COUNCIL FOR OHIO HEALTH CARE ADVOCACY

The Advocate

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COHCAONLINE.ORG
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Mission Statement

To promote excellence in health care, education, research, and policy decisions through interprofessional, collaborative leadership.

INSIDE THIS ISSUE:

Ohio's Opioid Prescribing Guidelines

Tom Dilling, Legislative Liaison/Adjudication Coordinator
Ohio Board of Nursing

The appropriate treatment of pain is a priority in Ohio. The Governor's Cabinet Opiate Action Team (GCOAT), the Nursing Board, and a group of professional health care provider regulatory boards, associations, individual providers and other key stakeholders have focused their most recent efforts on educating health care professionals and patients.

The goal of this educational effort is to help reduce and eliminate the misuse and abuse of opioid drugs. The team has established a website www.opioidprescribing.ohio.gov that features the "Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain" adopted by the Medical, Nursing, Pharmacy and Dental Boards in May 2013, a one-hour continuing education video and information and links to an improved OARRS reporting system keyed to this initiative. Using the recently adopted guidelines in coordination with OARRS reports is a best practice that offers insight into a patient's use of opioids and other controlled substances, while also alerting prescribers to possibilities of medication conflicts and signs of abuse, addiction or diversion.

OARRS reports have recently been enhanced to include a dosage calculator to assist prescribers in determining whether patients are at, near or over the daily 80 MED highlighted in the guidelines. These guidelines use 80 mg morphine equivalency dosing (MED) as a "trigger threshold," as the odds of an overdose are significantly higher above that dose. The clinical guidelines recommend that at the 80 MED range or above the clinician "press pause" and re-evaluate how to optimize therapy and ensure patient safety. This pause also is a good time to consider potential adverse effects of long-term opioid therapy.

The clinical guidelines are intended to supplement - not replace - the prescriber's clinical judgment. They have been endorsed by numerous organizations including: Ohio State Medical Association, Ohio Osteopathic Association, Ohio Academy of Family Physicians, Ohio Pharmacists Association, State Medical Board of Ohio, Ohio Board of Nursing, Ohio State Dental Board, Ohio State Board of Pharmacy, Ohio Hospital Association, Ohio Association of Health Plans, the Council for Ohio Health Care Advocacy, and the Ohio Bureau of Workers' Compensation, among others.

The following licensing boards have adopted rules regarding the use of OARRS:

- Ohio Board of Nursing
- State Medical Board of Ohio
- Ohio Dental Board
- Ohio Board of Pharmacy

Please see the attached hyperlinks to view the information as it appears on the OARRS website:

Sample OARRS report

Information on Morphine Equivalent Dose on OARRS Report

OARRS Registration

Officers, Board, & Committees

Officers

Co-President:	Max J. Peoples RPh
Co-President:	open position
President-Elect:	open position
Secretary:	open position
Treasurer:	Jeanne Bauer MSN, CNM

Board members

Jeri A. Milstead, PhD, RN, NEA-BC, FAAN
Catherine Rhodes MSN, CRNP, WHNP-BC, RNC-OB
Kristine Anne Scordo PhD, RN, ACNP-BC, FAANP
Nancy Stiefvater BA, consumer member
Mary Temple-Cooper MS, PharmD, BCPS
Tracey Vitori MS, MSN, MEd, RN, ACNP
Mary Grace Mihalyo BS, PharmD

Committee chairs

Health Policy:	Jan Fuchs MBA, MSN, NEA-BC Mary Temple-Cooper MS, PharmD, BCPS
Finance:	open position
Membership:	open position
Communications:	Nicole F. Garritano, MN, APRN, CPNP-AC
Nominating:	Mary Temple-Cooper MS, PharmD, BCPS
Education	Kristine Anne Scordo PhD, RN, ACNP-BC, FAANP
Public Relations:	Meredith Lahl, MSN, PCNS-BC, PNP-BC, CPON
PAC:	Gail Miller CRNP
PAC Treasurer:	Mark Knauss CRNP
Webmaster:	Chris Sooy, cdsdesign.net
Newsletter Editor:	Nicole F. Garritano, MN, APRN, CPNP-AC
Health Policy Consultants:	Jeri Milstead PhD, RN, NEA-BC, FAAN; Margaret Clark Graham PhD, PNP, FNP; Mary Temple-Cooper MS, PharmD, BCPS; Jacalyn R Golden MSN, CRNP

Contribute to COHCA's Political Action Committee (PAC)

The Council of Ohio Healthcare Advocacy has created a Political Action Committee (PAC) to support provider- and patient-friendly state legislative candidates.

