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NURSES DAY @ THE STATEHOUSE 2014
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Central Ohio Chapter of the Association of Rehabilitation Nurses
Chamberlain College of Nursing
Columbus Chapter of the Oncology Nursing Society
Emergency Nurses Association
Kent State University College of Nursing
Mid Ohio Nurses Association
Mount Carmel College of Nursing
Northwest Ohio Nurses Association
Ohio Association of Advanced Practice Nurses
Ohio Association of Occupational Health Nurses
Ohio Association of School Nurses
Ohio Chapter of the National Association of Pediatric Nurse Practitioners
Ohio Council for Home Care and Hospice
Ohio Council of Deans and Directors of Baccalaureate and Higher Degree Nursing Programs
Ohio Council of periOperative Registered Nurses
Ohio League for Nursing
Ohio Nurses Association
Ohio Nursing Students' Association
Ohio Society of Gastroenterology Nurses and Associates
Ohio Society of Pediatric Nurses
Ohio Society of Trauma Nurse Leaders
Ohio State Association of Nurse Anesthetists
Otterbein University
Registered Nurses Association
Southwestern Ohio Nurses Association
Summit & Portage District Nurses Association
The Ohio State University College of Nursing
Wright State University-Miami Valley College of Nursing and Health



8:00am – Registration Opens

9:20am – Welcome & Introductions

9:30am – Special Guest Speaker – Terri Gaffney, MPA, RN – American Nurses Association, Senior Director for New Product Development

10:00am – Panel Presentation of Nursing Issues

11:00am – Legislative Speakers – Senator Randy Gardner & Representative Nicki Antonio

11:30am – Photo Session and Optional Sessions:

- Statehouse tour
- Attend a Committee Hearing

12:30pm – Lunch with Legislators

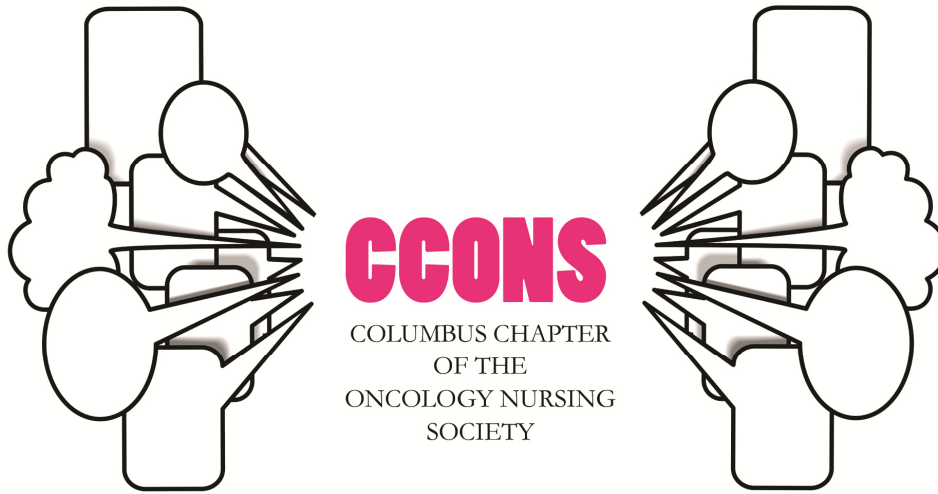
1:30pm – Optional Sessions:

- Statehouse Tour
- Meet with Legislator
- Continuing Education Program

2:00pm – CE Program – Presented by Terri Gaffney, MPA RN



- Value of the rehab nurse in facilitating care transitions/reduction in hospital readmissions
- Support the Reauthorization of the Traumatic Brain Injury Act of 2013 (H.R. 1098)
- Support a Bill to Improve, Coordinate, and Enhance Rehabilitation Research at NIH (S.1027)
- Support for Improving Access to Medicare Coverage Act of 2013 (H.R. 1179) and companion bill, S.569



