminated through other nursing organizations. Hope we see you in Dallas on February 12! Texas Nurses Association/Foundation Provider Unit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. ★

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Nurses Share Ideas and Tactics

Nurses from around the state were enthusiastic and eager, sharing ideas and tactics for disseminating the new information gleaned at the conference. In each of the three settings, Dallas, San Antonio, and Houston, responses were collated and generally fell into several key areas. The table below outlines the key areas and the specific tactics that fall within those areas.

<table>
<thead>
<tr>
<th>KEY AREA</th>
<th>TACTICS</th>
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| Collaborate with Colleagues in Education | • Work to expand clinical and educational opportunities  
• Expand Bridge Program Development  
• Develop uniform pre-requisite requirements  
• Improve mentoring environments  
• Address education access and barriers to access |
| Collaborate with Facilities/Hospital Councils | • Promote a healthy work environment  
• Educate of the value of nursing in error reduction  
• Business case for ROI for nurse staffing and nursing educational support  
• Develop facility-based incentives for nurses to continue education  
• Discuss incentives for hospitals to promote 80 percent BSNs by 2020 |
| Collaborate with Researchers/Interdisciplinary Team | • Promote and support further research validating outcomes  
• Promote and support further interdisciplinary discussion on patient safety |
| Share with Stakeholders | • Seek opportunities to communicate with stakeholders:  
❖ Schools  
❖ Health Fairs  
❖ Community/Civic Groups  
❖ Join TNA |
| Develop Incentives for Nurses | • Address the business case support for IOM initiatives:  
❖ Market recruitment  
❖ Clinical ladders  
❖ Certification support/reimbursement  
❖ Tuition reimbursement |
| Develop Incentives for Faculty | • Address faculty shortage  
• Focus on salary improvement |
| Focus on Rural Settings | • Address rural facility outreach and inclusion  
• Investigate scholarships/grants/clinical opportunities for rural nurses  
• Advocate for nursing diversity  
• Use social media as a mentoring tool  
• Engage bedside nurses to discuss important issues |
| Benchmark and Compare Data | • Identify trends to guide prioritization  
• Develop facility specific targets and thresholds  
• Engage and promote institutional-specific studies and reviews |
| Legislative Advocacy | • Expanded use of APNs and continued work to address scope  
• Address scholarships and grants for nursing education  
• Promote simulation grants for rural areas  
• Promote progression in nursing education |

Key Areas TNA Has Tackled

The group also shared additional ideas about what specifically TNA should do with the information. Surprisingly, many of the suggestions were items that TNA has been actively engaged in addressing, reflecting an opportunity for us to do a better job about communicating our efforts! There were also suggestions that have not yet been addressed or discussed by TNA, creating an opportunity for growth and benefit to our members. The table below summarizes suggestions from attendees. Suggestions fell...
### Legislative Advocacy

- Improve nursing wages
- Funding for nursing education
- Define entry level to practice

TNA has a very active Governmental Affairs Committee that monitors issues facing nursing advocacy, nursing workplace, nursing practice, and healthcare consumers.

TNA works with the Nursing Legislative Action Coalition during legislative sessions to develop the nursing agenda.

For more information, go to texasnurses.org > Advocacy.

### Media Support

- Advertise about the value of nursing
- Expanded content in publications
- Develop different ways for nurses to engage and share their story
- Work with Girl Scouts to develop a badge in nursing
- Create more informational campaigns
- Develop speakers bureau
- Increase programming in rural areas

To promote our activities and nursing advocacy, TNA currently uses:
- Facebook
- Twitter
- E-mail Blasts
- Printed Publications (Texas Nursing Magazine and Texas Nursing Voice)
- Webpage
- Conferences and Continuing Education Activities

### Educational Advocacy

- Improve access to affordable education
- Improve quality of RN instructors
- Standardize nursing curriculum
- Engage on diversity issues
- Write for educational grants
- Develop TNA Nursing Education Scholarship Fund/Program
- Develop Transition to Practice Models
- Develop timeline for ADNs to achieve BSN
- Place links on TNA website about educational grants

TNA was involved in the legislative process this past 2013 session that passed:
- $33.75 million of special funding for nursing education
- Faculty loan repayment program
- Use of Trauma Funds for graduate nursing education
- A feasibility study of community colleges offering a BSN

There is a grant/scholarship link on our website, texasnurses.org > Education > Become a Nurse.

Collaborative is in progress through the Academic Progression in Nursing Grant with work surrounding:
- Concept-based curriculum
- Standardized pre-requisites
- Total required credit hours for a degree
- Total required clinical hours

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**Forces and Factors continued from page 7**

...continued on page 9
The benefits of membership are outlined on our website (texasnurses.org > Join TNA), discussed person-to-person, and sent out in printed membership materials.

TNA has launched a new, lower dues rate at $15/month to encourage new membership. This has been extremely successful thus far.

Leadership and Advocacy

• Partner with other stakeholders, executives, and legislators
• Partner with TNA Districts to share information
• Connect specifically with rural areas
• Engage in projects with the Texas Team/BON and Nursing Schools

TNA serves on multiple task forces and committees (Texas Healthy Babies, Texas Women’s Healthcare Coalition, The Board of Nursing Practice Committee).

TNA collaborates and works closely with other associations on various issues and projects such as Texas Hospital Association (THA) and Texas Organization of Nurse Executives (TONE).

Nominated members as well as staff involved in the above activities represent us.

Currently, TNA is working with Texas Team and Johnson and Johnson on the upcoming Texas Team Second Summit and The Promise of Nursing for Texas Gala Event, to be held February 12 in Dallas.

TNA is in partnership with Texas Team to address the IOM recommendations for rural and urban settings.

Research/Publication

• Publish in other journals
• Present nursing work at conferences
• Participate in nursing research

TNA has begun compiling data related to practice issues and is beginning further collaborative work with TONE, THA, and BON to monitor issues specifically related to staffing.

TNA has recently published in Creative Nursing, a peer reviewed journal, and hopes to publish in peer reviewed journals annually to disseminate the work nurses do in Texas to the national audience.

Tool Kits/Resources

• Develop Action Plan kits for the IOM recommendations
• Develop a toolkit for the nurse leader on how to make the business case for nursing

Nurses can access resources regarding the IOM recommendations by joining the Texas Team.

E-mail texasteamcommcenter@gmail.com to get involved.

Nurses can access tool kits and practical resources on TNA’s website, texasnurses.org, as well through TNA’s educational workshops.

Membership

• Encourage more nursing involvement in TNA
• Promote membership in hospital settings
• Increase membership and communication
• Consider medical association model of making students active TNA members
• Collaborate with BON to develop joint licensure/membership fee
• Improve visibility
• Communicate how membership makes a difference

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The Harris County Sheriff’s Office is currently recruiting for health care staff to provide efficient, effective and compassionate health care to a unique population. The HCSD is the largest jail in the country to be accredited by the National Commission on Correctional Health Care. We offer challenging and rewarding clinical opportunities with competitive salary, retirement, paid holidays and other benefits. The HCSD is currently recruiting for the following positions:

RN/LVN S
Pauch Tech & Case Manager

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- RNs-LVN
  Pauch Tech & Case Manager

Texas Nurses Association appreciates all attendees who actively engaged in this exercise, brainstorming and operationalizing tactics to move the profession of nursing forward through innovation and best practices. Thank you! We are dedicated to the future of nursing, collaborating and improving nursing through advocacy—and we need you, our engaged members, to work with us. We will get there by working together. ★
Dean Brown always encouraged students to get involved with professional organizations, which she modeled by serving in leadership positions, not just holding a title, but always taking the organization to its next level of development. She is past president of the Texas Nurses Association and the American Association of Colleges of Nursing. She served on the board of the American Nurses Association.

When Brown was president-elect of Sigma Theta Tau International, she personally recruited Luci Baines Johnson to serve as honorary chair of the fundraising campaign to build its new headquarters in Indianapolis. As president, she reorganized the organization’s board to enable it to operate in a more corporate and growth-enhancing fashion. Under her leadership, Sigma Theta Tau created its foundation for nursing, which supports the learning and professional development of its members as they strive to improve nursing care worldwide.

Brown was one of the first deans to build philanthropic support in public universities, obtaining some of the early endowed positions in nursing, which enabled her to recruit research-intensive faculty who made the school one of the top-ranked in the country.

In 2010, she was recognized as a Living Legend by the American Academy of Nursing, one of the highest honors in the profession. Brown has a class and an elegance that is unmatched, yet she’s a real “people-person.” She never forgets your name or what you do professionally. She has inspired and mentored countless nurses.

