

IN THIS ISSUE . . .

TOP STORY

- **ELECTION RESULTS ANNOUNCED**

HEADQUARTER NEWS

- **NEW FORMAT FOR NACNS ANNUAL MEETING A SUCCESS**
- **CNSI ANNOUNCES AVAILABILITY OF ADVOCACY GRANTS**
- **NACNS HONORS AWARDEES AT 2018 ANNUAL MEETING**
- **CNS INSTITUTE HOSTS SUCCESSFUL FUNDRAISING LUNCHEON**
- **CALL FOR ABSTRACTS FOR 2019 ANNUAL MEETING OPENS EARLIER**
- **NACNS BOARD OF DIRECTORS SEARCHING FOR ASSOCIATION MANAGEMENT COMPANY**

CLINICAL NEWS

- **MANY HIGH-RISK PATIENTS DISCONTINUE STATIN THERAPY**
- **EFFECT OF OPIOID VS NON-OPIOID MEDICATIONS ON PAIN-RELATED FUNCTION**
- **USPSTF RECOMMENDS SCREENING FOR SYPHILIS IN PREGNANCY**
- **CDC EMERGENCY DEPARTMENT DATA SHOW RAPID INCREASES IN OPIOID OVERDOSES**
- **AUTOMATED SEPSIS-DETECTION PROGRAMS**
- **MEDICATIONS FOR OPIOID USE DISORDER**
- **IMPROVING QUALITY OF LIFE FOR CHRONIC HEART FAILURE PATIENTS**

FEDERAL/STATE ISSUES

- **SENATE BILL PROPOSES IMPROVING CARA PROGRAMS TO FIGHT OPIOID CRISIS**
- **PRESIDENT'S BUDGET PROPOSES CUTS TO NURSING**
- **FY 2018 OMNIBUS APPROPRIATIONS IS POSITIVE FOR NURSING**
- **CNSs EXPERTISE WANTED FOR FEDERAL WORK WITH CMS**
- **CMS URGED TO REVOKE POLICY LETTING NURSES EVALUATE LAB TESTS**
- **2018 NIOSH LIST OF HAZARDOUS DRUGS IN HEALTH CARE SETTING**
- **FLORIDA HB 1337 PASSED**

RESOURCES

- **COUNTY-LEVEL HOSPITALIZATION RATES SHOW IMPACT OF OPIOIDS, OTHER SUBSTANCES**
- **NURSING SHORTAGE AND HOSPITALS' FINANCIAL PAIN**
- **NQF ISSUES ESSENTIAL GUIDANCE ON OPIOID STEWARDSHIP**

TOP STORY

ELECTION RESULTS ANNOUNCED!



NACNS officially announced its 2018-2019 Board of Directors at the 2018 annual conference in Austin, Texas. Offices for the board and nominating committee were included in the 2018 election.

The **Board of Directors** is responsible for establishing the organization's mission, purpose, values and direction. The Board also oversees the association's strategic planning, evaluation, programs, services and utilization of resources. Each Board member serves a two-year term. They are:

Officers

President – Anne Hysong, MSN, APRN, CCNS, ACNS-BC, Critical Care CNS, Gwinnett Medical Center, Duluth, GA

President-elect – Tracy Chamblee, PhD, APRN, PCNS-BC, CPPS, Senior Director, Quality and Patient Safety, Children's Medical Center-Dallas, TX

Directors at Large

Niloufar Hadidi, PhD, APRN, ACNS-BC, FAHA, Associate Professor (tenured) and Coordinator of the Adult/Gero CNS/DNP Program at the University of Minnesota Medical Center, Minneapolis, MN

Jan Powers, PhD, RN, CCRN, CCNS, CNRN, NE-BC, Director of Nursing Research and Professional Practice at Parkview Regional Health System, Fort Wayne, IN

Susan Smith, DNP, APRN, ACNS-BC, Adult CNS, Baylor University Medical Center, Critical Care Services, Dallas, TX

The **Nominating Committee** is responsible for reviewing nominations for the Board of Directors and presenting the final slate of candidates for Board approval before elections are held. The new members are:

Claudia Barone, DNP, EdD, APRN, CCNS-BC, CTTS, Nicholas P. Lang MD and Helen F. Lang, RN Endowed Professor at the University of Arkansas for Medical Sciences College of Nursing, Little Rock, Arkansas

