

Proposed Position Statement 15.26 Nursing Work Hours

Summary of Request:

Consider results of the on-line survey, written comments received, and input on proposed Position Statement 15.26, Nursing Work Hours, received in the public hearing and make recommendations for action.

Historical Perspective:

Evidence-based research is beginning to demonstrate that excessive work hours, overtime, and the number of hours worked each week may increase the incidence of nursing error. Establishing a benchmark for “best practices” in relation to nursing work hours focuses on patient safety and supports the Board’s mission of public protection. Recommendations in the form of a draft position statement have begun the dialogue necessary for nurses and employers to address the potential relationship between extended work hours and nursing errors, and the implications this has for patient safety.

NPAC discussed current research findings and drafted Position Statement 15.26, Nursing Work Hours at a public meeting on Friday, November 3, 2006. See Attachment 1.

The proposed position statement drafted by NPAC was presented to the Board at the January 2007 board meeting, held in February due to icy weather in January. The Board voted at the January 2007 meeting to publish the proposed position statement in the January 2007 BNE Bulletin for public comment and to hold a public hearing on this proposed position statement that would potentially impact every nurse licensed and working in Texas. The public hearing was held on April 18, 2007 prior to the board meeting.

The board office has received many written comments on the proposed position statement. The Board received written comments from the following interested groups or associations: McKenna Memorial Hospital (Toney), Women’s Health Alliance (Aikens and Stephens), University of Texas Health Science Center at San Antonio (Tarpley), and 144 individuals. The comments were categorized according to whether or not they agreed or disagreed with the proposed position statement. The comments that disagreed were then grouped into five categories: Family Obligations (9 comments), Financial Hardship (12 comments), Physical Requirements (17 comments), Right to Work (25 comments) and Staffing Issues (73 comments). Copies of all the written comments that have been received are in Attachment 2.

An on-line survey was available for nurses and the public to voice their opinion of the proposed position statement from early January to April 1, 2007. Approximately 9800 individuals responded to the survey and the results are in Attachment 3.

Additional background was provided with the October 2006 Board meeting agenda item 7.4 and with the January 2007 Board meeting agenda item 7.5.3.

Pros: Thousands of nurses have responded and voiced their opinions about the proposed position statement. Initial feedback indicates that nurses and employers/practice settings are now more aware of the issue of nursing work hours in relation to patient safety, even though there is no agreement on “how” and “who” should do this.

Cons: The responses were overwhelmingly opposed to the proposed position statement, signaling a clear lack of consensus towards the recommendation of limiting the hours that a nurse can work. Therefore, staff believes that adopting the position statement as currently proposed has the potential to be a dividing force within the profession.

Recommendations:

Move to remand the proposed Position Statement 15.26, Nursing Work Hours back to the Nursing Practice Advisory Committee for consideration of written and verbal feedback received from nurses and other interested stakeholders.

Position Statement 15.26: Nursing Work Hours

Purpose:

The purpose of this position statement is to provide guidelines for both nurses and employers regarding the impact of excessive work hours of nurses on patient safety. Nursing research is beginning to reflect similar trends seen in other disciplines where judgment and ability to implement correct actions quickly can be the difference between life and death for patients under the nurse's care. The hours that nurses work in providing direct patient care is of particular concern to the Board, both in the consecutive hours worked and the number of shifts worked without days off.

Background

The effect that excessive work hours may have on safe performance was first studied in the professions of truck drivers, locomotive engineers and airline pilots.¹ A study by the National Transportation Safety Board found that 50% of airline captains involved in accidents had been awake for more than 12-hours. The connection between prolonged work hours and increased pilot judgment errors was obvious. These findings initiated sweeping changes in the number of consecutive hours worked and increased rest time between flights for pilots.²

The medical profession took similar actions in 2003 after resident simulation studies demonstrated a direct correlation between medical errors and sleep deficit. The effects of fatigue included slowed reaction times, decreased attention to details, omission errors, and problem-solving difficulties. Concerns about rising rates of errors and public safety resulted in implementing a comprehensive plan which includes:

- Requiring a minimum of one day off each week;
- Requiring 8 hours between shifts; and
- Limiting Emergency Room residents and attending physicians to 12 hour shifts.¹

Nursing Research on Work Factors

Nursing is no different than other professions where the person must be alert and attentive or risk potentially catastrophic errors. Several studies have shown that when nurses worked longer than 12.5 hours, their error rate was three times higher than nurses who worked 8 hour shifts.³ This research has served as the basis for the Institute of Medicine (IOM) recommendations that nursing work hours be limited to no more than:

- 12.5 hours in a 24-hour period;
- 60-hours in a 7-day period and
- 3 consecutive days of 12 hour shifts.^{1,3,4}

Nursing Practice Act and Board Rules Related to Work Hours

Each nurse is accountable for making prudent judgment(s) with regard to patient safety.

The standards of nursing practice [Rule 217.11] require all nurses to:

(1)(B) Implement measures to promote a safe environment for clients and others;
(1)(S) Make assignments to others that take into consideration client safety and that are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made;

(1)(T) Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability.

Board Recommendations: Implications for Nurses and Employers

Recognizing the complexity of the challenges of safe nursing practice, the Board strongly recommends the following factors be considered by nurses and their employers when developing policies and scheduling both work and on-call shifts.

- (1) Nurses and employers are recommended to work collaboratively to develop staffing methodologies that assure patient, client and staff safety. On-call and/or scheduled work hours should allow for sufficient (preferably ten hours or more) recuperation time. Scheduling, including self-scheduling, should adhere to policies that take into consideration hours worked in conjunction with on-call hours.⁵
- (2) A nurse, who is delivering direct patient care should work no longer than:
 - 12.5 hours in a 24 hour period;
 - 60 hours in 7 consecutive days; or
 - 3 consecutive days of 12.5 hour shifts.
- (3) The nurse accepting work duties and/or on-call duties is accountable for his/her own fitness to practice as outlined in the NPA and rules. The accountability for patient/client safety cannot be assumed by the nurse's employer(s).⁶

The nurse who is given an employer mandate to work hours beyond the above recommendations may question assignments and consider invoking Safe Harbor Peer Review so that more effective internal mechanisms to address staffing needs can be developed. See www.bne.state.tx.us/safe.pdf for request for Safe Harbor form.

- (4) A nurse reported to the Board for violations of the NPA or rules who is found to have worked excessive hours with one or multiple employers may face Board action for engaging in unprofessional conduct that disregarded the safety of and was likely to injure a patient or the public. Excessive work hours for the purpose of this Position Statement are defined as nursing work hours providing direct patient care with one or more employers that exceed Board recommendations.
- (5) The Board encourages employers to support the safety of both clients/patients and nursing staff by developing policies and procedures that promote adequate rest between shifts, and overall hours worked that comply with the Board's recommendations. Facilities should develop policies regarding disclosure of work hours between multiple simultaneous employers. The Board understands that emergency circumstances may arise and those will be considered on a case by case basis.

REFERENCES:

¹ Page A., (Ed.). (2004). *Keeping Patients Safe: Transforming the Work Environment of Nurses*. *Quality Chasm Series* The National Academies Press: Institute of Medicine.

² Strauss S., (2002). Pilot Fatigue: Fatigue and flight operations. *Aerospace Medicine* NASA/Johnson Space Center; http://aeromedical.org/Articles/Pilot_Fatigue.html.

³ Scott L.D., Rogers A.E., Hwang W-T., and Zhang Y. (2006, January). "Effects of critical care nurses' work hours on vigilance and patients' safety." *American Journal of Critical Care* 15(1), pp. 30-37.

⁴ Rogers A.E., Hwang W., Scott, L. Aiken L. and Dinges D., (2004). The Working Hours of Hospital Staff Nurses and Patient Safety. *Health Affairs* (23) 4, 202-212.

