

**2014 Resolution #1 Reaffirmation of 2008 Resolution
RESIDENCY PROGRAMS FOR NEW GRADUATE NURSES
By Iowa Delegates to ANA House of Delegates
Updated by Dan Lose BSN, RN, Newly Licensed RN, Iowa Nurses Association**

WHEREAS, due to the acuity of hospitalized patients and the complexity of the typical acute care hospital, even education programs with the best clinical resources to prepare new graduates to work in today's acute care environment; and

WHEREAS, In her book *From novice to expert: Excellence and power in clinical nursing* Patricia Benner argues that it takes three years for a nurse to achieve competency in a particular area; and

WHEREAS, over 50 percent of new graduate nurses leave their position within 12 months of employment; and

WHEREAS, the cost of hiring and orienting a new graduate nurse is estimated to be between \$42,000 and \$64,000; and

WHEREAS, hospitals with nursing turnover rates greater than 22 percent have increased rates of patient mortality; and

WHEREAS, the 2010 Institute of Medicine report recommends implementing transition-into-practice nurse residency programs; and

WHEREAS, facilities that employ few new graduates each year may be challenged to provide cost effective nurse residency programs;

THEREFORE BE IT RESOLVED that the Iowa Nurses Association will:

- Support initiatives to facilitate the successful implementation of nurse residency programs, including but not limited to, the Iowa Action Coalition's online-based Nurse Residency Program; and
- Support nursing research efforts to identify principles/parameters/components for nurse residency programs and support research efforts to demonstrate the effectiveness of those identified components, for the successful integration of new nurses into the work environment.

Implementation Steps:

1. Publish an article in the Iowa Nurse Reporter that educates nurses and nurse leaders about the benefits of nurse residency programs and the differences between nurse residency programs and new nurse orientation.
2. Collaborate with the Iowa Action Coalition Nurse Residency Program Workgroup to lobby for state and federal legislation that will support nurse residency programs.
3. Support the national goal of having 100% of new nurses in Iowa participate in a nurse residency program.
4. Promote communication to specialty nursing organizations to support the implementation of nurse residency program.

Cost: \$100.00

Priority: High

References:

- Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J., & Silber, J.H. (2002). Hospital staff nursing and patient mortality, nurse burnout and job dissatisfaction. *Journal of the American Medical Association*, 288(16), 1987-1993.
 - Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing*. Menlo Park, CA: Addison-Wesley.
 - Goode, C.J., Lynn, M.R., Krsek, C., & Bednash, G.D. (2009). Nurse residency programs: An essential requirement for nursing. *Nursing Economic\$, 27(3)*, 142-148.
 - Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Retrieved from http://books.nap.edu/openbook.php?record_id=12956&page=R1
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2014 Resolution #2

Reaffirmation of 1992 and 2009 Resolution ADVANCED PRACTICE NURSING

Updated by Mary O'Brien CRNA, MSN, EJD President, Iowa Association of Nurse Anesthetists

WHEREAS, Advanced registered nurse practitioners (ARNPs), i.e. Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists and Clinical Nurse Specialists, have been found to provide safe, quality care, and although progress has been made so that these registered nurses are better able to provide patients with the level of care commensurate with the nurses' education and experience, many barriers continue to impede their full practice potential, and

WHEREAS, Complex and limiting regulations and lack of information on third party reimbursement frequently prevent advanced registered nurse practitioners from getting third party reimbursement for their services, and

WHEREAS, Subtle barriers keep advanced registered nurse practitioners from obtaining hospital privileges to provide the services for which they are educated, and

WHEREAS, Fully functioning advanced registered nurse practitioners are an asset to society at a time when quality alternative sources of care are being sought, and

WHEREAS, Advanced practice nursing is the cutting edge of the nursing profession and needs the Association's full support to eliminate barriers that keep advanced registered nurse practitioners from practicing to their fullest capacity;

THEREFORE BE IT RESOLVED that the Iowa Nurses Association will:

- Work closely with members, advanced practice organizations and state government to protect ARNP scope of practice, which is determined by the Iowa Board of Nursing and the Iowa Code.
- Work closely with its members and the advanced practice nurse organizations in the state to identify and address regulatory and other changes needed to eliminate impediments to third party reimbursement.