As defined by the state of Ohio, a PAC is two or more persons who receive or spend money in an attempt to influence the outcome of an election. A PAC is developed so that individuals may pool their resources more effectively.

COHCA is committed to supporting state legislators who promote policies that encourage greater access to high quality health care that is delivered by professionals who are able to practice within their full knowledge, skills and abilities. By pooling our resources, we will maximize our scope of influence in the legislative arena.

Your contributions are vital to the success of our PAC. Please consider making a contribution today. State law requires that you include your full name and street address (not post office box) with your contribution. Pay online or mail the form on the last page with your check (**payable to "COHCA PAC"**).

Thank you for your support of the COHCA PAC.

COHCA Member Spotlight

COHCA Member Advocacy Trailblazer

Jacalyn Golden, MSN, CNP, a nurse practitioner practicing for more than 35 years, is a founding member of both the Council of Ohio Health Care Advocacy (COHCA) and Ohio Association of Advanced Practice Nurses (OAAPN). Ms. Golden has been involved in the promotion of APRN practice for a number of years in a variety of roles and functions. In March of 1990, she joined three Certified Nurse Midwives to found the Ohio Coalition of Nurses with Specialty Certification (OCNSC) which later evolved into the OAAPN. At the time of its founding, ONCSC was the first group in the nation to incorporate all four APRN types into one professional organization designed to advance the nursing practice of all four groups of advanced practice registered nurses.

In that organization Ms. Golden served as its first Co-President and for twenty years, as its Legislative Chair. Ms. Golden also served as the Chair of the Ohio Board of Nursing Committee on Prescriptive Governance, as a member of the Cleveland Clinic APRN Council and many other positions. As the OAAPN legislative chair, Golden managed the effort to pass 40 regulatory changes and more than 15 state legislative bills.

Again a trailblazer, in January of 2012 Ms. Golden worked to form a group of health care professionals from several different health care professions. In addition to APRNs, Ms. Golden collaborated with pharmacists and physician assistants to create a new political advocacy association based on mutual respect, organizational transparency and a patient-centered focus. The Council for Ohio Health Care Advocacy, a non-profit, transdisciplinary health care organization was born. We believe COHCA is the first state professional organization representing multiple provider types anywhere in the United States.

Ms. Golden continues to work to promote collaboration among health care professions to modernize the present model of care through legislative and policy changes that improve patient access to quality services provided by Ohio health care professionals.

CE/Education

COHCA is interested in the educational needs of our members. While we are currently developing educational offerings, we would like to hear from you, our members, if there are educational modules or topics you are interested in. Please visit http://www.cohcaonline.org/contact-us/ and send us a message with your suggestions.

For immediate legislative updates and breaking news, Follow and Friend us!

COHCA Board Member Spotlight

Board Member Wins Inspiration Award

Gail Miller, CRNP, and COHCA Political Action Committee Chair was recently awarded the National Association of Nurse Practitioners in Women's Health Inspiration Award. Ms. Miller was one of three women's health nurse practitioners recognized nationally. Recipients are nominated by their peers and colleagues through letters of support demonstrating ways in which the nominee has inspired them through their professional role.

One of Ms. Miller's peers truly spoke from the heart when she spoke to Ms. Miller's commitment to her and the support she offered in helping the nominator to reinstate her nursing license following an addiction issue, and then encouraging her to obtain her BSN.

Ms. Miller has been a certified nurse practitioner for 31 years. She has spent most of those years with the Portsmouth City Health Department. Originally, she ran a women's health clinic through the department overseeing all aspects of the operation from answering the phones to seeing patients.

Ms. Miller now works at Compass Community Health, which serves women in recovery, reflects on the way her patients have changed over the years. However, the patients she serves today truly inspire her based on the challenges they face each day.

The Inspiration Award has reaffirmed to Ms. Miller all the reasons she became a nurse practitioner. "It makes me feel that maybe all I've done in the past years has been worth it," Miller said. "This makes it all seem good. And I loved it. I still do."

Gail Miller, CRNP

Thank You To Our COHCA Sponsors

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Gold Sponsor

Dr. Jeri Milstead PhD, RN, NEA-BC, FAAN

Sustaining Organizational Sponsor

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The Southern Ohio Chapter of the American College of Nurse-Midwives

National Association of Pediatric Nurse Practitioners (NAPNAP) Ohio Chapter

Admitting Bill Clears House

Lori Herf, MA, COHCA Lobbyist

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The Council of Ohio Health Care Advocacy (COHCA), in conjunction with the Cleveland Clinic, has worked hard over the last year to pass House Bill 139, a bill that will allow both Physician Assistants as well as Advanced Practice Nurses to admit patients to Ohio hospitals under certain conditions:

1. APRNs/PAs would have a collaboration (for APRNs)/supervision (for PAs) agreement with a physician who is a member of the medical staff of the respective hospital.