⁵ Trinkoff A., et all (April 2005). "How Long and How Much Are Nurses Now Working?" *American Journal of Nursing* (106)4: 60-72.
http://www.nursingcenter.com/library/journalissue.asp?Journal_ID=54030&Issue_ID=637484

⁶ AORN (2005) Standards, Recommended Practices, and Guidelines. *Guidance Statement: Safe On-Call Practices in Perioperative Practice Settings* Retrieved 11/9/06 from <http://www.aorn.org/about/positions/pdf/Final%20PS%20on%20Safe%20Call.pdf>

Other Resource References:

1) Lamond N. and Dawson, (1999). *Journal of Sleep Research*. Quantifying the Performance Impairment Associated with Fatigue. December, 8(4), 255-62.

2) Limiting Fatigue in Medical Residents: Improving awareness by increasing rest. *Joint Commission Perspectives on Patient Safety*, May 2005, Volume 5, Issue 5

3) Mann M.B., (1999) Testimony: National Aeronautics and Space Administration Hearing on Pilot Fatigue before the Aviation Sub Committee of the Committee on Transportation Infrastructure United State House of Representatives August 3, 1999.
<http://www.hq.nasa.gov/office/legaff/mann8-3.html>

4) People for Puget Sound (2001). Exxon Valdez: 12 Years Later What Have We Learned? http://www.pugetsound.org/pdf/publications/2001_valdez_12yrs_later.pdf

5) Anesthesia Patient Safety Foundation (Spring 2005). Fatigue & the Practice of Anesthesiology; http://www.apsf.org/resource_center/newsletter/2005/spring/

6) Anesthesia Patient Safety Foundation (Spring 2005). Managing Fatigue 24/7; http://www.apsf.org/resource_center/newsletter/2005/spring/

AGREE WITH DRAFT

From: jane dalton [mailto:jane.dalton@sbcglobal.net]
Sent: Tue 1/30/2007 1:51 PM
To: Webmaster
Subject: nurse work hours

I think 12 hour shifts are too long - I feel myself "fading" after 10 hours. A lot of nurses favor 12 hour shifts in order to have more days off but I strongly believe that they are not as alert as they think they are. I think we should go back to 8 hour shifts for patient safety.

From: karan & debra [mailto:bayley@moment.net]
Sent: Thursday, February 01, 2007 6:16 PM
To: Webmaster
Subject: 12 hour shifts

One factor that should be considered along with limiting number of hours worked, is the type of work being done. 12 hours in a large city ED is very hard. If you have to commute into your job, about 1 hour, then you are up, on the road, at work, and then back on the road, which could total up to 15+ hours. The mandatory work hours that many hospitals (and other facilities) are placing on employees are driving some of the older, more experienced nurses from the profession. Employers are trying to cut costs by working just 2 shifts instead of the old style 3 shifts, and often cutting the number of staff. Less staff, more hours=disaster. Not only do we have an obligation to protect our patients, but we have an obligation to protect nurses. The younger nurses that think 12 hours are great, ask them 20-30 years down the road how they like the shifts. Thank you for listening, from 2 nurses that have been working for going on 34+ years now.

From: jmmclain8@juno.com [mailto:jmmclain8@juno.com]
Sent: Thu 2/1/2007 2:25 AM
To: Webmaster
Subject: nsg hr survey comments

Good for you for finally addressing this issue. What took you so long? And when are you going to actively start addressing nurse/patient ratios? I personally know of nurses taking care of 18 to 28 patients per nurse. This is ridiculous and extremely dangerous. And if the BNE doesn't stop it, no one will! Please keep up the good work. J. McClain

From: Kenneth Ferguson [mailto:cathy-ferguson@sbcglobal.net]
Sent: Sun 2/4/2007 12:08 PM
To: Webmaster
Subject:

i totally agree with the proposed statement 15.26 nursing hours ,as a nurse i have worked with too many tired nurses.as a patient i would be scared and now as a nurse due to these nurses i am afraid of getting their care

thank you
cathy ferguson

From: J&A Potter [mailto:txspotted@earthlink.net]
Sent: Wednesday, February 14, 2007 3:49 PM
To: Webmaster
Subject: Comment re: nursing hours survey

I would like to add to the online survey regarding nursing hours. If this position is adopted, it might be important to define how "hours worked" would be calculated. Many hospitals do not pay for lunch breaks, but nurses don't clock out when at lunch. At my facility, a nurse working at least 8 hours will have 30 minutes of that shift which is assumed to be "lunch," and therefore deducted from their total time clocked that day. So, while I am clocked in for 12.45 hours, my paycheck says my shift is 12.25 hours. If position 15.26 is adopted, I think the issue of unpaid breaks would need to be clear for the benefit of the employers and the nurses. My personal opinion is that any time spent "at work" clocked in as an employee should be considered part of the hours calculations under this proposal.

Thank you.
Jeannette Potter, RN

From: Toney, Patty [mailto:ptoney@mckenna.org]
Sent: Friday, February 16, 2007 10:42 AM
To: Webmaster
Subject: Nursing Work Hours

Though I support guidelines directed at nursing hours worked I believe the position statement needs more clarity in regard to on-call hours and the definition of nursing hours worked.

For example, is charting and shift change report considered nursing hours worked?

Are on-call hours considered nursing hours worked?

Are nurses expected to leave work incomplete in order to meet the 12.5 hour guideline?

What rate of occurrence of working greater than 12.5 hours constitutes “unsafe” and thus “reportable” practice? Once a week? Once a month? Every time it occurs?

Who is responsible for tracking and reporting worked hours beyond the guidelines?

Are the guidelines directed at what the nurse is scheduled to work? Or actually works?

Where is the research to support the restriction of no more than 3 consecutive days of 12 hour shifts?

I believe the 60 hours in a 7 day period would be relatively easy to track and enforce and thus makes sense.

I believe the consecutive days of 12 hour shifts should be limited to 4 – though I have no empirical evidence to support that – only anecdotal.

If definition of worked nursing hours includes documentation and reporting, I believe the 12.5 may be unreasonable.

Finally, I am concerned that the research these guidelines are based upon is limited and somewhat flawed. Aiken’s research is interesting, concerning and needs to be further defined and replicated.

The airline industry research was based on hours awake, not worked hours – two very different factors. And, as I am sure people have already pointed out, your statement in the background section of the position statement says accident rates increased for those pilots awake more than 12 hours. I am assuming that is a typo as anyone sleeping 8 hrs per day would be awake for 16 hours.

Thank you for the opportunity to respond.

Patty Toney RN
VP Nursing
McKenna Memorial Hospital
New Braunfels, Texas 78130

From: alex yabes [<mailto:cjquail@yahoo.com>]

Sent: Friday, February 16, 2007 1:12 PM

To: Webmaster

Subject: safe patient -nurse ratio

I have read the recent Nursing bulletin regarding the nursing work hours and its impact on the patient safety and nursing errors. This is one of the issues that I myself agree that working straight 4-7 days , 12 hours , 2 jobs and night shift , presents greater chances of ineffective nursing care.

On the other hand, I have a very important question on the issue of acceptable nurse-patient ratio. I have been working

in one of the valley's hospital for years but they have not done anything on decreasing the patient load for nurses. Day shifts get upto 7 patients and night nurses get up to 8-9 patients regardless of the unit or acuity. I worked in telemetry which was a heavy floor and we had this load for years. Due to stress and anxiety , and to protect my license by avoiding to commit errors ,I transferred to pediatrics. The problem stayed the same and and it has been addressed to the administration but nothing has been done . They said we lack staff, so they hired people but as soon as these nurses find out the patient load , 1 day of orientation and they're gone .

We end up getting 9-10 patients in winter , so we just have to work with what we have ,however,we have less interactions with the patient and the family and most of all ,trying to be careful with delivering patient care. I have woked part-time in other hospitals at the Mc Allen and Edinburg areas and I found the patient load is lesser and safer.I love where I work at and I love the people who i work with but issues are getting worse regarding staffing , We have a new administration and of course they are opt to changes. We are too, but hopefully for the better.I just wonder why the other hospitals can implement an acceptable patient-ratio (5-6 patients) while this hospital cannot. Is there any regulation to cover us from this issue.