Amy Keyes, MSN, RN, CRNI, APRN, AGCNS-BC, CNS in Heart and Vascular, Mercy Health Saint Mary's, Grand Rapids, MI

Susan Schedler, MSN, APRN, ACNS-BC, CMSRN, Acute Care CNS in Medical-Surgical/Oncology, Shawnee Mission Medical Center, Merriam, KS

Traci Smith, MSN, APRN, ACCNS-AG, CCRN, CNS in Cardiac Services, WellStar Health System, Marietta, GA

HEADQUARTER NEWS

NEW FORMAT FOR NACNS ANNUAL MEETING A SUCCESS

From February 28 – March 3, 2018, more than 550 clinical nurse specialists and advanced practice registered nurses, CNS students, exhibitors and more met in Austin, Texas, for the newly expanded NACNS annual meeting. This year's meeting was extended by a half-day to make room for more content and a new meeting session format – workshops. Four workshops were held on writing for publication, medical technology, legislative and regulatory advocacy skills, and infection control practices and most were standing room only! Expanding the conference and adding the two-hour long workshop sessions allowed participants to dive deeper into content and interact with speakers. After this year's successful sessions, look for the 2019 annual conference to continue with the full mix of sessions – podium, symposium, forums and workshops. Plan now to join NACNS in Orlando at the Renaissance SeaWorld from March 6 – 9, 2019.

Thank you to our sponsors who helped ensure our meeting was a huge success!

ANNUAL MEETING SPONSORS

Premier Partner



Supporting Sponsor



Memorial Sloan Kettering
Cancer Center

Strategic Partner



Other Sponsors



AAMI FOUNDATION

CNSI ANNOUNCES AVAILABILITY OF ADVOCACY GRANTS

The CNS Institute's targeted fundraising campaign collected nearly \$3,000 for a special fund to be used by NACNS affiliates and other state groups to educate policymakers about the role of CNSs and the importance of enabling CNSs to practice to the full scope of their education and training. Thanks to these donations, the CNS Institute is now accepting applications for mini-grants from current NACNS members. If selected, awardees must complete a report at the conclusion of their project or initiative identifying how the funds were used, and include a budget and descriptive evaluation of the project.



All applicants are strongly encouraged to explore any state and/or federal tax implications that may be associated with this grant if received. Please remember, the applicant must identify how NACNS members will be involved in the project or initiative.

Potential small advocacy grants that CNSI may fund include:

- Subsidizing an NACNS member/affiliate leader to attend a state advocacy meeting;
- Hosting or collaborating in an advocacy day at the state capitol where CNS issues are discussed;
- Underwriting a breakfast for legislators and introducing them to the role of the CNS;
- Supporting an advocacy session at your state and/or affiliate meeting;
- Paying for a state lobbyist to meet with NACNS members/affiliate leaders to strategize advocacy options for an upcoming legislative session; or
- Funding the development of an advocacy one-pager as part of an effort to achieve full scope of practice for the CNS role in your state.

These ideas are just suggestions to stimulate your creativity. Selection of projects for funding is at the sole discretion of the trustees of the CNSI.

Download, complete and email the application to info@nacns.org with “CNSI advocacy grant” in the subject line or fill out the online application.

Applications are due April 2, 2018.

NACNS HONORS AWARDEES AT 2018 ANNUAL MEETING

NACNS’ [annual awards](#) were presented during its 2018 annual conference, [Putting the Pieces Together: CNSs Bridging the Gaps in Health Care](#), in Austin, Texas. This year’s award winners are:

- **2018 [CNS of the Year](#) – [Kathleen Vollman](#), MSN, RN, CCNS, FCCM, FAAN**, Acute and Critical Care CNS, President of ADVANCING NURSING LLC and adjunct faculty member for Michigan State University’s CNS Graduate Program, for outstanding professional achievement in all aspects of CNS practice
- **Brenda Lyon [Leadership Award](#) – [Melissa Craft](#), PhD, APRN-CNS, AOCN**, Assistant Professor, Interim Associate Dean, Academic Administration and Graduate Education and PhD Program Director, Fran and Earl Ziegler College of Nursing, University of Oklahoma Health Sciences Center, Oklahoma City, for extraordinary leadership in service to NACNS
- **Susan B. Davidson [Service Award](#) – [Elissa Brown](#), MSN, RN, PMHCNS-BC**, retired Mental Health CNS, Veterans’ Administration Greater Los Angeles Healthcare System, for extraordinary service to NACNS
- **2018 [Preceptor of the Year](#) – [Wayne Quashie](#), MSN, MPH, RN, CNS, ACNS-BC, AOCNS**, CNS with Memorial Sloan-Kettering Cancer Center, New York City, for outstanding professional achievement as a CNS preceptor who demonstrated a commitment to teach, coach and mentor CNS students to achieve CNS competencies
- **2018 [President’s Award and Educator of the Year](#) – [Janet Fulton](#)**, PhD, RN, ACNS-BC, ANEF, FAAN, Professor and Associate Dean for Graduate Programs, Indiana University School of Nursing, for her extraordinary service to NACNS and outstanding professional achievement as a CNS educator and acknowledges his/her commitment to excellence and innovation in preparing CNSs and in implementing the NACNS Statement on CNS Practice and Education
- **2018 [NACNS Affiliate of the Year](#) – [Oklahoma Association of Clinical Nurse Specialists](#)** for sustained membership growth, innovative and creative educational opportunities, building CNS leadership, contributing to the association’s growth and advancing the CNS role.

NACNS annually appoints an awards committee to review applications for awards. Opportunities for appointment to all committees including the awards committee will be announced in April – May, 2018.

CNS INSTITUTE HOSTS SUCCESSFUL FUNDRAISING LUNCHEON

The [CNS Institute](#) (CNSI) hosted its first fundraising luncheon at the annual conference on March 2, 2018. The sold out event featured guest speaker Joe Don Cavender, MSN, RN, CPNP-PC, Vice President and Associate Chief Nursing Officer at Children’s Health System of Texas - Children’s Medical Center Dallas. He discussed how CNSs provide value to hospital systems and their fellow nurses, influence clinical policies and exert a positive impact on patient outcomes. More than \$5,000 was raised by CNSI at the luncheon.



CNSI Chair Melissa Craft, PhD, APRN-CNS, AOCN announced a future initiative the Institute is launching in October – a **video competition** designed to highlight how CNSs bring incredible value to patients, organizations and communities. With this project, the CNS Institute aims to highlight innovative CNS roles, projects, outcomes and NACNS initiatives (e.g., opioid task force). Details are available on the [NACNS/CNSI website](#). Submissions are due by **December 1, 2018**. Winners will be announced at the 2019 annual conference at the Renaissance Orlando, SeaWorld, Florida, March 6 – 9, 2019. Representatives of the winning submission do not need to be present to win.

The CNS Institute is also creating a new opportunity to honor CNS expertise through the establishment of the **Clinical Nurse Specialist Fellowship**. Membership in this fellowship will allow selected individual the opportunity to network with other senior CNSs and wear the designation of Fellow of the CNSI. The designation will be FCNS. Applications for the inaugural CNS Fellowship will open on **June 1** and close on **October 1, 2018**. Like many professional fellowships, there will be an application fee and an annual membership fee. Fellowship requirements include:

- Exhibiting outstanding contributions to the CNS role, show how their work has a direct impact on the visibility of the CNS and demonstrate a willingness to mentor the next generation of CNSs;
- Providing a letter of endorsement by one colleague, preferably a supervisor, who can verify contributions to CNS practice and leadership;
- Being a current NACNS member and maintained membership for the past two years;
- Having a history of working as a CNS for at least five years; and
- Being credentialed as a CNS or educated as a CNS, plus have significant past contributions as a CNS.

CALL FOR ABSTRACTS FOR 2019 ANNUAL MEETING OPENS EARLIER

Abstract submissions for the 2019 annual meeting have already opened! The earlier start to the abstract process will give reviewers more time to analyze submissions, allow participants more time to know if their sessions have been accepted to optimize airfares and make travel arrangements, allow NACNS to advertise the conference sessions earlier and build a stronger exhibit hall for attendees.



Abstracts will close on May 21, 2018, and student poster abstract submission will close on December 4, 2018. More information is available [online](#).

Mark your calendars, don't miss the abstract deadline: May 21, 2018!