Amended S.B. 99

130th General Assembly

Sens. Oelslager and Tavares, Brown, Cafaro, Gardner, Hite, Kearney, Lehner, Schiavoni, Smith, Turner, LaRose

BILL SUMMARY

- ❖ Prohibits insurers from providing less favorable coverage for orally administered cancer medication than for intravenously administered or injected cancer medications.
- ❖ Prohibits insurers from reducing coverage for either orally administered or intravenously administered or injected cancer medications to levels lower than those in place on the effective date of the bill.
- ❖ Enables the Superintendent of Insurance to impose disciplinary actions on insurers who violate the prohibition.
- ❖ Enables a court to impose the following civil penalties on insurers that violate the prohibition: up to \$35,000 in total for violations occurring in a six-month period and up to \$10,000 for each violation of a cease and desist order issued by the Superintendent.
- ❖ *Names the act the "Robert L. Schuler Act."*

S.B. 23 (As Passed by the Senate)

130th General Assembly

Sens. Manning and Oelslager, Jones, Lehner, Patton, Cafaro, Brown, Tavares, Eklund, LaRose, Schiavoni, Seitz, Skindell, Turner

BILL SUMMARY

- ❖ Generally prohibits pharmacists and pharmacy interns from dispensing certain non-self-injectable cancer drugs by delivering them or causing them to be delivered directly to the patient, the patient's representative, or the patient's private residence.
- ❖ Specifies that the dispensing prohibition does not apply when the patient's private residence is an institutional or health care facility or, if certain notifications have been provided, when the patient is a hospice patient or home health agency client.



Ohio ENA Supports House Bill 301: Ohio ENA supports legislation that authorizes an unlicensed person to administer certain drugs pursuant to delegation by an APRN who holds a Certificate to Prescribe, provided that such legislation would not apply to a hospital emergency department or a freestanding emergency department.

ENA's 2013/2014 Public Policy Agenda

- Safe Emergency Care Environment
 - Zero tolerance for Violence against emergency nurses
 - Reduce Workplace Injury
 - Establish Safe Emergency Department Nurse Staffing Metrics/ Guidelines
- Emergency Nursing Scope of Practice
 - Increase funding for nursing education
 - Fund emergency nurse residencies
 - Protect and recognize emergency nursing scope of practice
- Timely Access for Emergency Care
 - Eliminate Boarded Hospital Inpatients in the Emergency Care Setting
 - Fund Emergency Nurse Driven Care Coordination
 - Fund Research for Development of Emergency Care Core Measures

About the Emergency Nurses Association

ENA, with more than 40,000 members worldwide (including 1,400 in Ohio), is the only professional nursing association dedicated to defining the future of emergency nursing and emergency care through advocacy, expertise, innovation and leadership. Founded in 1970, ENA develops and disseminates education and practice standards and guidelines, and affords consultation to both private and public entities regarding emergency nurses and their practice. Additional information is available at ENA's Web site www.ena.org, and Ohio ENA's website www.ohioena.org.



A collaborative learning community, serving in the spirit of the Catholic tradition, offers excellent science-based education in nursing and allied health in a caring, respectful, and socially responsible environment.

The importance of nursing student interaction with Ohio legislators:

- At the collegial level, as part of our students' development, we as faculty strive for an enhanced understanding for our students of the necessary relationship needed with our legislators. Every semester state and or federal legislators visit our college and have dialogue with our students regarding current policy issues or healthcare related pieces of legislation. We are grateful for the positive changes that have been made and are continuing to be made by our legislators within the Ohio Revised Code regarding nursing practice clarity.
- At the local level, we support the collaboration with legislators to enhance the health within our Franklinton community where Mount Carmel College of Nursing is located. We also communicate with our legislators serving at our satellite campus in Lancaster emphasizing one of our college's core values of social responsibility. The insight that is gained when discussing our community's unique health issues with local representatives allows us to have erudition of the care that is actually needed by our neighbors.
- At the state level, our students write to their specific legislators letters of concern regarding health policy and concerns that are important to their nursing practice. The students love getting the responses back from their representatives or senators who only further validates that their voice is not only heard but important for the process.
- At the national level, our congressional senators and representatives as they are able also visit with our students on campus and discuss health policy and issues on a national level. Ideas flow in a two-way communication that keeps our congressional legislators in touch with what is important to Ohioan nursing students.
- Two-way communication is the key. We not only need to let our legislators know what we want from them but we need to keep them informed of issues within the healthcare arena. We are dependent upon each other to improve the health of not only our own community but our state and our nation.