Old nurses are leaving because of dissatisfaction with pay and patient load and new ones are hired with higher pay and bonuses but do not even stay long . It is very frustrating that is why as soon as i read the article , It came to me that i can address this concern to you since we are gearing towards a goal for patient safety. I am very interested on the input from the board of nursing and the national patient safety movement regarding this matter .

Thank you very much .

E.Y. RN
Weslaco , TX

From: cinnamon spice [<mailto:laneyluv@hotmail.com>]
Sent: Wednesday, February 21, 2007 12:56 AM
To: Webmaster
Subject: nursing work hours

As the average age of the nursing work force is increasing, long hours tend to take a greater toll on the body and mind, than those of a younger generation. I feel that 12 hour

shifts, in general, (especially on a fast past, high acuity med/surg unit) is very difficult. However, there are very few hospitals that offer an 8 hour shift, these days.

My experience has been to see more frequent "call ins" and absentism when nurses are required to work 12 hour shifts.

I have had many conversations with my colleagues and most of them agree that we would love to go back to the standard eight hour work day.

When the board recommends that nurses don't work more that 12.5 hours per shift, the hospital may schedule nurses for a standard 12 hour shift, but by the time the nurse is actually done for the day, she is actually on the clock for up to an hour and a half "tying up the loose ends" after her shift officially ends. I would love to see the board recommend shifts of no more than 10 hours per day.

Sincerely,

Wendy Narum RN

From: Angeltjp@aol.com [mailto:Angeltjp@aol.com]

Sent: Thursday, March 08, 2007 2:37 AM

To: Webmaster

Subject: work hours

I feel a nurse shouldn't have to work more than four consecutive 12 hr shift, and I also feel that employers need to schedule meetings and such around the different staff times so that the nurse will have time away from their employment to de-stress.

Thanks, Teresa

From: Sandra Lyon [mailto:sandylyonpug@webtv.net]

Sent: Friday, March 09, 2007 11:59 PM

To: Webmaster

Subject: working 12 hour shifts

I hope the board agrees that 3 12 hour shifts in a row is all a nurse should work, after 3 in row you are so tired and it is not safe for the pts or the nurse, some of the nurses where I work sometimes work 4 or 5 12 our shifts and it is not safe for the pts or nurse because you are so tired

From: Margaret Spittal [mailto:StAndrews@email.uophx.edu]

Sent: Friday, February 23, 2007 2:29 AM

To: Webmaster

Subject: Regarding hours worked.

I would concur with your comments regarding fatigue and hours worked as noted in your Nursing Bulletin magazine. I am frequently required to work extended hours, primarily when 'on call.' A 16-hour day is not unusual 'on call.' Frustration sets in along with fatigue when a physician requires my services beyond 'emergency' cases. Much of the work is backed up and added at the end of the day. I believe there is a need for hospital administration to step in and protect its staff from those physicians who want to complete

work 'now' instead of tomorrow. These extended hours are contributing to a reduction in hospital based employees, an increase in agency nurses, and low morale amongst current staff. Such work hardly represents an organization that is appealing to new recruits. I see no attempt by hospital administration to reign-in the revenue producing physicians who work such extended hours.

Margaret Spittal, CRNA.

Disagree-Family Obligations

From: caparker1@cox.net [mailto:caparker1@cox.net]

Sent: Sat 1/27/2007 12:22 PM

To: Webmaster

Subject: regulating nursing work hours

I am an ER nurse in Lubbock, TX. I currently work 12 hour shifts, 7 nights on then 7 nights off. It is the best schedule I have ever worked as a nurse. I believe you should not mandate the hours a nurse can work or how many days in a row they can work. If this passes i will lose valuable time with my family, valuable overtime and per diem hours, and would have to find another field of work to do on my time off to supplement my income. Nurses in Lubbock, Tx are already the lowest paid in the region/state! Mandating hours would increase the shortage and drive many nurses to other professions.

If you want to lessen the mistakes made by nurses then I believe you should look other places such as load and acuity due to short staffing and underpay. I have been a nurse for 6 years with many advanced training (ACLS, TNCC, PALS, EPNC, any many more) and my base salary is 18.20 dollars an hour to work in a level II trauma ER! We are constantly under staffed but like other places manage quite successfully.

If you take our hours away you take our money away and will have made an already big problem worse. If I couldn't work as much physically or mentally as much as I do, then I wouldn't do it. It should be up to me and my nurse manager to determine what kind of load I can handle not the BNE!!

Thank You

Clifton Parker RN

3301 54th St.

Lubbock, TX 79423

Covenant Emergency Room Nurse

From: Linda Burns [mailto:Linda.Burns@dchstx.org]
Sent: Thursday, February 08, 2007 2:53 AM
To: Webmaster
Subject: restricting hours

I have been a nurse for many years. I work nights, 3 nights one week and 4 nights the next week, all 12 hours shifts. I work my days in a row to allow me to switch back to a daytime schedule so I can spend my days off with my family. If the days are restricted to only working 3 days in a row, that will take time away from my family and make it more difficult to rotate back to a daytime schedule. Once on a nighttime schedule, it is much easier to work all of my shifts consecutively. Everyone I have spoken to on the night shift at my facility feels the same way about this proposal.

Thank you,
Linda Burns RN
PICU staff nurse
Driscoll Children's Hospital

From: Levin, Sherry [mailto:SherryLevin@texashealth.org]
Sent: Thursday, February 08, 2007 6:20 PM
To: Webmaster
Subject: recommendation for limiting nursing hours at the bedside
Importance: High

I believe that limiting nursing hours to three consecutive 12-hour shifts or 60 hours in a five-day period is an arbitrary and difficult-to-enforce policy that unnecessarily limits the ability of the individual nurse and the employer hospitals from making scheduling choices.

While the goal of patient safety and reduced errors is one to which we all subscribe, the evidence presented from other industries and workplaces does not justify the conclusion that to reduce consecutive hours is to reduce errors. nurses who work 12 hours and rest and sleep for 12 hours should be as refreshed as a nurse who spends two days off taking care of her three toddlers!

I don't believe that we should take away the opportunity for the individual nurse to schedule herself to meet her needs and the needs of her family. Additionally hospitals need the autonomy to make choices in staffing that meet the needs of the institution and the patient population they serve.

Sherry Levin, RNC

From: Nora Wu [mailto:norawu@earthlink.net]
Sent: Sunday, February 11, 2007 3:10 PM
To: Webmaster
Subject: Proposed Position Statement 15.26: Nursing Work Hours.

State Board of Nursing,

I believe there are exceptions to the position statement. My husband works as an RN on the 7pm to 7am shift. We have discovered that a 7 day on and 7 day off schedule works best for our family situation. Breaking the schedule up with days on and off adds to his fatigue. Also making it impossible to maintain any sort of family life. Please take into consideration that when he arrives home he goes to sleep and sleeps for 8 hours. I believe that some nurses are unable to sleep for 8 hours after a 12 hour shift due to family obligations. In our situation the 7 on 7 off schedule works best. I think it is unfair to expect RNs not to have a family life. How could you possibly staff the night shift without nurses who have family obligations.

I myself am an OR nurse. I am expected to take 24 hour call and the report for duty the next morning at 6:30 am. I have worked as many as 22 hours and worked part of the next day. I feel that this is unreasonable and a day off following call should be mandatory.

Thank you for your concern, but there are always exceptions to the rule.

Nora Wu RN

From: Deevious7@aol.com [mailto:Deevious7@aol.com]
Sent: Thursday, February 15, 2007 10:07 PM
To: Webmaster
Subject: Limiting Nurse Work Hours

One of the biggest reasons I became a nurse was to have a career that provided the flexibility, job security, and income that I needed to raise my daughter as a single parent. Over the years, I have worked a wide variety of shifts and "plans" to allow me to earn an income and still be there for my child. If nursing hours are mandated by the BNE, nurses will lose the benefit of flexibility, as well as some security in knowing that, if needed, a little overtime can pull one out of a bind.