NACNS BOARD OF DIRECTORS SEARCHING FOR ASSOCIATION MANAGEMENT COMPANY

The NACNS Board of Directors is in the midst of searching for a new association management company to work in partnership with the board and executive director to meet the association's day-to-day management needs. The board completed a call for request for proposals and interviewed candidates at the March 2018 Board of Directors meeting. A selection will be made by April 30, 2018.

CLINICAL NEWS

MANY HIGH-RISK PATIENTS DISCONTINUE STATIN THERAPY

Researchers evaluated data from the [REGARDS study](#) involving 7,216 participants and found that among those who discontinued statin therapy, 25.4% with diabetes but without cardiovascular disease, 31.8% with a 10-year CVD risk less than 7.5%, 27.6% with a CVD history and 34.8% at high risk for CVD said they discontinued statins because they didn't think they were needed. The findings, presented at the American College of Cardiology meeting, revealed that more than half of the patients from each group did not want to reinitiate treatment.



**AMERICAN
COLLEGE of
CARDIOLOGY**

EFFECT OF OPIOID VS NON-OPIOID MEDICATIONS ON PAIN-RELATED FUNCTION

A first-of-its-kind study, published in the [March 6 issue of JAMA](#), compared opioids to non-opioid drugs in patients with persistent back pain, or hip, or knee osteoarthritis. In this randomized clinical trial that included 240 patients, the use of opioid vs. non-opioid medication therapy did not result in significantly better pain-related function over 12 months (3.4 vs 3.3 points on an 11-point scale at 12 months, respectively). This study does not support initiation of opioid therapy for moderate to severe chronic back pain, or hip, or knee osteoarthritis pain. Limited evidence is available regarding long-term outcomes of opioids compared with non-opioid medications for chronic pain.

USPSTF RECOMMENDS SCREENING FOR SYPHILIS IN PREGNANCY

The U.S. Preventive Services Task Force (USPSTF) concludes that there is a considerable benefit to screening for syphilis infection in pregnant women. These findings form the basis of a [draft](#)



**U.S. Preventive Services
TASK FORCE**

[recommendation statement](#). Researchers from the USPSTF conducted a systematic review to examine the evidence for the effectiveness of screening to reduce the incidence of congenital syphilis, or other adverse pregnancy outcomes of syphilis, and the harms of screening in pregnancy. Convincing evidence was found that universal screening for syphilis infection in pregnant women reduces the incidence of congenital syphilis and adverse outcomes

associated with maternal infection. Early screening in pregnancy, when treatment is most effective for preventing the baby from getting syphilis, is important.

CDC EMERGENCY DEPARTMENT DATA SHOW RAPID INCREASES IN OPIOID OVERDOSES

According to the latest [Vital Signs](#) report by the Centers for Disease Control and Prevention (CDC), data from emergency departments (ED) show that the U.S. opioid overdose crisis continues to worsen.



Overall, ED visits (reported by 52 jurisdictions in 45 states) for suspected opioid overdoses increased 30%, from July 2016 through September 2017. Opioid overdoses increased for men and women, all age groups, and all regions, but varied by state and in rural/urban communities. The findings highlight the need for enhanced prevention and treatment efforts in EDs and for greater access to evidence-based opioid use disorder treatments, including [medication-assisted treatment](#) and harm reduction services.

AUTOMATED SEPSIS-DETECTION PROGRAMS

Sepsis syndromes are major causes of morbidity and mortality for hospitalized patients. According to an evaluation by the [Centers for Disease Control and Prevention](#) (CDC), seven in ten patients with sepsis



recently used health care services or had chronic diseases requiring frequent medical care; and more than 1.5 million people get sepsis each year in the U.S. Early recognition of sepsis syndromes in hospitalized patients is challenging. The CDC links to [multiple evidence-based interventions](#) that have been developed to help improve sepsis outcomes. Routine screening of all hospitalized patients for sepsis is one

strategy for trying to capture sepsis cases early; however, routine screening can be time consuming and requires extra effort. An electronic recognition and alert system to identify floor patients with sepsis syndromes offers an alternate focused and efficient methodology. A [recent NPR article](#) suggests that implementation of an automated system may improve the quality of sepsis care in hospitals when there is a synergy between the nurses and the automated system.

