

## Nursing Practice, Education and Research Updates

**Creating a nurse-led culture to minimize horizontal violence in the acute care setting: a multi-interventional approach.** Disruptive behavior is common in health care settings. This commentary discusses the development and implementation of a multifaceted initiative to address unprofessional conduct among nurses. The authors highlight the importance of involving the organization, leaders, and individuals in achieving culture change. [Read the abstract here.](#)

**The promise of big data: improving patient safety and nursing practice.** Big data is gaining attention as a way to improve quality and safety. This commentary discusses how outcomes can be applied to enhance safety of nursing care, and reviews limitations to successfully using analytics, including insufficient interoperability and inadequate funding to design effective tools. [Read more here.](#)

**Nurses say stress interferes with caring for their patients.** Many health care professionals exhibit symptoms of burnout, which may impair their ability to maintain safe practices and detect potential errors. This news article explores organizational factors that contribute to nurse burnout, including low staffing and increased workloads due to electronic health record implementation. [Read more here.](#)

**Nurses' role in medical error recovery: an integrative review.** This review examined nurses' role in detecting, interrupting, and correcting medical errors at the point of care. According to some studies, nurses may recover as many as one error each shift. A strong safety culture was an important organizational enabler of effective error recovery. [Read more here.](#)

**The interplay between teamwork, clinicians' emotional exhaustion, and clinician-rated patient safety: a longitudinal study.** Emotional exhaustion is a component of burnout—a critical patient safety issue. Teamwork promotes resilience and thus may protect against burnout and promote patient safety. However, it is unclear how teamwork, burnout, and patient safety interact in a safety culture. This prospective study of critical care interprofessional teams found that clinicians' emotional exhaustion affects teamwork, which leads to worsening clinician reports of patient safety. The authors suggest addressing clinicians' emotional exhaustion prior to team training in order to best augment patient safety in the intensive care unit. [Read about the study here.](#)

**UW-Madison names new dean of School of Nursing.** Linda Scott, associate dean for academic affairs at the College of Nursing, University of Illinois at Chicago, has been named dean of the School of Nursing at the University of Wisconsin - Madison. Scott will succeed Katharyn May, who is stepping aside as dean after 15 years of service and will remain as a member of the faculty. [See more here.](#)

**High reliability organizations: a healthcare handbook for patient safety & quality.** Sigma Theta Tau International provides an overview of the literature on regularly reported negative patient outcomes. [Read more here.](#)

**Nursing Strategies to Increase Medication Safety in Inpatient Settings.** Medication administration errors are common and often associated with interruptions. This recent study on medication safety in critical access hospitals recommends organizational strategies to improve the safety of medication administration. [Read the abstract here.](#)

**Use of personal electronic devices by nurse anesthetists and the effects on patient safety.** This review found that many certified registered nurse anesthetists and anesthesiologists acknowledge using personal electronic devices in the operating room despite knowledge of the potential risks. Currently, no formal guidelines exist regarding what constitutes inappropriate use of such devices in the operating room. The authors call for further research in order to develop policies to balance the risks and benefits of personal electronic devices. [Read more here.](#)

## Federal Health Policy Updates

**VA's proposed rule would give advanced practice registered nurses full practice authority.** Under a [proposed rule](#) published on 5/25/16 in the Federal Register, the VA said it intends to expand the pool of qualified healthcare professionals who are authorized to provide primary healthcare and other services to the full extent of their education and abilities without the clinical supervision of physicians... [Read more here.](#)

**...Physicians, anesthesiologists oppose VA's plans for advanced practice registered nurses.** Some healthcare groups have voiced opposition to the Department of Veteran Affairs proposed rule that would give advanced practice registered nurses (APRNs) expanded practice authority, citing concerns about a lack of clinical oversight from physicians. [Read more here.](#)