“Dr. Brown’s leadership, her support of the original Magnet research and her outstanding contributions to nursing education and professional development have transformed nursing around the world,” said ANCC President Michael Evans, PhD, RN, NEABC, FAAN, during the ceremony. “Without her, there would be no Magnet Recognition Program®. I am honored to present her with the 2013 President’s Award.”

ED. note: This article was first printed in Seton Healthcare Family Nursing News Volume 18 Issue 8. Reprinted here with permission of the author.

TNA Congratulates Billye Brown!

Billye Brown, EdD, RN, FAAN is a long-time, highly revered member of the Texas Nurses Association. She served as TNA President from 1966-1969. She has also served on the Board of the American Nurses Association. She was elected a fellow of the American Academy of Nursing in 1984. Dr. Brown was inducted into the University of Texas Medical Branch Hall of Fame in 1992. She has received many local, state, national, and international awards and honors during her celebrated nursing career. We congratulate Dr. Brown on her most recent honor, which is detailed in the article that follows. Another TNA member, Michael Evans, PhD, RN, NEA-BC, FAAN, presented the award to Dr. Brown at the 2013 Magnet Conference in his capacity as President of the American Nurses Credentialing Center.

Magnet Pioneer Dean Billye Brown Receives ANCC’s President’s Award

by Tony Inglis, MSN, RN, CNS, FAAN, NursingNews Editor

The American Nurses Credentialing Center gave its prestigious President’s Award to Billye J. Brown, EdD, RN, FAAN, at its Magnet® conference in Orlando in October. The award was a tribute to a lifetime of invaluable contributions to the nursing profession. Brown, 88, was founding dean and is professor emeritus of The University of Texas School of Nursing. Many Seton nurses (including the author) graduated from the school during her inspirational tenancy as dean from 1972 to 1989.

As dean, she provided significant support for the original research conducted in the 1980s that led to the establishment of the ANCC’s Magnet Recognition Program®.

A Little History

There are two groups of Magnet hospitals—one from the early 1980s, the other certified in the early 1990s. Amid a severe nursing shortage in the early 1980s, nurses were leaving the profession and hospital staffing was in crisis. In response, the American Academy of Nursing, the American Nurses Association and a representative group of nurse executives conducted a national study to identify hospitals that attracted and retained highly qualified professional nurses in a competitive market. With the support of Dean Brown, this original study was conducted at The University of Texas at Austin School of Nursing’s Center for Nursing Research and resulted in 41 hospitals being awarded “Magnet hospital” designation. Seton Medical Center Austin was among the original 41 Magnet hospitals.

In the early 1990s, the ANA, through the ANCC, established a formal program to acknowledge excellence in nursing services: the Magnet Recognition Program®.

Dean Brown supported the original Magnet study because she was aware of the potential benefit to the profession of understanding the factors that attract nurses and keep them with an employer. Her support of the original research helped make the ANCC’s Magnet recognition a credential that marks the gold standard in nursing service and patient care.

A Beautiful Career

As the school’s founding dean, Dr. Brown oversaw the explosive growth of undergraduate and graduate programs. She nurtured a budding nursing research program and helped develop a continuing education program. She collaborated with colleagues to develop innovations such as a summer-only research program and helped develop a continuing education program. She nurtured a budding nursing research program and helped develop a continuing education program. She nurtured a budding nursing research program and helped develop a continuing education program. She nurtured a budding nursing research program and helped develop a continuing education program.

Dean Brown always encouraged students to get involved with professional organizations, which she modeled by serving in leadership positions, not just holding a title, but always taking the organization to its next level of development. She is past president of the Texas Nurses Association and the American Association of Colleges of Nursing. She served on the board of the American Nurses Association.

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Survivorship Care: Increasing Your Patients’ Quality of Life

Earn FREE CNE at noep.org

Nurses have the opportunity to impact cancer survivors’ physical, emotional, and practical needs, no matter the practice setting.
The Institute of Medicine’s (IOM) report, *Future of Nursing: Leading Change, Advancing Health* (2010) calls for a “transformation of leadership,” stating “that strong leadership is critical if the vision of a transformed health care system is to be realized” (p. 221). Our profession is challenged to prepare leaders throughout the health care system who have the capacity to serve as full partners with other health professionals in redesigning health care in the United States.

**Taking the IOM Lead in Texas**

The Texas Team Advancing Health through Nursing—the state’s action coalition focused on achieving the IOM recommendations in Texas—is working diligently to achieve all eight of the IOM recommendations. To that end, the Texas Team has engaged a variety of leaders throughout the state to do this work. (See Texas Team chart of Texas Action Coalition Leadership Structure, right.)

One component of the Texas Team that has been working diligently to achieve transformation of leadership is the Texas Leadership Team, co-lead by Freda Hanley, BSN, RN, Pam Craig, MSN, RN, and me. We have the privilege of working with a wonderful team of nursing and non-nursing leaders to specifically achieve the IOM leadership goals in Texas.

**National Leadership**

In November, four Texas Team leaders attended a national meeting in Seattle, sponsored by the Center to Champion Nursing in America. They shared Texas Team’s progress toward this goal and discussed a shared national strategy for increasing the number of nurse leaders serving on hospital, systems, state, and federal boards.

Stacy Cantu, CAE and President and CEO of the Texas Healthcare Trustees (THT), joined these leaders. THT is an active member of the Texas Team and is assisting us in achieving the IOM goal of nurses serving on boards. At the national conference, attendees gained exposure to exemplars focused on common issues around identifying promising leadership development programs and strategies that prepare nurses leaders for board positions. Leading the way, Texas presented an exciting new program, soon to be officially announced in Texas: THT in conjunction with Texas Team will be launching a program to prepare nurses to serve on boards in 2014.

**Texas Board Positions**

In the interim, the Texas Team is pleased to highlight four professionals who have stepped up to the plate to lead in board roles. We are pleased to announce that Gerald Bryant, DNP, RN, NEA-BC, has been newly appointed to serve as a member of the Texas Hospital Association (THA) Council on the Policy Development (COPD) for a two-year term. Pam Craig, MSN, RN, Laura Miller, MSN, RN, and Sheila Fata, MBA, RN, NEA-BC, were reappointed as Texas Organization of Nurse Executives (TONE) representatives to serve on the COPD for additional two-year terms. Composed of 54 appointed members of THA, the COPD provides THA members with an arena for discussion and debate of issues and resolution of policy positions. The COPD also plays a key role in developing THA legislative and regulatory public policy recommendations to address issues of interest or concern.

Dr. Bryant is the Chief Operating Officer/Chief Nursing Officer of the Magnet®-designated Baptist Hospitals of Southeast Texas (BHSET), overseeing its two facilities in Beaumont and Orange. Pam Craig is Chief Nursing Officer of Seton Medical Center Harker Heights. She is also President of TONE. Laura Miller is Chief Nursing Officer for the Baptist Medical Center in San Antonio, Texas, which is one of five hospitals in the Baptist Health System. Sheila Fata is Vice President Operations and Chief Nursing Officer of the Magnet®-designated Houston Methodist Hospital.

All four of these leaders’ health care organizations are members of the Texas Team Advancing Health through Nursing. In particular, Pam Craig serves on the executive committee of the Texas Team Advancing Health through Nursing, while Laura Miller serves on the Texas Team Education group, which is focused on achieving the IOM education goals in Texas.

The Texas Team Advancing Health though Nursing takes its role to improve the health care of Texans seriously and believes its work to transform leadership by advocating for nurses to serve on boards is key to the future of our state. Watch for more announcements and opportunities to join us in this exciting endeavor.

To “like” Texas Team on Facebook, visit www.facebook/TxTeamNursing. Check to see if your organization is a member of the Texas Team by contacting alexia.green@ttuhsc.edu. Questions related to the Leadership program should be directed to p.burns@tcu.edu.

About the author: Dr. Burns is the dean of Harris College of Nursing at Texas Christian University and on the executive committee of the Texas Team Advancing Health through Nursing Leadership Team, a state action coalition of the initiative on the Future of Nursing: Campaign for Action.

**Safe Nurse Staffing: It’s the Law!**

Presented by Texas Nurses Association as a one-day, CNE activity or as a view-when-you-choose webinar series.

**ONSITE 3-PART CNE ACTIVITY AT TNA HEADQUARTERS, AUSTIN:**

**January 22, 2014**

Onsite registration fee is $100 per TNA member; $125 per non-TNA member (full day, all three series parts).

