

THE New Mexico NURSE

The Official
Publication of



NIMNA.

**NEW MEXICO NURSES
ASSOCIATION**

*Advocating for Nursing Practice
Since 1921*

VOLUME 64 • NUMBER 2

APRIL 2019

Quarterly publication direct mailed to more than 27,500 Registered Nurses in New Mexico.
Provided to New Mexico's Nursing Community by the New Mexico Nurses Association
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**SAFE HARBOR FOR RNS AND LPNS in NM BECOMES LAW JUNE 14, 2019!!
NMNA APPLAUDS THE STRONG BIPARTISAN EFFORTS OF SENATOR "LIZ"
STEPHANICS, SENATOR GAY KERNAN AND SENATOR MARY KAY PAPEN TO
ENSURE ENACTMENT of the SAFE HARBOR FOR NURSES ACT.**



Senator "Liz" Stephanics, co-sponsor of Safe Harbor for Nurses Act, SB 82, with Jason Bloomer BSN, RN, and NMNA Secretary and the Senators' expert witness for the bill.



RNS with Safe Harbor champion and co-sponsor Senator Gay Kernan

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Nurses in Our News



Ellen Interlandi, MHM, RN, NE-BC, NMNA member and Clinical Consultant NM Hospital Association

RECENTLY RETURNED from three months in Cambodia. She spent time in Phnom Penh working at a charity hospital called Children's Surgical Centre. Cambodians who cannot pay can get consultation and surgery here (they would be turned away from the government hospital if they had no money). They care for all patients, from neonates with cleft lip/palate to older Cambodians.

Ellen is pictured here with the whole team (*below*) and at the pizza party (*left*) the ENT nurses and docs threw for her after she assisted them to develop and interpret statistics and helped them write a strategic plan to increase donations to the service.

The hospital relies totally on private donations and offers ophthalmic, ENT, and orthopedic consultation and surgeries. It was started in the mid-1990s by a British orthopedic surgeon to deal with victims of land mine injuries. Cambodia has "progressed" to the point that they have fewer land mine injuries and more motorbike and electrical/construction injuries. Ellen and her husband have been supporting them for about 11 years, bringing donated equipment and supplies, refurbishing orthopedic drills, teaching them about updated modes of care, prevention of infections, etc.



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Capitol Challenge 2019

Caring for our Profession



Three hundred nursing students and nursing faculty joined NMNA in Santa Fe for Student Nurses and Nursing Faculty Day at the NM Capitol on February 14th. Students who attended represented San Juan College, UNM Valencia, Santa Fe Community College, UNM Taos, Luna, UNM, CNM, NMSU Carlsbad, and Northern NM College.



Starting the Day: RNs in the NM Senate Chambers as guests of Senator Elizabeth "Liz" Stefanics



RNs with Lieutenant Governor Morales after his presentation

Capitol Challenge 2019

Caring for our Profession



Lieutenant Governor Morales with leaders of student nursing associations in New Mexico, February 14, 2019: NMNA's Student and Nursing Faculty Day at the Capitol



Lieutenant Governor H Morales addresses RNs in Senate Finance committee room



Dr. Barbara Dossey PhD, RN, AHN-BC, FAAN, HWNC-BC, Nightingale scholar, speaking on : Authentic Advocacy



Linda Siegle, NMNA lobbyist, spoke to both pre-licensure students and to RNs. Advocacy at the Roundhouse, the legislative process in NM and key nursing issues were highlighted.



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Keith Carlson of NMNA spoke to students about using social media to message nursing's legislative priorities



Doherty PhdC, MSN, ACNP-BC, President of the NM Nurses Association addressed nursing students during the workshop.



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All these activities must be peer-reviewed to receive approval from NMNA and we need additional Nurse Peer Reviewers for our expanding program. To become a nurse peer reviewer (NPR), one must:

- Be a registered nurse who holds a current, unencumbered license and a baccalaureate degree or higher in nursing;

- Participate in an orientation process that includes in-person and/or on-line learning as well as mentored review of applications and forms;
- Commit to ANCC and NMNA criteria regarding Confidentiality and Conflict of Interest (COI).


