An Evolving TPAPN provides Safety Net for Texas

by Mike Van Doren, MSN, RN, CARN

The Texas Nurses Foundation administers one of the most exceptional alternative programs in the country, the Texas Peer Assistance Program for Nurses (TPAPN). Since 1987, TPAPN has been providing assistance to nurses whose practice may have been impaired by psychiatric or substance use disorders.

TPAPN is:

- **Voluntary**: every nurse referred to TPAPN has the right not to participate.
- **Confidential**: the program maintains confidentiality consistent with state and federal laws.
- **Alternative**: nurses referred by 3rd parties may avoid investigation and licensure discipline by the BON and thus possibly avoid public sanction.
- **Available**: TPAPN is available to nurses having one or more of these diagnoses – substance abuse, substance dependency, anxiety disorders, post traumatic stress disorder, major depression, bipolar disorder, schizophrenia, and schizoaffective disorder.

One-to-one Support

TPAPN programs offer nurses, employers of nurses, and the public with a larger safety net; a net that attempts to screen for risk, secure greater patient safety, and provide more opportunity for nurses to demonstrate accountability for practice.

Through peer advocates – nurses trained by TPAPN to provide one-to-one support and assistance – TPAPN offers a strong accountability system. In addition, advocates can help educate employers on psychiatric and substance use disorders and assist in setting realistic expectations for employee participants.

Multiple Avenues of Assistance

Texas nurses can be directed to TPAPN by the Texas Board of Nursing (BON) through a referral or a public or private order, often in lieu of public licensure discipline. If a practice violation is not involved, a nurse may be reported directly (self-referral or by employers) to TPAPN without direct interaction with the BON. Peer Assistance programs are identified in the BON’s Disciplinary Matrix as part of the remedies available to a nurse facing disciplinary actions due to a substance use disorder.

TPAPN, in collaboration with the BON, has expanded its assistance services to more comprehensively address early signs of possible SUD as well as risks associated with psychiatric diagnoses. The Extended Evaluation Program (EEP), first implemented in 2007, is a voluntary monitoring system to illustrate that a nurse does not have a drug or alcohol problem. Generally, EEP is for nurses who have one-time SUD-related incident. Participation must be approved by BON and can help avoid possible disciplinary action.

The Mental Health Support Program (MHSP) is a relatively new program, having launched in late 2014. The MHSP provides nurses who acknowledge a psychiatric condition an opportunity to access some support and show recovery. Through successful participation, MHSP participants are able to provide documentation to the BON evidencing stability of their psychiatric condition and fitness to practice at the time of licensure renewal.

Because patient safety is at issue in any of these scenarios, adherence to the terms of the programs is paramount. However, TPAPN recognizes the complicated issues surrounding addiction and has created the Interim Monitoring (IM) track. For nurses who would otherwise have been discharged from TPAPN for not adhering to the program, IM provides the opportunity to continue participation in supportive monitoring, including possible practice restrictions and random drug testing.

This enables nurses to document their recovery (e.g. abstinence) up to the point the BON reconsiders their case.

TPAPN was created as a non-punitive, confidential, and voluntary alternative to reporting RNs and LVNs to the BON. The goal is a relatively new program, having launched in late 2014. The MHSP provides nurses who acknowledge a psychiatric condition an opportunity to access some support and show recovery. Through successful participation, MHSP participants are able to provide documentation to the BON evidencing stability of their psychiatric condition and fitness to practice at the time of licensure renewal.

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TPAPN was created as a non-punitive, confidential, and voluntary alternative to reporting RNs and LVNs to the BON. The goal was to provide a safety net for Texas nurses.
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TENNESSE NURSING Voice
A publication of Texas Nurses Association
April, May, June 2015
Volume 9, Number 2

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TEXAS NURSING VOICE is published quarterly –
January, February, March; April, May, June; July, August, September; and October, November, December by
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Laurie G. Combe, MN, RN
NASN Director-Texas

Recently, when a new acquaintance found out I worked with school nurses, she became quite animated. “The nurse at my elementary school was one of my favorite people!” she said. “I had asthma, so I was in her office quite a bit during the winters. She was always quick with a smile, took the time to listen to my lungs, made sure I used my medications correctly, and would listen to my childhood woes.