- Ohio's health care landscape is changing. Who is going to take care of people is going to be refined over the next 10 years
- We are facing a serious physician shortage: 90,000 within the next 10 years.
- Advanced Practice Registered Nurses are ready to fill the gap
- OAAPN represents all four types of APRNs
- Benefits of OAAPN to members and non-members alike.



- **GOOD HEALTH IS GOOD FOR BUSINESS**

An occupational health nurse employed in the business environment is the key to delivery of cost-effective, comprehensive and high-quality occupational health services.

Occupational health nursing is the specialty practice that focuses on promotion, protection and restoration of workers' health within the context of a safe and healthy work environment.

The occupational health nursing practice is autonomous, and occupational health nurses make independent nursing judgments in providing occupational and environmental health services.

PROGRAM COMPONENTS Can Include:

- 1) **HEALTH ASSESSMENTS.** Health assessments help match workers' capabilities to job requirements. Periodic physical examinations and evaluations for problems such as excessive absenteeism or poor job performance can lead to early detection of health problems. Prompt referral and treatment save on future health care costs and keep employees on the job.
- 2) **CASE MANAGEMENT.** An occupational health nurse case manager is the ideal professional to coordinate health care services from onset of injury or illness to safe return to work or an optimal alternative. The case manager, through effective coordination of health care services, facilitates safe return to work and results in cost savings.
- 3) **HEALTH PROMOTION AND HEALTH EDUCATION.** These programs reduce health care costs, lower absenteeism, improve employee fitness for work and give workers a sense of the employer's concern for their well-being, which can motivate improved performance.
- 4) **COUNSELING AND CRISIS INTERVENTION.** Employee assistance programs offer professional attention, counseling, and referral for such issues as substance abuse and emotional and/or family problems. In many cases employees are more comfortable sharing this information with a nurse than with others. Treatment of these problems lowers insurance costs and improves performance while generating goodwill by demonstration of company caring.
- 5) **INJURY PREVENTION AND LOSS CONTROL.** The occupational health nurse teaches safety awareness, participates in safety audits and inspections, performs post-accident review and evaluation, evaluates protective equipment and machinery and provides first aid training. These programs decrease injuries and illnesses, improve safety performance, lower insurance rates and increase worker morale through demonstration of concern for their well-being.

The Occupational Health Nurse – Your Key to Health Care Cost Containment! For more information please visit www.oahn.org



The Ohio Association of School Nurses (OASN) has a mission to promote optimal wellness among Ohio's school children and their communities to support their educational success.

Sub. House Bill 296- Epinephrine in Schools

Once an infrequent occurrence, anaphylaxis has increased dramatically, and 16-18% of students with food allergies have experienced an allergic reaction in school. Epinephrine administration reports from Massachusetts indicate that approximately 25% of students who experience anaphylaxis were not previously diagnosed with a life-threatening allergy. This indicates a need for non-patient specific epinephrine to be available for use in the school setting.

If a child who does not have a prescribed epinephrine auto injector has an anaphylactic reaction at school, the school nurse is often stuck in the dilemma of using another child's epinephrine injector, which is illegal, or waiting for EMS which could result in the death of a child. Currently, schools in Ohio may also stock non-patient specific epinephrine auto injectors at a cost with: a physician's standing order (fee negotiable), a terminal distributors license from Ohio Board of Pharmacy (\$100 per BUILDING) and a school purchased epinephrine auto injector (\$200-\$400)

This bill effectively removes the barriers both procedurally and financially, that prevent school districts from stocking non-patient specific epinephrine auto injectors. It is our hope that schools and school districts will stock epinephrine for any child who needs it as this is a best practice standard of care.