What are the benefits of becoming a volunteer Nurse Peer Reviewer?

- Receive nursing continuing education hours commensurate with in-person/on-line learning;
- Learn how to access excellent, evidence-based continuing education for yourself;

- Understand how to assist with planning, implementation and evaluation of activities that focus on nursing professional development (NPD) and/or patient outcomes for your organization;
- Participate in regular calls to update your knowledge and share with your peers.

If you are interested in elevating your knowledge, practice and our nursing profession to new levels, please contact either:

The NMNA Office at 505-471-3324 dwalker@nmna.org or Suzanne Canfield at sjcanfield@comcast.net



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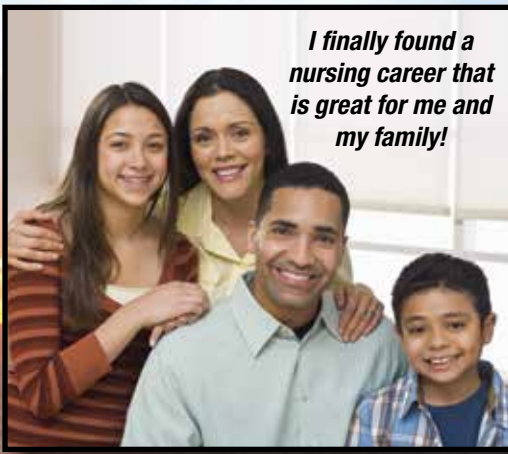
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In My Opinion: My Optic on Safe Harbor

Jason Bloomer BSN, RN, NMNA Representative on the Safe Harbor for Nursing SJM Task Force

Nursing has been the most trusted profession by the American people for 17 years in a row except for 2001 when firefighters were rightfully awarded the honor. With that trust from the American people it would make sense that our profession would garner that same trust by those who employ nurses across this great state. However, this is not always the case and, in our state, the right to work can override the judgement of many of our nursing colleagues. The New Mexico Nurses Association (NMNA) has been informed by many of our peers that they have to choose between their license and their jobs when advocating for patient safety.

We are seeing nurses exiting the profession between three and five years and encounter nurses who may be practicing in New Mexico for only one or two years and then moving out of the state to travel or to find different practice settings. While these exits from our state are not directly correlated to having to choose between a job and a license, there is enough

interaction with colleagues to take note and intervene. We must do everything in our power to keep NM nurses in the state and attract nurses who want to relocate to our state and our workforce. NMNA has been working on several pieces of legislation this legislative session to ensure a healthy practice environment for nurses in NM. Chief among them has been SB 82 the "Safe Harbor for Nurses" act.

SB 82 has been a work in progress for over two years. The process began with Senate Joint Memorial from Senator Elizabeth "Liz" Stefanics and Senator Mary Kay Papen, which instructed the NM Board of Nursing to convene a taskforce to explore "Safe Harbor" in Texas and other promising models. The task force consisted of many different entities including NMNA. The task force consisted of the UNM College of Nursing, NMSU School of Nursing, UNM School of Medicine, Burrell College of Osteopathic medicine, NMNA, NM Hospital Association, NM Health Care Association, and representatives from the Union. This task force met many times over the course of a year, had guests speak from the Texas Board of Nursing, and crafted a report for the Interim Committee of HHS,

carving out recommendations from the task force. A presentation was made before the Interim Health and Human Services Committee in the fall. Ultimately NMNA worked with sponsors in the drafting of a bill which was endorsed by the interim committee, and was prefiled. Senators Gaye Kernan, Elizabeth "Liz" Stefanics and Senator Mary Kay Papen requested to carry the bill during the session for the Committee. They represent a bipartisan, political leadership approach.

Senate Bill 82 was a priority for NMNA and NMNA worked closely with the sponsors on the bill this session. We had great success in the NM Senate where the bill passed: 5-0 out of Senate Public Affairs; 7-0 out of Senate Judiciary 40-0 off the Senate floor!!!

