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Nurse Fatigue Six Countermeasures:
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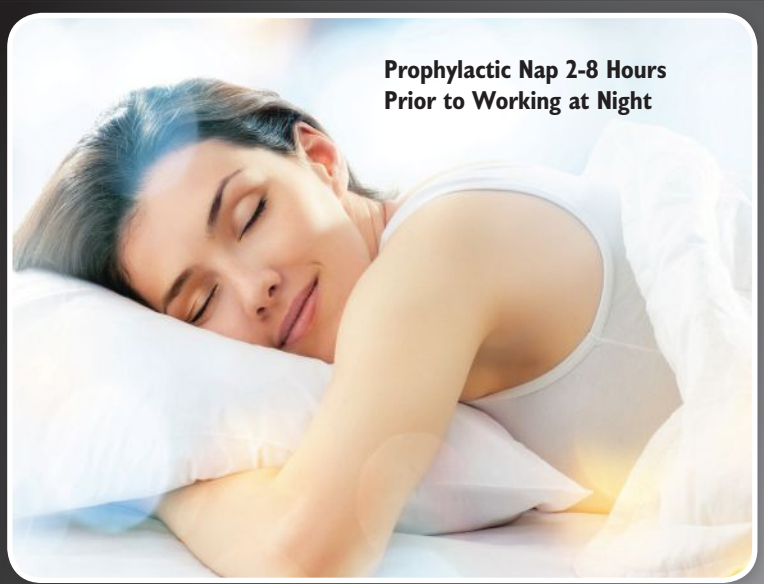

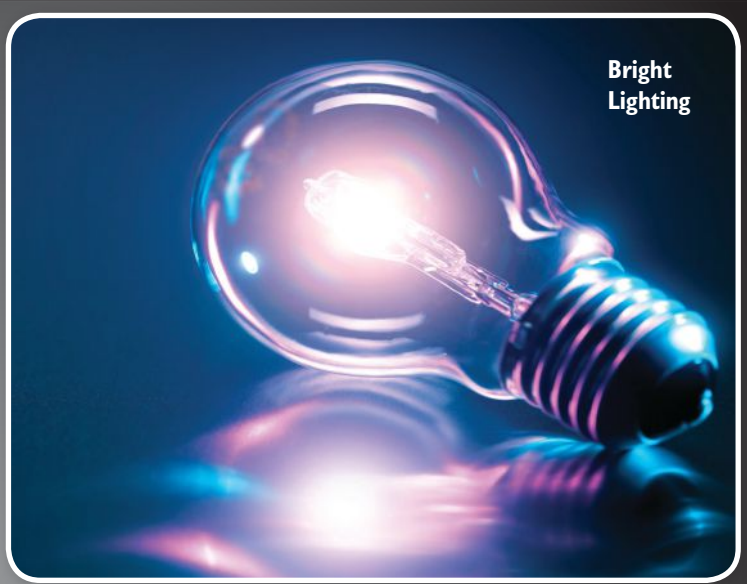

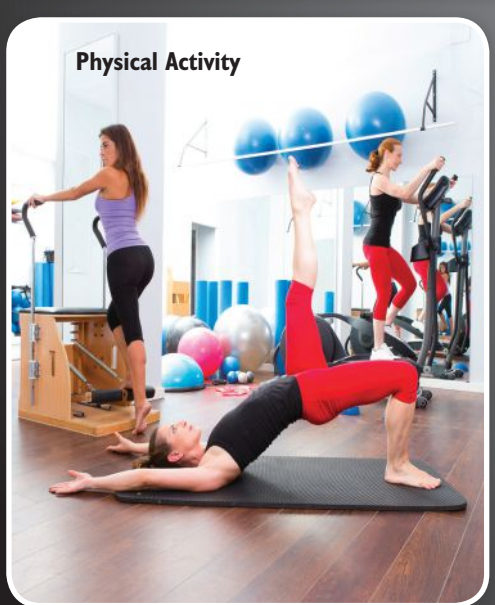

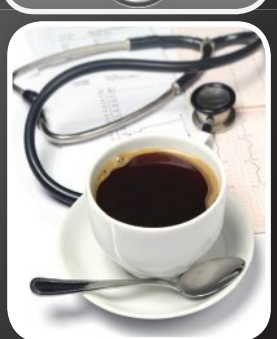

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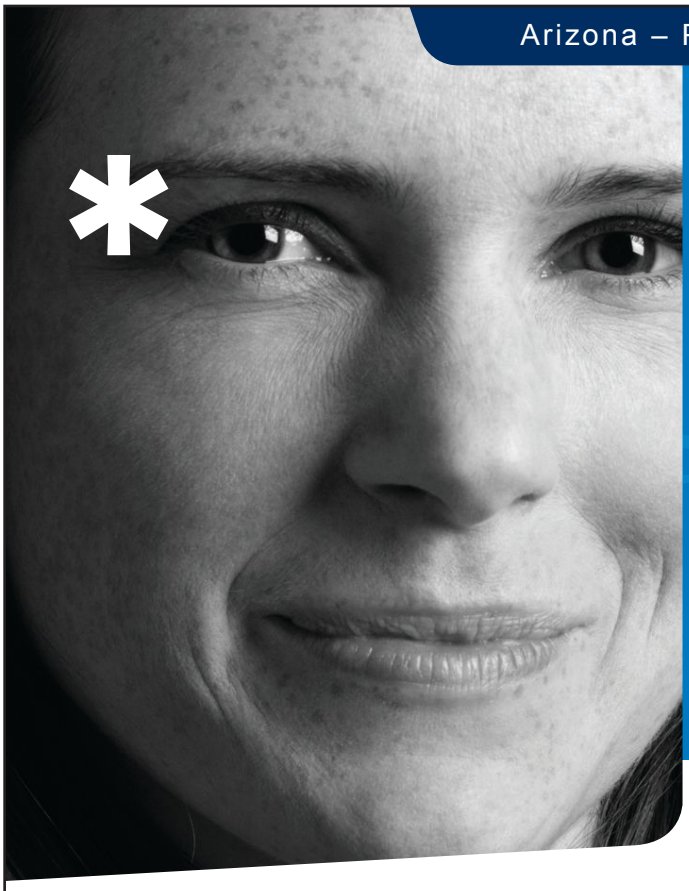

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From the Executive Director

JOEY RIDENOUR, RN, MN, FAAN

More Evidence Regarding Extended Work Hours: **Too Tired To Be Safe?**

In this September 2013 edition of the Arizona State Board of Nursing Regulatory Journal the focus is on the emerging evidence demonstrating a relationship of nurse fatigue to patient safety. Guest author Debra J. Martin, MBA, MSN, RN, NE-BC, FACHE wrote the article entitled Literature Review: Nurse Fatigue Related to Shift Length. Martin states "the evidence is compelling that long shift lengths are correlated with negative outcomes for both patients and nurses."