The Ohio Association of School Nurses is in full support of this bill. It has passed the House of Representatives and is currently in the Senate Medicaid, Health and Human Services committee.

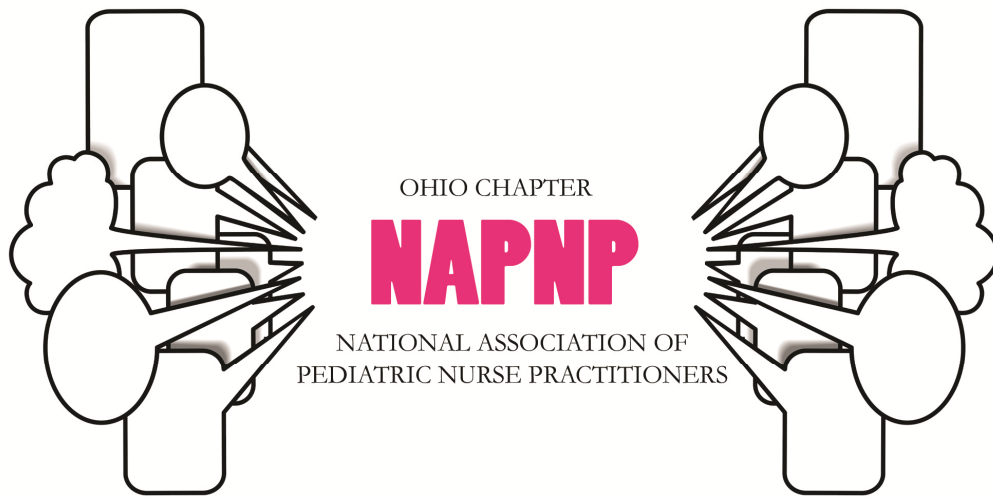
Sub. House Bill 296- Diabetes Care in Schools

This bill mandates that schools (including Public, Community (Charter), College-Preparatory Boarding, STEM, Chartered non-public) solicit employees to volunteer to provide diabetes care for children at school including the calculation and administration of insulin. It requires that governing authorities:

- Ensure that all students with diabetes receive a full range diabetes care at school and at school-sponsored events in accordance with physician orders.
- Ensure an adequate number of employees are available to provide diabetes care
- Provide employee volunteers with annual training for diabetes care by a school nurse or licensed health care professional and bus drivers and employees with annual training in the treatment of diabetes emergencies by the same and determine competency to provide said care.
- Offer parents/guardians a 504 plan
- Permit a student with diabetes to perform diabetes in any area of the school, unless the student does this for anything other than personal care and wherein that right may be revoked.
- Permit a student with diabetes to attend the school that the student would otherwise attend if the student did not have diabetes
- Allows certain students with diabetes to manage their own care
- Report the number of students with diabetes to the department of education as well as the number of errors associated with administration of diabetes medication.
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In addition: The Ohio Department of Education must adopt nationally recognized guidelines for the training of school employees in diabetes care in consultation with the ADA, OASN and other bodies deemed to be appropriate, grants a qualified immunity from civil liability or disciplinary action to physicians, nurses, school employees, boards of education, and other school governing authorities for activities authorized by the bill.

This bill has passed the House of Representatives Health and Aging Committee and is moving to the full House for a vote.



*We are the Birthplace of the national organization for Pediatric Nurse Practitioners,
serving the healthcare needs of the children of Ohio.*

Mission: Promote optimal health for children through leadership, practice, advocacy, education and research.

It is our belief that all children have a right to quality health care and the opportunity to develop in a safe and secure environment. The Ohio Chapter of NAPNAP promotes and supports the role of the Pediatric Advanced Practice nursing in its efforts to optimize the quality of life for children and their families.