“I watched her deal with kids who were seriously injured, kids who wanted out of class, and everything in between. And she was calm through it all! I remember when an older student had some sort of episode and lost control of all her muscles—she couldn’t walk, talk, or even stand. Ms. ‘Jones’ jumped into action, moving much more quickly than anyone else around her. And while most of the bystanders were freaking out, she stayed so calm and gentle. It was my favorite thing about her.”

A nurse working in an education setting must rely on independent decision making. Often the only health care professional onsite, a school nurse must possess excellent assessment skills; have the confidence and experience to make critical nursing judgments; and be prepared to lead the educational team in securing the health of the children entrusted to their care.

From Individual Care to Global Assessment — All in One Day

The job of a school nurse has evolved substantially over the last few decades. Twenty to thirty years ago, the school nurse may have had a large number of medications to dispense, an occasional epinephrine auto-injector, and students with low-tech health care needs. In contrast, today’s school nurse provides a wide variety of nursing care that encompasses acute care, chronic disease case management, health promotion, disease prevention, and community assessment.

Data gathered from a variety of sources by the National Association of School Nurses estimates that over 20% of school children have chronic illness. Advances in medical science have contributed to the increased survival rate of pre-term infants, resulting in disproportional rates of chronic disease and disability in this group. Severe food allergy is on the rise, as are rates of overweight and obese children. With school hours consuming almost one third of the day, much of the daily health care of these children is the responsibility of the school nurse. This care can include interventions related to mechanical ventilation, tracheostomy, gastrostomy tube feeding, seizure management, diabetes, potential anaphylaxis, asthma, cardiac anomaly, mental illness, and rare genetic syndromes.

Since schools are considered an independent living environment as defined by Texas Board of Nursing Rule 225, school nurses may manage the care for chronically ill children via delegation to Unlicensed Assistive Personnel (UAP). The school nurse’s ability to independently assess the stability and predictability of a child’s health condition as well as the ability of the UAP to competently provide care for the student is critical.

School nurses also provide holistic care for the general school population not only through assessment and treatment of acute illness and injury, but also through wellness activities. By promoting the importance of hand washing, good nutrition, exercise, air quality, disease triggers and more, the school nurse advances health and wellness for the greater school population. School nurses facilitate access to a medical home, assisting families in securing appropriate and affordable health care.
Texas School Nurses Organization continued from page 3

In addition, school nurses conduct disease surveillance for the larger community. Public health departments rely heavily on school nurses to be the first line of defense in identifying disease occurrence trends. It was a school nurse who first documented and reported the 2009 H1N1 influenza outbreak in the United States. School nurses provide school administrators with accurate, factual information about the incidence of communicable diseases in the school environment. School nurses identify health hazards in the school and lead remediation of those hazards.

Legislative Impact on School Nurses and Students

The Texas School Nurses Organization (TSNO) and the National Association of School Nurses recognize the need for every school to have a school nurse every day. Because Texas does not currently require schools to employ school nurses, there are disparities in access to care statewide.

TSNO continues to support Senate Bill 69 and its companion bill House Bill 1938: Parent Notification Concerning Nurses, which would require schools to notify parents when no school nurse is in the building for 30 days. This notification would allow parents to make appropriate plans for the safety of their children when they experience acute or chronic illness. During the 83rd Legislative Session, this bill was successfully passed in both the Senate and House and died due to the session closing.

TSNO maintains the position that this issue is related to student advocacy and safety.