The second article was written as a result of the 2011 Nurse Action Proposal by the Arizona Nurse's Association Professional Steering Committee. Susan Phillips MSN, RN, PMHCNS-BC and Carol Moffett, PhD., FNP-BC, CDE authored The Implications of Nurse Fatigue and share their Nurse Fatigue Survey responses from 1,004 Arizona RN's. Phillips and Moffett opine that "Eighty percent (80%) of the respondents recognized their inability to concentrate at work and driving on the road was compromised when fatigued." The authors also describe symptoms of fatigue and performance impairment as well as countermeasures to be implemented.

Too tired to be safe? According to U.S. Army studies, staying awake 17 hours is functionally equivalent to having a blood alcohol level concentration (BAC) of 0.05%; staying awake 24 hours equivalent to BAC of 0.10%. In Arizona (as in most states) it is illegal to drive with a BAC of 0.08% or higher.

Special thanks to Debra Martin, Susan Phillips and Carol Moffett for providing recent evidence to better understand the effects of fatigue and patient safety.

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SENIOR DIRECTOR, PROFESSIONAL PRACTICE BANNER HEALTH

LITERATURE REVIEW:
Nurse Fatigue Related to Shift Length

The issue of nurse fatigue is of increasing concern to nurses and healthcare organizations. Evidence to document the fatigue issue continues to emerge and provide more specific data and insights for the healthcare community. The relationship of fatigue to patient safety and risk of self-injury is documented in several sources. The purpose of this literature review is to present the most recent evidence and recommendations specific to nurse fatigue for nurses and their managers in understanding these relationships.

Symptoms of fatigue include, but are not limited to decreased alertness, irritability and sleepiness. The Occupational Safety and Health Administration (OSHA)[1] cautions against working more than 8-hour shifts as longer shifts may result in reduced alertness. Fatigue is correlated to nurse performance and chronic fatigue is related to the number of hours worked.[2]

Health care workers are not alone in shift work and working long hours. The Department of Transportation regulates the number of hours of service for those in aviation, highway, rail and nautical professions.[3] Not only are shift times regulated; some have restrictions on weekly and monthly work allotments. Sleep and rest are noted to be important for those in the rail industry,[4] airline industry,[5] and the forest industry.[6]

Long working hours may have an impact on errors as well as near errors,[7] and decrease the nurse's vigilance in critical care.[8] Research conducted by Barker and Nussbaum (2011) found that acute fatigue resulted from long hours of work, and that fatigue was negatively correlated with performance.

It was identified that an increased number of shifts worked by nurses in the prior 72 hours were significantly associated with hypoglycemic events in ICU patients receiving insulin infusions.[9] Documentation of patient care can also be impacted by working longer hours; there were 26 percent less charting errors with fewer call hours in the surgical setting.[10]

In addition to patient clinical outcomes, a correlation exists between hospitals where nurses worked 13 hours in length or longer and patient dissatisfaction with communication, pain control and help when they wanted it.[11] Nurses working long shifts were more likely to be burned out, dissatisfied with their job and intended to leave their job within the year.[11, 12] Shifts scheduled for 12 hours often exceed that timeframe, as many as 40% of the work shifts logged for their study exceeded 12 hours.[7]

Nurse's personal safety related to longer worked hours is also a concern. Extended work hours are a contributing factor in needle stick injuries among nurses,[13] and rates of nurses driving drowsy doubled when they worked more than 12.5 hours.[14] In a study that examined the impact of a 9-hour shift compared to an 8-hour shift, the nurses working the 9-hour shift had more health issues, were not as satisfied and had more fatigue.[15] In variables associated with worker injury, those working 12-hour shifts had a higher medical cost per injury than those who worked 8-hour shifts.[16] Findings in a simulated environment demonstrated older people were not able to perform as well as younger people.[17] This is important for the health care industry to consider as the nursing

workforce ages and there is a need to retain them through improved job attributes.[18]

If shorter shifts are not available, planning to decrease the effects of fatigue can include regular and frequent breaks,[1, 7, 19, 20] meal breaks,[1, 7, 19] staff getting enough sleep or naps[21, 22, 19, 23], limiting caffeine[19, 23] eating well and exercising[19] and limit the number of shifts worked in a row.[20] Additional options include avoiding double back shifts such as an evening shift followed by a day shift with less than eight hours between, limit on-call hours, and allow sleeping during the night shift. Implementation of a formal fatigue countermeasures program for nurses has provided evidence of improvement in nurse fatigue.[24] With consecutive 12-hour shifts, nurses were not able to recover between shifts and used caffeine as a possible mechanism to improve alertness.[25]

It is a legal and ethical obligation to educate the nursing staff about the effects of long work hours. [26] It is important for senior management to be aware of the impact of working longer shifts.[27] The Institute of Medicine (IOM)[28] recommends limiting the number of hours worked in a day by nurses as a patient safety precaution. They find the evidence to be "very strong" (p. 236) related to prolonged work hours and worker fatigue. Recommendations are that health care organizations establish policies and practices to limit hours worked in a shift as well as the number of hours worked in a week[11, 28] that the "routine use of twelve-hour shifts should be curtailed"[7] (p. 210), and that overtime after a 12-hour shift should be eliminated[7]. Another recommendation is to decrease shift length to allow recovery time between shifts[29]. Health care workers in the United States often work 12-hour shifts prompting Lockley[30] to state "hours routinely worked by health care providers in the United States are unsafe" (p. 14). The American Nurses Association[31] notes that in addition to employee accountability regarding fatigue, employers are obligated to provide adequate staffing to care for patients. It is not the individual nurse's responsibility to cover all shifts by working extra hours.

The evidence is compelling that long shift lengths are correlated with negative outcomes for both patients and nurses. Patients are impacted by errors in their care and are more dissatisfied when nurses work longer shifts. For the nurse, the outcomes of working longer shifts can be injury to self and intent to leave their job. Injuries may happen on the job such as needle sticks or strains; or on the way home if in an accident caused by driving while drowsy.

A literature review reveled that shift length has been correlated with nurse fatigue and has become a growing concern in the United States with the routine shift length of 12 hours. Outcomes correlated to shift length and fatigue includes errors or near errors in patient care. In addition to concerns in patient care outcomes, the impact of fatigue on the nurse is also noted.

Nursing is a profession, and as a profession, we need to be self-regulating. If we are not able to mitigate the impact of fatigue, it could become regulated as with other industries such as transportation, logging and nuclear power workers.

Acknowledgement: A special 'thank you' to Kathy Malloch, PhD, MBA, RN, FAAN who encouraged me to take the leap and go back to school for a DNP in Innovation Leadership at ASU and for recognizing the importance of this topic to the nursing profession.