2. APRNs/PAs would have hospital privileges and be credentialed by the hospital in order to admit a patient;

3. APRNs/PAs would be required to notify the collaborating/supervising physician prior to admitting a patient. Prior authorization is not required.

This is similar to the way in which APRNs/PAs work with physicians on other issues.

The bill has passed out of the Ohio House of Representatives and now goes to the Ohio Senate.

Prior to an APRN or PA admitting patients to hospitals three things must occur:

1. The hospital governing body must decide to allow APRNs/PAs to admit;

2. The collaborating/supervising physician must agree to allow the APN/PA to admit patients to his or her service; and

3. The hospital privileging committee must approve the privileging application.

House Bill 139 does not change APRN or PA scope of practice. These providers diagnose, treat and prescribe medications to their patients as currently authorized by law. Providers who currently admit patients to Ohio hospitals include physicians, dentists and podiatrists; HB 139 amends Ohio law to APRNs/PAs to the list of providers.

APRNs and PAs currently make admission decisions; that is, they write all admission orders except the actual, specific order to admit. HB 139 simply allows the APRN/PA to sign the actual admit order.

COHCA would like to thank State Representative Anne Gonzales, vice chair of the House Health and Aging Committee and sponsor of the bill, as well as committee Chairman Lynn Wachtmann for his ongoing commitment to improving access to high quality care provided by APRNs and PAs practicing in Ohio. We would also like to thank all members of the Ohio House of Representatives who passed this bill unanimously on October 2nd.

We now move to the Senate for hearings that probably will take place before the Senate Medicaid, Health and Human Services Committee.

Interprofessional Legislative Update

Lori Herf, MA

The Ohio General Assembly has returned from their summer recess. Many important pieces of legislation are slated for consideration this fall, including Medicaid expansion and others. Of particular importance to many of the providers in COHCA are House Bills 44 and 139. House Bill 139 was reported out of the House Health and Aging Committee the first day of fall session and has since cleared the full Ohio House of Representatives. Details below.

MEDICAID EXPANSION

Governor Kasich and his administration won approval, as part of the Affordable Care Act, to expand Medicaid. They did this via the Ohio Controlling Board which is composed of members of the Ohio House of Representatives, Ohio Senate and one Kasich appointee who serves as controlling board President. This action was taken as an alternative to the legislative path due to strong opposition from House and Senate Republicans who believe that the federal government will not deliver on its promise to find the program from federal dollars. Under the ACA, the cost of Medicaid expansion will be funded 100 percent by the federal government for the first three years and 90 percent thereafter.

The main purpose of the Ohio Controlling Board is to make routine adjustments to the state budget. Governor Kasich believes, however, that the board has authority to expand Medicaid without additional legislative approval. This body approved 5-2 Kasich's plan to expand Medicaid. The result is that the state will now meet the January 1, 2014 start date of expanded eligibility. Five conservative legislators filed suit with the Ohio Supreme Court as well to challenge Kasich's move.

HB 139 HOSPITAL ADMISSIONS (Gonzales)

House Bill 139 was introduced to allow Advanced Practice Registered Nurses and Physician Assistants to admit patients to Ohio hospitals as long as the provider has submitted prior notice to the collaborating/supervising physician. COHCA , working with the Cleveland Clinic, requested this bill be introduced to allow APRNs and PAs to admit patients. It is important to note that Ohio is one of the only states to expressly state in statute that only certain providers may admit patients. Current Ohio law limits admitting to physicians, dentists and podiatrists. The bill would add APRNs and PAs to this list as well. Please thank Rep. Gonzales for the time and effort she has dedicated so far to passage of HB 139. The bill now moves to the Senate where it will likely be considered by the Senate Health Committee.

HB 44 HEALTH EMERGENCIES (McClain)

To require the Director of Health to develop protocols regarding the authority to administer, deliver, distribute, or dispense drugs during certain public health emergencies depending on scope of practice of the provider. Schedule II and III drugs would not be included in this protocol. Providers included in the bill would include a physician, physician assistant, dentist or dental hygienist, registered nurse, advanced practice registered nurse, optometrist, pharmacist or pharmacy intern, respiratory care professional, emergency medical technician, emergency medical technician-intermediate, emergency medical technician paramedic, or veterinarian.

