

The program is involved in five broad categories of activities:

- 1. Nursing practice issue research, analysis, and resolution
- 2. Patient advocacy
- 3. Continuing education
- 4. Competency
- 5. Safe patient care



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Purpose and Objectives

To advocate for direct-care nurses and patients on all public policy matters related to safe care and nursing practice, including safe nurse-to-patient ratios and patient advocacy rights and duties.



- 1. Nursing Practice provides continuing education programs and monitors professional practice issues and trends affecting direct-care (bedside) RNs.
- 2. The department is a resource for the CNA/NNOC contract-mandated Professional Practice Committees (PPC) in each facility to ensure that nursing practice laws, patient advocacy regulations, and professional practice standards are achieved, observed, and protected.
- 3. The Nursing Practice department conducts research, literature reviews, synthesis and analysis on issues within its area of concern; drafts practice and policy position statements; collaborates with Legal, Government Relations, Communications, and Collective Bargaining departments; serves as a resource on nursing practice issues for labor representatives and organizing staff; provides oral and written testimony and submits public comments on behalf of the organization.
- 4. The member-led Joint Nursing Practice Commission (JNPC), makes policy recommendations to the Board of Directors on nursing practice issues.
 - The JNPC is responsible to the House of Delegates, and between sessions of the House, to the Board of Directors, for carrying out the directions of the House and abiding by the organization's bylaws.
 - The JNPC promotes the professional, educational, economic advancement, and government relations/political education of nurses; contributes to identifying, mentoring, and supporting new nurse leader-activists.
 - The JNPC reviews and promotes implementation of professionally recognized standards of practice; attends, participates, and demonstrates leadership in the member education CE classes.
 - Commissioners are responsible for reporting and disseminating nursing practice alerts to their regional leadership; bringing forward concerns of the membership; analyzing ADO/TDO trend-tracking reports; and developing strategies and action plans for facility-based enforcement of nursing practice/patient advocacy contract language.

MAJOR NURSING PRACTICE ISSUES



- 1. Promotion of the registered nurse as the direct-care provider in all healthcare settings.
- 2. Patient advocacy and the nursing process.
- 3. Empowerment of the PPCs (Professional Performance Committees).
- 4. Encroachment into nursing practice by other licensed and unlicensed health caregivers.
- 5. External forces promoting reallocation of nursing functions.
- 6. Technology and the deskilling of the profession.
- 7. Deregulation through movement of services from inpatient to outpatient and home settings.
- 8. Expanded nursing practice issues.
- 9. Development and monitoring of staffing ratio language.
- 10. Fragmentation of RN title and work.
- 11. Occupational health hazards for nurses and violence in the workplace.

Rights and Representation for Registered Nurses



- 1. **CRITICAL DEFINITIONS AND CONCEPTS**
 - The Practice of Nursing Defined
 - Art and Science of Nursing
 - Domains of Nursing Practice/ Nursing Process
 - Novice to Expert/Skill Acquisition
 - Moral, Ethical Obligations; Legal/Fiduciary Duties
 - Advocacy; Conditions of Advocacy (Explicit/Implied/Inherent)
 - Social Contract: Why it Matters
 - Roles, Relationships, Hierarchy
 - Environment of Care
 - Ratios/Acuity/Severity of Illness/ Working Conditions
 - Unit/Definitions/Patient Classification

- 2. **NURSING PRACTICE ACTS/ BOARDS OF REGISTERED NURSING**
 - Regulation/Interpretation
 - Scope of Practice/Scope of Authority
 - Competency/Discipline
 - Professional Conduct
 - Nursing Practice Advisories
 - Nursing Practice Alerts
 - Encroachment

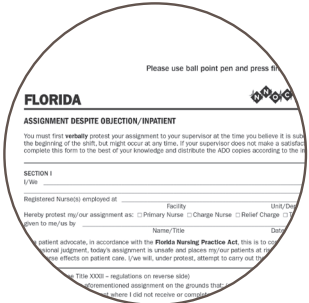
- 3. **LICENSING AND CERTIFICATION OF HEALTHCARE FACILITIES**
 - Department of Public Health/Inspections
 - County/State/Federal Regulations
 - Accreditation/Deeming Bodies/Joint Commission Survey



Patient Protection Toolbox

All CNA/NNOC model contracts establish a facility-based staff nurse-led professional practice committee (PPC). The purpose of the PPC is to constructively discuss, then make recommendations to the employer regarding improvements in patient care and nursing practice. The PPC Action Plan uses the five-point scientific problem-solving model that includes:

1. **DATA COLLECTION:** Compile and analyze all Assignment Despite Objection (ADO) and Technology Despite Objection (TDO) forms completed by RN rank-and-file staff nurses.
 - **Assignment Despite Objection Form (ADO)**
One of the first steps in the advocacy process is documentation. An unsafe assignment may simply be one in which the RN was unable to provide all the care that each patient needed in a timely manner, or if the RN is forced to work overtime and/ or is not provided with sufficient meal and rest breaks.
 - **Technology Despite Objection Form (TDO)**
RNs have a unique patient advocacy role in the healthcare delivery system and technology can only be used to augment this unique role. In analyzing the safe, therapeutic, and effective values of any technology, RNs must be able to explore the potential of technology replacing human interaction in the delivery of patient care and the supplanting of critical thinking and independent clinical judgment with rigid clinical pathways or RN displacement and/or override technologies.
2. **FORMULATE A DIAGNOSIS OF THE PROBLEM:** Is there a violation of existing statutes, rules, and regulations; interference with the RN's patient advocacy duties and rights to advocate in the exclusive interest of the patient; violation of professional standards of practice; violation of the employment contract?
3. **FORMULATE AND CARRY OUT AN ACTION PLAN:** Use contract language that enforces the right of the PPC to seek a solution to the problem and make recommendations to nursing administration. Collectively and in unity enforce state statutes and regulatory mandates on scope of practice; safe nurse-to-patient staffing ratios with the requirement for the employer to "staff up" based on the individual patient's acuity and severity of illness, complexity of care planning, implementation, evaluation and documentation; sophistication and complexity of the technology required; experience and competency level of the staff.
4. **PLAN THE INTERVENTION AND ITS IMPLEMENTATION:** Write and submit the posed resolution to management and strictly adhere to timelines for accountability. Distinguish urgent from non-urgent staffing issues and engage fellow nurses with education. Insist that members mobilize and are present when making the presentation to nursing administration.
5. **EVALUATION:** Did the PPC achieve its objectives? If not, then reformulate the care plan and escalate. Be persistent. An effective mobilization plan is unit based, facility based, and community based!



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Nursing Practice & Patient Advocacy Program