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THE IMPLICATIONS OF NURSE FATIGUE

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Nurse Fatigue

It is estimated that approximately 38% of the U.S. workforce is fatigued and more than 40 million Americans suffer from some type of sleep disorder. Over 85 sleep disorders have been identified and some of those include: acute or chronic insomnia; restless leg syndrome; narcolepsy; sleep apnea; and shift work syndrome. The fatigued worker is often lacking in self-awareness of the level of impairment they are experiencing (Zhou, 2011). Workers who experience continuous wakefulness of 21 hours or more have functional scores that are similar to a blood alcohol concentration of 0.08% (Arnedt, 2001).

Nurses experience fatigue and physical exhaustion, which can be exacerbated by working nights and 12-hour shifts. It is not uncommon for nurses and other night shift workers to fall asleep while on the job (Rogers, 2008).

Definitions

Fatigue is a feeling of weariness, tiredness, or lack of energy (Lerman, Flower, Gerson, & Hursh, 2012). Sleepiness, a tendency to fall asleep, often coexists with fatigue (Rogers, 2008). Nurse fatigue must not be confused with *compassion fatigue*, which is defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress (Figley, 1995). *Stress* is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize (Stress Management – Start Here!, 2013). *Burnout* is a special type of job stress consisting of a state of physical, emotional or mental exhaustion combined with doubts about competence and the value of one's work (Job burnout: How to Spot It and Take Action, 2012). *Nurse fatigue* can be described as fatigue affecting the nurse population that may result from the following contributing factors: working long shifts in the health care workplace; obtaining insufficient sleep between scheduled shifts; a disturbance in circadian rhythms; and attempting to balance demanding personal, familial, and social obligations in addition to the work schedule.

Background

Nurse Fatigue is especially concerning for health care organizations because it can result in unsafe or hazardous conditions that may jeopardize patient safety, as well as the safety of the nurse, especially when driving (Rogers, 2008). However, nurse fatigue can be managed like many other types of risk factors. Nurses and employers need to be educated on the hazards of working while fatigued and the benefits of coming to work well rested. Strategies can be established in the workplace to identify a fatigued nurse and to mitigate the consequences for the organization and the nurse.

Evidence from the nursing literature emphasizes the detrimental effect fatigue has on the well-being of nurses and patient outcomes. Nurse fatigue may lead to a variety of adverse medical problems, burnout, errors, and patient dissatisfaction. Worker fatigue studies are more prevalent in the aviation, trucking, manufacturing, military, medical, and nuclear power plant industries (Hursh, 2004; Lerman et al., 2012). The nursing profession can benefit from these research findings as each of these industries have 24/7 operations. There is a need for more nursing research to fully explore the implications of nurse fatigue.

It is estimated that approximately 38% of the U.S. workforce is fatigued and more than 40 million Americans suffer from some type of sleep disorder. Over 85 sleep disorders have been identified and some of those include: acute or chronic insomnia; restless leg syndrome; narcolepsy; sleep apnea; and shift work syndrome.

Arizona Nurses Association Action Proposal

Nurse Fatigue was identified by the membership of the Arizona Nurses Association (AzNA) in 2011 as an issue for concern and was developed into an action proposal. According to the findings at the time the proposal was written:

1. The likelihood of making an error is three times higher with >12.5 consecutive hours of nursing

practice (Rogers, 2008).

2. Errors are increased with overtime or working over 40 hours per week (ANA Policy Mandatory Overtime, n.d.).
3. Less than 50% of work breaks are away from patient care (AHRQ, 2005).
4. Night shift workers may have difficulty staying awake due to disturbance in circadian rhythms (Dagan, 2002).
5. The majority of errors from fatigue are medication errors (Rogers, 2008).
6. Sleep deprivation is linked to increased deviation from standard practice and unintentional sleep at work (Scott, 2006).
7. Drowsiness while driving is related to inadequate sleep, night shift work, and difficulty with wakefulness at work (Rogers, 2008).

The Professional Issues Steering Committee (PISC), a task force of elected AzNA members, was assigned to address the action proposal. The committee decided to administer an electronic survey to assess members' fatigue-related concerns and the survey was distributed via email in December 2012.

Nurse Fatigue Survey

The Nurse Fatigue Survey was administered as a confidential, electronic survey that included a demographics section and 17 items for response. The survey was active for three weeks and closed on January 15, 2013. There were 1,004 Arizona registered nurses (RNs) who responded. The targeted audience was RNs whose primary responsibility was direct patient care.

The majority of respondents were Baby Boomers (47%) and 42% were BSN prepared. The majority of nurses worked on the day shift (71%), 37% had greater than 20 years of nursing experience, and 69% worked 12-hour shifts. Eighty percent (80%) of respondents recognized their inability to concentrate at work and driving on the road was compromised when fatigued. They feared making mistakes and acknowledged drowsiness while driving; 28% experienced drowsiness behind the wheel at all times. The number of hours of sleep varied and 52% were concerned or seriously concerned about the number of hours they slept; 62% slept 6-7 hours and 33% reported sleeping 4-5 hours between shifts. In addition to quantity of sleep, the quality of sleep was also problematic; 33% of nurses reported sleep quality as poor or very poor and 33% used some form of prescription medication or over-the-counter preparation as a sleep aid most days of the week. Additional survey results are detailed in Table 1 and Table 2:

Fatigue Risk Model

The Moore-Ede fatigue risk model was used as a framework to understand the fundamentals of a fatigue risk management system. According to Moore-Ede (2009), there are five defenses that need to be managed:

1. Workload-staffing balance
2. Shift scheduling
3. Employee fatigue training and sleep disorder management
4. Workplace environment design
5. Fatigue monitoring and alertness for duty.

The model features a feedback loop to help analyze fatigue-related errors and strengthen defenses to ensure continuous improvement. Use of a fatigue risk management system is considered a best practice (Lerman et al., 2012).

Table 1. 2012 AzNA Nurse Fatigue Survey Responses Related to Sleep

	4- 5 hours % (#)	6-7 hours % (#)	8-9 hours % (#)	>10 hours % (#)
Hrs of sleep between shifts	26.1%(2 60)	62%(619)	11.3% (113)	0.6%(6)
	Seriously % (#)	**Moderately% (#)**	**Mildly % (#)**	**No ne % (#)**
Level of concern about adequacy of sleep	14.5% (144)	37.6%(374)	32.3%(321)	15.7%(156)
	Very Poor % (#)	**Poor % (#)**	**Fairly Good % (#)**	**Good % (#)**
Quality of Sleep	3.5% (35)	30%(301)	53.7% (538)	12.6%(128)

	Yes	No
Use of Meds to Sleep (OTC and Rx)	36.6% (364)	63.4%(630)

	Daily % (#)	2-3 times a week % (#)	Few times a month % (#)	Rare % (#)
Frequency of med use for those who use meds to assist with sleep (387 answered 619 did not answer)	26.4%(102)	32.6%(126)	27.4%(106)	13.7%(53)

Symptoms of Fatigue and Performance Impairment

Fatigue can produce a variety of physiological, cognitive, and emotional symptoms that may be detrimental to quality of life, well-being, and performance on the job.