The bill also would require the Pharmacy Board and Director to develop protocols that authorize pharmacist and pharmacy interns, during an emergency that affects the public health, as declared by the Governor, to dispense limited quantities of dangerous drugs, other than schedule II and III controlled substances, without a written, oral or electronic prescription from a licensed health professional authorized to prescribe drugs or a record of a prescription.

The Governor would be required to declare an emergency in order to implement one or more of the protocols.

This is currently pending in Senate Medicaid, Health and Human Services Committee.

HB 60 MATERNITY UNITS (Huffman)

To require that rules governing maternity units, newborn care nurseries, and maternity homes include certain provisions pertaining to the authority to make decisions regarding the transfer of patients to other facilities and to specify procedures for granting variances or waivers of any requirement in the rules governing operation of such facilities.

Interprofessional Legislative Update (continued from p. 6)

The bill codifies an administrative rule that authorizes the Director of Health to grant a variance from or waiver of any of the requirements of rules regarding the operation or a maternity unit, newborn care nursery, or maternity home; requires the Director to adopt rules regarding application forms to be used and procedures to be followed in applying for a variance or waiver; requires the Director to review all applications for variances and waivers and, not later than 90 days after receipt of an application, to determine whether to grant the variance or waiver and notify the applicant of the decision.
Pending in the House Health and Aging Committee.

HB 83 PSYCHOLOGY LAWS (Hackett)
To make 14 major changes to the law that governs the practice of psychology.
Heard in the House Health and Aging Committee; reported out of committee; passed the house 96-1; currently pending in the Senate Medicaid, Health and Human Services Committee.

HB 94 HEALTH PLANS (Gonzales)
To require a health insuring corporation, public employee benefit plan, or sickness and accident insurer to reimburse a board of health for any services provided to an individual by the board that is covered by a plan issued to the individual by the health insuring corporation, public employee benefit plan, or sickness and accident insurer upon request submitted by the board of Health.
Currently pending in House Insurance Committee; has received two hearings.

HB 123 TELEHEALTH SERVICES (Gonzales, Wachtmann)
Regarding Medicaid and health insurance coverage of telehealth services.
Currently pending in House Health and Aging Committee where it has received two hearings.
The bill authorizes health care insurers to provide coverage of telehealth services provided by health care professionals and facilities, requires the Office of Medical Assistance to adopt rules establishing standards for Medicaid reimbursement of telehealth services provided by health care professionals and facilities; Specifies that coverage of a telehealth service applies only if the service involves an immediate and direct interaction with a patient, is medically appropriate and necessary, and is provided by a licensed health care provider or facility; and requires that a health care provider seeking reimbursement for telehealth service maintain documentation of providing the service as part of the patient records.
Passed out of the House in June 2013 and currently pending in the Medicaid, Health and Human Services Committee.

HB 131 TANNING REGULATIONS (Johnson, Stinziano)
To regulate chemical tanning and prohibit tanning facilities from allowing the use of sun lamps by certain individuals under 18 years of age.
Currently pending in House Health and Aging Committee where it has received three hearings.
Prohibits an operator or employee of a tanning facility from allowing an individual under age 18 to use the facility's fluorescent sun lamp tanning services unless the individual presents a prescription issued by a physician; and requires the State Board of Cosmetology to regulate chemical tanning facilities.

HB 147 MASTECTOMY GUIDANCE (Patmon, Wachtmann)
To require a surgeon performing a mastectomy, lymph node dissection, or lumpectomy in a hospital to guide the patient and provide referrals in accordance with the standards of the National Accreditation Program for Breast Centers and to name this act the Lizzie B. Byrd Act."
The bill, in addition to the above would require the surgeon performing a mastectomy or lumpectomy considers breast reconstruction appropriate, requires the surgeon to offer the patient a preoperative referral to a reconstructive or plastic surgeon in accordance with NAPBC standards.
Passed out of the House of Representatives on June 5, 2013 and currently pending in the Senate Medicaid, Health and Human Services Committee.

HB 159 DENTAL SERVICES (Hacket, Schuring)
To prohibit a health insurer from establishing a fee schedule for dental providers for services that are not covered by any contract or participating provider agreement between the health insurer and the dental provider.
Currently the bill is pending in the House Insurance Committee where it has had one hearing.
Prohibits a contracting entity from requiring a dental provider to provide services to plan enrollees at a fee set by or subject to approval by the contracting entity unless certain circumstances are met; makes setting or requiring the insurer's approval of fees for dental services an unfair and deceptive act in the business of insurance unless certain circumstances are met; and makes the offering of a health benefit plan that sets fees for dental services

Interprofessional Legislative Update (continued from p. 7)

an unfair and deceptive act in the business of insurance unless certain circumstances apply.
Introduced in May and assigned to the House Insurance Committee.