TSNO is keeping a close watch on Senate Bill 66 and its companion bill House Bill 566, related to the use of epinephrine auto-injectors on school campuses and off-campus school-sanctioned events. Current language in the bill calls for the commissioner of the Department of State Health Services to appoint an advisory committee of physicians to address use, storage, maintenance, and training related to epinephrine auto-injectors in schools. It is the opinion of TSNO that this advisory committee in the bills should include school nurses, the experts in the provision of health care in schools.

TSNO supports House Bill 646 regarding the use and distribution of cigarettes, vapor products, or tobacco products in schools. This bill adds a prohibition on the use of vapor products by those under age 18 and on school property.

TSNO supports House Bill 2323 regarding the changes to the schedule of mandatory spinal screenings in schools to better align with the evidence regarding adolescent growth.

TSNO also supports House Bill 465 as it relates to the immunization data included in and excluded from the immunization registry. Under the provisions of the bill, the immunization registry would change from an opt-in registry, to an opt-out registry, meaning that the information would be retained in the registry until there is a request for removal.

State funding for education has an impact on school nurse staffing. When schools face budgetary constraints, school nurse positions are often eliminated. While a school nurse does not provide direct classroom educational services, school nurses, through management of student health support, access to education.

What does TSNO do for School Nurses?

TSNO represents the interests of school children and professional school nursing practice in Texas through advocacy, education, collaboration, and partnerships.

The Texas School Nurses Organization and the National Association of School Nurses support a professional school nurse in every school, every day so that students are healthy, safe, and ready to learn! For more information about school nursing visit www.txsono.org and www.nasn.org.

References:
of TPAPN is to ensure that nurses have access to the help they need for substance use or mental health disorders.

TPAPN programs outlined below offer nurses’ employers and colleagues more options for referral, and greater assurance that their employees or colleagues can receive help without having to undergo the investigatory/disciplinary process administered by the BON. The basic elements and requirements of TPAPN programs are summarized below. For more information regarding making referrals or volunteering as an advocate, visit tpapn.org or call 1-800-288-5528. For more information about the BON, including its disciplinary matrix or how to file a complaint, visit bon.texas.gov or call 512-305-7400.

### TPAPN Programs

<table>
<thead>
<tr>
<th>Referral</th>
<th>EEP</th>
<th>MHSP</th>
<th>IM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder (SUD) and/or Psychiatric Disorder – may be reported directly to TPAPN if there is no practice violation suspected (NPA § 301.410 (a)); however, if there is a possible practice violation then the nurse must be reported directly to the BON (NPA § 301.410 (b)). BON reviews all 3rd party referrals for possible TPAPN participation.</td>
<td>Normally for nurses who have a one-time SUD-related incident but evaluation is negative for SUD and nurse must have no practice/criminal history. BON must approve nurses for participation in EEP.</td>
<td>Have disclosed psychiatric dx and have no outstanding practice violations or criminal history</td>
<td>Post non-adherence with TPAPN, may continue TPAPN while awaiting disposition by BON</td>
</tr>
<tr>
<td><strong>Length</strong></td>
<td><strong>Drug Testing</strong></td>
<td><strong>Nursing Practice</strong></td>
<td><strong>Fees</strong></td>
</tr>
<tr>
<td>1 yr: RNs, APRNs &amp; LVNs with psychiatric diagnoses only</td>
<td>Random, 2 - 3/mo. upon return to practice if SUD, or Dual dx;</td>
<td>SUD or Dual diagnosis: 1 yr of safe nursing employment; Psychiatric only: 6 mos of safe nursing employment</td>
<td>If Board Order: $500 RNs, $350 LVNs; If SUD, pay $12 monitoring fee derived from drug test; If Psychiatric only, pay $260 monitoring fee per year</td>
</tr>
<tr>
<td>3 yrs: RNs &amp; LVNs w/SUD or Dual dx</td>
<td>6 months prohibition on access to controlled substances (Normally, not if participating for psychiatric dx only); No floating; No scheduled OT; Quarterly Updates; Prescription/Progress Reports; Support Group meetings or Therapy attendance; Monthly Self-Reports; Volunteer Nurse Advocate assigned</td>
<td>Minimum of 6 mos nursing employment during participation</td>
<td>Monitoring fee collected through drug testing</td>
</tr>
<tr>
<td>5 yrs: APRNs w/SUD or Dual dx</td>
<td>Minimum of 18 negative drug tests; Prescription/Progress Report as needed; No work agreement or practice restrictions; No TPAPN Advocate</td>
<td>Minimum of 6 mos nursing employment</td>
<td>None</td>
</tr>
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<tr>
<th><strong>Evaluation</strong></th>
<th><strong>Support</strong></th>
<th><strong>Monitoring</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually within past 6 months required</td>
<td>Have received negative evaluation for SUD</td>
<td>Normally will provide information as to their status via health care provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May be required to obtain re-assessment in connection with non-adherence, e.g., exacerbation of SUD</td>
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# Notable Requirements