Physiological symptoms. Physiological symptoms of fatigue may include excessive yawning, drooping eyelids, rubbing of the eyes, head dropping, and finally succumbing to uncontrollable sleep in the form of microsleep, naps, or longer sleep episodes. Physical symptoms may also include digestive problems and speech effects affecting the rate and content of speech. Manual dexterity may also be reduced affecting activities such as key-punch entry and switch selection resulting in errors. Some of the symptoms are easy to recognize in oneself or others; however, cognitive and emotional symptoms are less easily recognized.

Cognitive symptoms. Cognitive signs of fatigue may include difficulty concentrating on tasks, lapses in attention, difficulty remembering tasks being performed, and failing to communicate important information. Nurses who are fatigued may fail to anticipate events or actions. They may accidentally take the wrong action or inadvertently fail to do the right thing. Reaction time may be compromised and the fatigued nurse may respond slowly or fail to respond at all to normal, abnormal, or emergency stimuli. These symptoms are linked to performance impairment and often there is a lack of awareness of a decline in cognitive functioning. The impaired employee may not anticipate danger and display decreased vigilance. Logic may become flawed, the individual may have problems with cognitive processing tasks such as mathematics, or there may be a failure to accurately interpret a situation. Additionally, there may be poor judgment of distance, speed, and time.

Emotional symptoms. Emotional symptoms may be manifested by an unusually quiet or withdrawn demeanor, or a lack of energy and or motivation to perform tasks. Mood may be affected and others may notice the nurse is less conversant than normal, irritable, or apathetic, especially about performing low-demand tasks. Attitude may also be affected and may be manifested by a willingness to take risks or ignoring normal safety checks or procedures.

Long-term disorders. Chronic conditions associated with fatigue are: chronic fatigue syndrome; fibromyalgia; sleep apnea; anxiety; depression; irritable bowel syndrome; obesity; metabolic syndrome; diabetes; and cancer.

Countermeasures

A number of countermeasures or interventions have been implemented to mitigate worker fatigue and could be considered as having potential benefit for nurses in the health care industry. Countermeasures can include: bright lighting; cool temperature; social interactions; physical activity; and strategic use of caffeine. When possible, a short nap break can significantly improve function. A prophylactic nap lasting 2-8 hours taken during the day prior to working at night combined with strategic use of caffeine 200 mg. at crucial times of 1:30 a.m. and 7:30 a.m. further enhances performance (Bonnet, 1994).

Screening for sleep disorders. Sleep disorders are common among shift workers. Mechanisms to manage sleep disorders begin with screening techniques. This could include a questionnaire such as the Epworth Sleepiness Scale (Johns, 1991) or the use of a device such as an actigraph worn on the wrist with computer-based computational support for calculating fatigue levels and determining fitness for work. One such tool was developed with the Department of Defense and is known as the Fatigue Avoidance Scheduling Tool (FAST). FAST calculates five fatigue factors: 1) chronic sleep debt; 2) recent sleep in the past 24 hours; 3) time since awakening; 4)

Table 2. 2012 AzNA Nurse Fatigue Survey Responses Related to Fatigue Affect

	Seriously % (#)	Moderately % (#)	Mildly % (#)	No ne % (#)
Level of concern about error due to fatigue	14.1%(139)	26.6%(263)	39.2%(387)	20.1%(199)
	All of the Time % (#)	Most of Time % (#)	Sometimes % (#)	Never % (#)
Frequency of feeling drowsy when driving after work	7.0%(70)	21.1%(210)	53.6%(533)	18.3%(182)
	All of the Time % (#)	Most of Time % (#)	Sometimes % (#)	Never % (#)
Concern about ability to concentrate at work being compromised due to fatigue	0.3%(3)	5.0%(50)	75.5%(752)	19.2%(191)

time of day; and 5) circadian rhythm desynchronization at any point in a schedule that contributes to the predicted performance score. The tool also provides a scale that gives an equivalent to blood alcohol levels of 0.05%-0.08% (Hursh, 2004).

Sleep studies. Some sleep disorders require assessment and treatment by a health care provider. If disordered sleep is determined to be problematic, a sleep study is warranted. A sleep study can identify narcolepsy, restless leg syndrome, and sleep apnea as well as other sleep-related problems. With the sleep problem identified, interventions can be targeted to improve the quantity and quality of sleep. For the individual experiencing disordered sleep, adhering to the use of intervention modalities sometimes requires support and monitoring. Sleep apnea treatment with Continuous Positive Airway Pressure (CPAP) machines can be monitored by periodically downloading information collected from the device (Lerman et al., 2012). The wrist-worn actigraph with FAST software is another tool for determining fatigue management success.

Sleep hygiene. One of the best ways to prevent fatigue is by practicing good sleep hygiene measures. Most people require seven to nine hours of sleep each day so it is essential that nurses allow sufficient time for sleep. Avoiding heavy meals and alcohol before sleep, reducing caffeine intake, and limiting other stimulants several hours before bedtime should make it easier to fall asleep. The sleep environment should be very dark, comfortable, quiet, and cool to facilitate falling asleep quickly and staying asleep. A daily exercise routine that provides regular physical activity will improve sleep, help with stress management, and promote general health.

Insomnia applications for smartphones. Advanced technology now offers a number of insomnia applications available for purchase for smartphones that may be helpful for individuals having difficulty falling asleep or staying asleep. Sleep proceeds through stages from light to deep sleep forming cycles lasting 90-120 minutes. These cycles repeat approximately five times lasting 90-120 minutes. The phase of sleep an individual is in when their alarm goes off significantly impacts how tired he or she feels when awakening. Individuals move differently through the stages of sleep. One application tracks movement during sleep and determines which phase the individual is in to determine the best time to waken the individual during a 30-minute time frame that ends at the set alarm time. This application also saves sleep data and offers a detailed sleep graph and accompanying statistics to analyze sleep issues with a sleep specialist. Another application plays relaxing sounds of nature or ambient music and can combine them all at different volumes. This application also offers a customizable option to combine personal music with existing sounds or interactive photographs to enhance the experience on sleepless nights. Other applications provide audio content consisting of relaxation sleep sessions or comforting words and relaxing, guided meditations by hypnotherapists designed to de-stress and discover an inner calm that is conducive to sleep.