HB 165 HYPERBARIC TECHNOLOGISTS (Roegner)
Exempts certified hyperbaric technologists from the laws governing the practice of respiratory care.
Passed out of the House and pending in the Senate Commerce and Labor Committee.

HB 170 DRUG OVERDOSES (Johnson, Stinziano)
To provide that a licensed health professional authorized to prescribe naloxone, if acting with reasonable care, may prescribe, administer, dispense or furnish naloxone to a person who is, or a person who is in a position to assist a person who is, apparently experiencing or who is likely to experience an opioid-related overdose without being subject to administrative action or criminal prosecution, to provide that a person who is in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose is not subject to actions of professional licensing boards, administrative action, or criminal prosecution for a drug offense or practicing medicine without a license if the person acting in good faith, obtains naloxone prescription form a licensed health professional and administers it to a person for an opioid-related overdose, and to provide that peace officers and licensed emergency responders who are acting in good faith are not subject to administrative action or criminal prosecution for a drug offense or practicing medicine without a license for administering naloxone to a person who is apparently experiencing an opioid-related overdose.
Passed out of the House of Representatives and currently pending in Senate where it has not yet been referred to a standing committee.

HB 264 DIABETES
Regarding care for students with diabetes in schools.
Introduced in September and pending in House Health and Aging Committee where it has had three hearings.

HB 276 MEDICAL IMMUNITY (Stautberg)
To provide that certain statements and communications made regarding an unanticipated outcome of medical care are inadmissible as evidence, to require a plaintiff in a medical claim to establish that the defendant's act or omission is a deviation from the required standard of medical care and the direct and proximate cause of the alleged injury, death, or loss, to provide that any loss of a chance of recovery or survival by itself is not an injury, death or loss for which damages may be recovered, and to grant civil immunity to a health care facility for injury, death, or loss caused by a health care practitioner who is not an employee or agent of and may be recovered, and to grant civil immunity to a health care facility for injury, death, or loss caused by a health care practitioner who is not an employee or agent of and provides medical service at, the facility. Introduced and referred in the House October 1st. Currently pending in House Judiciary Committee.

HB 296 EPINEPHRINE AUTOINJECTORS (Johnson, T.)
To permit public schools to procure epinephrine auto injectors in accordance with prescribed procedures and to exempt them from licensing requirements related to the possession of epinephrine auto injectors.
Introduced October 10th and sent to the House Education Committee.

HB 301 DRUG ADMINISTRATION (Pelanda)
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. Introduced October 16, 2013 with one hearing in the House Health and Aging Committee.

SB 4 NEWBORN SCREENINGS (Manning, Oelslager)
To require a pulse oximetry screening for each newborn born in a hospital or freestanding birthing center.
Received two hearings in Senate Medicaid, Health and Human Services Committee, Reported out of Committee; Passed the Senate 33-0; referred to House Health and Aging Committee where it has received 5 hearings.
Requires hospitals and freestanding birthing centers to conduct a pulse oximetry screening on each newborn (unless a parent objects on religious grounds) for purposes of detecting critical congenital health defects; requires the Director of Health to adopt rules establishing standards and procedures for the pulse oximetry screenings. Enacted, effective September 27, 2013.

SB 43 CIVIL COMMITMENT (Burke)
Makes a number of changes to the laws governing the civil commitment of and treatment provided to mentally ill persons. Currently pending in Senate Criminal Justice Committee. It has received one hearing.

SB 99 CANCER MEDICATIONS (Oelslager, Tavares)
Regarding insurance coverage for rally administered cancer medications. Pending in Senate Insurance and Financial Institutions Committee where it has not received a hearing.

Cedarville University School of Pharmacy Immunize Local Hospital Employees

Thad Franz, PharmD

Seasonal influenza vaccination is the most important way of preventing seasonal influenza virus infections and potentially severe complications, including death (see www.cdc.gov). This is especially true in the hospital setting. Many employers have started to mandate that the influenza vaccine be administered to all employees, thus preventing the spread of the virus and making their institutions a safe place overall. Even though this is becoming a valuable standard of practice, it does not come without its challenges. Heavy demand of vaccine supply and immunizing help are potential barriers that can lead to increased financial cost and work load of employee health departments. Most institutions contract with other organizations to meet this high demand of work, accruing additional costs. These challenges present an opportunity for both service and education that pharmacists and student pharmacists trained to immunize can meet.