MEDICATIONS FOR OPIOID USE DISORDER



The Substance Abuse and Mental Health Services Administration (SAMHSA) issued a Treatment Improvement Protocol (TIP) report about medications that can be used to treat opioid use disorder (OUD). TIP 63, [Medications for Opioid Use Disorder](#), reviews the use of the three Food and Drug Administration-approved medications to treat OUD: methadone, naltrexone and buprenorphine. This TIP offers guidance for health care professionals and addiction treatment providers on appropriate prescribing practices for these medications and effective strategies for supporting the patients who use medication in the treatment of their OUD. The TIP also educates patients, families, and the general public about how OUD medications work and the benefits they offer.

IMPROVING QUALITY OF LIFE FOR CHRONIC HEART FAILURE PATIENTS

Patients with chronic heart failure face related problems (e.g., depression, fatigue) that could be relieved by an expanded model of care. This is a finding of a recently published [study](#) in *JAMA Internal Medicine*. The research found a benefit to some aspects of patients' quality of life when conventional cardiac therapy is supplemented with a nurse and a social worker who join forces with a team to address patients' symptom and psychosocial needs.

The research team evaluated 314 patients, half of them enrolled in a program that addressed quality of life concerns. The Collaborative Care to Alleviate Symptoms and Adjust to Illness (CASA) intervention offered 157 patients a nurse and social worker who worked with a primary care provider, cardiologist, and palliative care physician to address the patients' needs. The CASA trial is the first clinical trial of such a collaborative intervention in heart failure, and it included patients receiving care from VA, academic and safety-net health systems between August 2012 and April 2016. Patients enrolled in the study were evaluated for a one-year period. The typical CASA intervention was three to four months.

FEDERAL/STATE ISSUES

SENATE BILL PROPOSES IMPROVING CARA PROGRAMS TO FIGHT OPIOID CRISIS

NACNS has been a supporter of the [Comprehensive Addiction and Recovery Act of 2016](#) (CARA, P.L. 114-198). CARA was a bipartisan, national effort designed to ensure that federal resources were devoted to evidence-based education, treatment and recovery programs that work. CARA also expanded access to medication-assisted treatment (MAT) by permitting physician assistants and nurse practitioners to prescribe MAT to treat an opioid use disorder (OUD). NACNS has long [argued](#) that as many qualified prescribers as possible are necessary to treat patients who are struggling in this nationwide public health emergency and urged lawmakers to prioritize allowing people with OUD access to CNSs who are lawful prescribers of MAT.

Recently, several U.S. Senators introduced the [Comprehensive Addiction and Recovery Act \(CARA\) 2.0 Act of 2018](#) to increase the funding authorization levels for the CARA programs and to put in place additional policy reforms to help combat the opioid crisis. NACNS is supporting CARA 2.0 as it proposes to amend CARA's definition of "qualifying practitioner" (Section 303) – which allows PAs and NPs to prescribe buprenorphine under the direction of a qualified physician – by striking "nurse practitioner or physician assistant" each place that term appears in the law, and inserting "nurse practitioner, **clinical nurse specialist**, certified registered nurse anesthetist, certified nurse midwife, or physician assistant".

Additional CARA 2.0 policy reforms:

- Imposing three-day limit on initial opioid prescriptions for acute pain as recommended by the Centers for Disease Control and Prevention, with exceptions for chronic pain or pain for other ongoing illnesses.
- Allowing states to waive the limit on the number patients a qualifying clinician can treat with buprenorphine so long as they follow evidence-based guidelines. There is currently a cap of 100 patients per practitioner.
- Requiring practitioners and pharmacists to use their state prescription drug monitoring program upon prescribing or dispensing opioids.

- Increasing civil and criminal penalties for opioid manufacturers that fail to report suspicious orders for opioids or fail to maintain effective controls against diversion of opioids.
- Creating a national standard for recovery residence to ensure quality housing for individuals in long-term recovery.