Senate Bill 82 has now cleared both the house Health and Human Services, and Labor committees, the house floor and Now will become law of the State of New Mexico... We are very excited about this opportunity for the nursing profession.



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Now what does this bill do exactly for our nursing workforce?

SB 82 "Safe Harbor for Nurses Act" will allow for a legislatively guaranteed right for nurses to voice safety concerns based on the individual nurse's education, training and competencies. Also allowing for a nurse to question another healthcare providers order if the nurse feels that the order is unsafe or inappropriate for that patient based on the current assessment of the nurse. Now this should be used as a last line of intervention and we encourage all nurses to use their chain of command prior to invocation of "Safe Harbor." The goal is that if the nurse has voiced concerns and feels that he/she is not being taken seriously and in good faith believes that an order, intervention or assignment is unsafe and needs to be reviewed, then they can invoke "Safe Harbor" creating a hard stop for review by the health care facility for immediate review.

The bill has been made generic enough to allow each entity to create its own process for "Safe Harbor," as no two hospitals in the state are the same and the needs of a hospital in Artesia does not have the exact same issues that a hospital in Las Cruces or Albuquerque may have. The goal through this bill is to encourage conversations between all parties BEFORE something happens in a situation that could cause undue harm to a patient. We want to encourage the nursing profession to speak up and have an avenue where the nurse as a healthcare provider can voice concerns that are taken seriously as we truly are the last line of defense for our patients.

Nursing's most basic roles are advocacy for our patients and keeping them safe from undue harm while they are under our charge. It is those two basic roles that garner our position of respect along with our compassion, knowledge and the amount of time that we spend with our patients and their family.

Twelve hour shifts with our patients, sometimes many shifts in a row allow for our patients to recognize the role of the nurse and take a more in depth look into what it is we do every day. This role is one that should be taken seriously and when a nurse voices concerns about patient safety as a healthcare professional it should carry weight. The issue at hand is that our voice as a profession has been diminished and the trust given to us by our patients is not in turn given to us from our employers. The nursing profession should not have to choose between our jobs and our obligation to: licenses, the nurse practice act, and our duty to our patients. The Nurse is an essential and qualified healthcare professional with professional judgement that should garner respect from those who work with and employ us. We encourage all nurses to contact their elected state Senators and Representatives to thank those that have stood with the nursing profession in our time of advocacy. As a point of personal privilege, I want to thank all of the nurses in our state for what you do every day to protect, advocate and support the patients of New Mexico.

Jason C. Bloomer BSN, RN, CCRN, CPhT, FANA(C) practices in Albuquerque, NM in an intensive care setting and is the current Secretary of the New Mexico Nurses Association

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Reprinted from American Nurse Today

Debra Hampton
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Implementing projects and purchases requires an understanding of costs and benefits

YOUR ORGANIZATION has a computed tomography (CT) scanner that's six years old. Because of technology upgrades and advances in care, the organization is considering whether it's time to replace the equipment. The cost of a new CT scanner ranges from \$1 million to more than \$2.5 million, depending on the scanner type. These questions need to be answered:

- Is it necessary to replace this machine at this time?
- What CT scanner should your organization purchase to get the best return on investment (ROI)?

To make this important decision, your organization needs to perform a cost analysis. The purpose of a cost analysis is to determine the total cost of an item, program, or project—in this case, a new CT scanner.

We use three primary types of cost analysis in healthcare: cost-benefit analysis, cost-effectiveness analysis, and cost-utility analysis. As nursing leaders, we can do cost analyses:

- to justify the purchase of new equipment
- to outline the costs compared to the benefits of beginning a new program
- to support the need for adding staffing positions or increasing staffing in the unit or department
- to justify why we need to implement specific safety or quality initiatives.

Let's learn about each type of analysis, decide which option (or options) will help you make the best CT scanner purchase, and how nurse leaders can use cost analyses to justify the purchase of equipment or the implementation of new programs or services.