Our State Legislative Goals/Priorities:

1. Monitoring legislation that affects child health and/or APRN practice.
2. Inform Ohio NAPNAP members of legislation that may affect child health and /or APRN practice in the State of Ohio.
3. Contacting legislators to impact the language and outcome of legislation towards the promotion of child health and APRN practice.

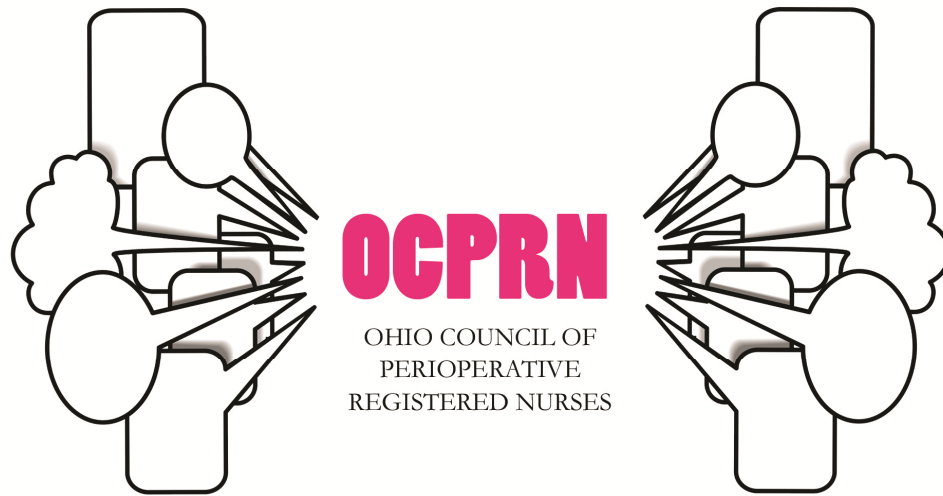
UPDATE: Recent Health Care Legislation in Ohio

- House Bill 301
- To amend sections 4723.48 and 4723.50 and to enact section 4723.488 of the Revised Code to authorize a person not otherwise authorized to do so to administer certain drugs pursuant to delegation by an advanced practice registered nurse who holds a certificate to prescribe.
 - Currently APRN's can only delegate over the counter topical medications and over the counter eye drops, ear drops, suppositories, foot soaks and enemas.
 - This impacts care provided to children in terms of safety and efficacy.
 - APRN's cannot delegate nebulizers or immunizations to the medical assistant.
 - 29% of practice locations have and MA and 14% of those are in primary care.
 -



Building a Competent Workforce to Meet Future Needs

Ohio continues to have a home health and hospice nursing personnel shortage at a time when an adequate supply of qualified personnel, particularly in rural and other underserved areas, is critical. Ohio Council for Home Care & Hospice is creating incentives for obtaining and retaining personnel, including working with the Medicaid Director to redesign nurse reimbursement rates, and develop a quality incentive program to reduce avoidable inpatient admissions.



Since the inception of medicine as we know it today, nurses have been participating in the care of patients in the perioperative setting.

Facts:

AORN (Association of periOperative Registered Nurses) has been the official nursing organization for those working within the operating arena since 1949. Ohio Council is an affiliate member of AORN. There are 1836 AORN members living in OHIO.

Ohio Council has been active for over 25 years. It supports optimum care of surgical patients by promoting collaboration among local, state, and national organizations.

Perioperative Registered Nurses provide every patient undergoing a surgical or other non-invasive procedure, a dedicated advocate during the patient's experience. This is the primary circulator, a professionally prepared registered nurse, in each operating suite.

Experienced perioperative registered nurses provide high quality care with reduced expense to patients, hospitals, and insurance companies. The perioperative RN helps to control escalating healthcare costs through efficient cost-containment.

Perioperative registered nurses provide skilled care in collaboration with surgeons, anesthesiologists, and other qualified healthcare professionals.