- Usual practice restrictions under Work Agreement, e.g., must have monitor(s); 6 months prohibition on access to controlled substances (Normally, not if participating for psychiatric dx only); No floating; No scheduled OT; Quarterly Updates; Prescription/Progress Reports; Support Group meetings or Therapy attendance; Monthly Self-Reports; Volunteer Nurse Advocate assigned
- BON reviews/approves 3rd party referrals as to eligibility; minimum of 18 negative drug tests; Prescription/Progress Report as needed; No work agreement or practice restrictions; No TPAPN Advocate
- BON reviews/approves 3rd party referrals as to eligibility; Prescription/Progress Reports; Mental Health Self-Report; No work agreement or practice restrictions; No TPAPN Advocate
- TPAPN informs BON of all participants under IM; Restrictions as usual per TPAPN terms of agreement (see first column)

### Drug Testing

| Minimum of 18 negative random drug tests results over a minimum of 1 year | None | Per TPAPN (see 1st column) |

### Nursing Practice

| Minimum of 6 mos nursing employment during participation | No nursing practice/work requirement | Per TPAPN (see 1st column) |

### Fees

| Monitoring fee collected through drug testing | None | None |

*All programs are Texas-based programs. Nurses that move or practice out-of-state may be referred to the BON.*
In 2010, to address the increasing role of technology in patient care and documentation, the Texas Nurses Association (TNA) partnered with the Texas Organization of Nurse Executives (TONE) to form the Health Information Technology (HIT) task force.

Over the past five years, members of the committee have made significant strides in pursuing the goals formulated by the TNA board:

• Complete survey pilot;
• Complete HIT Tool Kit;
• Determine policy outcome/proposed resolution; and
• Recognize publications/communications/networking.

Surveying Nurses

The HIT Committee was charged with developing and deploying a survey to benchmark progress of nurses’ experiences using health technology. HIT Committee members partnered with faculty at Texas Tech University Health Sciences Center School of Nursing to formulate the survey.

Open to all Texas nurses, the survey was launched statewide in late September 2014. TNA and TONE worked through emails and each organization’s publications to educate nurses on the survey and encourage participation. More than 1,100 Texas nurses responded, and roughly 65% of respondents provided comments, giving organizers access to detailed information and opinions unavailable through pre-fabricated answers.

The survey gathered demographic information on the types of Electronic Health Records (EHR) systems used by survey participants. Including questions about a variety of EHR features and content, the survey also asked about ease of use, efficiency, and relationship to patient care. In addition, to account for differences in perceptions regarding EHR functionality that might be a result of length of experience with the EHR system, committee members created an “EHR maturity model scale.”

The TNA/TONE HIT Committee is currently analyzing the survey results and will publish later this year.

Other HIT Activities

In addition to the survey, the HIT Committee has moved forward on the other goals:

Complete HIT Tool Kit
1) Three focus groups are planned to direct content for toolkit.
2) Currently reviewing CISIES survey results and comments to assist with content development of the tool kit.