Lighting. Workplace lighting needs are different during the day and night shifts because of the sensitivity of the human circadian system to nocturnal light. The need for lighting during the night shift is more complex than during the day. Recent research has demonstrated that many of the adverse effects are due to the narrow band of the light spectrum between 470 and 480 nm. The human visual spectrum ranges from violet (380 nm.) to red (700 nm.). There is mounting evidence that exposure to light at night when combined with frequent circadian rhythm disruption can be a risk factor for adverse health effects such as cancer, heart disease, and metabolic disturbances (Lerman et al., 2012). Special eyeglasses were found to have beneficial effects in nurses when the sub-480 nm. light wavelength was filtered out improving alertness, sleep, and mood (Lerman et al., 2012).

Chemical Sleep Aid Use Requires Caution

Chemical sleep aids may include over the counter preparations such as diphenhydramine, melatonin, or cold and flu remedies. These preparations may be perceived as benign; however, they have adverse effects and some can be especially dangerous when combined with alcohol or other CNS depressants due to their sedative

or antihistaminic effect. Others may have abuse potential. Prescription medications for sleep may include sleeping pills, some of which are associated with serious reactions such as hallucinations and abnormal dreams. Other prescription medications such as benzodiazepines, antihistamines, and tricyclic antidepressants may produce sedation but they also have adverse effects. Addiction potential should always be considered before initiating certain medications.

Employer Role in Promoting Healthy Nursing Work Hours

The responsibility for fatigue risk management is shared by employers and the individual employee (Lerman et al., 2012). The American Nurses Association (2006) published a position statement that recommended employers of RNs should ensure sufficient resources to provide a work schedule that offers time for adequate rest and recuperation between scheduled shifts. Employers can provide the opportunity for short naps in quiet secluded areas adopting a strategy employed by the airline industry to assure alert pilots for long haul flights. Additionally, sufficient compensation and appropriate staffing systems are needed that foster a safe and healthful environment in which RNs do not feel compelled to seek supplemental income through overtime, extra shifts, and other practices that contribute to worker fatigue. Employers can encourage nurses to provide caring vigilance of co-workers helping to identify behaviors or symptoms that indicate fatigue and could place themselves and others at risk. Nurses need to have each other's back.

Nurse Responsibility and Role in Avoiding Fatigue

According to the ANA Code of Ethics for Nurses (2001), the nurse's primary responsibility is to the patient whether it is an individual, a family, a group, or the community. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. The nurse's obligation extends to his or her own decision-making and that of other members of the health care team.

There is mounting evidence to suggest that 12-hour shifts and working over 40 hours per week contributes to fatigue and drowsiness. This has a direct impact on nurse performance and patient safety

The nurse must consider when fatigue is impacting professional judgment and decision-making of any member of the health care team and whether fatigue may possibly be placing the patient at risk.

Regulatory Statements on Health Care Worker Fatigue

The Joint Commission issued Sentinel Event Alert 48 in 2011 and brought recognition to the dangers of extended work hours emphasizing that the health care industry has been slow to adopt changes, particularly with regard to nursing. The Joint Commission (2011) recommends the creation and implementation of a fatigue management plan with strategies such as:

1. Actively engaging in conversations with others
2. Doing something that involves physical action (e.g. stretching)
3. Consuming caffeine
4. Taking short naps less than 45 minutes in length
5. Maximizing success by trying different combinations of strategies
6. Counteracting severe consequences by obtaining adequate sleep

Summary

As a result of the 2011 Nurse Fatigue Action Proposal, AzNA generated a nurse fatigue survey and disseminated the findings through presentations, publication of articles, and a continuing education module for contact hours that will be posted on the AzNA website this year. Fatigue is pervasive among nurses who work on all shifts resulting in serious consequences for the safety of patients and the safety and well-being of nurses. There is mounting evidence to suggest that 12-hour shifts and working over 40 hours per week contributes to fatigue and

drowsiness. This has a direct impact on nurse performance and patient safety (Rogers, 2008). As a result, it is strongly recommended that nurses protect their sleep time between shifts and strive to achieve a minimum of seven to eight hours per 24 hours. Nurses must also be vigilant of their co-workers who demonstrate signs of fatigue and intervene when necessary. An organizational culture of safety that supports the physiological needs for rest among health care providers will enhance performance and improve patient safety. One recommendation for employers is creating opportunities for rest breaks in a quiet space for nurses. Education and awareness about the dangers of nurse fatigue for nurse leaders and RNs in hospital organizations will contribute to a healthier work environment and a safer environment of care for patients.

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PAMELA RANDOLPH, RN, MS, FRE, ASSOCIATE DIRECTOR
ROBIN SCHAEFFER MSN, RN, CNE, AZNA EXECUTIVE DIRECTOR

ARIZONA ACTION COALITION LAUNCHES

On June 21, 2013 the Arizona Action Coalition (AzAC) held their official launch at the Saguaro Hotel in Scottsdale. Nationally recognized nursing leader, Susan Hassmiller, Senior Advisor at Robert Wood Johnson Foundation, spoke to over 91 community and nursing leaders on the recommendations contained in the Institute of Medicine's (IOM) landmark report, The Future of Nursing: Leading Change, Advancing Health. Hassmiller emphasized that future health care needs will not be met by our current health care system, which, when compared to other highly developed nations, is the most expensive with the poorest outcomes on every indicator of health.

Nurses, the largest healthcare workforce in the country, have the potential to help improve the health of all citizens. The report contains four key recommendations designed to position nurses to improve health and health care in the United States. These recommendations 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 care professionals, in redesigning health care in the United States; and 4) Effective workforce planning and policy making require better data. Hassmiller emphasized that the report was not for the purpose of elevating nurses or making them feel good, but to improve the health of the nation.

The first session of the launch included Senator John McComish and representatives from the Arizona Medical Association, Community Health Centers, St Lukes Health Initiatives and Arizona Public Health Association in addition to lobbyists that focus on healthcare issues. Health facility leaders representing 16 hospitals across the state attended the second session. Community leaders had a chance to dialogue with Hassmiller on their issues and concerns in a small group setting during the third session. Over 70 nursing leaders, including nursing students, attended the last session and heard Hassmiller's call to action. During each session, AzAC workgroups reported on their progress in meeting the IOM goals. One significant accomplishment reported by the Education workgroup, was the formation of the Education-Practice Collaborative (EPC). Their goal is to adopt Arizona Future of Nursing competencies and ensure safe passage of new graduates to the workplace. Over 90 individuals have been active in the collaborative representing numerous nursing programs and health care facilities.

The Arizona Action Coalition, (AzAC) originally formed as a state-based exploratory group in 2010, when the IOM report and recommendations were introduced to the nation. The initial goal included collecting information and publishing an extensive self-study of Arizona's status in regard to the IOM recommendations. That was completed in July 2011 and is currently on the official website of the AzAC: www.futureofnursingaz.com

Under the leadership of Robin Schaeffer (Arizona Nurses Association), Pamela Randolph (Arizona State Board of Nursing), Laurie Liles (Arizona Hospital and Healthcare Association) and Tony Mollica (United Healthcare, Optum Health), the exploratory committee applied to be an Action Coalition with the Center to Champion Nursing in America. They were awarded Action Coalition status in 2012 and have since recruited over 90 members. Current leadership includes Schaeffer, Randolph, Greg Vigdor (Arizona Hospital and Healthcare Association) and Marie Fredette (Arizona Association for Homecare). A special thanks goes out to Marie Fredette for helping us on the business end; (i.e. bylaws, incorporation, etc).