Lunch and workshop materials included. Seating is limited, early registration encouraged. 4.5 contact hours will be awarded to participants who complete the entire activity.

**WEBINAR 3-PART CNE SERIES:**

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Each part in the webinar series awards 1.5 contact hours upon successful completion.

Get full details at texasnurses.org.

**REGISTER TODAY!**

Texas Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Texas Health Resources Receives HIMSS Davies Award of Excellence

by Ellarene Duis Sanders, PhD, RN, NEA-BC

Congratulations to Texas Health Resources on receiving the prestigious HIMSS Davies Award of Excellence! They have demonstrated awesome results in terms of improving patient safety and outcomes within their system.

The Nicholas E. Davies Award has recognized excellence in the use of health information technology, specifically the use of the electronic health record (EHR) to successfully improve health care delivery processes and patient safety while achieving a demonstrated return on investment since 1994. Winning organizations must demonstrate the value of the EHR in supporting delivery of patient care and must document improved patient outcomes, identify the challenges face, and describe their solutions in a manner that can be replicated by others. They must have achieved Stage 6 or Stage 7 on the HIMSS (Healthcare Information and Management Systems Society) Analytics EMR Adoption Model (EMRAM).

Texas Health Resources is one of the nation’s largest faith-based, nonprofit health care delivery systems. All 14 of the Arlington, Texas-based system’s wholly owned hospitals have been awarded HIMSS Analytics EMRAM Stage 6 or above designation. Texas Health started work on their Electronic Medical Record (EMR) in 2004. They completed the rollout in all 14 hospitals between 2005-2011. Since then they have added bar coding medications and device integration in all facilities. In 2014, they will add IV pump integration to their EHR.

Mary Beth Mitchell, MSN, RN, BC, CPHIMS, is the Chief Nursing Information Officer for Texas Health and has been involved with the EHR project since its start in 2004. She described some of the outcomes of their successful implementation of the EHR in a recent phone conversation.

One of their successes is the Modified Early Warning System (MEWS). They knew from research literature that most patients who have a cardiac arrest have unrecognized symptoms six hours prior to the event. This project pulls key information from the patient’s EHR and puts it together for the registered nurse (RN) as a numeric score based on the patient’s heart rate, systolic blood pressure, respiratory rate, temperature, and level of consciousness. When the nurse sees that a patient’s score is yellow or red, she can hover over that score to see the contributing values and recommended interventions.

The MEWS tool was piloted on four nursing units in four different hospitals. They collected data and gathered feedback from clinicians about the effectiveness of the tool and staff satisfaction. The pilot was so successful that MEWS was implemented in all Texas Health hospitals in December 2011. In the first six months after implementation, their cardiac arrest rate decreased by 38 percent (22 patients who were prevented from cardiac arrest) and now has diminished by 65 percent. This has become a patient safety standard of care for all system hospitals as a result.

Texas Health has seen a 53 percent reduction in medication errors and a 36 percent decrease in adverse drug events related to the EHR and Computerized Physician Order Entry (CPOE). These two statistics translate into $1,853,410 in cost avoidance for the system. They have reduced falls by 34 percent, which resulted in cost avoidance of $1,003,950. Compliance with evidence-based protocols has improved substantially with overall use at 65 percent and some orders sets, such as stroke, at 90 percent. Nursing compliance with completion of screening tools, such as the Braden Skin Risk Assessment and Hendrich Fall Risk Assessment, have increased from 88 percent to 99 percent.

Venous Thromboembolism (VTE) is one of the leading causes of preventable hospital deaths. According to AHRQ (2008), more people die from VTE than AIDS, breast cancer, and highway fatalities combined. Texas Health implemented a VTE prevention program in 2008. The VTE Risk Assessment Calculator was embedded into the EHR. Many of the fields self-populate from the patient’s information and at-risk scores connect to VTE prophylaxis interventions. The system sends out physician and nurse best practice advisories (BPAs) within the patient’s EHR. VTE prophylaxis led to an approximately 50 percent decrease in the number of VTEs over four years with a cost avoidance factor of $6,000,000.

Ms. Mitchell pointed out that the case studies they developed to submit for the Davies Award were all years in the making. Texas Health has committed to increasing evidence-based practice and using the EHR as a tool for patient care and clinical outcomes. Developing the case studies for submission was the most fun part of the process because Mitchell said that it illustrated the value of becoming more data-driven. Her goal is to get the data and dashboards into the hands of nurses so that their practice can continue to evolve into being more evidence-based. Texas Health plans to continue their commitment to evolve and grow their EHR to be the best it can be.

For more details about the case studies that Texas Health submitted in their application for the Davies Award, please see http://apps.himss.org/davies/index.asp.
TPAPN Workshop Addresses Advocacy Roles and Current Practice Topics

by Michael Van Doren, MSN, RN, CARN, Program Director, Texas Peer Assistance Program for Nurses

It wasn’t just another workshop. Texas Peer Assistance Program for Nurses (TPAPN) hosted a recent fall workshop and advocacy training, in which some 50 new and experienced volunteer advocates for TPAPN learned about their roles and programmatic changes, but it was memorable for yet another reason: the inspirational and motivational words of keynote speaker Marie Manthey, PhD (hon.), MNA, RN, FAAN, FRCN and President Emeritus of Creative Health Care Management, Inc. On the instructional side, Manthey provided examples that illuminated deficiencies with nursing’s task-based culture versus a relationship-based care approach and its positive implications for advocacy for our peers.

In Praise of Manthey

As one advocate put it, “The keynote was so very interesting as Manthey addressed the professional practice changes she both witnessed and helped develop within the context of her personal rollercoaster ride of recovery from substance use disorder. It was inspiring to have such an esteemed veteran nurse who, as a septuagenarian, ardently communicated so effectively through her personal story the same needs and challenges that the many nurses of TPAPN with their different ages and backgrounds also experience. Marie’s lead-in story, as to what influenced her to become a nurse in the first place, made me realize how we often have no idea what influence and effect we have on people we come in contact with—or how we touch them and their families sometimes without even a word exchanged.”

Another advocate had these words to say, “We have so much trouble with the nurses saying that they don’t have that much time to spend with the patients, but if they would just try it, they would see that Marie is right. It will actually give them more time, patient satisfaction will greatly improve, and the patient will get much better care. Her story about how she became an alcoholic shows how it can creep up on you. Many people feel that just taking a drink now and then is not harmful—and it’s not for some people—but for some, it is devastating. Unfortunately, you may not know which one you are until it’s too late.”

April 2014 Workshop

TPAPN’s next continuing education activity for advocates and other interested nurses and professionals will be held April 4-5, 2014 in Austin. The two-day workshop is free to all approved/active advocates ($150 for all others). A total of 11.33 nursing contact hours will be awarded to those who attend both days. Michael Spritzn, D.O. and Founder/Chief Medical Director of the Sprintz Center for Pain and Dependency, will be the featured Saturday morning speaker. For more information, go to www.tpapn.org.

Another reason to attend is provided by those nurses who participate in auto accidents is but one compelling reason to attend the workshop. The two-day workshop is free to all approved/active advocates ($150 for all others). A total of 11.33 nursing contact hours will be awarded to those who attend both days. Michael Spritzn, D.O. and Founder/Chief Medical Director of the Sprintz Center for Pain and Dependency, will be the featured Saturday morning speaker. For more information, go to www.tpapn.org.

Dear Terry,

Here is the paperwork from my exit quarterly. TPAPN has saved my life and I am so grateful for the experience. Thank you for your support about my job… My administrator resigned and not only did I stay, but the owner gave me a $5/hour raise. God is good! I was so angry two years ago when I started this program. So many wonderful things have happened since: My spouse got sober with me… My mother is back in my life after 5 years. (She had stopped speaking to me because of where alcohol had taken me.) Today we are closer than ever. My relationship with my daughter is stronger than ever. I would very much like to become an advocate. I strive every day to give back what was so freely given to me. I will send my application in for the April conference and hope to be accepted for service…

TPAPN Welcomes Volunteers

Choose to volunteer with TPAPN and witness these kinds of miracles. Nurses do not have to be graduates of TPAPN or in recovery to volunteer as a peer advocate. Approximately 50 percent of our volunteers are not in recovery for substance use or psychiatric disorders per se.

A volunteer needs only to have an unencumbered license, adhere to TPAPN’s standards for advocates (available online with the TPAPN advocate application), have their application for advocacy approved, possess a positive intention for advocacy, and embrace an openness to learning more about psychiatric and substance use disorders and their impact on nursing.