Recognize publications/communications/networking
1) Support for two American Nursing Informatics Association (ANIA) chapters in Texas.
2) Susan McBride and Mari Tietze with Mary Beth Mitchell will present a workshop on data analytics at HIMSS 2015.

Determine policy outcome/proposed resolution
1) Updated 2015 resolution created, including content for TIGER competencies, for presentation to boards of directors for TNA and TONE.

For more information about the survey, please contact Susan McBride, PhD, RN-BC, CPHIMS, at susan.mcbride@ttuhsc.edu.

Survey Methodology

Survey instrument - Clinical Information Systems Implementation Evaluation Scale (CISIES) by Gugerty

EHR maturity model scale relevant to nursing and reflective of existing meaningful use measures - Developed using a Delphi method and a content validity index (CVI) approach described by Lynn (1986)

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The role of the individual is the most important building block, but it is usually the last and least tapped into during attempts at civility. The institution is working to build or strengthen existing guidelines and processes, and the management team is working to disrupt disruptive behavior under control. External forces that give boundaries and consequences to behavior are helpful, but cannot stand alone. To stand the test of time, sustain change, and create something new, the change must come from within, requiring everyone to do his/her part. A two legged stool cannot stand and will not succeed. Now it is your turn.

**Why Don’t We Make It a Priority?**

If you work full time, you spend more waking hours at work than at home. So, it behooves you to make work welcoming, supportive, and cooperative, facilitating your ability to provide quality patient care as everyone works together for a common goal. However, it still might not be unusual to hear, “That is management’s job. I have enough to do just taking care of patients” or “Some coworkers’ behaviors are unforgiveable” or “She has made my life miserable, and I will never forgive her” and “Besides, what can one person do?”

**The Power of One**

What do you imagine could happen if each person made a commitment to:

- Change his/her behavior;
- Choose to revise assumptions of others;
- Ask rather than assume someone’s intent;
- Seek common ground, goals, and purpose; and
- Forgive those who have done him/her an injustice in word or deed.

And continued with those commitments, even if he/she was the only one?

**What are the Goals?**

The goals are to build a culture of civility on your unit, one person at a time; to role model a different response and attitude; to encourage others to do the same; and to have you continue to practice civility regardless of your peers and coworkers’ responses. This is about you, not them. This will help you engage in healthier behaviors, create healthy boundaries and workplaces, and become more resilient.

**So How Does One Do That?**

Self-assessment and validation from an honest, trusted peer. We are all capable of being uncivil given the right situation and circumstances. Know what your triggers are (I’m tired, hungry, fresh off of an unpleasant verbal exchange with a family member). Once you identify your triggers, you will be able to take preventative action rather than reacting. Commit to “Take 5” if you find yourself in an uncivil situation, and those triggers are present. Do not engage; offer to return to finish the conversation at a later time.

**Arm yourself with these truths.**

- Civility is not a sign of weakness; rather it is incivility that comes from a place of weakness.
- You can’t change other people except by changing yourself and your reaction to them. That becomes the motivation for them to change themselves in response to your changes.
- To be effective over the long run, a change must come from within and not be the result of an outside force.

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of external rules and consequences. For once those are no longer in place, there is no reason to sustain the change.

- Civility gives us the means to disagree without being disagreeable.
- Our duty to be civil doesn’t depend on whether or not we like the person, and it doesn’t require us to hide/mask our differences, but instead to resolve them respectfully.

Let go of your disdain for “Blessed are the meek for they shall inherit the earth.” Being meek is not being a doormat for anyone. Rather it means you are so in control of yourself (your emotions and your responses) that you can choose to ignore, to speak up, to react with kindness or whatever fits in the face of incivility on someone else’s part. It is very self empowering.

Find one or two partners who will do it with you. Three is not a crowd; it is a support group for encouragement.