Perioperative registered nurses practice in every setting in which surgical intervention is provided: traditional hospital surgical suites and obstetrical delivery rooms; critical access hospitals; ambulatory surgical centers; the offices of plastic and ophthalmology surgeons and various other physicians performing surgical procedures; Public Health Services, U.S. Military, and the Department of Veterans Affairs Healthcare Facilities.

Legislation is being proposed to secure the role of the RN Circulator within the State of Ohio. By enhancing the regulations that guide the RN in the perioperative setting, this promotes our primary initiative at this time to secure the RN circulator to follow the CMS guidelines for promotion of patient safety.

The Ohio Council of periOperative Registered Nurses is composed of ten AORN Chapters in Ohio.



The anticipated dwindling population of nurse faculty due to retirement and the limited resources available to nursing schools will exacerbate the overall shortage of the nursing workforce required to take care of an aging population.

FACTS: The mission of the Ohio League for Nursing is to advance excellence in nursing education that prepares a strong and diverse nursing workforce to advance the nation's health. Critical to effective nursing care is the development of scholarly, research oriented nurse educators with a compassion for teaching the next generation of nurses how to deliver quality patient centered nursing care.

The Ohio Board of Nursing annual report of Pre-licensure Nursing Education Programs, July 1, 2012 through June 30, 2013:

- Reported that 183 faculty members and 173 teaching assistants in RN programs left their positions during this reporting period
- Projected that 250 faculty members and 369 teaching assistants in RN programs are expected to retire in the next five years
- Reported that 179 faculty members and 49 teaching assistants in PN programs left their positions during this reporting period
- Projected that 145 faculty members and 72 teaching assistants in PN programs are expected to retire in the next five years.
- Reported that 3,355 academically qualified persons were denied admission to RN programs due to lack of program resources.

Predication is that the U.S. nursing shortage is projected to grow to 260,000 RNs by 2025 despite the seemingly easing of the nursing shortage due to the recession. A shortage of this magnitude would be twice as large as any nursing shortage experienced in this country since the mid-1960s and a definite critical issue for the health care system. Growth in the nursing workforce is mostly about younger persons entering to replace baby boom RNs. Increased numbers of qualified faculty and student enrollments are needed to offset this impending crisis (P. Berhaus, August, 2009 and July, 2013).

SOLUTIONS: A comprehensive plan to provide pathways and education resources so an adequate number of nursing faculty members can be prepared to teach in Ohio's nursing programs:

- Increased financial support in terms of scholarships and loans for nurses seeking advanced degrees who agree to teach in Ohio's nursing programs
- Incentives such as adequate competitive salaries and tax credits for nurse faculty to remain teaching in Ohio's nursing programs.
- Ohio Action Coalition's work group on increasing the number of BSN nurses in the workforce and advancing higher education should be fully supported by participation and resources.
- Safeguard nursing programs from cuts in state budget allocations to higher education
- Promote regional cooperative arrangements between and among nursing programs and patient care facilities to maximize all resources while maintaining quality education and patient care.
- Promote research in methods of teaching in nursing education program to maximize efficient and quality nursing education.



Over the last year, the Ohio Nurses Association has continued its commitment to advocating for all registered nurses in the state of Ohio.

- ONA was an active participant in creating the Direct Care Worker Advisory Workgroup that developed out of the passage of the Budget Bill, HB 59. We had two designated seats and worked with six other healthcare associations to develop recommendations for minimum competencies for direct care workers. The Workgroup submitted a report to the General Assembly on December 31, 2013.
- ONA has continued to advocate for the improvement of health standards and the availability of health care services for all people. We have continued our support in bringing Medicaid Expansion to Ohio and educating our nurses and community members about the Patient Protection & Affordable Care Act with events throughout the state.
- ONA agrees with the 2010 Institute of Medicine's Future of Nursing report recommendation that registered nurses should practice to the full extent of their education and training by removing scope of practice barriers. That is why ONA worked diligently with the Ohio Association of Advanced Practice Nurses and the Ohio Emergency Nurses Association to introduce HB 301.
- ONA continues to provide nurses with collective bargaining representation at their workplace to guarantee: improved standards of patient care; better employment conditions; increased workplace safety; and fair benefits and salaries. Therefore, ONA strongly opposes "Right to Work" legislation pending in the House. HB 151 and HB 152 jeopardizes the collective bargaining rights of both public and private employees.