By defining what constitutes "excessive hours", the BNE presumes that every nurse, and every situation, is the same. Nothing can be further from the truth. Working 2 sixteen hours shifts on the weekends while being off during the week to further one's education, is no more fatiguing than the person who works 8 hours each day and then attends class and/or studies for 8 hours each night. Fatigue has many factors independent of work hours; i.e, stress, poor diet, illness, etc. Applying quantitative numbers to a qualitative issue is a frequently made mistake by non-nursing administrators. As professionals who are

dedicated to our patient's safety, we have the ability to recognize when we are incapable of performing our duties in a safe manner.

From: Mangrum, Jane [mailto:JaneMangrum@texashealth.org]
Sent: Sun 2/18/2007 4:30 PM
To: Webmaster
Subject: The Mandate of No More Than #36-40 hours in a 7 day Rolling Calendar

Dear Board Members,

I understand that there is a bill/mandate that is coming up to be voted on concerning working no more than 36-40 hours in a rolling 7 day period. I'm in the opinion that this will cause problems with scheduling for those who are single parent's like myself and those whose spouse have set work schedules working for several 12 hour shifts in a row, each off setting to balance their work schedules to be able to take care of their children. Therefore I have to voice my opinion against this mandate. I am not working any overtime except for 1 week out of a year. I do not work at more than one facility. I want & like to have various working schedule options as a nurse primarily so I can be with my children. When these options are taken away I wonder if I want to continue in this field where now I feel I make a difference even after 19 years. I wonder how many nurses feel the same way as I do, especially in the midst of our nursing shortage (which is supposed to be getting crucially worse in the next 5-10 years).

I have also heard that the BNE of Texas will not be able to regulate this but is willing to hang their nurses out for a legal dilemma if they make a mistake. I have to say that I know the responsibility that lies on my shoulders and I take good care of myself by getting adequate sleep, eating right, etc. so that I can be at my best performance when I work. Please do not penalize me for what those who are in the small percentage of our profession that may be abusing the system.

Jane Mangrum RN
High Risk OB
972-981-7381
972-981-3790 fax

From: Sue Lueck [mailto:SLUECK@PHN-WACO.ORG]
Sent: Saturday, February 24, 2007 5:18 AM
To: Webmaster
Subject: TO WHOM IT MAY CONCERN,

TO WHOM IT MAY CONCERN,

MANY NURSES OR CAPABLE OR WORKING MORE THAN 3, 12 HOURS SHIFTS IN A ROW. WHY WOULD YOU WANT TO LIMIT A NURSES ABILITY TO EARN A LIVING IF THEY ARE CAPABLE. MANY HOSPITALS ARE ALREADY

WORKING SHORT STAFF BECAUSE OF THE NURSING SHORTAGE, AND MANY NURSES NEED TO WORK MORE THAN 3, 12 HOUR SHIFT TO EARN A LIVING. PLEASE RECONSIDER THIS PERSONAL. I THINK MOST NURSES KNOW THEIR LIMITATIONS AND KNOW WHEN THEY NEED NOT TO WORK. THANK YOU FOR LISTENING AND YOUR CONSIDERATION.

From: Diane Koska [mailto:doodlebug9103@yahoo.com]

Sent: Monday, March 12, 2007 1:43 AM

To: Melinda Hester

Subject: Nursing Work Hours

I am writing with a concern of the BNE mandating my work hours/days. I have worked 6 consecutive 12hr shifts for 6yrs on a Labor & Delivery Unit and love it. There are many people like myself, and others on my shift, that would have it no other way. I am the scheduling committee on my unit and 85% of our nursing staff do 3 or more consecutive days. I personally like this schedule, because it works out great for my childcare arrangements, plus it WOULD interfere with my sleeping habits making me fear safety issues. What happens when the unit needs Mandatory on call coverage and oops I've already worked three days, I guess all hospitals will have to hire multiple extra staff members to cover shortages ie.. vacation, illness, high census etc. Lets give the example, the unit is suffering with multiple patients laboring and I'm the only person available to help, if I've already worked 3 consecutive days I cannot work. I feel the EMPLOYEE should be able to decide what he/she can handle and what works best for their life. If safety becomes an issue, then address THAT employee..... do not make US ALL suffer. Thank you for your attention.

Diane Koska R.N.

Houston, Texas

From: Rachael Young [mailto:silver_leaves123@yahoo.com]

Sent: Wednesday, March 14, 2007 11:38 PM

To: Webmaster

Subject: less hours worked

I am sending this in regards to the newsletter I got about nurses working too many hours...mistakes could be made. I work double weekends...16 hours each day. I do this cuz my husband is disabled..no one to watch him except weekends. These are the only hours I can work to pay my bills. If you cut the hours back I don't know what I will do. I know other nurse that work these hours for the same reasons and other reasons too. I hope you will take us under consideration when deciding about how many hours nurses can work at one time.

Thank you

Kathy Ostom

From: Diane Oatridge [mailto:rdoatridge2228@neto.com]
Sent: Thursday, March 15, 2007 11:26 AM
To: Webmaster
Subject: Nurses' Work Hours

To Whom It May Concern:

My main concern about a mandate controlling the hours I work is that I only work two days a week. The shifts I work are 16 hour shifts on Saturdays and Sundays. I began working these shifts because we have been home schooling our two children for the last three years. This work schedule enables me to be home with them Monday - Friday. Another reason for the back to back shifts is that I live 98 miles from where I work. It is not beneficial to me to work where I do if I have to make numerous trips of that distance. I spend Saturday night near the hospital and feel that I get adequate rest for Sunday's shift. My employer has not made me aware of any mistakes that I have made during the last four hours of my shifts during the last four years of my employment with them. It would put an extra strain on me if I had to drive over for three 12- hour shifts or be gone from my family for two nights instead of one, as there is nothing as important to me as my family. I am not interested in working unrealistic amounts of hours. I just want to continue working my set hours per week. I work in the psychiatric field which is mentally and physically demanding in a different way than acute care areas. It would be appropriate, I think, for the employers to be allowed to ascertain which of their employees would work each shift.

Thank you for the opportunity to voice my concerns. It is my livelihood that is being threatened if my hours are taken from me.

Yours Sincerely,

Diane Oatridge, RN

Disagree-Financial Obligations

From: Ronald Seabridge [mailto:kyotokan2004@yahoo.com]
Sent: Sunday, January 28, 2007 12:56 PM
To: BRUCE HOLTER
Subject: TX. BNE - Volume 38 #1

Dear sir, madam:

First my most profound apologies for my following demeanor, as I mean this not in any way as a "personal" affront. I became a licenced nurse in the early 90's, thus entered into the community with the typical idealism of most new nurses. My licence today is somewhat unreadable due to the layer of dust on it. For what are years now, I have had no desire to be a nurse, as well, the mere thought of entering into the community once

more, makes me want to retch. I would only do so as an absolute last resort, as opposed to living under a bridge somewhere. I pride myself in telling anyone who asks of my licensing accomplishment, that they would have to have rocks in their head to even consider a career in nursing. Thankfully, most have taken heed to my experiences and counsel. All this being said, I thank you for listening to my feckless meandering, and I will get to the point.

Your "Position Statement Targeting Nursing Work Hours" is absolutely laughable. I about fell off my chair reading it. The hospitals have been "ABUSING" nurses for years to turn a buck. Home Health agencies have been "ABUSING" nurses and the GOVERNMENT

for years to turn a buck. You people have turned a "**BLIND EYE**" plight of the nurse. Sure you have all your rules and regulations, certainly most important, but when it really gets down to it, you people just do not get involved, and *please do not tell me you really care, I could not bear it* All of you whine, well its not our job, were just here to see the rules are followed. This is the worst of all lies.