PRESIDENT’S BUDGET PROPOSES CUTS TO NURSING



President Trump’s Fiscal Year (FY) 2019 Budget Proposal outlines deep cuts to the Title VIII Nursing Workforce Development Programs. The Administration recommends to Congress that the Title VIII programs be funded at \$83 million, a cut of \$145 million (nearly 64%) from previous years. The Title VIII programs provide vital resources to help meet the nation’s demand for nurses, especially in rural and underserved areas, by offering funding to further the education, practice, recruitment, and retention of the nursing workforce. Without this critical funding for Title VIII programs, the pipeline of future nurses and the faculty who educate them will be at risk.

Also in the proposed FY19 budget is a \$3 million cut to the National Institute of Nursing Research. Nursing science transforms how care is delivered at the bedside, in the community and in the home; any decrease in funding would create an unwarranted barrier to new and existing research.

FY 2018 OMNIBUS APPROPRIATIONS IS POSITIVE FOR NURSING

On March 22, 2018, Congress passed the [Fiscal Year 2018 Omnibus Appropriations bill](#). This measure will fund the government through September, thus completing the appropriations process for Fiscal Year 2018.



The spending package includes \$249 million for the Title VIII Nursing Workforce Development Programs, nearly a 9% increase over FY 2017. The bill also proposes \$158 million for the National Institute of Nursing Research, which is a 5% increase over FY 2017. The House passed this package by a vote of 256 to 167 while the Senate vote was 65 to 32. President Trump signed the bill into law on March 23, 2018, thus averting a government shutdown.

CNSs EXPERTISE WANTED FOR FEDERAL WORK WITH CMS

The ***Medicare Access and CHIP Reauthorization Act of 2015*** (MACRA) repeals the Medicare sustainable growth rate methodology for updates to the physician fee schedule (PFS) and replaces it with a health care payment system focused on value. The new approach to payment is the Quality Payment Program, of which the Merit-based Incentive Payment System (MIPS) and development of Alternative Payment Models (APMs) are elements. The major provisions of MACRA and its implications for NACNS members are in a [summary](#) posted on the NACNS webpage of [CNS Advocacy Issues](#).



Since MACRA’s passage, NACNS continues to closely follow the developments of the MACRA programs (e.g., [NACNS 2016 comments](#) on MIPS and APM Incentive under the PFS). An activity in which NACNS has taken action is the call by the MACRA agency administrator, the Centers for Medicare and Medicaid

Services, seeking nominations of clinicians to serve as volunteers on ten Clinical Subcommittees (CS) of MACRA's Episode-Based Cost Measures project.

Episode-based cost measures are designed to inform clinicians about the cost of their beneficiaries' care for which they are responsible during the timeframe specified by the episode window. Each CS comprises clinical experts from within a given clinical area (e.g., cardiovascular, gastrointestinal, neuropsychiatric, oncologic, pulmonary disease management). The experts are convened to provide structured clinical input on the components of episode-based cost measures. As such, expertise requires familiarity with medical coding, as each measure is constructed using rules that require the coding of specific services, diagnoses and evidence of an occurrence.

NACNS provided supporting nomination letters for CNSs who sought the association's endorsement as part of their application for the MACRA CSs. This round of CS nominations is "Wave 2" of the project, which builds on work from two previous groups of clinical stakeholders, in which CNSs also served as experts.

CMS URGED TO REVOKE POLICY LETTING NURSES EVALUATE LAB TESTS



Hospital lab workers are urging the Centers for Medicare & Medicaid Services (CMS) to do away with an Obama-era regulation that allows nurses to analyze clinical lab tests. The regulation in question was issued in 2016 over concerns there was a shortage of testing personnel, especially in rural areas. However, lab personnel say that nurses do not have the training necessary to analyze such tests and are asking the Trump administration to revoke the policy.

Major trade groups like the American Society for Clinical Laboratory Science and American Society for Clinical Pathology have also been lobbying the CMS to reverse course, arguing that nurses do not take the same amount of scientific coursework necessary to conduct and analyze complex laboratory tests.

The negative remarks are in response to the CMS' [request for information](#) on whether regulations governing clinical laboratories need to be updated. Comments were due March 12. Specifically, the CMS is interested in whether personnel requirements, testing standards and industry fee structures need to be updated. Watch for a future Communique article for details of the regulation?

2018 NIOSH LIST OF HAZARDOUS DRUGS IN HEALTH CARE SETTING

The National Institute for Occupational Safety and Health (NIOSH) [announces](#) the availability for public comment on the drugs proposed for placement on the ***NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2018***, as well as the ***NIOSH Policy and Procedures for Developing the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings***. Comments must be received by April 16, 2018.