Implementation Steps:

1. Monitor Legislation through Iowa Legislative Newsletter
2. Communicate with the Iowa Board of Nursing about advanced practice nursing issues and continue to educate physicians, hospital administrators, insurance entities and legislators about the Iowa Nurse Practice Act, and the 2013 Iowa Supreme Court Decision recognizing the authority of the Iowa Board of Nursing to define the nursing scope of practice.
3. Publish an article in the Iowa Nurse Report to update members on the activities related to this resolution in Iowa.
4. Include other advanced practice nurse organizations, for example, Iowa Association of Nurse Practitioners (IANP), Iowa Nurse Practitioner Society (INPS) Iowa Association of Nurse Anesthetists in Iowa Nurses Association communications.

Costs: \$200.00

Priority: High

**2014 Resolution #3 Revised and Reaffirmation of 2002, 2008
Resolution Tobacco Prevention and Cessation
By Rosemary Holland, RN, RNC, BA**

WHEREAS, The State of Iowa has adopted the following measures to decrease tobacco use:

- The tobacco tax has been increased to \$1.36 per pack and this has helped to decrease the number of adolescent smokers
- The sites designated to be smoke free have been increased, still the state is not smoke free.
- The CDC Best Practices range for tobacco control funding is \$19,347,000 to \$48,713,000; the State of Iowa spends \$13,401,900 for tobacco control.
- The Iowa Department of Public Health has granted funding to the Iowa Nebraska Primary Care Association's participating Community Health Centers to address the tobacco cessation needs of low income smokers and

WHEREAS, The decline in smoking has reached a standstill since 2006, yet 23% of men and 18% of women continue to smoke; and

WHEREAS, Each day 1100 children become addicted to tobacco and 1200 people die from tobacco related illnesses; and

WHEREAS, Each year 438,000 deaths are caused by tobacco related diseases and 38,000 of these deaths are due to secondhand smoke; and

WHEREAS, Young children who are exposed to secondhand smoke have increased episodes of respiratory illness; and

WHEREAS, 58% of the smoking population tried to quit smoking in 2006 but only 34% were successful; and

WHEREAS, Smoking related diseases as of 2004 have cost the American people 97 billion dollars in lost productivity and 96 billion dollars in direct health care costs;

THEREFORE BE IT RESOLVED that the Iowa Nurses Association:

1. Be role models to the public as nonsmoking citizens and will promote programs that enable others to avoid smoking or to quit smoking; and
2. Will continue its leadership role in promoting legislation and programs that will make Iowa a smoke free state
 - a. Encourage adequate funding for Tobacco Control Programs
 - b. Promote a totally smoke free environment
 - c. Strengthen the Youth Access Law

Implementation Steps:

1. Encourage nurses to be non-smoking citizens and include information on smoking cessation program through an article in the *Iowa Nurse Reporter*.
2. Continue to follow and support legislation that will control tobacco use.

Cost: \$100

Priority: High

Source: American Cancer Society.org

American Lung Association.org

Iowa Nebraska Primary Care Association

**2014 INA Resolution #4 Re-affirmation of 2008 Resolution
Reduction in the overuse and misuse of antibiotics in food animal production
By Patricia Fuller, RN**

Whereas, The overuse and misuse of antibiotics is contributing to the antibiotic resistance crises and is a threat to human health. Drug resistant bacteria are on the rise. MRSA and VRE infections are increasing in hospitals and nursing homes. While physicians are now curbing their over prescription of antibiotics, livestock producers are still using the vast majority. An estimated 70 percent of antibiotics produced in this country are used for non-therapeutic purposes, such as animal growth promotion and compensation for the overcrowding that exists in large scale confinement facilities. With thousands of animals kept in close confinement disease spreads rapidly.

