

Nursing Practice Issue Form

Please read this! The MDCH Task Force on Nursing Practice (TFNP) welcomes, encourages, and supports expression of nursing practice issues. Please share issues you are experiencing in your nursing practice. It may be an issue that affects you as an individual, or an issue that affects your organization, or an issue that you can see affecting the entire healthcare system. Feel free to “tell us your story.”

Issue Forms should include the issue or problem you see in nursing practice and any ideas you have for solutions. Two examples of completed Issue Forms are attached to this Form.

The TFNP is charged to protect the health and safety of the people of Michigan. Each issue form will be reviewed and then grouped by topic for consideration by the TFNP. The Task Force will focus on issues that could be solved in the next 2-5 years with reasonable resources. Issues with solutions that need longer time periods and special resources will be reviewed and listed, but may not be included in TFNP recommendations.

HOW TO SUBMIT ISSUE FORM:

Please submit this completed Nursing Practice Issue Form & references for consideration by the TFNP. Submit the completed form by: faxing it to E. Forrest at 517-381-0260; or mailing it to E. Forrest at 2436 Woodlake Circle, Ste 300, Okemos, MI 48864. You also may complete & submit an electronic version of the form at www.micnwp.org. If you have questions about the Task Force on Nursing Practice, please send a message to the Michigan Chief Nurse Executive, Jeanette Klemczak, RN, MSN, FAAN at klemczakj@michigan.gov.

Please write your nursing practice issue on the next page. If you have more than one issue, please submit more than one issue form. Please fill out this page so we may contact you if more information is needed. Personal information will be removed before the issue is presented to task force members.

Submitted by: _____
NAME/ORGANIZATION

Contact Information:

Address: _____

Phone: (____) _____ Email: _____

Date Submitted: _____

Nursing Practice Issue Form

Nursing Practice Issue: (Please tell us your story about an issue or problem you are experiencing in your nursing practice. This could be a barrier you are seeing as a nurse or a policy you agree or disagree with.)

Proposed Change: (How do you think this issue or problem could be fixed? What are your ideas for solutions?)

Reason for this Change: (Why do you think your proposed change would solve the issue or problem?)

Please list any references you might have about this issue or proposed change. References can be include websites, scholarly articles, other State examples, national standards from organizations etc.

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Example 1: Completed Nursing Practice Issue Form

Nursing Practice Issue: (Please tell us your story about an issue or problem you are experiencing in your nursing practice. This could be a barrier you are seeing as a nurse or a policy you agree or disagree with.)

Nurses have been working with physicians for many years on issues related to continuing care. Nurses in acute care settings assess patients and then make a determination on what is needed for their post-discharge care. In addition, nurses in the acute care setting work with the other healthcare providers also treating the patient and with the many types of equipment that the patient will need post-discharge. Physicians in community settings are often overloaded with patients and nurses step in to help by providing home visits and in some circumstances, provide many aspects of patient care in an extended care facility. Nurses do all of the above and then have to find the often overworked physician to make sure they "write the order". This is an inefficient use of time for both the nurse and the physician when a patient is waiting for care. I have known nurses to even write out the order – and then wait for the physician to come by and sign it. Tracking down the busy physicians and assuring a signature is obtained often slows down the delivery of needed care for the patient. It may also lengthen the patient's hospital stay by a day or two, which increases costs and frustrates the patient and their family.

Proposed Change: (How do you think this issue or problem could be fixed? What are your ideas for solutions?)

Nurses should be able to order the following:

- Home health care visits
- Stays in an extended care facility
- Durable medical equipment

Reasons for this Change: (Why do you think your proposed change would solve the issue or problem?)

Many healthcare providers are overloaded and soon will see an increase in patient, as more people obtain health insurance. In my opinion, it is necessary to improve the efficiency and effectiveness of delivering patient care and decrease the cost of patient care.

Please list any references you might have about this issue or proposed change. References can be include websites, scholarly articles, other State examples, national standards from organizations etc.

See the National Council of State Boards of Nursing website [<https://www.ncsbn.org/Scopeofpractice.pdf>]

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Example 2: Completed Nursing Practice Issue Form

Nursing Practice Issue: (Please tell us your story about an issue or problem you are experiencing in your nursing practice. This could be a barrier you are seeing as a nurse or a policy you agree or disagree with.)

The current statutes in the State of Michigan do not include specific language authorizing APRNs and RNs to order, initiate, and discontinue the use of physical restraints in the acute care setting. Nurses assess the status of patients many times per day, and identify situations in which physical restraints are needed for patient safety and effective treatment. Nurses do the assessment, make the decision, and may even write the order for physical restraints, but it is required that a physician sign the order. Many physicians today are overloaded with patients and (in my opinion) this is an inefficient use of their time and expertise. Nurses must have a physician's signed order to initiate physical restraints, and then a second order to discontinue the use of these restraints. This does not recognize the hectic patient load of healthcare providers and may cause unsafe situations for patients. It also decreases the efficiency of the hospital and increases patient length of stay and healthcare costs.

Proposed Change: (How do you think this issue or problem could be fixed? What are your ideas for solutions?)

At present, RNs tell physicians the order they need for physical restraints and physicians write the order. This is an example of the costly, inefficient "work-arounds" that occur in our healthcare system. Michigan statutes should explicitly include language that APRNs and RNs can initiate, re-order, and discontinue physical restraints on hospitalized patients.

Reasons for this Change: (Why do you think your proposed change would solve the issue or problem?)

This change would give RNs the autonomy that is needed to eliminate one source of inefficiency in the acute care setting. It would also increase patient safety and patient and family satisfaction by making these interventions timely.

Please list any references you might have about this issue or proposed change. References can be include websites, scholarly articles, other State examples, national standards from organizations etc.

See the articles in nursing journals about the use of restraints and the time involved in getting physician orders signed.

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