Some years ago I was "thrown out" of a Home Health agency because they demanded that I adopt the standard that "That no nurse is to trust anything a patient or their family tells them, as we cannot believe anything they say". You people found that to be 100% ok and acceptable. Now go figure that. Now you actually want we nurses to believe you really care about how we are being abused! Right ... and I have a bridge for sale. If I were not so angry reading this article, I would bust out into tears, and I am a man. Perhaps it would do all of us better if you people would peddle your rhetoric to someone who does not know what time it really is!

From: Belle Malongayon [mailto:Belle.Malongayon@dchstx.org]

Sent: Friday, February 02, 2007 1:00 AM

To: Webmaster

Subject: work hours

I disagree to the proposition to limit the working hours of nurses. I am helping my my family back home with hospital expenses because my father's health is failing and sending my two other siblings finish college. I need to work overtime to make ends meet. It is my own free will to volunteer and work extra hours if there is a staff shortage in my hospital. I'm glad that there is work available for me. I am happy to choose my work hours and to spend time with my family when I get my days off.

From: Belle Malongayon [mailto:Belle.Malongayon@dchstx.org]

Sent: Friday, February 02, 2007 1:25 AM

To: Webmaster

Subject: nursing work hours

I am not agreeable to the proposal. I am a foreign nurse who spent so much in order to pass all the exams and to process my papers for the privilege of working here in Texas. It is now my turn to help out my family back home who ended up with debt just to help me realize my dream of working here in the USA. If I volunteer to help fill up the staff shortage the institution should be glad. I am grateful that I can find work when I need one. My work hours should be my problem. I do not need a governing body to tell me and limit me of my right to earn an honest and decent living.

From: Rodriguez Judy [mailto:Judy.Rodriguez@HCAhealthcare.com]
Sent: Thu 2/1/2007 6:12 AM
To: Webmaster
Subject: Limiting hours

I work full time as a administrative supervisor (house supervisor) at night. I work usually at least one night per week as a staff nurse in Labor and Delivery at the same facility. A normal work week for me is 48-60 hours, sometimes a little less, sometimes a little more. I work strictly nights, usually 7p-7a. I work these hours voluntarily for several reasons:

1) need of money--single mom of a high school student who receives child support sporadically;

2) need to maintain skills in Labor and Delivery/Nsy.

I plan to do travel nursing in less than two years in Labor and Delivery. I must maintain my skills to do this.

I wanted to be a nurse since I was a child. I returned to college just before my husband was diagnosed with cancer when I was 28. He died just before I graduated. We had two young children. I wanted to be a nurse for several reasons, one of which was an opportunity to earn a decent living to support my children. I have been very successful and have not had to be dependent on anyone for anything.

I feel very strongly that the number of hours I work per week should not be regulated by the BNE. I am a professional and should be treated as such. If the BNE should decide that the number of hours I work will be regulated, I will not work in Texas, but in other states where no one limits my freedom to work as I wish.

Judy Rodriguez-Chain RN

From: Howey, Kathy [mailto:KathyHow@BaylorHealth.edu]
Sent: Sun 2/4/2007 3:59 AM
To: Webmaster
Subject: proposition 15.26

Please think about this proposition you are proposing. You compare nursing to being a pilot. It is different being in the air, in the dark, for hours, with hundreds of people depending on you to get them to their destination safely, than being a nurse. As for doctors, they do need to limit their hours, it is unsafe to work 49 hours in any job. But you are talking about getting rid of doubles. You are talking about getting rid of extra shifts. When you are at work on you last night, and you are offered time and a half to come back, you are messing with our incomes. You are talking about making it a criminal offense to work. Hospitals can cancel you if the census is low. This forces nurses to get extra jobs to supplement their income for cancellations. You are going to make nurses the working poor, if they can not do what they need to do to pay their bills. I would think a mandatory CEU would be a much better idea. Let nurses be educated on risks of exhaustion, and let us make decisions on what we can handle. We are supposed to be educated, professions, and now we can't even decide what our work schedule will be? There is a nursing shortage, when you allow fewer people do the work, patient safety will be affected. It is not an easy choice, but what you are planning will have bad desired effects.

Sincerely, Kathy Howey

From: Brad Baker [mailto:Brad.Baker@bsahs.org]
Sent: Thursday, February 08, 2007 9:31 AM
To: Webmaster
Subject: Proposed position statement 15.26

Dear Board Members,

In regard to proposed position statement 15.26 I have a few comments about this issue. Due to circumstances beyond my control I am the sole provider for a family of four. In order to provide for my family it requires me to work hours like the ones that in the proposal would not be allowed. In my position in the Cardiac Catheterization Lab I am also required to be on call for emergency situations after hours. We must take 10 call shifts per month. My interpretation of the proposal is that I would be unable to take call on the days that I work because we work 12 hour shifts and then may or may not get called in on our call shifts. In order to do this I would have to take call on the days that I do not work thus again be out of compliance with the proposed hours. I believe that if this proposal passes not only will nurses that are in my position have to find other places to work, outside of their trained profession, thus defeating the purpose of the proposal, but, it would also cause dishonesty in our most ethical of professions.

So in my opinion, I believe that the passing of this proposal would be extremely detrimental to the nursing profession as a whole, and the patients would not be receiving the quality of care that is given by the experienced staff members. As far as I am aware we still have a shortage of nurses to care for our patients and I believe that this proposal would enhance the shortage because if we decrease the amount of hours nurses can work then this would increase the workload of the nurse while on duty. Thus, leading to continued or an increase in the amount of errors.

Thank you for your time and consideration to my comments in this matter.

Brad Baker R.N.

From: GREENNURSE4@aol.com [mailto:GREENNURSE4@aol.com]
Sent: Tuesday, February 06, 2007 7:03 PM
To: Webmaster
Subject: work hours

I agree that patient safety is very important, but not at the expense of limiting a nurse to work what she/he needs to work. Most of the nurses are single mothers with no other means of support and this would just add more pressure to an already stressful life. What kind of errors do you think they would make then worrying about how they were going to feed and take care of their family. The hospitals should hire more nurses, because our load is very heavy due to the shortage. But in order to hire more nurses, there should be more of a recruitment to get people into nursing school. And nurses school should not make it so hard to get into or difficult to pass. I knew of someone who tried to get into nursing school 3 different times and would take classes in between, and is working in the hospital (and has family members who are nurses) and could never get in. She finally gave up and is now pursuing a career in speech pathology. She, too is a single mother. Plus, you should lobby on getting nursing instructors a better salary. As educated as they are, they make less than a regular school teacher. Now, what's wrong with that picture. And you wonder why no one wants to become a nursing instructor. Hospitals need to treat there nurses better, because they are not paid enough, (that's why they work as much as they can, too) and they put entirely too much on them. Then when there is a financial problem, they want to lay off the nurses first. It's no wonder that nurses have had it and going into other means of support. Thank you for listening.

From: Hector Leal [mailto:hleal1@rgv.rr.com]
Sent: Thursday, February 08, 2007 4:35 PM
To: Webmaster
Subject: Proposal Nursing Work Hours position statement 15.26

I strongly oppose this position that I will lobby our congress to have all of the nursing board removed from their current positions. Do not pass any law that will limit my ability to feed and cloth my children

From: Kelly Black [mailto:kjblackfamily@sbcglobal.net]
Sent: Tuesday, March 06, 2007 9:14 PM
To: Webmaster
Subject: 12.5 hour shifts

This is a brief note regarding the BNE limiting how many days that a Rn can work. I believe that if a nurse wants to work more than three days in a row then that is his/her right. A board of nurse examiners shouldn't have the right to tell me how many days I can work. I have a family and bills to pay and I need to often work more than three days a week and often 4 days in a row. We shouldn't make assumptions based on commercial airline pilots and resident physician research that doesn't even address actual nursing activity. Why didn't somebody do nursing research? This continues to amaze me that here we are in the middle of one of the worst nursing shortages and the BNE is limiting how much I can work. This is not about medical errors it's about big business hospitals saving a few dollars by not allowing some hard working nurses to pull some extra pay and work overtime. Let's get real here and pay attention to some common sense issues. Several thousands of nurses will leave the profession in order to find jobs to make ends meet. As far as House Bill 1707..i am all for that except limiting how many days I can work. Make hospitals stop mandatory overtime and that includes signing up for call and scheduled days to work. Thank you.