Whereas, It is crucial for the Food and Drug Administration (FDA) to reduce the overuse and misuse of antibiotics in food animal production by strengthening a proposed policy that would require veterinarians to oversee the use of all antibiotics in animal feed and water. The FDA should strengthen the proposed "Veterinary Feed Directive Rule" to discontinue approval of antibiotics in livestock that do not address a specific illness or have no limit on duration of use. The FDA should ensure that veterinarians keep valid documentation of farm visits

Whereas, Health Care Without Harm, Physicians for Social Responsibility, the World Health Organization, the Union of Concerned Scientists, and the Pew Charitable Trust Report have all come to the same conclusion: the need to reduce the overuse and misuse of antibiotics in food animal production.

Therefore be it RESOLVED that the Iowa Nurses' Association support the above organizations with a resolution reduce the overuse and misuse of antibiotics in food animal production.

Implementation steps:

1. Publish an article updating members in the Iowa Nurse Reporter on the hazards of non-therapeutic use of antibiotics in farm animals.
2. Educate members with a continuing education program for the 2015 annual meeting on drug resistant bacteria related to non-therapeutic use of antibiotics in farm animals.
3. Support initiatives sponsored by the Centers for Disease Control and Prevention to reduce the use of antibiotics in healthcare.

Cost: \$100**Priority:** Moderate

References: The Pew Charitable Trust and John Hopkins Bloomberg School of Public Report following a 2 ½ year study. Union of Concerned Scientists, Food and Environment, 5-2-2008, World Health Organization in the Food and Environment report of Union of Concerned Scientists, May 2, 2008, Health Care without Harm and Physicians for Social Responsibility 2014 Action Alert.

2014 Resolution #5 Reaffirmation of 2008 Resolution**Support the EPA's Proposed Carbon Dioxide Regulations for Existing Coal-Fired Power Plants****By Patricia Fuller, RN**

Whereas, The biggest step in curbing carbon emissions and harmful pollution from existing coal-fired power plants is the regulation of carbon dioxide. These power plants are disproportionately large emitters of carbon dioxide pollution which is not currently regulated. The EPA's final proposals are due this June.

Whereas, Coal-fired power plants are found to release 67 different air toxics, many of which are probable or known carcinogens and neurotoxins that can harm brain development. In 2005, coal plants were responsible for more than 65% of all mercury air emissions. Approximately 1 in 6 women of childbearing age have unsafe levels of mercury in their blood and it is estimated that between 300,000 to 600,000 children are at serious risk of neurological and developmental impairment from mercury exposure each year.

Whereas, Coal is the most carbon intense energy source, producing 40% of total U.S. carbon dioxide pollution, it is the most significant contributor to global warming. The World Health Organization estimates that approximately 150,000 deaths can be attributed to global warming climate change. Increased heat related illness and death, flooding, drought, and more water borne diseases are health consequences expected in a warmer world.

Whereas, Particulate matter is the most harmful pollutant produced by burning coal. A recent study indicates that particulate matter pollution is responsible for nearly 24,000 deaths each year, 38,200 heart attacks, 554,000 asthma attacks, 21,850 hospital admissions, and 26,000 emergency room visits.

Whereas, Leading scientists have projected that stabilization of climate change in time to minimize such impacts will require a reduction of global warming emissions to 80% below 2005 levels by the year 2050;

Whereas, Investment in energy efficiency and clean energy as alternatives will yield numerous public health and economic benefits for our communities;

THEREFORE BE IT RESOLVED that the Iowa Nurses Association:

1. Request that the Governor, Lieutenant Governor, Iowa Utilities Board Chair, and the Department of Natural Resources Director:
 - a. Develop a State Implementation Plan that adequately regulates carbon dioxide emissions from existing coal-fired power plants.
 - b. Move our state forward with energy policies that reduce global warming pollution by at least 80% by 2050.
 - c. Significantly advance energy conservation, energy efficiency and renewable energy development. Public utilities have found that with a strong commitment to sustainable energy, they can meet about 2/3rds of their projected growth through conservation, and that one-third could be met through building renewable energy projects, such as solar, wind, cellulose, and recycled petroleum products.
2. Educate nurses about the harmful effects that coal plants have on the health of our communities.
3. Promote education that supports the alliance “Health Care Without Harm” which promotes reduction of pollution created by the health care industry.
4. Support a global warming pollution reduction target of 80% by 2050.
5. **Implementation Steps:**
6. Publish an article in the Iowa Nurse Reporter on the health hazards associated with coal-fired power plants and emphasizing energy conservation and personal responsibility for energy consumption and energy choices.
7. Encourage elected officials to support the EPA’s rule making on carbon regulation, support the wind production tax credit, support a national renewable energy standard and support energy efficiency standards.
8. Encourage members to let their elected officials know their concerns about the health care consequences of burning more coal.
9. Encourage the use of renewable clean energy sources.

Cost: \$100.00 **Priority:** High

References:

- “Coal-fired Power Plants: Understanding the Health Costs of Dirty Energy Sources”, Physicians for Social Responsibility
- “Environmental Health in the Health Care Setting”, ANA American Nurse, 2002. “Clean the Air” Coalition of Organizations Fighting Global Warming.
- Iowa Sierra Club, information from Energy-comm@lists.Sierra Club.org

**2014 Resolution # 6 Revision and Reaffirmation of 1997, 2002, 2008 Resolutions
STANDARDIZED NURSING LANGUAGE
By Jane Brokel, PhD, RN, FNI**

WHEREAS, There are standardized nursing languages recognized by ANA and there is use of these languages within many electronic health records in all types of health care settings to communicate

nursing assessments, diagnoses, outcomes, and interventions performed by nurses which impact patient care and outcomes, and

WHEREAS, There are many nursing interests such as continuity of care delivery between settings, clinical decision support tools, third party reimbursement, nursing intensity to achieve safe and adequate staffing patterns, the allocation of resources, interoperability among electronic health records or electronic medical records that are advanced when standardized nursing languages are used; and

WHEREAS, Specific standardized nursing terminologies (NANDA-International Nursing Diagnoses, Nursing Interventions (NIC), Nursing Outcomes NOC), Perioperative Nursing Data Set. (PNDS), Omaha System, and Home Health Care Classification CCC) were adopted into the SNOMED-Clinical Terms, a reference terminology. SNOMED-CT was recognized by the National Library of Medicine for use in healthcare information technologies in 2003 within the United States. Nursing terminology developers provide a map of interface friendly nursing terminologies with the SNOMED-CT reference terminology. This allows the terminologies from NANDA-I, NIC, NOC, PNDS, Omaha System and CCC and their respective licensed definitions and decision supporting evidence and knowledge to be used within all healthcare information technologies; and

WHEREAS, the International Healthcare Terminology Standard Development Organization (IHTSDO) purchased SNOMED clinical terms, a reference terminology which includes some but not all standardized nursing languages within the SNOMED-Clinical Terms. The IHTSDO has recognized the United States National Library of Medicine as the USA national collaborator for distribution within the United States; and

WHEREAS, Specific standardized nursing terminologies will continue to develop and revise through the role of nursing terminology and knowledge developers (i.e., NANDA-International, Inc, Association of Operation Room Nurses, Centers for Nursing Classification and Clinical Effectiveness) to advance nursing practice evidence and nursing knowledge. The new or revised nursing diagnoses with defining characteristics as evidence-based assessments and related factors or risk factors as etiologies; the nursing interventions with evidence-based actions to plan and perform; and the patient outcomes with measurable indicators to evaluate patients are not going to be available through the National Library Medicine UMLS, or SNOMED-CT according to the future procedures outlined by the IHTSDO; and

WHEREAS, the Health Information Technology Standard Panels (HITSP) within the United States federal government has worked with the Office of National Coordinator to identify US standards for interoperability for the Department of Health and Human Services such as standardized interface nursing terminologies recognized by ANA for use in all commercial and proprietary designed health information technologies,