Nurses, the largest healthcare workforce in the country, have the potential to help improve the health of all citizens. The report contains four key recommendations designed to position nurses to improve health and health care in the United States

Current workgroup leaders include: Practice: Denise Link, Randy Quinn; Leadership: Rayette Vaughn, Lamont Yoder; Education: Paulette Compton, Roni Kerns, Workforce: Carla Clark, Tanie Sherman.

Thank-you to the many nurses and friends of nursing who have taken the time to attend meetings whether in person or virtual. Please consider joining AzAC as a member if you have not already at www.futureofnursingaz.com

CNA CORNER

CERTIFIED NURSING ASSISTANT RESPONSIBILITIES

FRANNIE BREED RN, BSN,
NURSE PRACTICE CONSULTANT, CNA PROGRAMS

Frequently, Board staff receives phone calls and e-mails from health-care providers requesting clarification of the tasks and responsibilities that can be delegated to a certified nursing assistant (CNA). While basic information can be located in the Nurse Practice Act, Article 8 R4-19-813, this article will attempt to clarify this issue and apply it to your work environment. First, both nurses and CNA's may need to review the criteria to be met when delegating and accepting delegation. This criteria is found in R4-19-813.

A CNA may perform:

- Tasks that the nursing assistant has been trained for in the basic curriculum of the CNA program
- Tasks learned through in-service or educational training if the task meets the following criteria and the nursing assistant has demonstrated competence performing the task:
  - The task can be safely performed according to clear, exact, and unchanging directions;
  - The task poses minimal risk to the patient or resident and the consequences of performing the task improperly are not life-threatening or irreversible;
  - The results of the task are reasonably predictable; and
  - Assessment, interpretation, or decision-making is not required during the performance or at the completion of the task. (R4-19-813(1)(2)(a-d)

When a nurse delegates a task to a CNA, the nurse must confirm that the task and the circumstances are right for the task that is being delegated. The nurse is also responsible for providing the CNA with guidance, direction, and supervision. While it is the CNA's responsibility to complete the task correctly, ultimately the nurse is responsible for the patient's care. CNAs must also be aware of delegated tasks they should not accept based on either their education, the condition of the patient, or scope of practice. Assessment and evaluation can never be delegated to CNAs or other unlicensed personnel. The CNA should recognize and communicate with the delegating nurse the limits of their own personal knowledge, skills, and abilities prior to accepting a task. In determining these personal limits, the CNA may reflect upon:

- Whether the task was taught in the training program?
- Do I know how to do the task?
- Is there supervision available?
- Is the right equipment available?
- Do I know what to observe, report and record?

If a CNA is unsure how to perform a task, they should talk to the nurse and ask for assistance. Patient safety is of the highest concern. It is a CNA's responsibility to perform all required actions when completing a task, including ensuring patient or resident safety and comfort, reporting observations to the nurse, and documenting according to facility policy. It is essential that the CNA understands that once a task is delegated to them, they cannot re-delegate the task to someone else. The CNA must always keep in mind that at all times they must follow the Residents' Rights, protect the residents' privacy and dignity, and adhere to the Nurse Practice Act.

The Arizona State Board of Nursing has established a process for addressing questions relating to the scope of practice. The Board no longer responds to telephonic inquiries and all scope of practice questions must be submitted in writing via email to scopeofpractice@azbn.gov.

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Arizona State Board of Nursing
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http://careersatdignityhealth.com/Mercy2

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EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
3/21/2013	Acosta, Jennifer R.	CNA Applicant	Certificate Denied
2/18/2013	Alverson, Linda S.	CNA1000037071	Civil Penalty
3/19/2013	Anderson, Marc A.	CNA1000029828	Revoked
5/20/2013	Anderson, Martin S.	CNA1000026949	Decree of Censure
3/26/2013	Bell, Willie C.	CNA1000019500	Suspension
2/13/2013	Bilko, Larry	CNA1000011863	Decree of Censure
5/30/2013	Branham, Tracy L.	CNA Applicant	Certificate Denied
4/8/2013	Brown, Yvonne M.	CNA1000038944	Civil Penalty
2/17/2013	Burma, Sophia	CNA1000037345	Decree of Censure
5/15/2013	Byassee, Stacey L.	CNA999997175	Voluntary Surrender
5/22/2013	Caballes, Domingo S.	CNA455357061	Voluntary Surrender
5/6/2013	Carry, Carla Y.	CNA Applicant	Certificate Denied
3/21/2013	Carter, Arthur R.	CNA Applicant	Certificate Denied
3/4/2013	Corona, Briana M.	CNA1000006041	Suspension
5/20/2013	Cracknell, Steven R.	CNA Applicant	Certificate Denied
5/10/2013	Currie, Victoria L.	CNA Applicant	Certificate Denied
5/31/2013	Daley, Serrina L.	CNA1000038198	Decree of Censure
2/11/2013	Downs, Sandy C.	CNA1000021684	Decree of Censure
5/10/2013	Dukes, Lori L.	CNA1000012665	Revoked
5/21/2013	Edge, David L.	CNA Applicant	Certificate Denied
2/14/2013	Elam , Wilbert W.	CNA1000037109	Civil Penalty
5/23/2013	Faultner, Cherri A.	CNA677297803	Decree of Censure
2/6/2013	Felix, Allessandra L.	CNA1000037191	Stayed Suspension
2/19/2013	Felix, Esperanza	CNA128361103	Decree of Censure
3/19/2013	Goseyun, Cynthia I.	CNA1000009160	Revoked
3/15/2013	Graham, Alice F.	CNA Applicant	Certificate Denied
4/17/2013	Guyette, Ashley L.	CNA1000016247	Revoked
3/14/2013	Hatcher, Suzette M.	CNA Applicant	Certificate Denied
2/19/2013	Henke, Mindy A.	CNA Applicant	Certificate Denied
3/19/2013	Holdren, Tara L.	CNA999991946	Revoked
2/14/2013	Holland, Steven J.	CNA1000000181	Voluntary Surrender
2/28/2013	Irving, Tamisha L.	CNA1000030489	Decree of Censure
3/20/2013	Jacobi, Kachyto	CNA1000034548	Revoked
5/13/2013	Johnson, Esther E.	CNA Applicant Exam	Certificate Denied
3/21/2013	Lafevre, Toni A.	CNA Applicant	Certificate Denied
3/1/2013	Lennander, Alison N.	CNA999997156	Decree of Censure
5/7/2013	Manuel, Michael C.	CNA1000033843	Decree of Censure
3/11/2013	Mariner, Carol L.	CNA Applicant	Certificate Denied
3/4/2013	Martinez, Brittney O.	CNA1000038122	Decree of Censure
5/16/2013	Martinez, Sara E.	CNA Applicant	Certificate Denied
3/19/2013	Moore, Sonya G.	CNA999999248	Revoked
3/25/2013	Mueller, Mark C.	CNA1000037481	Stayed Revocation
3/11/2013	Natsyn, Charles A.	CNA Applicant	Certificate Denied
3/28/2013	Nelson, Lisa L.	CNA Applicant	Certificate Denied
4/3/2013	Nocki, Erin	CNA1000012626	Revoked
2/22/2013	Oberly, Trenton J.	CNA1000037206	Decree of Censure
4/12/2013	Owens, Adrianna D.	CNA1000031267	Decree of Censure
3/14/2013	Pappas, Tatiana E.	CNA Applicant	Certificate Denied
3/4/2013	Portillo, Sandra	CNA1000037211	Stayed Suspension
5/10/2013	Ramos, Gilbert A.	CNA999996202	Revoked
3/19/2013	Rangel, Aliya F.	CNA1000000045	Revoked