**House approves bills to address opioid epidemic.** On May 11, 2016 the House of Representatives approved bills as part of its legislative package to address the opioid epidemic. **HR 4641** would establish an interagency task force to review, modify, and update best practices for pain management and pain medication prescribing. **HR 4982** and **HR 4978** would require the Government Accountability Office to report on opioid use disorder treatment availability and need, on the prevalence of neonatal abstinence syndrome, and Medicaid coverage for the condition. **HR 3680** would establish federal grants to implement co-prescribing of overdose reversal drugs in areas experiencing significant opioid abuse and deaths. **HR 3691** would reauthorize residential treatment programs for pregnant and postpartum women and provide grants for states to address opioid dependency in infants. **HR 4599** would permit schedule II prescriptions to be partially filled in certain circumstances. And **HR 4976** would provide for more stringent Food and Drug Administration review of new opioids without abuse-deterrent properties, pediatric opioid labeling recommendations, and prescriber education recommendations. The bills could be reconciled later this year with the Senate-passed Comprehensive Addiction and Recovery Act. Go to [congress.gov](http://congress.gov) to review these bills.

**Themes identified by NIOSH "Stress at Work".** Primary themes in the NIOSH job stress research program include: to better understand the influence of what are commonly-termed "work organization" or "psychosocial" factors on stress, illness, and injury; and to identify ways to redesign jobs to create safer and healthier workplaces. [Read more here.](#)

**HHS Reforms Medicaid Managed Care Rules.** The U.S. Department of Health and Human Services on Monday issued a final rule that overhauls federal Medicaid and CHIP regulations. According to a HHS press release, the rule includes the following:

- Establishes Medicaid's first Quality Rating System and clarifies states' authority to enter into contracts that pay plans for quality or encourage participation in alternative payment models and other delivery system reform efforts.
- For consumers requiring long term services and supports, the rule establishes mechanisms for providing support, education, and a central contact for complaints or concerns for beneficiaries, including assistance with enrollment, disenrollment, and the appeals process. It offers flexibility for plans to cover inpatient short-term mental health services, which are an important tool in addressing behavioral health issues.
- The rule also establishes network adequacy standards in Medicaid and CHIP managed care for key types of providers, while leaving states flexibility to set the actual standards.
- To promote accountability and strengthen program integrity, the rule requires additional transparency on how Medicaid rates are set to help ensure the fiscal integrity of Medicaid managed care programs, including with respect to data relating to utilization and quality of services. [Read the full document here.](#)

**Health Employers in Southeast Wisconsin Form Alliance to Build Workforce Pipeline.** Five of southeastern Wisconsin's largest health care employers have formed an alliance to promote the health care profession and groom future health care workers. Froedtert Health, Aurora Health Care, Children's Hospital of Wisconsin, Wheaton Franciscan Healthcare and Columbia St. Mary's have formed an alliance in collaboration with Employ Milwaukee to work together to build the workforce for in-demand healthcare occupations. Known as the Center for Healthcare Careers of Southeastern Wisconsin, the collaboration will address labor market demand in the growing healthcare industry. According to the Wisconsin Department of Workforce Development, nearly 450,000 workers will be needed by 2022 to meet employment demands in the state. The Center for Healthcare Careers will focus on preparing people for a wide range of jobs, including nursing assistants, pharmacy technicians, nurses, physical therapists and more. [Read the press release here.](#)

## State Health Policy Updates

**Legislative Study Committee.** The Joint Legislative Council has approved the creation of the 2016 interim study committees. One committee of interest to WNA is the Volunteer Firefighter and Emergency Medical Technician Shortages. Senator Nass is the assigned chair and Rep. Kremer is the vice-chair. The committee will be comprised of legislators, industry experts, and stakeholders, and are expected to meet multiple times this year to research their topics and come up with legislation to address the issues.