Volunteer now and attend the spring 2014 training. You likely won’t experience “just another workshop.”

The author thanks Lori J. Karhu, RN, LMT, CAPSI, Patty Esposito, MSN, RN, NEA-BC, and TPAPN Case Manager Terry Shockley, RN, LCDC, for their invaluable contributions to this article.

★

UNDERSTAND THE LAW! RN and LVN Annotated Guides to the Texas Nursing Practice Act

Texas Nurses Association’s two annotated guides are to-the-point references that can facilitate a better understanding of the laws and regulation governing the nursing practice.

KEY CONTENT: The details in these editions reflect legislation passed by the 2013 Texas Legislature, including expansion of patient advocacy protections for public hospital-employed nurses, new defended action (disciplinary) provisions, confidentiality of BON orders when sending a nurse to TPAPN, and expanded prescriptive authority for LPNs. Also included are changes to rules, position statements, and practice areas of the BON website since the last edition. To assist understanding, both editions continue the extensive annotations by TNA General Counsel Jim Witzmann.

ORDER YOURS TODAY!

- Annotated Guide for RNs to the Texas Nursing Practice Act - 8th Edition
  TNA member price: $27.95
  Non-member price: $47.95
  Plus sales tax

- Annotated Guide for LVNs to the Texas Nursing Practice Act - 7th Edition
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Phone TNA at 800.862.2022 ext.136
Or email rwhitma@texasnurses.org for additional information.

FROM L TO R AT TPAPN’S FALL 2013 WORKSHOP WITH KEYNOTE SPEAKER MARIE MANTHEY, PhD (HON.), MNA, RN, FAAN, FRCN (CENTRE) ARE TPAPN PROGRAM DIRECTOR MICHAEL VAN DOREN, MSN, RN, CARN; TPAPN ADVOCATE COORDINATOR SHIRLEY BAUGH, RN; TNA 2014 EXECUTIVE DIRECTOR CINDY ZOLNIEREK, PHD, RN; TPAPN CLINICAL SUPERVISOR/CASE MANAGER LEANNE BUNCH, RN, LCDC; TPAPN PROGRAM OPERATIONS COORDINATOR KATY DAVILA; AND TPAPN CASE MANAGER BECKI DROZD, RN, LCDC.

( Photo credit: Sherry Young, PhD)
The Texas Peer Assistance Program for Nurses (TPAPN) has implemented a series of changes designed to fulfill guidelines recommended by the National Council of State Boards of Nursing (NCSBN) approved, alternative, and voluntary program for Texas nurses whose practice may be impaired by psychiatric or substance use disorders. Since September 1, 2013, the key guideline TPAPN has changed is the expansion of the program to the recommended minimum of three years; previously a minimum of two years. Of the approximately 44 states having approved programs, Texas was virtually the only state to require a minimum of two years for nurses and three years for advanced practice registered nurses (APRNs). TPAPN now requires APRNs to participate for five years. As a best practice, this increased length of monitoring provides positive behavioral changes for both recovery and practice. Over the next year, TPAPN will implement other recommended guidelines, such as development of facilitated support groups and approved treatment providers. Additionally, with passage of SB 1058 in the 2013 state legislative session, the BON is now permitted to provide confidential board orders to TPAPN. This means that nurses who come into TPAPN as a result of board action no longer have to deal with the negative fallout from the facts in their case that occurred when they were impaired, or in active disease state, due to substance abuse or psychiatric disorder. Their cases are no longer posted on the BON’s website for the public and, more importantly, for employers to read and pass judgment. Hopefully being judged on experience and current character, instead of the poor choices and disease states of the past, will improve nurses’ employment opportunities and encourage more nurses to choose to participate in TPAPN when board action is necessary.

While program expansion addresses national guidelines, TPAPN has also implemented internal program changes, with support of the BON, designed to enhance participation and reduce the burden employers may incur in trying to accommodate nurses in the workplace. Here are some of the more salient changes:

1) With appropriate documentation indicating receipt of treatment, good recovery, and satisfactory nursing practice, TPAPN is working with new participants to keep them on the job while entering into the program.

2) When participants have to be suspended from work for taking an unauthorized prescription of a controlled substance, they no longer have to wait until TPAPN receives a negative drug test result. Given appropriate communication, participants may return 24 hours after taking the last dose.

3) Employers are no longer required to meet with participants monthly. Only formal quarterly update meetings are required.

4) Participants do not have to submit meeting attendance logs, e.g., of 12-step meetings or therapy sessions, to TPAPN once they begin their third year in the program.

5) Night shifts are no longer typically prohibited but will be evaluated for appropriateness given participants’ practice history and the availability of supervision and monitoring.

TPAPN plans to provide employers and co-workers of TPAPN participants with online slideshows, highlighting the TPAPN programs and their importance. Through this increased access, a more educated employer base will increase participation and work restrictions for those professional coworkers with a legitimate need to know. By meeting established benchmarks for standardization, performance, and quality measures, TPAPN, with support of key stakeholders, maintains its reputation as one of the premier alternative programs for nurses in the nation.

TPAPN is administered by the Texas Nurses Foundation, a 501(c)3 charitable, professional and public education and scholarly arm of the Texas Nurses Association. To find out more about TPAPN or to see how you can become a peer advocate for participants of the program, visit www.tpapn.org or call 512-467-7027 ext 105.

References:
# ANA/TNA Membership Application

For assistance with your membership application, contact ANA’s Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

## Essential Information

<table>
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## Professional Information

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## Membership Dues

- **Month:**
  - **Monthly:** $15 OR
  - **Annually:** $174
- **ANA-PAC Contribution:** (optional) $5
- **American Nurses Foundation Contribution:** (optional) $5
- **Total Dues and Contributions:** $174

## Ways to Pay

- **Monthly Payment - $15**
  - Checking Account
  - Credit Card
- **Annual Payment - $174**
  - Credit Card

## Authorization Signatures

- **Monthly Electronic Deduction** | Payment Authorization Signature
- **Automatic Annual Credit Card** | Payment Authorization Signature

## Credit Card Information

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<td>Authorization Signature</td>
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FATIGUE IS A WORKPLACE HAZARD will inform nurses about the risk of fatigue, a factor that can impair a nurse’s ability to practice competently and safely. Methods for preventing and mitigating fatigue are included.

Single copies are $2.50 each (plus tax and postage) for TNA members; $5.00 each (plus tax and postage) for non-TNA members.

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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.

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E-mail: cbwelsh@ntcc.edu

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Our nation faces the most profound shortage of nursing professionals in its history—a shortfall of nearly half a million nurses. This and a serious shortage of nursing educators over the next decade threaten to disrupt both the quality and availability of health care in Texas and elsewhere.

In response to this shortage, Johnson and Johnson has hosted the Promise of Nursing Event (discovernursing.com/the-promise-of-nursing-events#no-filters) an evening event that celebrates nurses in different U.S. cities to raise funds for nursing communities each year since the inception of its Campaign for Nursing’s Future (discovernursing.com/) more than 10 years ago.

To date, 31 Promise of Nursing galas, hosted by the Campaign, have been held across the country. Other regional events have raised more than $19 million in nursing scholarships and grants, faculty fellowships, and program expansion grants for schools of nursing across the United States in support of nursing education. In partnership with the Foundation of the National Student Nurses’ Association, the funds are awarded in states where the nursing shortage is most acute.

Johnson and Johnson together with The Texas Team Advancing Health through Nursing (dshs.state.tx.us/chs/cnws/texasteam/) and The Promise of Nursing for Texas Steering Committee are pleased to host an upcoming gala event in Dallas to celebrate nurses and their extraordinary contributions to the state of Texas. Adding to the excitement of this extraordinary evening, acclaimed nursing leaders Drs. Beverly Malone, PhD, RN, FAAN, Susan Hassmiller, PhD, RN, FAAN, Billye Brown, EdD, RN, FAAN, and Linda Cronenwett, PhD, RN, FAAN will be in attendance, underscoring the importance of The Texas Team and The Promise of Nursing goals in Texas.

All monies raised in Texas will remain in the state to benefit its nursing community and will be used to fund nursing student scholarships, graduate nursing education fellowships to help prepare nurse faculty, and grants for use in meeting the IOM recommendations in regions across Texas. This event will mark the third time a Promise of Nursing event has been held in Texas with nearly $630,000 raised previously.