The Ohio Nurses Association continues to create a pathway that promotes the professional development of registered nurses, advance their economic and general welfare, and foster high standards of nursing. We plan to "enter the conversation" and build the road ahead by:

- Revitalizing the Legislative Liaison Program that connects ONA members with their members of the General Assembly. This program assures that the nurse's voice and values are heard when policy decisions are made by the Ohio General Assembly.
- Launching a new grassroots advocacy website for nurses in our state. This site is open to all nurses and friends of nursing who wish to receive the most current and relevant policy information from the Ohio Statehouse. The website can also be used to find ONA's Health Policy Department information, legislative updates, and information on the Ohio General Assembly, the Patient Protection & Affordable Care Act, ONA policy perspectives, and other resources. Membership is free and designed to give nurses an even stronger voice at the Statehouse. Visit www.bethechangeohio.org.
- Working collaboratively with national affiliate organizations on common issues and to seek networking opportunities. ONA is one of three states working with the American Nurses Association on a pilot program. The National Political Nurse Leaders (N-PAL) program is at the heart of ANA's efforts to ensure that Members of Congress understand the issues that affect nursing. Along with our Nurse Strategic Action Team (N-STAT), N-PAL promotes grassroots action—nurses reaching out to their elected officials on the issues of concern to their profession and patients. Over the next year, ONA and our members will work with ANA to make N-PAL a success.
- Developing a two-day, well-rounded professional development series that will educate registered nurses on issues that will move professional nursing forward. During this Continuing Education Road Show, registered nurses will gain knowledge in: The Patient Protection & Affordable Care Act; Advancing Nursing Education; Human Trafficking; Safe Staffing; Disaster Preparedness; and Legislative Advocacy.

ONA is ecstatic about the year ahead and we look forward to joining forces with you to advance healthcare policy and the nursing profession in the state of Ohio.



FACTS:

- 3.1 million nurses in the United States.
- 1 in 45 voters is a nurse.
- Important for nurses to understand the changes in healthcare legislation.
- Nurses should be advocates for their patients.
- Nurses should also be advocates for themselves.

CONCLUSION:

- All of this is achieved through the legislative process, and nurses should be more involved in this on every level. The training we go through to become nurses prepares us greatly for how to deal with issues in the legislative arena.



Topic: Raising Awareness for Pediatric Mental Health

- Increased need for Pediatric Mental Health Care to be viewed as a “population”.
- Lack of community resources is a major barrier to meeting the mental health needs of children and their families.
- Enhancing communication among disciplines is a priority, while many privacy and perceived confidentiality barriers exist. Increased need to develop and/or strengthen relationships with mental health advocates, schools, mental health and substance abuse providers, human service agencies, and developmental specialists.
- Infants and young children often do not fall within the “target” population for mental health program funding, while there are also those children and adolescents who suffer from symptoms that may not rise to the full level of a “disorder”.
- Increased need for care-coordination mechanisms such as school-based services, preventive services, EI services, child psychiatry services, recreational resources and volunteer service, and transition services.
- Many communities lack a protocol for managing psychiatric emergencies.
- Increased need for assessment of pediatric mental health needs at the primary care level.
- Increased need for public education in order to eliminate stigma, which prevents many children and families from seeking care.