Understand that civility is a choice you can make every day, and it begins in your head and ends with not only how you are perceived by others but where your career may take you.

- Choose your thoughts carefully, for they will become your words.
- Choose your words carefully, for they will become your actions.
- Choose your actions carefully, for they will become your habits.
- Choose your habits carefully, for they will become your reputation.
- Choose your reputation carefully for it will become your destiny.

Empty your “bitter bag.” We all carry one. It is the place where we put anything negative that has happened to us (real or perceived) over the years. For some it is a heavy weight that encourages grudges, judgments, and assumptions and prevents one from moving forward toward civility.

Learn from others:

Super Nanny: Super Nanny tells us that when someone is disrespectful, defiant, and hostile, it most often comes from feeling incredibly hurt or angry, whether or not those feelings are verbalized.

“Escaping the Hostility Trap:” I = H. Whenever someone is made to feel inadequate or inferior (I), they react with hostility (H). When faced with a rude resident or x-ray tech, think, “What could be bugging him? What happened to him prior to my arriving that is causing this?” This helps you not personalize the event but rather allows you to choose to try to build that person up, not down.

Revive Our Hearts Program: This is a 30-day challenge for women who are upset with their husbands and who spend a lot of time with other women making fun of the husband or sharing tales about what he has done. Change “husband” to “coworker.” The challenge is that for 30 days, one must speak no evil (to him or to her friends). Instead, once a week, she is to give a statement of appreciation. Wait for the surprising change in 30 days.

“The Greatest Management Principle in the World:” The principle is “what gets rewarded and recognized, gets repeated.” In other words, accentuate the positive rather than pointing out faults and errors. Acknowledge baby steps of change, progress made, etc. The nurse who never offers to help unless asked or directed suddenly helps on her own. Recognize and reward that new behavior. Tell that person and others.

God’s anatomical design: He gave us two ears and one mouth for a reason. Listen more, talk less.

What to Do When You are Treated Uncivilly

Put yourself in neutral immediately, (arms at your sides, slow, deep breaths) You want to respond with your brain, not react with emotions. Reflect on what was said and ask yourself how did my behavior contribute to this event. Assume responsibility for your actions and words. Seek clarification. Don’t assume you know their intent, ask them. Take the time to make it “safe” for the other person to dialog with you (ask them what “safe” feels and looks like to them). Don’t assume.

What Do I Do If I Mess Up?

You will, so pre-plan to forgive yourself. Practice doesn’t make perfect, it makes excellence.

Ghandi said, “We must become the change we want to see in the world.” Civility begins with you.

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April, May, June 2015

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Beginning Oct. 1, 2015, the Texas workers’ compensation system will transition to the use of the International Classification of Diseases, 10th Edition, Clinical Modification and Procedure Coding System (ICD-10) for medical billing, processing, and reporting in alignment with federal regulations. These federal regulations adopt standard medical data codes sets that apply to the Medicare system, which is regulated by the Centers for Medicare and Medicaid Services (CMS). Although there have been previous delays in the implementation of the ICD-10 code sets, the Division of Workers’ Compensation (DWC) would like to inform all system participants that the DWC will continue to follow the timeframe set by CMS.

Texas Labor Code Section 413.011(a) requires the Commissioner of Workers’ Compensation to adopt the most current reimbursement methodologies, models, and values or weights used by CMS, including applicable payment policies relating to coding, billing, and reporting, and may modify documentation requirements as necessary to meet the requirement of Section 413.053.

Health care providers, insurance carriers, clearinghouses, and billing services that participate in the Texas workers’ compensation system must be prepared to comply with ICD-10.

All health care services provided on or after Oct. 1, 2015, must be billed with ICD-10 diagnosis codes or ICD-10 procedure codes as appropriate, pursuant to Texas Labor Code Section 413.011(a). This includes medical bills submitted electronically or paper forms. Health care services provided before Oct. 1, 2015, must continue to be billed with ICD-9 diagnosis and procedure codes. Practice management systems and bill review management must be able to accommodate both ICD-9 and ICD-10 codes until all medical bills for service dates before Oct. 1, 2015, have been processed.