The Promise of Nursing for Texas will take place on Wednesday, February 12, 2014 at the Hilton Anatole in Dallas. A reception begins at 6:00 p.m. with a dinner to follow at 7:00 p.m. Please R.S.V.P. by February 4, 2014. E-mail: nursingevents@its.jnj.com or call 732-524-5700.

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Changing the Conversation:
Cultivating Nurses for Boards

by Cole Edmonson, DNP, RN, FACHE, NEA-BC

Answering the call to become a nurse and pursue a life of service is certainly common to all who enter the profession of nursing. Answering the Institute of Medicine’s Future of Nursing report’s call to serve as a nurse on a board is a different matter altogether.

There has never been a more opportune time for nurses to step forward in a reformulation where morally holistic lead is needed. Every nurse must become aware of the Future of Nursing recommendations and take time to understand the gaps between our current state and our future state, both in our profession and as individual nurses. Perhaps more importantly, what can and will each of us do personally and professionally to improve the health care of all Americans?

The American public continues year after year to vote nursing as the most trusted and ethical profession in the Gallup Poll. The majority of Americans believe that nurses should have more input and influence in the health care transformation than they currently do, but the fact remains that nursing is a clinical profession with its expertise in caring for patients. Leadership is a different domain of expertise, one that nurses typically do not experience in any immersible theory-based way until they begin graduate level work.

Education and Experience

In order to lead, nurses must gain experience through education. With only 13.2 percent of nurses having masters or doctorate level preparation, the leadership gap is expansive. Nurses have the ability to bridge that gap with their boundary-spanning skills and expertise. Being prepared as a generalist with knowledge in many disciplines is of great advantage when they come to providing and understanding a variety of perspectives.

The nursing profession as an art and science keeps its holistic focus on health and well-being across the life span. Requiring education in life sciences, social science, research, and theory; nursing is a natural match for the complex task of leading. Nurses need to see organizations such as hospitals or health care facilities as living systems bounded in complexity and constantly seeking a state of homeostasis and, in the process, take the leading roles for which their education has prepared them. With their depth and breathe of information, knowledge, and wisdom about these living systems and the social sciences, nurses are well-positioned to sit on health care and non-health care related boards.

With this context, it’s easy to see why having nurses as voting members on boards adds perspective, brings voice to health and well-being issues, and provides ethics knowledge to the acumen of any board. Nurses keep the discussions morally centered and bring frameworks and models to bear on wicked problems to produce positive results. Nurses practice with a patient-centered framework and use the nursing process (assess, diagnosis, plan, intervene, and evaluate) to breakdown the complex problems faced by patients (i.e., congestive heart failure) and organizations (i.e., patient flow).

Committed Candidates

Finding the right candidate for a board position requires commitment. For example, Dr. Stephanie Woods, PhD, RN, was selected to serve on the Texas Health Presbyterian Hospital Dallas Board of Directors in 2011. Her candidacy was promoted by the chief nursing officer (CNO) and president to fill a board vacancy. The CNO and CEO worked with the board’s nominations committee. Vetting the candidates is an exhaustive process. It is designed to strengthen a board by providing needed skills, knowledge, and perspective along with clinical and business acumen. Dr. Woods’ academic and service career in clinical practice, as a nurse leader, CNO, chief operating officer, and associate dean prepared her for the role of board member along with her masters and doctorate degrees.

Having a nurse on the board of a hospital is an important decision, not only for the board but for the executive team as well. An RN board member can be a strategic partner for a CNO and the members of an executive team. An RN has the chance to change the conversation and develop partnerships with the community, organization, and the board.

However, having a nurse on the board does not mean that advocacy is always nurse-centric. In fact, it rarely is. RN board members must balance the needs of the organization with those of the profession. Balanced advocacy for the health of both is required to achieve the best for the organization and the community of patients served by the organization. Boards are a carefully balanced group of stakeholders, representing the diversity of the population served with the needs of the organization. Depending on the composition of the board, the needs may be different.
at different times. In general, boards are looking for members who have business skills, quality management knowledge, clinical operations experience, financial management skills, and generally have influence within the community.

Effect and Influence

As an RN board member, Dr. Woods is very effective and influential in strategic planning, operational excellence accountability, financial responsibility, and quality metrics. Dr. Woods’ nursing background and her many nursing leadership positions in both service and academia help her to ask pertinent questions and probe for deeper understanding and accountability. Most boards have a role in quality, such as health care outcomes and patient satisfaction metrics, so her understanding of health care complexity is an asset. When clinical issues are discussed, it is not uncommon to see board members turn to Dr. Woods for her opinion.

As a board member, she makes frequent rounds in the organization with the CNO to understand care processes, challenges, and strengths as well as to connect with frontline caregivers and those in service of the caregivers. She recently served on and led a committee exploring trauma designation and caregivers. She recently served on and led a committee exploring trauma designation and caregivers. She recently served on and led a committee exploring trauma designation and caregivers. She recently served on and led a committee exploring trauma designation and caregivers.

Like Dr. Woods, you can carefully plan your career and education to position yourself for board service. Creating a network of peers in and outside of health care will be crucial to cultivating your interest in serving on a board. These networks not only create opportunity. They may also help position you for service in the broader community.

The CNO and the RN board member must have a positive and professional relationship in order to have a maximum impact on stakeholders in the organization. Dr. Woods is routinely invited to participate in nursing activities, including a Magnet® site visit, nursing leadership meetings, and visits with applicants for high impact nursing leadership roles.

“The opportunity to serve as the first nurse on the THD board is both exhilarating and terrifying!” Dr. Woods describes of her board experience. “I am keenly aware that I must conduct myself nobly. It is not as much about my self as it is about paving a way where a nurse will always be represented on the board. I sincerely hope I am making a way for others to serve in the future. Nurses have so much to offer boards.”

Public Trust, Call to Action

As the most trusted and ethical profession in the nation, nurses are leading some of the most powerful and influential businesses and programs in the nation, including Centers for Medicare and Medicaid Services (CMS). In Texas, nurses serve in the state legislature, hold positions on policy boards, lead health systems, lead hospitals, and lead academic organizations and entrepreneurial businesses all while caring for patients, families, and communities with great outcomes.

The public is asking. Will you answer the call? Will you embrace your greatness as a nurse? Will the nursing profession step fully into the leadership roles being asked of it? Preparing yourself, positioning yourself, and broadening your perspective are a few actions you can take to become the bridge needed to close the gaps between what we do today and what we are capable of doing tomorrow.

About the author: Dr. Edmonson is a Robert Wood Johnson Foundation Executive Nurse Fellow and a Chief Nursing Officer at Texas Health Presbyterian Hospital Dallas. He is president-elect for Texas Organization of Nurse Executives (TONE), co-lead of the Texas Team Practice Committee, and president of the DFW Great 100 Nurses, Inc.★

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Texas Team continued from page 1

FAAN, we hope that many nurses will be able to attend both events. It will be a tremendously positive day for Texas Nursing! Registration information for The Texas Team Second Summit will be available soon. Watch for details to be posted at texasnurses.org. The information will also be disseminated through other nursing organizations. Hope we see you in Dallas on February 12!

Texas Nurses Association/Foundation Provider Unit is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.★

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January, February, March 2014

Changing the Conversation continued from page 4

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Nurses Share Ideas and Tactics

Nurses from around the state were enthusiastic and eager, sharing ideas and tactics for disseminating the new information gleaned at the conference. In each of the three settings, Dallas, San Antonio, and Houston, responses were collated and generally fell into several key areas. The table below outlines the key areas and the specific tactics that fall within those areas.