From: Indian40@aol.com [mailto:Indian40@aol.com]
Sent: Sunday, February 11, 2007 7:00 PM
To: Webmaster
Subject: (no subject)

The board has figured out a way to increase the shortage of APN's out in the field on this one and cut into incomes of all Nurses this would effect.. I would strongly suggest not passing this and limiting the underpaid nurses that depend on extra income to support themselves and also the detrimental effects it would have on Patient access to care.

Disagree-Physical Requirements

From: Pam Frankum [mailto:Pam.Frankum@dchstx.org]

Sent: Mon 1/29/2007 10:53 PM

To: Webmaster

Subject: Proposed position Statement 15.26

To Whom I May Concern;

I am speaking strictly from the point of view as a nurse who only works the 12 hour night shift. 1900-0700.

RN's who work night shift at our facility, Driscoll Children's Hospital, Corpus Christi, Texas; will often work 3 shifts in one 7 day period and 4 shifts in the second 7 day period. Our facility does not allow more than four 12 hour shifts in a consecutive time line.

It is very difficult to split up shifts when working the night shift. One gets into the routine of sleeping during the day for 3 or 4 days. And on a four shift week, it seems logical that it would be detrimental to the health of the nurse, and possibly the safety of our patients, if we have to split our shifts. From an administrative point of view, it would also be a scheduling nightmare.

Thank you for the opportunity to comment on this important issue.

Sincerely,

Pam Frankum RN, RNC

Clinical Coordinator, PICU

Driscoll Children's Hospital

From: Ida Gonzalez [mailto:Ida.Gonzalez@dchstx.org]

Sent: Tue 1/30/2007 2:13 AM

To: Webmaster

Subject: proposed position statement 15.26 nursing work hours

To whom it may concern:

As a night shift worker (7pm to 7am), I quite frequently work 3 days one week and 4 days the following week. If I had to split up the 4 days working nights it would really disturb my routine and adjusting my body to splitting up 4 days would not be beneficial. I have quite frequently worked 4 days a week many, many times and feel that working 4 days in a row has never been a problem either days or nights.

Every department and unit is different, every night and day is different so it would be quite difficult to think that you would restrict everyone from working 4 shifts in a row. That should be up to each individual employer and dept. Only they know their work load and the expertise and competency of their nurses.

I am 45 years old and feel very capable to work 4 days or 4 nights in a row with no complications or hesitations. I quite enjoy keeping my days together and having that schedule is one of the very reasons that keeps me in the nursing field.

Thank you for the opportunity to comment

Ida Gonzalez RN/CPN/BSN

Driscoll Children's Hospital-PICU

From: Janine Norkum lazarus [mailto:Janine.Norkumlazaruk@dchstx.org]
Sent: Friday, February 02, 2007 4:13 AM
To: Webmaster
Subject: Proposed Position Statement 15.26

I am a full time RN in a Pediatric Hospital. I have been a full time nurse for 20 years. I work nights and it is very important that when I work, I need to do my nights in a row. It is very hard on my physical and mental state to keep switching my schedule back and forth when I am off work for just a few days at a time. I actually feel better by my second, third and fourth night in a row. I truly believe that by passing this statement it will affect the life of many nurses who rely on this schedule. What about when we have to work every other weekend. You need to work your weekend and at the beginning of the next week so you can have the following weekend off. That's working more than 60 hours in 7 consecutive days according to your proposed position statement 15.26. I am sure this will create a nursing schedule nightmare. Where are the nurses that need to be hired coming from? You will need additional staff to work the shifts that you are removing from the present working nurses. You are also proposing a severe reduction in pay to those nurses who work these hours. It should be the employer's responsibility to monitor the work habits of their employees not the State of Texas.

Janine E. Norkum-Lazaruk RN

From: Philip Raine [mailto:Philip.Raine@dchstx.org]
Sent: Wed 1/31/2007 7:22 AM
To: Webmaster
Subject: With regard to allowing NO more than 3 consecutive days of 12.5 hours shift

To Whom It May Concern,

I am a Night Shift RN and I work 3 nights one week alternating with 4 nights the next week. My Hospital does not allow us to work more then 4 consecutive shifts in a row and absolutely no more then 60 hrs/week. I have no problems limiting the hrs worked per day to 12, nor the 60 hrs per week. I do however; have a big objection to the limit of only working 3 consecutive days.

As a Night Shift worker, I have a totally different sleep pattern then a Day Shift worker. I work all night, I sleep all day. On my days off, I try to have a "normal" sleep pattern in order to spend time with my wife and kids. In order to do this, you need more then one or two days off. When I work 3 or 4 days in a row, I get 3 or 4 days off in a row. If the BNE takes away this option, it will have a very negative impact on my life as well as thousands of other RN's who work the night shift.

I also believe it could be dangerous not only to me but to the patients that we night shift RN's care for. If we are trying to turn our sleep patterns around every day or two, this leads to poor sleeping when you try to sleep. Poor sleeping means you have a sleepy RN driving to and from work leading to potential accidents. You would also have a sleepy RN at work which could lead to accidents and medication errors and harm to the patients.

Please consider all the implications of the BNE proposal, the very negative impact on our lives and possible danger to the RN's and the patients we care for.

Thanks.

Philip Raine RN, CPN
Clinical Coordinator PICU
Driscoll Children's Hospital
Corpus Christi, TX, 78411
361-694-5320

From: Linda Pocta [mailto:lpocta@hotmail.com]
Sent: Wed 1/31/2007 1:55 PM
To: Webmaster
Subject: Work schedule survey/night workers

I have worked nights for 26 years. There are times I work 4 12 hours shifts a week. I prefer working them all in a row. Working nights is different than days. Sleep schedules are more likely to be messed up by taking a day off in between nights.. I am more likely to be sleepy during my 4th shift if I take a day off in between my working days than if I work them all in a row. Thanks, Linda Pocta

From: Caitlyn Fanning [mailto:Caitlyn.Fanning@dchstx.org]
Sent: Sat 2/3/2007 2:06 AM
To: Webmaster
Subject: PROPOSED STATEMENT 15.26

PLEASE, I WOULD LIKE TO LEAVE THIS COMMENT ON OVERTIME ABOVE THE 3 - 12.5 HOUR SHIFTS IN A ROW...WE HAVE WORKED 3 TWELVE HOUR SHIFTS FOLLOWED BY 4 OFF, AND THE NEXT WEEK 4 12HOUR SHIFTS FOLLOWED BY 3 OFF FOR AT LEAST 10 YEARS HERE IN THE PICU. I CAN REMEMBER BEING FORCED TO WORK OVERTIME 10 YEARS AGO WHEN I WORKED ON THE FLOOR. I WOULD LIKE TO CONTINUE WORKING OVERTIME WHICH WOULD PUT THE COUNT AT 4 12HOUR SHIFTS TWICE A MONTH. I DO NOT FEEL THAT THIS JEOPARDIZES MY PATIENTS NOR DOES MY EMPLOYER. I DO FEEL IF I CAME IN AN EXTRA SHIFT IN THE MIDDLE OF MY NIGHTS OFF (I WORK 7P TO 7A) THAT CONTINUITY OF CARE WOULD BE AFFECTED. THANK YOU

From: Cheryl Townsley [mailto:cheryltownsley@sbcglobal.net]
Sent: Fri 2/2/2007 10:08 PM
To: Webmaster
Subject: Nursing Work Hours

I am a night shift nurse. The first 10 years of my career I spent working 12 hour day shifts. I currently work 6 shifts on and have 8 shifts off. I have tried working two or three night shifts on and having a few days off in between but have found that I am more tired when working this way than I am working 6 on and then having the 8 days off. Working my days consecutively like this enables me to easily switch my sleep/wake cycle from days to nights. Breaking the days up left me exhausted and caused me to suffer from insomnia. My body never knew when it was supposed to sleep or be awake. I am a full time employee and work 36 hours per week, I just choose to run my days one week at the end and the other at the beginning. I also feel that this is a benefit to my patient's providing them continuity of care.