It is important to prepare now for the ICD-10 transition. Visit the CMS website at cms.gov/Medicare/Coding/ICD10/Index.html. In addition, the DWC will also offer guidance on the transition of ICD-9 to ICD-10 diagnoses codes through educational and information outreach. If you have any questions regarding the information provided here, contact DWC Comp Connection for Health Care Providers at 800-252-7031, option 3 (for the Austin area, dial 512-804-4000) or email medbed@tdi.texas.gov.

The above is taken from a March 10, 2015, memorandum from Matthew Zurek, Executive Deputy Commissioner for Health Care Management & System Monitoring with the Texas Department of Insurance, Division of Workers’ Compensation.
Nurses, hospitals, patients, families, and many others will be celebrating National Nurses Week, May 6 – 12, 2015. This year’s theme “Ethical Practice, Quality Care,” recognizes the importance of ethics in nursing and acknowledges the strong commitment, compassion, and care displayed by nurses in their practice and profession.

The Nurses Week theme is an important part of American Nurses Association’s (ANA) 2015 outreach to promote and advocate for the rights, health, and safety of nurses and patients.

Making decisions based on a sound foundation of ethics is an essential part of nursing practice in all specialties and settings. In recognition of the impact ethical practice has on patient safety and the quality of care, the American Nurses Association has designated 2015 as the “Year of Ethics,” highlighted by the release of a revised code of ethics for the profession.

“The public places its faith in nurses to practice ethically,” ANA President Pamela F. Cipriano, PhD, RN, NEA-BC said. “A patient’s health, autonomy and even life or death, can be affected by a nurse’s decisions and actions.

“ANA believes it’s important that all nurses practice at the highest ethical level, and therefore, we will be offering a full range of activities to inform and support nurses to achieve that goal in a stressful and ever-changing health care environment.”

A December Gallup survey ranked nurses as the top profession for honesty and ethical standards for the 13th consecutive year.

The foundation of the 2015 ethics initiative is the revised Code of Ethics for Nurses with Interpretive Statements, which was released Jan. 1. Several thousand registered nurses submitted comments during a four-year revision process for the new Code of Ethics, which was last updated in 2001. The update ensures that the Code reflects modern clinical practice and evolving conditions and fully addresses transformations in health care.

Activities emphasizing the importance of ethics in nursing practice include:

- The National Nurses Week, May 6-12.
- The 2015 ANA Ethics Symposium designed to facilitate dialogue across the nursing spectrum, June 4-5 in Baltimore.

In 2014, ANA participated as a strategic partner in the National Nursing Ethics Summit convened by the Johns Hopkins University’s Berman Institute of Bioethics and School of Nursing to strengthen ethics in the profession. The summit resulted in the Blueprint for 21st Century Nursing Ethics: Report of the National Nursing Summit. Summit leaders are encouraging individuals and organizations to adopt and implement the ethics blueprint to “create and support ethically principled, healthy, sustainable work environments; and contribute to the best possible patient, family, and community outcomes.”

Optimal patient care begins before conception. Help Texas women get healthy now to ensure better birth outcomes and healthy children later. Someday Starts Now offers tools to help you talk to patients about important aspects of the preconception period. View training videos and download educational materials for your patients at SomedayStartsNow.com/Providers.

Due Date - 5/4/2019

SOMEDAY STARTS NOW.
The Robert Wood Johnson Foundation along with Texas academic leaders are seeking new and innovative methods to enhance the education, training, and competency development of the BSN nurse who wishes to practice in rural Texas.

To that end, the Academic Progression in Nursing (APIN) Grant, funded by the Robert Wood Johnson Foundation, is offering an online rural nurse residency program. Open to new BSN nurses only, the Texas Rural Nurse Residency Program will begin in June 2015.