Foy, J. M., & Perrin, J. (2010). Enhancing pediatric mental health care: Strategies for preparing a community. *Pediatrics*, (125), S75-S86. doi: 10.1542/peds.2010-0788D



- Ohio Trauma System
 - The Ohio Society of Trauma Nurse Leaders (OSTNL) continues to play an integral role in the development and advancement of Ohio's Trauma System. Our members sit on the State Emergency Medical, Fire, and Transportation Services (EMFTS) Board, are the nominating organization for a seat on the State Trauma Committee and participate on subgroups of those committees. We have expertise in trauma system(s) as well as front line trauma care, and have been significant leaders of regional and state trauma systems development.
 - The Model Trauma System Plan, a national template for evaluating state trauma systems, was initially drafted for Ohio by OSTNL. We then served as facilitators for a statewide stakeholder meeting, hosted by the State Trauma Committee, the outcome of which was a consensus document outlining Ohio's scores relative to the national trauma assessment tool. This has led to the development of The Framework for Improving Ohio's Trauma System, the strategic document outlining the ten goals to improve our trauma system. Each goal has a subgroup dedicated to that goal, along with a dashboard for monitoring progress. OSTNL members actively participate on a majority of these goal groups, and serve as chairs for the goals that focus on process improvement and public information.
 - In May of last year, Ohio hosted its first state American College of Surgeons (ACS) trauma system review. This objective review evaluated every entity of our trauma system through the use of the Public Health Model. OSTNL was effective in strategically assisting with obtaining funding and logistical resources needed for this external assessment. The extensive preparation process was organized and led by an OSTNL member whose leadership was invaluable. The findings of this review were documented in the "Trauma System Consultation Report" and will equip lawmakers with the data and observations needed to drive legislation to strengthen identified weaknesses and improve the system.
- OSTNL Positions
 - New legislation will provide Ohio with the resources necessary to become a true, inclusive trauma system and provide better outcomes for Ohio's citizens.
 - OSTNL has developed a position statement regarding the enhancement of the Ohio trauma system. We support the recommendations of the ACS which include the creation of a trauma board, separate from the current EMFTS board, which would serve as the Lead Trauma Agency. OSTNL also supports a more dedicated day-to-day oversight of the system through the development of positions for a state trauma medical director, a state trauma program manager, and a state performance improvement coordinator.
 - National statistics demonstrate that distracted driving caused by the use of an electronic device proves to be more dangerous than driving while under the influence of drugs and alcohol. OSTNL members actively supported the issue of distracted driving and the texting and driving ban.



- The Ohio State Association of Nurse Anesthetists is the association that represents over 1900 Ohio Certified Registered Nurse Anesthetists work on the front lines of patient care by promoting and protecting the scope of practice through advocacy and education. CRNAs are often the sole anesthesia providers in Ohio's rural areas - providing high quality, cost effective access to care when patients need us the most.
- CRNAs provide anesthesia services for all types of surgical cases and practice in a variety of settings including the traditional OR, labor and delivery suites, outpatient procedure centers and pain management clinics. CRNAs practice with a high degree of autonomy and professional respect.
- A number of barriers prevent CRNAs from being able to respond effectively to rapidly changing health care settings and an evolving health care system. These barriers need to be overcome to ensure that all nurses are well-positioned to lead change and advance health.
- There is an ever-expanding body of data that recommends CRNAs and all APRNs play an important role in health care delivery. If we are going to meet the growing needs of all Ohio citizens in the future, we must practice to the full extent of our training and expertise to ensure improved access to care and reduced costs.
- OSANA is currently collaborating with the OAAPN and others to ensure that Ohio's Nurse Practice Act is brought up-to-date.
- The future for nurse anesthesia in Ohio is particularly bright. As elements of the Affordable Care Act are implemented and Ohio works to expand health care coverage to more and more needy citizens, there will be an increased demand for anesthesia services. It is the role of Ohio's CRNAs to meet that need with safe, high quality, cost-effective care that increases access for all those who require it.



- Otterbein’s legislative priorities, consistent with the IOM report, would include enhancing the ability of nurses practicing to the full extent of their education and training, including APRN nurses as well as BSN prepared nurses.
- Removal of barriers to practice
- Encouraging inter-professional practice towards quality and accessible care



- 40th Anniversary – March 20
- New Programs – PMHNP, NNP
- Wright Nurse Project