**Gov. Scott Walker's administration wants to shift multibillion-dollar programs serving more than 55,000 elderly and disabled people from long-standing nonprofits to national for-profit health insurance companies.** Administration officials contend the plan would save money for taxpayers and improve the health of patients by combining care for their long-term needs with attention to their immediate medical issues. This plan would affect Family Care and IRIS, which provide long-term care outside nursing homes to tens of thousands of needy elderly and disabled people. Family Care works through eight regional nonprofit managed care organizations similar to health maintenance organizations, while IRIS (stands for Include, Respect, I Self-Direct) provides vulnerable residents with a taxpayer allotment they can use to set up and pay for their own care. [Read the article here.](#)

**DHS Responds to Senate Republican Questions on Family Care/IRIS 2.0.** The Wisconsin Department of Health Services (DHS) this week provided a 19-page response to the April 29 letter from the Co-Chair of the Legislature's Joint Finance Committee, Senator Alberta Darling (R-River Hills), that outlined 25 outstanding questions that she and her Senate Republican colleagues had regarding the Family Care/IRIS 2.0 concept plan and rollout that is projected to occur no sooner than 2018. [Read the response letter here.](#)

**DHS to Create Division of Medicaid Services (DMS).** The Department of Health Services (DHS) this week submitted its plan to the Department of Administration to create the Division of Medicaid Services (DMS) as directed in the 2015 Wisconsin Act 55, the 2015-17 Biennial Budget. The reorganization is scheduled to be complete by the end of 2016. [Read more here.](#)

**Status Board of Nursing Proposed Changes to Administrative Rules.** The Board of Nursing has proposed changes to the various chapters found in the Administrative Rules for Nursing. A summary can be found in WNA's website under the advocacy tab.

## Patient Safety and Quality

**Prevalence of inappropriate antibiotic prescriptions among US ambulatory care visits.** More than 12% of all outpatient visits in the United States in 2010–2011 resulted in an antibiotic prescription, of which approximately 30% were inappropriate, according to this population-based analysis. Inappropriate antibiotic prescribing increases the risk of antibiotic-resistant infections and is a recognized patient safety risk. A commentary discusses catastrophic complications resulting from an inappropriate antibiotic prescription for sinusitis. [Read the abstract here.](#)

**CDC launches new hand hygiene campaign.** Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half the times they should. On any given day, about one in 25 hospital patients has at least one healthcare-associated infection. [Read more here.](#)

**2016 AHRQ patient safety culture survey results.** What was good: teamwork, leadership, quality improvement. What was weaker: handoffs, staffing, not blaming. Many hospitals using the AHRQ Hospital Survey on Patient Safety Culture have expressed interest in comparing their results to other hospitals. In response, AHRQ has established the Hospital Survey on Patient Safety Culture Comparative Database. This database is a central repository for survey data from hospitals that have administered the AHRQ patient safety culture survey instrument. [Read more here.](#)

**2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy.** Integration of these two efforts within AHRQ supports the development of this more comprehensive report on the success of efforts to achieve better health and health care and reduce disparities. [Read more here.](#)

**Systematic review finds patient safety measures in primary care are often invalidated, and no measures of diagnostic error.** Progress in patient safety has been limited by a lack of reliable measures. This problem is compounded in ambulatory care, as most existing metrics have sought to measure safety in hospitalized patients. This systematic review identified 182 published safety measures in primary care and categorized them according to Donabedian's triad and the safety target. [Read the abstract here.](#)

## Opportunities

**AHRQ Awards Grant to Engage Stakeholders in the Use of Clinical Decision Support to Incorporate Patient-Centered Outcomes Research Findings into Clinical Practice.** A new learning network grant from AHRQ will explore with stakeholders how patient-centered outcomes research (PCOR) findings can be incorporated into clinical practice through health IT-enabled clinical decision support (CDS). Patient-centered outcomes—defined as the results of medical care that are important to patients—can give patients and providers the power to make more informed health decisions. This network will bring together multiple public and private stakeholders and monitor and measure the dissemination and use of PCOR findings in vendor-based and open source CDS tools. [Read more here.](#)