NIOSH invites comments specifically on the following questions:

- Has NIOSH appropriately identified and categorized the drugs considered for placement on the ***NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2018***?

- Is information available from the FDA or other federal agencies or in the published, peer-reviewed scientific literature about a specific drug or drugs identified in this notice that would justify the reconsideration of NIOSH's categorization decision?
- Does the draft ***Policy and Procedures for Developing the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings*** include a methodology for reviewing toxicity information that is appropriate for this activity?

FLORIDA HB 1337 PASSED



Passed in the final moments of Florida's 2018 legislative session, HB 1337 Nursing is now on the way to the governor's desk to be signed. This legislation brings Florida APRNs in closer alignment with the National Council of State Boards of Nursing Consensus Model by changing the title from Advanced Registered Nurse Practitioner to Advanced Practice Registered Nurse and adding CNSs to the APRN role as well as clarifying "certification."

RESOURCES

COUNTY-LEVEL HOSPITALIZATION RATES SHOW IMPACT OF OPIOIDS, OTHER SUBSTANCES

A new [online statistical resource](#) from the Agency for Healthcare Research and Quality (AHRQ) allows users to compare county-level hospitalization rates for opioids, alcohol, cannabis, hallucinogens, sedatives, hypnotics, stimulants, as well as drugs for drug-induced mental disorders. While statistics show that alcohol-related hospitalizations rank first in most communities, opioids and stimulants rank second or third for hospitalizations in nearly all of the counties and cities that provided data for the analysis. To support ongoing efforts to address the opioids crisis, AHRQ also updated an [interactive online map](#) to provide county-specific data on opioid-related hospitalization rates for the 32 participating states.



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NURSING SHORTAGE AND HOSPITALS' FINANCIAL PAIN

According to a new [report](#) from Moody's Investors Service, for the next three or four years, U.S. nonprofit hospital margins will be negatively affected by an extreme nursing shortage. More than half of most hospitals' operating revenue is personnel, and that share will increase as turnover among nurses, remains high and too few new nurses enter the workforce to meet demand. The Moody's report estimates that providers will have to spend more to recruit qualified employees while the nursing shortage persists through 2026.



of most hospitals' operating revenue is personnel, and that share will increase as turnover among nurses, remains high and too few new nurses enter the workforce to meet demand. The Moody's report estimates that providers will have to spend

Overall employment of [APRNs](#), as per the Bureau of Labor Statistics (BLS), is projected to grow 31% from 2016 to 2026. Growth will occur because of an increase in the demand for health care services, including an increased emphasis on preventive care, growing rates of chronic conditions, and demand for health care services from the aging population. BLS likewise projects that employment of [RNs](#) will grow 15% in that same decade, much faster than the average for all occupations.

NQF ISSUES ESSENTIAL GUIDANCE ON OPIOID STEWARDSHIP



The National Quality Forum's (NQF) National Quality Partners™ published a guide, the [*National Quality Partners Playbook™: Opioid Stewardship*](#), to support health care organizations and clinicians, across care settings and specialties of care, in safely managing patients' pain.

The ***NQP Playbook***, available for purchase only, identifies fundamental actions to support high-quality, sustainable opioid stewardship, including:

- promoting health care leadership commitment and implementation of policies;
- advancing clinical knowledge and practice in pain management and opioid prescribing guidelines;
- educating patients and family caregivers about the risks and benefits of pain management strategies;
- tracking, monitoring, and reporting performance data on opioid stewardship and patient-related outcomes;
- establishing accountability for a culture of opioid stewardship; and
- supporting community collaboration to achieve maximum impact.

The ***NQP Playbook*** includes concrete examples and tactics for implementation, identifies barriers and suggested solutions, and connects clinicians to important tools and resources. It encourages health care organizations to develop realistic measurement strategies to assess key areas such as clinician prescribing patterns, adherence to best practices, and the use of non-pharmacologic pain management options. In addition, the ***NQP Playbook*** identifies important drivers of change that can impact and advance opioid stewardship – including licensure, education, accreditation, payment, reimbursement, workforce management, and the use and integration of prescription drug monitoring programs into electronic health records.