<table>
<thead>
<tr>
<th>KEY AREA</th>
<th>TACTICS</th>
</tr>
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</table>
| Collaborate with Colleagues in Education | • Work to expand clinical and educational opportunities  
• Expand Bridge Program Development  
• Develop uniform pre-requisite requirements  
• Improve mentoring environments  
• Address education access and barriers to access |
| Collaborate with Facilities/Hospital Councils | • Promote a healthy work environment  
• Educate of the value of nursing in error reduction  
• Business case for ROI for nurse staffing and nursing educational support  
• Develop facility-based incentives for nurses to continue education  
• Discuss incentives for hospitals to promote 80 percent BSNs by 2020 |
| Collaborate with Researchers/Interdisciplinary Team | • Promote and support further research validating outcomes  
• Promote and support further interdisciplinary discussion on patient safety |
| Share with Stakeholders | • Seek opportunities to communicate with stakeholders:  
❖ Schools  
❖ Health Fairs  
❖ Community/Civic Groups  
❖ Join TNA |
| Develop Incentives for Nurses | • Address the business case support for IOM initiatives:  
❖ Market recruitment  
❖ Clinical ladders  
❖ Certification support/reimbursement  
❖ Tuition reimbursement |
| Develop Incentives for Faculty | • Address faculty shortage  
• Focus on salary improvement |
| Focus on Rural Settings | • Address rural facility outreach and inclusion  
• Investigate scholarships/grants/clinical opportunities for rural nurses  
• Advocate for nursing diversity  
• Use social media as a mentoring tool  
• Engage bedside nurses to discuss important issues |
| Benchmark and Compare Data | • Identify trends to guide prioritization  
• Develop facility specific targets and thresholds  
• Engage and promote institutional-specific studies and reviews |
| Legislative Advocacy | • Expanded use of APRNs and continued work to address scope  
• Address scholarships and grants for nursing education  
• Promote simulation grants for rural areas  
• Promote progression in nursing education |

Key Areas TNA Has Tackled

The group also shared additional ideas about what specifically TNA should do with the information. Surprisingly, many of the suggestions were items that TNA has been actively engaged in addressing, reflecting an opportunity for us to do a better job about communicating our efforts! There were also suggestions that have not yet been addressed or discussed by TNA, creating an opportunity for growth and benefit to our members. The table below summarizes suggestions from attendees. Suggestions fell
The TNA has a very active Governmental Affairs Committee that monitors issues facing nursing advocacy, nursing workplace, nursing practice, and healthcare consumers. TNA works with the Nursing Legislative Action Coalition during legislative sessions to develop the nursing agenda. For more information, go to texasonurses.org > Advocacy.

TNA currently uses:
- Facebook
- Twitter
- E-mail Blasts
- Printed Publications (Texas Nursing Magazine and Texas Nursing Voice)
- Webpage
- Conferences and Continuing Education Activities

**Legislative Advocacy**

<table>
<thead>
<tr>
<th>KEY AREA</th>
<th>SUGGESTED TACTICS</th>
<th>WHAT TNA HAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative Advocacy</td>
<td>Improve nursing wages</td>
<td>TNA has a very active Governmental Affairs Committee that monitors issues facing nursing advocacy, nursing workplace, nursing practice, and healthcare consumers.</td>
</tr>
<tr>
<td>Legislative Advocacy</td>
<td>Funding for nursing education</td>
<td>TNA works with the Nursing Legislative Action Coalition during legislative sessions to develop the nursing agenda. For more information, go to texasonurses.org &gt; Advocacy.</td>
</tr>
<tr>
<td>Legislative Advocacy</td>
<td>Define entry level to practice</td>
<td>For more information, go to texasonurses.org &gt; Advocacy.</td>
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**Media Support**

<table>
<thead>
<tr>
<th>KEY AREA</th>
<th>SUGGESTED TACTICS</th>
<th>WHAT TNA HAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media Support</td>
<td>Advertise about the value of nursing</td>
<td>TNA currently uses: Facebook Twitter E-mail Blasts Printed Publications (Texas Nursing Magazine and Texas Nursing Voice) Webpage Conferences and Continuing Education Activities</td>
</tr>
<tr>
<td>Media Support</td>
<td>Expanded content in publications</td>
<td>TNA currently uses: Facebook Twitter E-mail Blasts Printed Publications (Texas Nursing Magazine and Texas Nursing Voice) Webpage Conferences and Continuing Education Activities</td>
</tr>
<tr>
<td>Media Support</td>
<td>Develop different ways for nurses to engage and share their story</td>
<td>TNA currently uses: Facebook Twitter E-mail Blasts Printed Publications (Texas Nursing Magazine and Texas Nursing Voice) Webpage Conferences and Continuing Education Activities</td>
</tr>
<tr>
<td>Media Support</td>
<td>Work with Girl Scouts to develop a badge in nursing</td>
<td>TNA currently uses: Facebook Twitter E-mail Blasts Printed Publications (Texas Nursing Magazine and Texas Nursing Voice) Webpage Conferences and Continuing Education Activities</td>
</tr>
<tr>
<td>Media Support</td>
<td>Create more informational campaigns</td>
<td>TNA currently uses: Facebook Twitter E-mail Blasts Printed Publications (Texas Nursing Magazine and Texas Nursing Voice) Webpage Conferences and Continuing Education Activities</td>
</tr>
<tr>
<td>Media Support</td>
<td>Develop speakers bureau</td>
<td>TNA currently uses: Facebook Twitter E-mail Blasts Printed Publications (Texas Nursing Magazine and Texas Nursing Voice) Webpage Conferences and Continuing Education Activities</td>
</tr>
<tr>
<td>Media Support</td>
<td>Increase programming in rural areas</td>
<td>TNA currently uses: Facebook Twitter E-mail Blasts Printed Publications (Texas Nursing Magazine and Texas Nursing Voice) Webpage Conferences and Continuing Education Activities</td>
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**Educational Advocacy**

<table>
<thead>
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<th>KEY AREA</th>
<th>SUGGESTED TACTICS</th>
<th>WHAT TNA HAS DONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Advocacy</td>
<td>Improve access to affordable education</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Improve quality of RN instructors</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Standardize nursing curriculum</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Engage on diversity issues</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Write for educational grants</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Develop TNA Nursing Education Scholarship Fund/Program</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Develop Transition to Practice Models</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Develop timeline for ADNs to achieve BSN</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Place links on TNA website about educational grants</td>
<td>TNA was involved in the legislative process this past 2013 session that passed: $33.75 million of special funding for nursing education Faculty loan repayment program Use of Trauma Funds for graduate nursing education A feasibility study of community colleges offering a BSN</td>
</tr>
</tbody>
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For more information, go to texasonurses.org > Advocacy. (For Forces and Factors, see page 7.)
Texas Nurses Association appreciates all attendees who actively engaged in this exercise, brainstorming and operationalizing tactics to move the profession of nursing forward through innovation and best practices. Thank you! We are dedicated to the future of nursing, collaborating and improving nursing through advocacy—and we need you, our engaged members, to work with us. We will get there by working together. ★
Dean Brown always encouraged students to get involved with professional organizations, which she modeled by serving in leadership positions, not just holding a title, but always taking the organization to its next level of development. She is past president of the Texas Nurses Association and the American Association of Colleges of Nursing. She served on the board of the American Nurses Association.

When Brown was president-elect of Sigma Theta Tau International, she personally recruited Luci Baines Johnson to serve as honorary chair of the fundraising campaign to build its new headquarters in Indianapolis. As president, she reorganized the organization’s board to enable it to operate in a more corporate and growth-enhancing fashion. Under her leadership, Sigma Theta Tau created its foundation for nursing, which supports the learning and professional development of its members as they strive to improve nursing care worldwide.

Brown was one of the first deans to build philanthropic support in public universities, obtaining some of the early endowed positions in nursing, which enabled her to recruit research-intensive faculty who made the school one of the top-ranked in the country.

In 2010, she was recognized as a Living Legend by the American Academy of Nursing, one of the highest honors in the profession. Brown has a class and an elegance that is unmatched, yet she’s a real “people-person.” She never forgets your name or what you do professionally. She has inspired and mentored countless nurses.

“Dr. Brown’s leadership, her support of the original Magnet research and her outstanding contributions to nursing education and professional development have transformed nursing around the world,” said ANCC President Michael Evans, PhD, RN, NEA-BC, FAAN, during the ceremony. “Without her, there would be no Magnet Recognition Program®. I am honored to present her with the 2013 President’s Award.”

ED. note: This article was first printed in Seton Healthcare Family Nursing News Volume 18 Issue 8. Reprinted here with permission of the author.
The Institute of Medicine’s (IOM) report, *Future of Nursing: Leading Change, Advancing Health* (2010) calls for a “transformation of leadership,” stating “that strong leadership is critical if the vision of a transformed health care system is to be realized” (p. 221). Our profession is challenged to prepare leaders throughout the health care system who have the capacity to serve as full partners with other health professionals in redesigning health care in the United States.

Taking the IOM Lead in Texas

The Texas Team Advancing Health through Nursing—the state’s action coalition focused on achieving the IOM *Future of Nursing* recommendations in Texas—is working diligently to achieve all eight of the IOM recommendations. To that end, the Texas Team has engaged a variety of leaders throughout the state to do this work. (See Texas Team chart of Texas Action Coalition Leadership Structure, right.)

One component of the Texas Team that has been working diligently to achieve transformation of leadership is the Texas Leadership Team, co-lead by Freda Hanley, BSN, RN, Pam Craig, MSN, RN, and me. We have the privilege of working with a wonderful team of nursing and non-nursing leaders to specifically achieve the IOM leadership goals in Texas.