**Grant Advancing the Collection and Use of Patient-Reported Outcomes and Patient Contextual Data to Improve Quality and Outcomes in Ambulatory Care through Health Information Technology.** AHRQ is interested in understanding how health IT can facilitate the collection and use of patient-reported outcome and patient contextual data to improve clinical management, care planning, patient experiences, and health outcomes in ambulatory settings. [Read more here.](#)

**Infographic: Injury and Violence in the U.S. by the Numbers.** The CDC Injury Center released this new infographic that provides a snapshot of injury and violence and conveys the magnitude of the problem in terms of morbidity, mortality, and cost to society. It highlights key data and proven prevention strategies for Motor Vehicle Injury, Prescription Drug Overdose, Child Abuse and Neglect, Older Adult Falls, Sexual Violence, and Youth Sports Concussions. Every year 199,800 people die from injuries and violence. For every person that dies, 13 are hospitalized and 135 are treated in an emergency room. Learn more about injuries and violence and what can be done to prevent them [here.](#)



**Director of Nursing.** Would you like to work on a beautiful campus in a friendly health care environment for the Developmentally Disabled? The Department of Health Services; Division of Long Term Care; Central Wisconsin Center (CWC); is recruiting for a **Career Executive Director of Nursing** position conveniently located on the north side of Madison, Wisconsin. CWC operates as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).



This is a rare leadership opportunity for someone who has a passion for improving the lives of people with disabilities. This career executive administrative nursing position is responsible for directing, planning, implementing and evaluating the delivery of Nursing Services at Central Wisconsin Center (CWC) for approximately 800 staff and 240 residents.

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View this position at:

[http://wisc.jobs/public/job\\_view.asp?annoid=87548&jobid=87062&org=435&class=38330&index=true](http://wisc.jobs/public/job_view.asp?annoid=87548&jobid=87062&org=435&class=38330&index=true)

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**RN Case Manager – Family Care Program.** Do you have a passion for working with disadvantaged populations? Put your knowledge, skills, and experience to work providing case management services to frail elders and adults with disabilities under Wisconsin’s Family Care program. CCCW is expanding into Rock County effective July 1, 2016 and we are hiring 8-12 RNs. We’re excited to have you join us!



You’ll partner with a social worker to identify the needs and priorities of your members; locate and secure the appropriate resources available under Family Care; assess and monitor physical condition and medical needs; provide ongoing nursing consultation; and collaborate with local health care and social service providers.

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Visit our website at [www.mycccw.org](http://www.mycccw.org), click on Careers under the Human Resources tab, then click on **Requisition #16-0032 – Health and Wellness Coordinator** to view the position description. Click the “Apply On-line” link to apply. Share the job with a friend too – we’re hiring lots! Contact Lynn Scotch at 715-204-1812 for additional information.

**Hospital Staff Educator, MC160505.** In 2016, Marshfield Clinic, one of the largest patient care, research & educational systems in the United States, will celebrate 100 years of innovation and clinical excellence! There has never been a better time to join us!



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Direct URL to apply: [https://marshfieldcliniccss.igreentree.com/CSS\\_External/CSSPage\\_Referred.ASP?Req= MC160505](https://marshfieldcliniccss.igreentree.com/CSS_External/CSSPage_Referred.ASP?Req= MC160505)

**Occupational Health Nurse / RN.** (Part-Time, 30 hours/week – benefit eligible)



Green Bay Packaging Inc. is a privately owned, diversified paper and packaging manufacturer with over 3,400 employees and 34 locations in 15 states, serving the corrugated container, folding carton and coated label markets. This position is for one of our Corrugated Divisions in Green Bay, Wisconsin.

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1. RN with current Wisconsin licensure and 5-7 years of experience
2. Experience in occupational health nursing desired; COHN preferred
3. Experience with WC case management, hearing conservation, OSHA Recordkeeping, drug-testing and health education highly desired.

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