Cost-benefit analysis

A cost-benefit analysis allows us to compare the costs of a purchase or a new program to the benefits obtained. The first step is determining the objectives—tangible and measurable—you hope to achieve. For example, a cost-benefit analysis will help you determine the impact of increasing staffing on nursing-sensitive outcomes and staff satisfaction.

After determining the objectives, determine the cost of the equipment, service, or program and all other associated costs (including the purchase cost and all costs associated with executing the venture, such as any related equipment, supplies, staffing/labor, development, and implementation). Then quantify the benefits (including assigning a dollar value to each) and determine the ratio between the costs versus the benefits. Do the benefits exceed the costs and if so, by how much? When doing a cost-benefit analysis, every

Quality adjusted life year

A commonly used measure of utility is quality adjusted life year (QALY), which is calculated by estimating life years gained from a treatment or therapy and then weighting each year to reflect the quality of one's life during the year.

This type of analysis can raise ethical issues because of the focus on valuing health or the improvement of health from the perception of the individual or society as a whole, but it's an essential tool in cost-quality focused healthcare.



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benefit should have a dollar value assigned to it. For example, if a new piece of equipment will reduce repair costs, how much have repairs cost in the past year? If increasing staffing will reduce falls, patient infections, or other patient complications, what is the average cost of a fall or a catheter-associated infection and how many falls or infections will be prevented.

Cost-effectiveness analysis

In cost-effectiveness analysis, we consider the value of our purchase and determine if the value and usage is going to be worth what we paid. Usually when doing a cost-effectiveness analysis, we look at two alternatives and try to determine which is the most cost-effective. As a nursing leader, you might do a cost-effectiveness analysis to determine the value of one type of skin pressure-relieving support surface over another. You could do this by trialing both products and comparing the outcomes, taking into account patient comfort, ease of caring for patients on each type of surface, nursing care, patient skin condition, and cost.

Once you've quantified value in terms of benefits, you can compare the benefits of both products in relation to the cost. The question to ask in cost-effectiveness analysis is: Which alternative returns the most value in relation to the overall cost? Nursing literature includes several examples of cost-effectiveness analysis. For instance, to answer the question about the cost-effectiveness of higher hour per patient day staffing targets, Twigg et al published a systematic review of the impact of increased staffing on patient outcomes.

We could do the same type of analysis related to the CT scanner purchase. After we narrow our choice to two or three different manufacturers and determine the objectives we want to meet—such as image area scanned, image resolution, and radiation dosage—we can obtain the cost of CT scanners with varied features and then quantify the value of additional features.

Cost-utility analysis

A cost-utility analysis can be used to determine the value of a product or medication on the maintenance and improvement of the length and quality of a patient's life or the allocation of health resources. It compares the cost of different treatment options with their outcomes in terms of health utility. (See *Quality-adjusted life year*.)

Penner reminds us that cost and benefits aren't the only things that should be considered when making decisions about initiatives we want to implement. She notes that "neither the least costly nor the most costly intervention is certain to result in the best clinical outcomes." (See *Comparative effectiveness research*.)

Comparative effectiveness research

Some situations call for comparative effectiveness research, which allows leaders to use existing research findings about various interventions and strategies to make evidence-based decisions about the most effective tests, therapies, procedures, and services.

ROI

A final term frequently used in healthcare is ROI, which means how much profit or loss is made from money invested in equipment (such as a CT scanner), programs, or projects. An ROI example is returning to school to obtain an advanced degree. The investment of your money and time can result in a promotion or new job opportunity that results in higher income and future career advancement.

Justifying the investment

Before making financial commitments in most healthcare settings, some type of cost analysis or ROI analysis is done to justify the investment. As leaders in today's value-based healthcare world, we must quantify the benefit of equipment we recommend, projects that need to be completed, or programs that we would like to implement. We should always consider the cost and benefit of requests. How will patient outcomes be affected? Will staff satisfaction be improved? Leaders at all levels must be competent at creating and presenting a business case that includes the appropriate type of cost analysis.