National Leadership

In November, four Texas Team leaders attended a national meeting in Seattle, sponsored by the Center to Champion Nursing in America. They shared Texas Team’s progress toward this goal and discussed a shared national strategy for increasing the number of nurse leaders serving on hospital, systems, state, and federal boards.

Stacy Cantu, CAE and President and CEO of the Texas Healthcare Trustees (THT), joined these leaders. THT is an active member of the Texas Team and is assisting us in achieving the IOM goal of nurses serving on boards. At the national conference, attendees gained exposure to exemplars focused on common issues around identifying promising leadership development programs and strategies that prepare nurses leaders for board positions. Leading the way, Texas presented an exciting new program, soon to be officially announced in Texas: THT in conjunction with Texas Team will be launching a program to prepare nurses to serve on boards in 2014.

Texas Board Positions

In the interim, the Texas Team is pleased to highlight four professionals who have stepped up to the plate to lead in board roles. We are pleased to announce that Gerald Bryant, DNP, RN, NEA-BC, has been newly appointed to serve as a member of the Texas Hospital Association (THA) Council on the Policy Development (COPD) for a two-year term. Pam Craig, MSN, RN, Laura Miller, MSN, RN, and Sheila Fata, MBA, RN, NEA-BC, were reappointed as Texas Organization of Nurse Executives (TONE) representatives to serve on the COPD for additional two-year terms. Composed of 54 appointed members of THA, the COPD provides THA members with an arena for discussion and debate of issues and resolution of policy positions. The COPD also plays a key role in developing THA legislative and regulatory public policy recommendations to address issues of interest or concern.

Dr. Bryant is the Chief Operating Officer/Chief Nursing Officer of the Magnet®-designated Baptist Hospitals of Southeast Texas (BHSET), overseeing its two facilities in Beaumont and Orange. Pam Craig is Chief Nursing Officer of Seton Medical Center Harker Heights. She is also President of TONE. Laura Miller is Chief Nursing Officer for the Baptist Medical Center in San Antonio, Texas, which is one of five hospitals in the Baptist Health System. Sheila Fata is Vice President Operations and Chief Nursing Officer of the Magnet®-designated Houston Methodist Hospital.

All four of these leaders’ health care organizations are members of the Texas Team Advancing Health through Nursing. In particular, Pam Craig serves on the executive committee of the Texas Team Advancing Health through Nursing, while Laura Miller serves on the Texas Team Education group, which is focused on achieving the IOM education goals in Texas.

The Texas Team Advancing Health through Nursing takes its role to improve the health care of Texans seriously and believes its work to transform leadership by advocating for nurses to serve on boards is key to the future of our state. Watch for more announcements and opportunities to join us in this exciting endeavor.

To “like” Texas Team on Facebook, visit www.facebook/TxTeamNursing. Check to see if your organization is a member of the Texas Team by contacting alexia.green@ttuhsc.edu. Questions related to the Leadership program should be directed to p.burns@tcu.edu.

About the author: Dr. Burns is the dean of Harris College of Nursing at Texas Christian University and on the executive committee of the Texas Team Advancing Health through Nursing Leadership Team, a state action coalition of the initiative on the Future of Nursing: Campaign for Action.

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<td>Feb. 17</td>
<td>Feb. 24</td>
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Texas Health Resources Receives HIMSS Davies Award of Excellence

by Ellarene Duis Sander, PhD, RN, NEA-BC

Congratulations to Texas Health Resources on receiving the prestigious HIMSS Davies Award of Excellence! They have demonstrated awesome results in terms of improving patient safety and outcomes within their system. The Nicholas E. Davies Award has recognized excellence in the use of health information technology, specifically the use of the electronic health record (EHR) to successfully improve health care delivery processes and patient safety while achieving a demonstrated return on investment since 1994. Winning organizations must demonstrate the value of the EHR in supporting delivery of patient care and must document improved patient outcomes, identify the challenges face, and describe their solutions in a manner that can be replicated by others. They must have achieved Stage 6 or Stage 7 on the HIMSS (Healthcare Information and Management Systems Society) Analytics EMR Adoption Model (EMRAM).

Texas Health Resources is one of the nation’s largest faith-based, nonprofit health care delivery systems. All 14 of the Arlington, Texas-based system’s wholly owned hospitals have been awarded HIMSS Analytics EMRAM Stage 6 or above designation. Texas Health started work on their Electronic Medical Record (EMR) in 2004. They completed the rollout in all 14 hospitals between 2005-2011. Since then they have added bar coding medications and device integration in all facilities. In 2014, they will add IV pump integration to their EHR.

Mary Beth Mitchell, MSN, RN, BC, CPHIMS, is the Chief Nursing Information Officer for Texas Health and has been involved with the EHR project since its start in 2004. She described some of the outcomes of their successful implementation of the EHR in a recent phone conversation. One of their successes is the Modified Early Warning System (MEWS). They knew from research literature that most patients who have a cardiac arrest have unrecognized symptoms six hours prior to the event. This project pulls key information from the patient’s EHR and puts it together for the registered nurse (RN) as a numeric score based on the patient’s heart rate, systolic blood pressure, respiratory rate, temperature, and level of consciousness. When the nurse sees that a patient’s score is yellow or red, she can hover over that score to see the contributing values and recommended interventions.

The MEWS tool was piloted on four nursing units in four different hospitals. They collected data and gathered feedback from clinicians about the effectiveness of the tool and staff satisfaction. The pilot was so successful that MEWS was implemented in all Texas Health hospitals in December 2011. In the first six months after implementation, their cardiac arrest rate decreased by 38 percent (22 patients who were prevented from cardiac arrest) and now has diminished by 65 percent. This has become a patient safety standard of care for all system hospitals as a result.

Texas Health has seen a 53 percent reduction in medication errors and a 36 percent decrease in adverse drug events related to the EHR and Computerized Physician Order Entry (CPOE). These two statistics translate into $1,853,410 in cost avoidance for the system. They have reduced falls by 34 percent, which resulted in cost avoidance of $1,003,950. Compliance with evidence-based protocols has improved substantially with overall use at 65 percent and some order sets, such as stroke, at 90 percent. Nursing compliance with completion of screening tools, such as the Braden Skin Risk Assessment and Hendrich Fall Risk Assessment, have increased from 88 percent to 99 percent.

Venous Thromboembolism (VTE) is one of the leading causes of preventable hospital deaths. According to AHRQ (2008), more people die from VTE than AIDS, breast cancer, and highway fatalities combined. Texas Health implemented a VTE prevention program in 2008. The VTE Risk Assessment Calculator was embedded into the EHR. Many of the fields self-populate from the patient’s information and at-risk scores connect to VTE prophylaxis interventions. The system sends out physician and nurse best practice advisories (BPAs) within the patient’s EHR. VTE prophylaxis led to an approximately 50 percent decrease in the number of VTEs over four years with a cost avoidance factor of $6,060,000.

Ms. Mitchell pointed out that the case studies they developed to submit for the Davies Award were all years in the making. Texas Health has committed to increasing evidence-based practice and using the EHR as a tool for patient care and clinical outcomes. Developing the case studies for submission was the most fun part of the process because Mitchell said that it illustrated the value of becoming more data-driven. Her goal is to get the data and dashboards into the hands of nurses so that their practice can continue to evolve into being more evidence-based. Texas Health plans to continue their commitment to evolve and grow their EHR to be the best it can be.

For more details about the case studies that Texas Health submitted in their application for the Davies Award, please see http://apps.himss.org/davies/index.asp.

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It wasn’t just another workshop. Texas Peer Assistance Program for Nurses (TPAPN) hosted a recent fall workshop and advocacy training, in which some 50 new and experienced volunteer advocates for TPAPN learned about their roles and programmatic changes, but it was memorable for yet another reason: the instructional and inspirational words of keynote speaker Marie Manthey, PhD (hon.), MNA, RN, FAAN, FRCN and President Emeritus of Creative Health Care Management, Inc. On the instructional side, Manthey provided examples that illuminated deficiencies with nursing’s task-based culture versus a relationship-based care approach and its positive implications for advocacy for our peers.

In Praise of Manthey

As one advocate put it, “The keynote was so very interesting as Manthey addressed the professional practice changes she both witnessed and helped develop within the context of her personal rollercoaster ride of recovery from substance use disorder. It was inspiring to have such an esteemed veteran nurse who, as a septuagenarian, ardently communicated so effectively through her personal story the same needs and challenges that the many nurses of TPAPN with their different ages and backgrounds also experience. Marie’s lead-in story, as to what influenced her to become a nurse in the first place, made me realize how we often have no idea what influence and effect we have on people we come in contact with—or how we treat them and their families sometimes without even a word exchanged.”