WHEREAS, the standardized nursing languages used within electronic health records can now be exchanged among the providers and with patients through the Iowa Health Information Network by exchanging the continuity of care document and communicated using secure messaging, not all healthcare providers are investing in using newest licensed evidence-based language to keep languages up-to-date within electronic health record system. Those languages that are positioned to advance nursing knowledge are NANDA-I nursing diagnoses and defining characteristics, NIC

nursing interventions and actions, NOC patient outcomes and indicators, PNDS perioperative nursing data set whereas CCC and Omaha system have remained stagnant.

WHEREAS, Delivery of nursing care can be enhanced by evidence-based standardized nursing languages that support interoperability to communicate universally nursing problem and risk diagnoses, nursing interventions/actions and patient outcomes/indicators among multiple settings and for clinical decision support for nursing process and interdisciplinary care and documentation, and

WHEREAS, other states are legislating the use of standardized nursing terminologies for practice to advance the use of the continuity of care document to share nursing assessments, nursing diagnoses, nursing sensitive patient outcomes, and plans of care with nursing interventions among nurses, and

WHEREAS, national regulatory and accrediting agencies and organizations continue to vary and disagree in their respective standards related to documentation requirements which hampers statewide progress to share the continuity of care documentation that is necessary to share/exchange the patient's nursing assessments, diagnoses, identified outcomes, planned interventions, and evaluated outcome status for continuous care, and

WHEREAS, The Iowa Nurses Association has demonstrated ongoing recognition of the need for standardized computerized nursing language and evidence-based knowledge to support nursing decisions through resolutions passed by the INA House of Delegates. The resolutions are; 1989 #6 Development of Computerized Nursing Information Systems (NISs) In Nursing Service, 1992 #7 Computerized Nursing Information Systems, 1993 #6 Nursing Nomenclatures and National Healthcare Data-bases, 1994 #6 Guidelines on Integration of Information Technologies, 1996 #2 Workforce Data: Moving Toward Standard Classification Language, 1997 # Standardized Nursing Language, 2006, # Electronic Health Records; 2008 Resolution #10 Revision and Reaffirmation of Standardized Nursing Language (please add the more recent ones here)

THEREFORE BE IT RESOLVED that the Iowa Nurses Association will:

1. Recognize and support the collection of the Nursing Minimum Data Set (NMDS) and the Nursing Management Minimum Data Set (NMMDS), as essential nursing data that need to be collected across all healthcare delivery settings.
2. Support adoption and use statewide for NANDA-I, NIC, and NOC to support electronic all nursing clinical and educational sites in the State of Iowa to support interoperable data exchange between settings using the Iowa Health Information Network
3. Support the teaching and dissemination strategies for implementing evidence-based standardized nursing languages (NANDA-I, NOC, NIC, PNDS) through nursing undergraduate and graduate programs and nurse residency programs for use in the continuity of care documentation and secure provider messaging to share nursing diagnoses across settings, plans of care and the patient progress or decline in patient outcomes. These efforts should allow nurses to find lean value-stream strategies to work smarter across settings to benefit the patient and families healthcare. .
4. Support the collection of evidence-based nursing data to be incorporated into the health care provider secure messaging communication system and the Iowa Health Information Network for data exchange to and from settings for the most vulnerable populations first

- such as the chronically ill in care facilities/case management of children at risk in the homecare setting and school-age children.
5. Promote the inclusion data collected in long term care settings into the standardized nursing language systems.
 6. Participate in the American Nurses Association's Nursing Quality Indicators Project.
 7. Develop Use Cases for how nursing information is used across settings and submit to the Iowa Department of Public Health Iowa eHealth programs for use in the Iowa Health Information Network to support nursing practice and reporting.