Cheryl

From: Halupa, Michael S. [mailto:MichaHal@BaylorHealth.edu]
Sent: Fri 2/2/2007 10:07 PM
To: Webmaster
Subject: Nursing Work Hours

Comments:

I currently work 12 hour night shifts, 6 days on and 8 days off. I have tried working 3 days on and 4 days off and this schedule made me tired all of the time. The 6 on 8 off rotation affords me the ability to shift my sleep schedule and receive 8 to 10 hours of restful sleep during my days at work

and thus provide safer care for my patients and continuity of care. I feel the 3 on 4 off schedule does not afford me the rest needed both at work and at home.

Thank You for your time
Michael Halupa.

From: Cathy Dixon [mailto:Cathy.Dixon@dchstx.org]
Sent: Sat 2/3/2007 1:05 AM
To: Webmaster
Subject:

Many night nurses work 3 nights 1 week and 4 nights the next week. This gives the hospital better coverage. We need to work night shifts consecutively. The switch over from nights to days is very tiring. We should not have to do this more than once a week. We need the income this brings. I am on a weekend contract. Please reconsider this. Thanks

Cathy Dixon

From: jerrie mitchell [mailto:mitchelljerrie@yahoo.com]
Sent: Mon 2/5/2007 11:58 AM
To: Webmaster
Subject: nursing work hours

As a staff nurse in CCU we have the privilege to self schedule. We all have different life styles and personal needs. As a night shift nurse I prefer to work my required hours on consecutive days. I feel better because I have the opportunity to develop sleep patterns and eating patterns while I work. This works for me because I am single. My married coworkers who have small children feel they are more rested when they work a different rotation. We are all adults and recognize our limitations and needs. Self scheduling works in our unit. PLEASE respect us as professionals who are able to manage our own lives.

From: JUDITH CLARK [mailto:texjclark@sbcglobal.net]
Sent: Mon 2/5/2007 2:06 PM
To: Webmaster
Subject: nursing work hours

My concern regarding the new proposal for nurse work hours is specifically concerning night shift workers. I work 7 pm - 7 am and frequently work 4-6 nights in a row and actually feel more alert and energized than if I work 3 nights, sleep the entire 4th day, awake 3 days in a row, and have to switch back to a night schedule. That is just constant "jet lag" and it's easier to work 6 in a row (Th, Fr, Sat, Sun, Mon, Tues) and then not return to work for 9 days. That is MY choice and what works best for me. I have had no errors/accidents etc. in the 5 years I have worked on my unit. Most of my co-workers work 2 -3 days in a row.

I would like the board to make suggestions and make the research available. I would like my employer to monitor nurses work hours related to errors. However, in my case, I do not want a

mandate from the BNE to dictate my work hours. My "rest period" is completely adequate - I am home at 7:30 am, in bed by 8 am and wake at 4:30 pm - that is probably more rest than 75% of America. I am an adult - I know when I can work and when I need rest. Perhaps a daytime schedule would be different - but for some nightshift people, frequently switching days and nights causes much more fatigue.

Please consider allowing the choice to be up to the employee. If a given nurse makes errors or is unsafe, then the employer should be involved in determining the reason - and long hours or consecutive days may be problematic - but please do not lay down a law that affects all of us, but is only necessary for some of us.

Thank you for your consideration,

Judith C. Clark BSN, RNC
Mother/Baby Clinical Coordinator
Harris Methodist Fort Worth

From: jerrie mitchell [mailto:mitchelljerrie@yahoo.com]
Sent: Mon 2/5/2007 11:58 AM
To: Webmaster
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I would like the board to make suggestions and make the research available. I would like my employer to monitor nurses work hours related to errors. However, in my case, I do not want a mandate from the BNE to dictate my work hours. My "rest period" is completely adequate - I am home at 7:30 am, in bed by 8 am and wake at 4:30 pm - that is probably more rest than 75% of America. I am an adult - I know when I can work and when I need rest. Perhaps a daytime

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Please consider allowing the choice to be up to the employee. If a given nurse makes errors or is unsafe, then the employer should be involved in determining the reason - and long hours or consecutive days may be problematic - but please do not lay down a law that affects all of us, but is only necessary for some of us.

Thank you for your consideration,

Judith C. Clark BSN, RNC
Mother/Baby Clinical Coordinator
Harris Methodist Fort Worth

From: JERRY BENETT [mailto:jerrybennett2744@sbcglobal.net]
Sent: Monday, February 05, 2007 7:25 PM
To: Webmaster
Subject: Nursing work schedules

I just completed the survey on mandated hours a nurse may work. One question ask if the nurse/employer should be restricted from working specific hours. This should be two questions. One should ask if an employer could mandate time/days worked and the other should ask if the nurse should be able to chose time/days worked.

I feel each nurse should be held accountable for knowing how many hours/days he/she can work. In my case, I work night shift weekends (Friday, Saturday, Sunday), and we have mandatory on-call. I prefer my on-call shift to be on Monday, because I'm already in that sleep pattern. If I wasn't able to work four shifts in a row, my sleep patterns would be harder to adjust. I'm the only one who knows this about myself, not the BNE nor my employer. Others I work with feel that two days in a row is as much as they can handle. The BNE has always held the nurse accountable for his/her actions, why should this issue be any different.

Thanks for your time, Jerry Bennett RN

Thanks for your time,
Jerry Bennett RN

From: Kulfolks@aol.com [mailto:Kulfolks@aol.com]
Sent: Monday, February 12, 2007 5:09 PM
To: Webmaster
Subject: Nurse work hour survey

Dear Sir,

I have just completed the survey, and felt it was incomplete. In the section where the question is asked about whether or not I would agree to the plan as outlined, I had to answer "no" because there is a portion that I disagree with. I do agree that nurses should not work more than a 12.5 hour shift. Having been involved with nursing since 1970 I can tell you I wasn't pleased to have those shifts foisted off on me. I prefer the eight hour shifts. I also agree that more than 60 hours

in a week is excessive. I don't do clinical nursing much anymore, but I remember well the fatigue. What I strongly disagree with is the statement that no more than three 12.5 hour shifts can be worked in a row. I work nights, and it is easier to keep going on that routine, then have enough nights off that I can spend some quality time with my family. Having one night off is insufficient to recoup, spend time with the family, or do anything else.

I generally work 3 nights one week, and 4 the next. In my position there are only 2 full time staff members. We cover for each other so that neither is burned out. The only way to get 3 or more nights off in a row means the other nurse has to work them. We limit ourselves to usually no more than 4 in a row with the occasional 5. Working nights means the first night off is a goner. You get nothing done. If you then have 3 or 4 nights off you can go out of town to visit family, or plan a short retreat. Regardless, it allows us to have a life outside the hospital.

Having a mandated work schedule regulated by the board is a BIG turn off. We are so desperate for nurses now that I can't imagine doing something like this that is likely to alienate a potential workforce. We old salts have been in the business long enough to know what we are capable of. I think this should be done on a facility basis.

I work at Central Texas Medical Center in San Marcos. We have had the 60 hour per week rule in place for a couple of years already. There are exceptions, but it is handled on a per instance basis. Approval is granted only when all other options have been exhausted.

I expect the Board of Nurses to understand that nurses are adults capable of caring for themselves as well as their patients. Guidelines are fine, but allow us the ability to have a life outside the hospital as well.