During the month of October, second year pharmacy students from the Cedarville University School of Pharmacy (CUSOP) developed partnerships with three local hospital institutions to serve their employees by helping administer the flu vaccine at several scheduled flu clinics. At one particular institution, students provided a mobile clinic serving the employees within their own hospital unit. Student pharmacists are volunteering their time to help provide both vaccine administration and education, while strengthening the knowledge and skills that they were taught during a national immunization certificate program in August. This opportunity also allows Cedarville students to display one of the core values within the school of pharmacy: Servant Leadership.

CUSOP continues to work with other local entities that have similar service needs. The development of these partnerships are in anticipation for the student's third professional year. The focus of the third year student's required educational experience will focus on specific pharmacy service projects in the community, especially those service that will meet the needs of the underserved.

Thad Franz, PharmD

Dr. Franz currently serves as the Director of the Experiential Programs and is an Assistant Professor of Pharmacy Practice at the Cedarville University School of Pharmacy (CUSOP). Dr. Franz's clinical practice is at the Rocking Horse Center in Springfield, Ohio where he provides disease state management to patients with chronic disease.

SAVE THE DATE: FIRST ANNUAL COHCA MEETING

COHCA
COUNCIL FOR OHIO HEALTH CARE ADVOCACY

Council for Ohio Health Care Advocacy presents its First Annual Meeting

When: Saturday, February 15, 2014
Where: Mount Carmel St. Ann's Hospital in Westerville, OH

Please mark your calendars and join COHCA for a day filled with legislative updates and successes, CE opportunities, and breakout sessions offering members the opportunity to become more involved in the COHCA organization. We appreciate our members and want to harness your energy and enthusiasm while we move COHCA's agenda further.

Making Goals SMART

Tracy R. Frame, PharmD

Tracy R. Frame, PharmD

Making goals with patients can be exciting, especially with ambitious patients who want to make healthier decisions. It also can become frustrating when patients don't achieve their goals, particularly since we understand the consequences this can have on their health. We thought the patient *really* wanted to change this time! Making goals SMART can help patients to develop motivation, focus their time and energy, and monitor progress.

SMART goals are defined as goals that are Specific, Measurable, Attainable, Realistic, and Timely. In order to be specific, the goal must clearly answer the six "W" questions: who (who is involved), what (what does the patient want to accomplish), when (establish a time frame), where (identify a location), which (identify requirements and constraints) and why (specific reasons, purpose, or benefits of accomplishing the goal).

To be measurable, the goal must establish objective ways to measure progress, include descriptive, numeric measures, and answer the questions: "How much?" or "How many?" An example of a measurable goal would be losing 1 pound in 1 week or doing 25 sit-ups 4 days a week.

For a goal to be attainable, it must be "doable." Goals must be important to the patient and within their control. An attainable goal usually answers the question: "How can the goal be accomplished?" or "What do I need to do?"

Making a goal realistic can be key to its success—recommending a gym membership for a patient who has a limited income with no room for extra spending would most likely not be realistic. To determine whether a goal is realistic or not, ask the patient to rate on a scale of 1-10 how confident they are in their ability to achieve the goal (1= not confident at all, 10= completely confident). If their answer is greater than or equal to 7, it is most likely realistic; if not, modification of the goal is probably needed.

Finally, to be timely, a goal should be grounded within a time frame and have a start and target end date. Making it too far in the future is easy to put off, but being too close can make it discouraging and unrealistic. Timely goals usually answer the question: "When do I want to have my goal accomplished?"

How do we make goals SMART? An example of a "typical, normal" goal would be to suggest to your patient to get the recommended amount of exercise, such as brisk walking at least 5 times per week for 30 minutes at a time. How many patients can truly do this if they don't currently exercise? Turning this into a SMART goal could look something like this: I will walk at the high school gymnasium for five minutes three times per week on Monday, Wednesday, and Saturday for 4 weeks to help decrease my blood pressure. At the end of 4 weeks, you could meet with the patient to evaluate progress and modify the goal, hopefully increasing it slightly.

Overall, we need to help patients achieve goals that are important to them and their health!

Tracy R. Frame, PharmD, is an Assistant Professor of Pharmacy Practice at Cedarville University School of Pharmacy in Cedarville, OH. She completed her degree at Samford University in Birmingham, AL and then finished a post-graduate residency at the VA Eastern Colorado Health Care System in Denver, CO. She practiced as a clinical pharmacist in community pharmacy focusing on both medication therapy management and disease state management prior to starting her current position at Cedarville University.