*Not reported in previous Journal

5/2/2013	Riggs, Andrew J.	CNA Applicant Exam	Certificate Denied
2/21/2013	Runge, Alyssa M.	CNA1000025777	Decree of Censure
2/14/2013	Saberon, Reniel M.	CNA1000004405	Decree of Censure
5/14/2013	Salazar, Maria A.	CNA Applicant	Certificate Denied
3/19/2013	Sandbank, Joshua A.	CNA1000027556	Revoked
5/21/2013	Sarmiento, Julie B.	CNA1000003901	Suspension
5/30/2013	Shabazz, Myra R.	CNA Applicant Exam	Certificate Denied
3/21/2013	Swanson, Yoko R.	CNA Applicant	Certificate Denied
5/17/2013	Taylor, Travis K.	CNA Applicant	Certificate Denied
2/1/2013	Tayon, Brittany E.	CNA Applicant Exam	Certificate Denied
3/19/2013	Tsosie, Bernita	CNA801278353	Revoked
2/6/2013	Tsosie, Tammy J.	CNA1000022948	Revoked
3/21/2013	Velez, Jose J.	CNA Applicant	Certificate Denied
3/11/2013	Vidal Noriega, Alma A.	CNA Applicant	Certificate Denied
3/18/2013	Villegas, Jesus R.	CNA Applicant	Certificate Denied
5/5/2013	West, Mae	CNA593575803	Decree of Censure
2/13/2013	Wilson, Geri S.	CNA Applicant Exam	Certificate Denied
3/11/2013	Windler, Randi R.	CNA1000030580	Decree of Censure
2/25/2013	Wooley Ii, John S.	CNA Applicant	Certificate Denied
5/21/2013	Yazzie, Raquel L.	CNA Applicant Exam	Certificate Denied
3/19/2013	Yescas, Leticia	CNA999991352	Certificate Denied

*Not reported in previous Journal

RN/LPN DISCIPLINARY ACTION

FEBRUARY, MARCH, APRIL & MAY 2013

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
3/19/2013	Abruzzese, Nicole D.	LP041598	Revocation
5/3/2013	Allen, Christopher J.	RN140096	Revocation
5/10/2013	Atkinson, Eric C.	RN174601/LP048157	Voluntary Surrender
3/19/2013	Aubert, Rose M.0	RN08817	Revocation
3/1/2013	Baquial, Eugenio L.	RN148681	Voluntary Surrender
3/11/2013	Barrott, Christopher	RN Endorsement	License Denied
3/12/2013	Barr, Rosalinda	RN082548	Probation
4/9/2013	Bartram, Elizabeth M	RN057874	Probation
3/1/2013	Basil, Candace B.	RN137253	Stayed Suspension with Probation
5/17/2013	Bergstrom, Mia D.	Compact, TX RN	Voluntary Surrender-Privilege to Practice
5/20/2013	Biron, Robin D.	RN115664/SN0560	Stayed Revocation with Suspension
2/22/2013	Blandford, Katrina R.	RN151591	Civil Penalty
5/10/2013	Blocker, Mark D.	RN130134	Revocation
5/3/2013	Boyer, Shannon J.	RN154660	Probation
5/14/2013	Boyes, John G.	RN071172/AP0149	Voluntary Surrender
3/19/2013	Brandenburg, Kristella	LP047481	Voluntary Surrender
4/16/2013	Brunton, David W.	RN148454	Decree of Censure
5/10/2013	Buresh, Kara J.	RN121495	Revocation
5/14/2013	Burnett, Christina N.	LP Endorsement	License Denied
2/25/2013	Cala, Maria C.	RN158827	Suspension
3/11/2013	Camp, Shari	RN Endorsement	License Denied
5/20/2013	Carroll, Rachel J.	RN164962	Civil Penalty
3/7/2013	Clinton, Joanne C.	RN139323	Voluntary Surrender
4/2/2013	Cohen, Jennifer R.	RN 50027 (Compact - RI)	Voluntary Surrender - Privilege to Practice