For Nurses

The Online Texas Rural Nurse Residency program will provide special guidance for the new BSN as nurses transition into practice. Through online lectures and virtual chat rooms, program participants will receive individual and group guidance in developing the skills necessary to meet the complex requirements of practicing in a rural setting.

Now accepting applications for May 2015 BSN graduates. Space is limited, so don’t delay. Contact Julie Thomas, DNP, RN, at apin@texasnurses.org.

For Facilities

In an effort to advance the increased use of BSN-prepared nurses in the rural setting, the APIN grant will support your nurse through a one-year, online, evidence-based nurse residency program and support you with the development of preceptors to help guide and retain your newly hired BSN. Realizing the immense need for highly-trained nurses in the rural area, nurses who participate through your facility will receive guidance in the area of rural nursing as well as support in transitioning into practice.

Now accepting applications for rural healthcare facilities hiring May 2015 BSN graduates. For more information about the program and to find out how APIN can support you in growing your BSN nursing workforce, contact Julie Thomas, DNP, RN, at apin@texasnurses.org. Application deadline for the June Residency Cohort is April 24.

Nurses Service Organization (NSO) is happy to announce our new partnership with the Bill Beaury Insurance Agency, Inc.

Nurses are the heart of the hospital. That’s why we’re looking for nurses who are dedicated and passionate about their work. We’re looking for nurses who can add to our culture of exemplary patient care and personal excellence. We’re looking for exceptional employees.

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Now accepting applications for rural nurse positions: Hospice/Continuing Care, Treating, Subacute, Rural Primary Care, and Group Home.

To apply, please visit: www.nwtexashealthcare.com

For more information please call 217-741-6359 and apply today!
Texas nurses are invited to participate in a survey measuring perceptions, knowledge, and beliefs around the Institute of Medicine’s (IOM) report “The Future of Nursing: Leading Change, Advancing Health.”

The key focus areas of the IOM report, produced in 2011, are:
1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
4. Efficient workforce planning and policy making require better data collection and an improved information infrastructure.

Texas Team, formed to lead sustainable efforts in response to the IOM’s recommendations, is working diligently to implement best practices, identify research strategies, and gather support to help Texas achieve these recommendations. The Texas Team invites all Texas nurses to complete a brief survey: tchuhs.col.qualtrics.com/SE/?SID=SV_cS9JLdJL2EpGt69

The survey is confidential and voluntary. Questions regarding the survey can be directed to:
June Marshall, DNP, RN, NEA-BC at j.g.marshall@tcu.edu or 214-645-4645
Mari Tietze, PhD, RN-BC, FHIMSS at mtietze@mail.twu.edu or 214-689-6792

The full IOM report and related information can be accessed at thefutureofnursing.org.

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The full IOM report and related information can be accessed at thefutureofnursing.org.
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Nurses Move Mountains Through TNA

Since 1907, when the founders of what is now the Texas Nurses Association set out to define and regulate nursing through legislative advocacy, nurses and patients in Texas have benefited. By joining TNA, each nurse joins his/her voice with the voices of thousands of Texas nurses who share the same passion, concerns, and interests regarding practice and patient care.

TNA is and always has been about advancing the nursing profession and its practitioners. Everywhere a nurse’s voice can make a difference — at the Texas Board of Nursing, at the Texas Legislature, in the state’s nursing schools, and in boardrooms — TNA has played a significant role.

Together with the power of the American Nurses Association, TNA is dedicated to protecting the integrity of nursing practice, ensuring safe care environments, and empowering individual nurses to the full extent of their training and education.

Joint membership in TNA and ANA is now highly accessible and affordable at only $15/month or $174/year.

TNA represents nurses who value association membership as an investment in their profession and practice. With professional membership in TNA, you can be a powerful voice that speaks boldly for nursing and boldly for the practice environment. Membership enables you to become a full participant in defining what your profession is and what it should be.

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