At Cedarville, Dr. Frame is coordinator of both the Self-Care course as well as the Women's Health and Pulmonary module. Team-based learning is the primary method of instruction she utilizes in those courses which has led to scholarship in this area. She also practices at a federally qualified healthcare center in Springfield, OH. She has a passion for underserved patients, especially in urban areas. Research interests include improvement in the health and education of women, youth and HIV patients and medication therapy and disease state management.

Reference:

Creating S.M.A.R.T Goals. Top Achievement Web site. http://topachievement.com/smart.html. Accessed October 10, 2013.

Collaboration: An APRN/MD Model That Works

Russel Hirsch, MD & Michelle Cash, APRN, CPNP-PC

Dr. Russel Hirsch & Michelle Cash, APRN, CPNP-PC have worked together for the last 6 years at Cincinnati Children's Hospital Medical Center with pulmonary hypertension patients. At a time when many APRNs are still blazing a trail in pediatric specialty collaboration, Dr. Hirsch and Ms. Cash's professional collaboration model is thriving. The two have developed a comprehensive and collaborative pediatric medical care model that maximizes total patient care and ensures high quality health care.

The foundation of their model is based on interdisciplinary team collaboration. Fundamental to the model is the role of the Nurse Practitioner (NP). Additionally, the model uses information technology and professional networking to create a more robust framework.

According to Ms. Cash, cooperation among clinicians is a priority and helps to close the knowledge gap of patient care issues and promotes consistency in care and case management of their patient load.

As the NP on the team, Ms. Cash serves not only as a liaison but as an independent provider on the team working in consultation with Dr. Hirsch as needed. Ms. Cash attends daily rounds which facilitates the exchange of ideas, including the progress of the patient, plan of care and serves as a means of providing education while including the patient and family. She also maintains consistency in patient care by reviewing serial tests and perform detailed physical examinations daily and incorporating the interdisciplinary team when warranted. Utilizing electronic databases provides further comprehensive patient care and increases interdisciplinary collaboration.

Based on this model Ms. Cash and Dr. Hirsch have experienced improved patient and family satisfaction. By utilizing the role of the NP within the program, family access has been increased because the NP can triage and intervene providing a rapid response and reducing wait time. The team's use of information technology such as electronic prescribing and laboratory monitoring has allowed mainstreaming of medical information with an increase in efficiency and reduction of cost and errors while promoting standardization of care. The use of networking has expanded the patient care treatment options and allows opportunities of being on the forefront of research and new recommendations. This more efficient approach has mainstreamed treatment and increased family access and quality of care.

According to Dr. Hirsch, "The key to our successful collaboration is mutual respect on a personal and professional level. The pulmonary hypertension service has grown beyond expectation because of this interdependence of the roles of physician and nurse practitioner and because of the mutual respect."

"As part of the extraordinary growth in the services provided, Nurse Cash has become recognized as a national authority on many aspects of pediatric PH care. This has also afforded an excellent conduit for advances in therapies not previously seen or available in the population at our hospital such as sub-cutaneous therapies in young patients," says Dr. Hirsch. "She has been the motivator behind many of those therapies both on an individual patient level, as well as from a broader programmatic point of view."

Both Dr. Hirsch and Ms. Cash agree that medicine and nursing can better combine efforts in the future to improve health care. "Combined clinical efforts will be key to sub-specialty quality care in the future. In a changing medical climate, smart utilization of resources will be paramount. Unnecessary duplication of roles will detract from efficiency, impact advances in patient care, and delay new therapies for patients in need," says Hirsch. "Improved delegation of responsibility, within a trusting, mature and developed clinical relationship will promote best clinical practice that improves delivery of care in an open and accessible environment. This is of vital importance when the patient population at hand is chronic, has multiple medical and para-medical needs, and requires an on-going partnership with their treatment team."

When reflecting on NP autonomy, Dr. Hirsch states, "The role can only advance with on-going practice development and continuing education. Both of these aspects require motivation and innovation, which are clearly apparent in our collaboration. The NP role in our partnership is equally as important as the MD role and our patients recognize this on a daily basis."

Vision Problems Can Impact Falls Among Older Ohioans

Submitted by: Prevent Blindness Ohio

Ohio Governor John R. Kasich proclaimed September 22, 2013 as Ohio Falls Prevention Awareness Day and is encouraging all Ohioans to reduce the risks associated with falls. Prevent Blindness Ohio encourages everyone to consider the risk that poor vision poses in contributing to falls.

Falls are the leading cause of injury-related hospitalization and death among Ohioans aged 65 and older and they are largely preventable. Only 14 percent of Ohioans are age 65 or older, yet this group accounts for more than 80 percent of fatal falls. The Ohio Department of Health reports that fatal fall rates among these older Ohioans increased more than 160 percent from 2000 to 2011.