Another advocate had these words to say, “We have so much trouble with the nurses saying that they don’t have that much time to spend with the patients, but if they would just try it, they would see that Marie is right. It will actually give them more time, patient satisfaction will greatly improve, and the patient will get much better care. Her story about how she became an alcoholic shows how it can creep up on you. Many people feel that just taking a drink now and then and then is not harmful—and it’s not for some people—but for some, it is devastating. Unfortunately, you may not know which one you are until it’s too late.”

April 2014 Workshop

TPAPN’s next continuing education activity for advocates and other interested nurses and professionals will be held April 4-5, 2014 in Austin. The two-day workshop is free to all approved/active advocates ($150 for all others). A total of 11.33 nursing contact hours will be awarded to those who attend both days. Michael Spritzn, D.O. and Founder/Chief Medical Director of the Sprintz Center for Pain and Dependency, will be the featured Saturday morning speaker. For more information, go to www.tpapn.org.

The fact that the number of deaths annually due to overdose from prescribed pain medications now exceeds the number of deaths due to auto accidents is but one compelling reason to attend the workshop. Another reason to attend is provided by those nurses who participate in TPAPN with their different ages and backgrounds also experience. Marie’s lead-in story, as to what influenced her to become a nurse in the first place, made me realize how we often have no idea what influence and effect we have on people we come in contact with—or how we treat them and their families sometimes without even a word exchanged.”

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TPAPN Welcomes Volunteers

Choose to volunteer with TPAPN and witness these kinds of miracles. Nurses do not have to be graduates of TPAPN or in recovery to volunteer as a peer advocate. Approximately 50 percent of our volunteers are not in recovery for substance use or psychiatric disorders per se. A volunteer needs only to have an unencumbered license, adhere to TPAPN’s standards for advocates (available online with the TPAPN advocate application), have their application for advocacy approved, possess a positive intention for advocacy, and embrace an openness to learning more about psychiatric and substance use disorders and their impact on nursing.

Volunteer now and attend the spring 2014 training. You likely won’t experience “just another workshop.”

The author thanks Lori J. Karhu, RN, LMT, CAPSI, Patty Esposito, MSN, RN, NEA-BC, and TPAPN Case Manager Terry Shockley, RN, LCDC, for their invaluable contributions to this article.

From L to R at TPAPN’s fall 2013 workshop with keynote speaker Marie Manthey, PhD (hon.), MNA, RN, FAAN, FRCN (center) are TPAPN Program Director Michael Van Doren, MSN, RN, CARN; TPAPN Advocate Coordinator Shirley Baugh, RN; TNA 2014 Executive Director Cindy Zolnierek, PhD, RN; TPAPN Clinical Supervisor/Case Manager Leanne Bunch, RN, LCDC; TPAPN Program Operations Coordinator Katy Davila; and TPAPN Case Manager Becki Drozd, RN, LCDC. (Photo credit: Sherry Young, PhD)

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Texas Nurses Association’s two annotated guides are to-the-point references that can facilitate a better understanding of the laws and regulations governing the nursing practice.

KEY CONTENT: The detail in these editions reflect legislation passed by the 2013 Texas Legislature, including expansion of patient advocacy protections for public hospital-employed nurses, new defined action (disciplinary) provisions, confidentiality of BON orders when sending a nurse to TPAPN, and expanded prescriptive authority for APNs. Also included are changes to rules, position statements, and practice areas of the BON website since the last edition. To assist understanding, both editions continue the extensive annotations by TNA General Counsel Jim Witsman.

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TPAPN Restructures to Meet National Guidelines and Needs of Participants

By Michael Van Doren, MSN, RN, CARN, Program Director, Texas Peer Assistance Program for Nurses

The Texas Peer Assistance Program for Nurses (TPAPN) has implemented a series of changes designed to fulfill guidelines recommended by the National Council of State Boards of Nursing in its Substance Use Disorder in Nursing resource manual. TPAPN is the Texas Board of Nursing (BON) approved, alternative, and voluntary program for Texas nurses whose practice may be impaired by psychiatric or substance use disorders.

Since September 1, 2013, the key guideline TPAPN has changed is the expansion of the program to the recommended minimum of three years; previously a minimum of two years. Of the approximately 44 states having approved alternative programs for nurses, Texas was one of the approximately 44 states having approved alternative programs for nurses. Texas was virtually the only state to require a minimum of two years for nurses and three years for advanced practice registered nurses (APRNs). TPAPN now requires APRNs to participate for five years.

As a best practice, this increased length of monitoring provides positive behavioral changes for both recovery and practice.1 Over the next three years, TPAPN will implement other recommended guidelines, such as development of facilitated support groups and approved treatment providers.

Additionally, with passage of SB 1058 in the 2013 state legislative session, the BON is now permitted to provide confidential board orders to TPAPN. This means that nurses who come into TPAPN as a result of board action no longer have to deal with the negative fallout from the facts in their case that occurred when they were impaired, or in active disease state, due to substance abuse or psychiatric disorder.

Their cases are no longer posted on the BON’s website. Instead of the poor choices and disease states of the past, nurses being judged on experience and current employment opportunities and encouraging patients to choose to participate in TPAPN when board action is necessary.

While program expansion addresses national guidelines, TPAPN has also implemented internal program changes, with support of the BON, designed to enhance participation and reduce the burden employers may incur in trying to accommodate nurses in the workplace. Here are some of the most salient changes:

1) With appropriate documentation indicating receipt of treatment, good recovery, and satisfactory nursing practice, TPAPN is working with new participants to keep them on the job while entering into the program.

2) When participants have to be suspended from work for taking an authorized prescription of a controlled substance, they no longer have to wait until TPAPN receives a negative drug test result. Given appropriate communication, participants may return 24 hours after taking the last dose.

3) Employers are no longer required to meet with participants monthly. Only formal quarterly update meetings are required.

4) Participants do not have to submit meeting attendance logs, e.g., of 12-step meetings or therapy sessions, to TPAPN once they begin their third year in the program.

5) Night shifts are no longer typically prohibited to accommodate nurses in the workplace. Here are some of the more salient changes:

1) With appropriate documentation indicating receipt of treatment, good recovery, and satisfactory nursing practice, TPAPN is working with new participants to keep them on the job while entering into the program.

2) When participants have to be suspended from work for taking an authorized prescription of a controlled substance, they no longer have to wait until TPAPN receives a negative drug test result. Given appropriate communication, participants may return 24 hours after taking the last dose.

3) Employers are no longer required to meet with participants monthly. Only formal quarterly update meetings are required.

4) Participants do not have to submit meeting attendance logs, e.g., of 12-step meetings or therapy sessions, to TPAPN once they begin their third year in the program.

5) Night shifts are no longer typically prohibited but will be evaluated for appropriateness given participants’ practice history and the availability of supervision and monitoring.

Finally, TPAPN plans to provide employers and co-workers of TPAPN participants with online slideshows, highlighting the TPAPN work agreement and important points about their participation and work restrictions for those professional coworkers with a legitimate need to know. By meeting established benchmarks for standardization, performance, and quality measures,1 TPAPN, with support of key stakeholders, maintains its reputation as one of the premier alternative programs for nurses in the nation.

TPAPN is administered by the Texas Nurses Foundation, a 501(c) 3 charitable, professional and public education and scholarly arm of the Texas Nurses Association. To find out more about TPAPN or to see how you can become a peer advocate for participants of the program, visit www.tpapn.org or call 512-467-7027 ext 105.

References


ANA/TNA Membership Application

For assistance with your membership application, contact ANA’s Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

Essential Information

First Name/MI/Last Name
City/State/Zip
Date of Birth
Current Employment Status: (ie: full-time nurse)
Practice Area: (ie: pediatrics)

Date of Birth
Gender: Male/Female

Referral Code: (if applicable)

Credit Card: (optional)

Dues: .......................................................................................$
ANA-PAC Contribution (optional)...................................$
American Nurses Foundation Contribution ..............$(optional)
Total Dues and Contributions..........................................$  

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Professional Information

Employer
Type of Work Setting: (ie: hospital)
County

Current Employment Status: (ie: full-time nurse)
Current Position Title: (ie: staff nurse)

Type of Work Setting: (ie: hospital)

Credit Card Number
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