Debra Hampton is an assistant professor and academic program coordinator of the Executive Leadership DNP and MSN to DNP programs at the University of Kentucky College of Nursing in Lexington.

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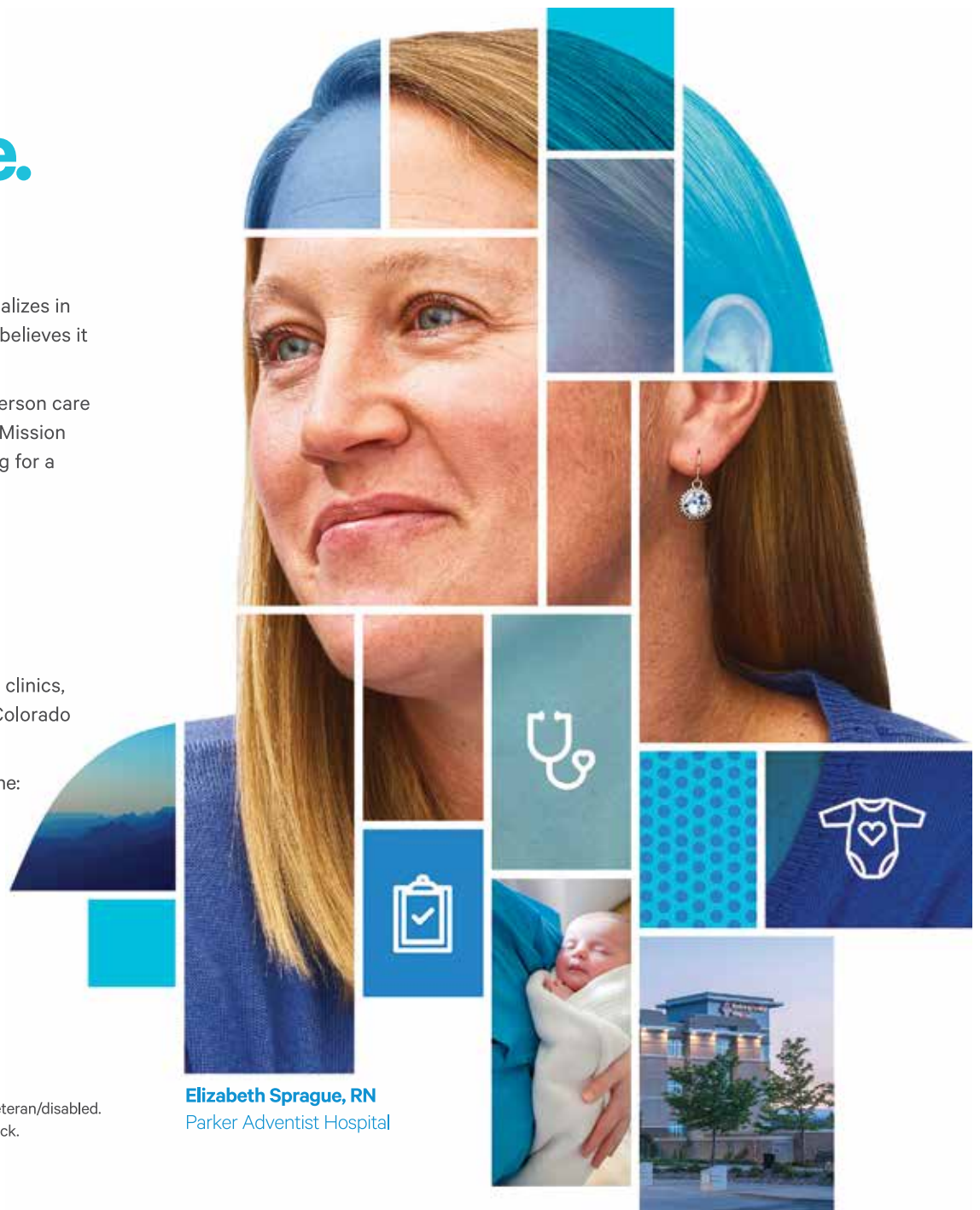
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