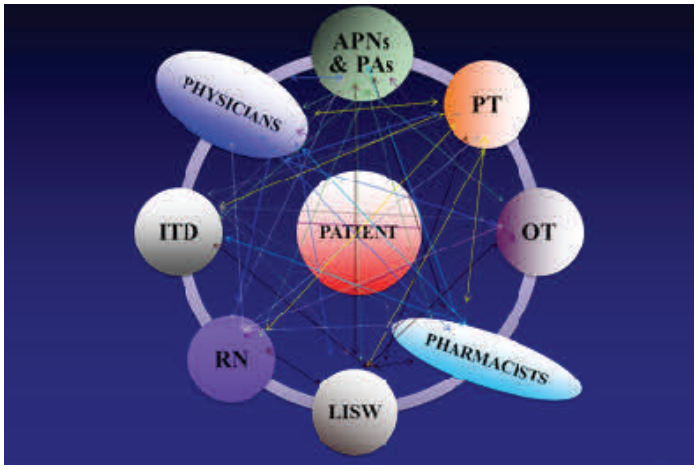
Unfortunately, those with impaired vision are more likely to experience falls and injuries. Visual impairment, which can include decreased visual acuity, contrast sensitivity, depth perception, and/or visual field, has been found to influence the risk of falls. Vision impairment can affect balance. It also increases the risk of tripping or misjudging steps, stairs or curbs.

Because people with vision impairments are more than twice as likely to fall as those without, keeping a regular schedule of eye examinations with an eye care professional can help avoid debilitating falls in the future.

About Prevent Blindness Ohio

Prevent Blindness Ohio, founded in 1957, is Ohio's leading volunteer nonprofit public health organization dedicated to prevent blindness and preserve sight. We serve all 88 Ohio counties, providing direct services to more than 800,000 Ohioans annually and educating millions of consumers about what they can do to protect and preserve their precious gift of sight. Prevent Blindness Ohio is an affiliate of Prevent Blindness America, the country's second-oldest national voluntary health organization. For more information or to make a donation call 800-301-2020 or visit us on the web at pbohio.org.

COHCA Renewal Reminder & Call for Member Involvement



Just a friendly reminder to renew your COHCA membership once you receive the reminder email. We appreciate our members and need you to continue to move our agenda forward. COHCA leadership also invites our members to explore further opportunities to volunteer and contribute to COHCA's mission to promote excellence in health care, education, research, and policy decisions through transdisciplinary, collaborative leadership. We are interested in looking at succession planning for the future and invite our current members to join a committee, take on the role of Secretary or President-elect, or let us know other ways to get involved. If you are interested please contact Nicole Garritano at nicole.garritano@cchmc.org

MEMBERSHIP APPLICATION

APPLY ONLINE AT **www.cohcaonline.org**

COUNCIL FOR OHIO HEALTH CARE ADVOCACY

Name: Last _____ First _____ MI ____

Mailing address: _____

City _____ State _____ Zip _____

Company: Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Ext____ Cell _____

Email address (print clearly): _____

Professional License Type: _____

Specialty: _____

Degree(s): _____

Professional Title: _____

Indicate membership choice (check appropriate box)

❒ Full Member @ $75 ❒ Student Member @ $35 ❒ Retired/Disabled @ $35

❒ Special Membership Rate @ $59 as a member of another professional organization:

Organization: _____ ID Number: _____

■ ***Sponsor:*** ❒ *Bronze—$250* ❒ *Silver—$500* ❒ *Gold—$1000* ❒ *Platinum—$2000* ❒ *Sustainer—$5000*

COHCA Political Action Committee (PAC)

COHCA PAC requests donations to support important political action initiatives. For more information on these initiatives and how PAC dollars are being used, please visit our website at www.cohcaonline.org.

PAC donations require a separate check (or money order) made out to **COHCA PAC**, or your donation can be applied to your credit card by indicating an amount in the space below.

Mail completed application and check(s) or money order(s) to:

COHCA
7388 Kinsman Road
Novelty, OH 44072

or

Submit with credit card information (*you can also join online at www.cohcaonline.org with a credit card*):

❒ American Express ❒ Visa ❒ Master Card ❒ Discover

❒ Other: _____

Card #: _____

Expiration date: ____ /____ /_____

Signature:

_____

Additional amount for COHCA PAC: $_____

FOR OFFICE USE ONLY: Total amount charged to credit card: $_____

Check or money order #(s): _____ Approved by: _____