Implementation Steps:

- Publish an article in the *Iowa Nurse Reporter*
- Advocate for state government legislations of evidence-based standardized nursing language. (like Minnesota is trying to do this year)

Costs: \$100 **Priority:** Low

2014 INA Resolution #7

INA Resolution on Community Water Fluoridation

Pam Deichmann, RN, BSN, MPH, President of the Iowa Public Health Association

WHEREAS, Dental caries are one of the most prevalent health problems in the United States with 80 percent of 15-17 year-old youth having experienced dental decay; and

WHEREAS, Extensive scientific documentation over the past half-century has established and consistently reaffirmed that fluoridation of community water supplies is the safest and the most cost-effective community-based method of preventing dental caries, regardless of socio-economic status; and

WHEREAS, Increasing numbers of older adults today are retaining more of their teeth for longer periods of time and, therefore, are at risk of experiencing dental decay throughout their lives; and

WHEREAS, the entire dentate population, including adults and older adults, receives substantial oral health benefits from fluoridation; and

WHEREAS, Certain groups, e.g., those of lower socioeconomic status and underserved groups, are disproportionately affected by dental diseases while having less access to clinical prevention and treatment services; and

WHEREAS, Dental caries experience has increased in communities in which fluoridation was discontinued; and

WHEREAS, it is a specified goal in Healthy People 2020: Oral Health objectives to support community fluoridation

WHEREAS, Community water fluoridation is a significant cost containment measure available for dental caries prevention in communities throughout the United States, costing an average of approximately 50 cents per person per year while reducing the need for expensive treatment; and

WHEREAS, Extensive scientific evidence supports the continued desirability of introducing and/or maintaining fluoridation in community water supplies; and

WHEREAS, Fluoridation is endorsed by virtually every major national and international organization concerned with health and safety, such as the US Public Health Service and its associated agencies, including the National Institutes of Health and the Centers for Disease Control, the Association of State and Territorial Health Officials, the American Public Health Association, the American Water Works Association, the American Dental Association, the American Dental Hygienists' Association, the American Medical Association, the International Association for Dental Research, and the World Health Organization; therefore,

THEREFORE BE IT RESOLVED that the Iowa Nurses' Association will:

1. Reaffirm its support for the continuation and expansion of community water fluoridation; and
2. Encourage its members and constituents to be well informed about and to continue to support optimal fluoridation, and to participate in help develop national and regional coalitions in support of fluoridation; and
3. Commend communities that are providing access to optimal levels of fluoride in the drinking water and encourages them to continue to fluoridate and to monitor the process, and participate in national monitoring activities.; and
4. Call upon the following to continue to provide encouragement and assistance for meeting the year 2000 fluoridation objective: the Iowa Department of Public Health; the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Surgeon General; all oral health and other health programs at the federal, state, and local levels; schools of dentistry, dental hygiene, and all other institutions that educate health professionals; Mayors and legislators across Iowa.
5. Call upon oral health and public health organizations and institutions to provide leadership in educating public officials, policy makers, and the general public about the need to implement and/or maintain optimal community water fluoridation; and
6. Call upon the US Congress to appropriate, and the states to allocate, adequate resources to meet the year 2000 fluoridation objective.

Implementation Steps:

- Monitor legislation.
- Develop an article for the Iowa Nurse Reporter.
- Partner with Iowa Dental Association and the Iowa Dental Hygienist Association to educate nurses on current water fluoridation efforts within communities.

Cost: None Priority: High

References

- Ripa LW. A half-century of community water fluoridation in the United States; review and commentary. J Public Health Dent 1993;53(1):29-56.
- US Department of Health and Human Services. Public Health Service. Healthy people 2000--national health promotion and disease prevention objectives. DHHS pub no (PHS)91-50212, 1991.

- American Public Health Association. Healthy communities 2000--model standards, guidelines for community attainment of the year 2000 national health objectives. 3rd ed. Washington, DC: American Public Health Association, 1991.
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2014 INA Resolution #8

Clean Water and Land Stewardship Efforts in Iowa

Pam Deichmann, RN, BSN, MPH, President of the Iowa Public Health Association

- Tabled until 2015 due to insufficient information and clarification to details w/in resolution.