continued >>>

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
3/12/2013	Collier, Colleen P.	RN153439	Voluntary Surrender
2/19/2013	Cox, Carmen L.	RN155922	Decree of Censure
3/8/2013	Croft, Rachael A.	RN141776	Voluntary Surrender
4/30/2013	Curry, Lenard	LP026896/CNA602403839	Voluntary Surrender
5/21/2013	Dechenne, Jennifer S.	RN Endorsement	License Denied
3/8/2013	Deist, Kathryn E.	RN115035	Probation
2/8/2013	Dickehage, Gary A.	RN059116/LP012757	Voluntary Surrender
5/22/2013	Dudun, Sherri W.	LP037879	Voluntary Surrender
3/19/2013	Eaton, Susan B.	RN025042	Revocation
3/5/2013	Erickson, Patricia J.	LP022630	Decree of Censure
3/19/2013	Evernham, Christa N.	RN094726	Voluntary Surrender
2/26/2013	Fannon, Kimberly J.	RN118375	Voluntary Surrender
4/16/2013	Farley, Goldie J.	RN133251	Voluntary Surrender
2/26/2013	Finch, Lynn R.	RN178629	Decree of Censure
3/29/2013	Flores, Kelly L.	RN137531/AP4946	Probation
3/19/2013	Garcia, Christina R.	LP045178/CNA1000006240	Revocation
3/19/2013	Giacomelli, Tanya A.	LP031451/CNA644073674	Revocation
4/9/2013	Giacomello, Mariateresa	RN095337/AP2247	Revocation
3/6/2013	Glynn, Lauren K.	RN165661	Voluntary Surrender
3/19/2013	Goelz, Mary J.	LP047045	Revocation
5/3/2013	Grijalva, Thea	RN140479	Revocation
3/11/2013	Hall, Mara L.	RN102731	Probation
5/1/2013	Harbor, Patrice M.	RN179321	Probation
2/10/2013	Harrison, Richard E.	LP040618/CNA1000001849	Decree of Censure
3/25/2013	Hartley-Cobb, Holli	RN052454	Revocation
3/7/2013	Heimlich, Schuyler P.	RN158525	Voluntary Surrender
3/10/2013	Herbold, Debra C.	LP019299	Decree of Censure
5/20/2013	Herd, Debra A.	RN155907	Decree of Censure
3/26/2013	Hollatz, Audrey L.	TRN085435	Reissuance Stayed Revocation with Probation
2/26/2013	Hubbell, Karen K.	RN Endorsement	License Denied
3/19/2013	Hughes, Michael F.	RN Endorsement	License Denied
5/31/2013	Jamora, Rachel J.	RN170367	Suspension
3/19/2013	Jensen, Margaret E.	RN121160	Decree of Censure
2/6/2013	Jones, Ivan Q.	RN167319/LP036297	Probation
5/3/2013	Kause, Pamela M.	RN130944	Revocation
5/8/2013	Kay, Lisa R.	RN162097	Stayed Suspension with Probation
3/14/2013	Kewenvoyouma, Kristie B.	RN150850	Stayed Revocation with Suspension
2/1/2013	Kropczynski, Raymond M.	RN169604	Voluntary Surrender
3/19/2013	Kuhns, Susan L.	RN077077	Voluntary Surrender
3/19/2013	Lange, Lynette	RN096593	Revocation
3/11/2013	Lawler, Susan L.	LP038471	Suspension
5/2/2013	Lee, Annie R.	LP025985	Decree of Censure
4/11/2013	Lemieux,Michelle R.	RN179035	Probation
3/18/2013	Lentine, Shirley J.	RN019979/SN0739	Voluntary Surrender
3/27/2013	Leonard, Jeremy C.	RN178865	Stayed Revocation with Suspension
5/6/2013	Lunt, Melissa	RN070036/LP022340	Decree of Censure
3/22/2013	MacMaster, Robert P.	RN107531	Probation
3/22/2013	Maguire, Hollie J.	RN160227	Voluntary Surrender
5/10/2013	Mangum, Raheem W.	RN124389	Revocation
3/19/2013	Martinez, Linda M.	RN054132	Revocation

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
5/14/2013	Martinez, Patricia A.	RN069641	Revocation
3/26/2013	McLeod, Connie S.	RN079900/LP025152	Civil Penalty
3/6/2013	Mendiola, Primitivo G.	RN128286/LP038442	Stayed Revocation with Probation
5/1/2013	Mestas, Heidi J.	RN158613	Voluntary Surrender
3/11/2013	Michael, Laura D.	RN113397	Revocation
3/18/2013	Mills, Patrice R.	LP04918	Probation
3/26/2013	Miranda, Alexis B.	RN102584	Probation
3/14/2013	Moskop, Janet E.	RN158174	Probation
3/26/2013	Murray, Gary W.	RN132399	Probation
5/3/2013	Murray, Janel J.	RN134111/CNA999993040	Revocation
5/21/2013	Nwaohia, Nwadiuto J.	LP046735	Summary Suspension
2/20/2013	Obrien, Frances A.	LP009229	Voluntary Surrender
5/7/2013	Okoromkwo, Paul O.	LP043311	Decree of Censure
5/21/2013	Olson, Melissa B.	RN143665	Summary Suspension
4/24/2013	Peterson, James A.	RN058234	Voluntary Surrender
5/14/2013	Plotado, Aurea A.	LP044818	Decree of Censure
5/21/2013	Ramos, Ethel Jane M.	RN154614	Decree of Censure
2/01/2013	Ramussen, Kelly M.	LPN Endorsement	License Denied
5/10/2013	Reese, Gwen R.	LP031894	Revocation
4/23/2013	Renner, Brandon D.	RN166061/CNA1000015919	Voluntary Surrender
4/5/2013	Richards, Toby D.	RN151742/AP3005	Decree of Censure
5/14/2013	Richey-Smith, Jana D.	LP048912/CNA1000013610	Revocation
5/15/2013	Riviotta, Nancy L.	RN095171/LP030644	Voluntary Surrender
5/20/2013	Roth, Kelli A.	RN159519	Probation
5/4/2013	Sabin, Christina A.	RN157329/LP044401	Decree of Censure
5/10/2013	Schlener, Martha M.	LP040222	Revocation
3/26/2013	Shooter, Elisabeth L.	LP040397	Suspension
5/3/2013	Shores, Charlotte D.	RN151076	Voluntary Surrender
5/16/2013	Sirinek, Justin L.	TRN176783	Voluntary Surrender
5/1/2013	Smith, Virginia H.	RN083810/LP027324	Decree of Censure
5/24/2013	Spayde, Barbara D.	LP021745	Decree of Censure
4/5/2013	Stamps, Toni D.	RN116652	Stayed Revocation with Suspension
3/4/2013	Steimer, Jenna M.	RN Exam	Probation
3/5/2013	Szelepski, Jennifer E.	RN152290	Decree of Censure
5/8/2013	Taylor, Billie C.	RN173830	Voluntary Surrender
5/20/2013	Terrazas, Shelly L.	RN120428/CNA999988740	Stayed Revocation with Suspension
3/19/2013	Thompson, Misty M.	RN153496	Revocation
2/11/2013	Tomassoni, Linda E.	RN055089	Decree of Censure
5/10/2013	Toyama, Barbara K.	RN068761	Revocation
4/9/2013	Valdez, Elizabeth A.	RN116299	Revocation
3/19/2013	Watson, Katie L.	LP044042	Revocation
5/10/2013	Weisz, Sheree N.	RN061958	Revocation
3/22/2013	West, Amy J.	RN167750/LP027464	Probation
3/25/2013	Wikan, Chad	RN103990/AP4499	Voluntary Surrender
3/15/2013	Williams, Shoko	RN120940	Probation
5/21/2013	Witek, Dawn E.	RN 177125 (Compact-WI)	Stayed Revocation with Suspension of Muli-state Licensure Privilege
5/10/2013	Wronko, Sandal F.	RN057533/LP018953	Revocation
3/11/2013	Zack, Michelle A.	LP043948	Revocation
5/10/2013	Zimpleman, Marla J.	RN149737	Voluntary Surrender

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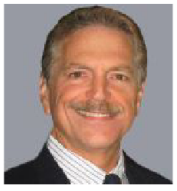

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