Sincerely,
Deanna Burden
Tx # 622146
Kulfolks@aol.com

From: Rob Flippin [mailto:rob@flippinfamily.org]
Sent: Wednesday, February 07, 2007 3:37 PM
To: Webmaster
Subject: nurse hours position statement

I reported in the survey that I "did not agree" with the position statement. That is true, but I only disagree with one point of the position. I believe that nurses can work more than 3 days in a row- and if you work night shift and have to take occasional call days you need to be able to work the shifts on consecutive days to get any decent sleep. I do think the no more than 5 shifts in any 7 days is a good idea.

I have been a nurse 24 years and am constantly amazed at the people who choose to work full-time at two locations, sometimes seven days a week with 12-hour shifts. I can occasionally work overtime, but I do not like the way I feel. I imagine that many mistakes are made from shear fatigue when people choose to work overtime constantly. I also am certain it doesn't help the atmosphere of the work environment with all the tired, crabby nurses around. My husband is a new graduate RN and we agree that some changes need to be considered in nursing.

I am glad that the BNE has made a position statement, not “law,” but written wisdom for workers and employers to consider the ramifications of their work hours.

Thank-you for your time,

Edith Flippin RN BSN

119 N Beverly

Amarillo, TX 79106

edy@flippinfamily.org

From: Lane, Michael [mailto:MichaelLane@texashealth.org]

Sent: Friday, February 09, 2007 2:11 AM

To: Webmaster

Subject: work hours

To Whom It May Concern:

I am a ER nurse who works 7p-7a shift. I also work on the trauma floor 1-2 days a week for overtime. I read that you compared nursing to pilots, truck drivers, and locomotive engineers. I would like to convey that we are not comparable to the other jobs for the simple fact is that the other jobs are sedentary in nature. I do not know about other nurses, but I do not have time to sit down. I am moving around and keeping my focus on the job. Second point that I would like to make is that having only 1 day off between shifts is difficult on my sleep pattern to switch from day to night. I like to work all my shifts in a row so that I can have multiple days off.

This does not pertain to me, but what about the nurses that work 2 -16 hr shifts and get paid for 40 hrs. These people only work 2 days a week. I myself did this on the weekends and went to school during the week. I do not feel that I became overly tired during that time.

If you have questions feel free to call. Just a reminder I sleep during the day.
(817)297-9031 home phone number

Michael Lane RN
Night shift

From: Mahan, Janice [mailto:janice.mahan@christushealth.org]

Sent: Tuesday, February 20, 2007 10:56 AM

To: Webmaster

Subject: Work hours

Having worked nights for many years, I know it is easier to work them for a stretch than to shift back and forth. Your biorhythms adjust, and it is healthier and easier to rest during the day when you don't shift back and forth. I agree that more than 3 12-hr shifts can be fatiguing, but putting an 8-hr shift or two between can give you enough rest to continue. A day off is useless in the middle of a night stretch. It simply decreases the amount of rest you get, and increases the stress.

From: Jean Flick [mailto:flickj@grayson.edu]
Sent: Fri 2/2/2007 2:52 PM
To: Webmaster
Subject: Work hour survey

I wanted to write a comment on the work hour survey, but did not find a place to do so. My comment is that I am interested in how this position statement would impact nursing students. For example, if a student in an LVN-to-RN Program participates in a 6 hour clinical day as part of the program requirements, and then goes to work that evening for an 8 to 12 hour shift. Or, the reverse, works all night as an LVN and then attends the clinical rotation for the course.

Thanks,

Jean Flick
ADN Program Director
Grayson County College
flickj@grayson.edu
903.463.8687

Disagree - Right to Work

From: Sue McRae [mailto:suemcrae@earthlink.net]
Sent: Thursday, February 01, 2007 9:23 PM
To: Webmaster
Subject: Nurse Work Hours

I feel that the hours worked by any individual in any professional situation, be it health, education, manufacturing and productions, services, should be an individual's right. Instead of the BNE becoming so involved in hours, examine the work environment, patient:nurse ratios, hostile situations that exist between nursing management and staff (because we have more supervision that ever before with fewer staff nurses and managers are all looking at "bottom line") potential violent patients in all walks of nursing as we are not allowed to restrain, sedate or defend ourselves from potentially violent patients and family members. It is not necessarily the hours, it is the stress of working short handed, not having proper equipment, working w/o breaks or lunch. I can say all of this as I am a staff RN at a large hospital in Houston and have just come off of 3 "12 hour shifts" that start at 0630 end sometime at 1900, 1930 or 2000. If we get a break, it is very unusual. But management is always having meetings to inform nursing staff of "more JACHO, OSHA, legal regulations" Do Not think for one minute that is the long hours....it's the fact that staff nurses are no longer nurses....we have become the very bottom of the work force now. Do Not Judge us, limit us until everyone of you who have been a nurse that has not been on the floor in over three years gets their real scrubs on and works as hard, dedicated nurses do. I still will strive to be the type of nurse that I want to take care of my family

and my self. If you succeed in passing this resolution, then this is another nail in the coffin of dedicated nursing. If you truly have the patient's best interest at heart, come out of your offices, get out of your meetings and get back into patient care, not for one day, one week but as a nurse and see what the world of nursing is really like now. Thank you.

From: Brenda Green [mailto:Brenda.Green@dchstx.org]

Sent: Wed 1/31/2007 11:25 AM

To: Webmaster

Subject: Nursing Hours

I believe we should be able to decide for ourselves how many hours we're capable of. We are positions of great responsibility and should be able to decide on our own work structure. Thankyou!

From: Michelle Shewaga [mailto:Michelle.Shewaga@dchstx.org]

Sent: Thu 2/1/2007 11:32 AM

To: Webmaster

Subject: Nursing Work Hours

First of all I strongly believe that there needs to be a distinction between voluntary hours worked and mandatory hours worked. Nurses know if they all physically and mentally able to meet all the obligations of their jobs in a safe manor. The BNE should not be the ones to dictate how and when nurses work. Especially in regards to 3 consecutive 12 hour shifts. I feel that this I a violation of my freedom and ability to support my family.

To: webmaster@bne.state.tx.us

Cc: GEORGE Buchenau; Jr.

Subject: PROPOSED POSTION STATMENT 15.26

Hi my name is Deanna A Gidney, 1814 w Catalina st Sherman tx, 75092. Phone 903-436-4498. I am a registered nurse for this great State of Texas. License # 652884. In addition to my RN degree I currently hold two NCC certifications, ACLS, BLS, NRP, & PALS. I am a labor & delivery nurse with my BSN and have goals of achieving my MSN in CNM. I have been work in my present practice specialty for app nine years. I am a single mother of three successful young ladies, of whom are pressuring careers in the nursing and medical fields.

I have two full time nursing jobs and also do some prn work when needed. Obviously I work far more than the new recommendation of 60 hours in 7 consecutive days. I am writing to you George Buchenau, Jr. in protest of the new proposed position statement 15.26:. Nursing is what I do, it is who I am. When I am called at 02:00am for a stat c/s it's not about monetary reward that propels me out of my warm bed. It is the nurse in me that knows someone's life and life

of a child is on the line, and I know I can make a difference. Patient safety is second nature to me, and always a priority. I can run 5 miles a day can you? Perhaps not. Perhaps you do good to make it 1 mile. Simply I did not start out running 5 miles a day, I trained and conditioned myself. I adjusted my nutritional habits and rest periods to accommodate the demands I placed on my body. Equally as a novelist nurse, I contained to adjust to the twelve hour shifts and often high stress r/t pt census or acuity. After the first two years of nursing, 12/hr shifts became normal and staying over to 16/hr and sometimes even 18/hr where possible. After laboring a pt for 12/hr and bonding with the pt as well as the family, I would feel robbed if I had to be relieved and miss the delivery I had worked so hard for. If delivery is remotely close I always stay over to see my mom through the delivery process and initiate bonding. As I become more seasoned and my expertise placed me in a position of demand I increased my work hours and my opportunity for cont experience and growth. I currently work as much as 7 nights straight, and then when my body needs I will sleep all day, eat and sleep all night. In reference to your bulletin Rogers 2004 (and who is Rogers) wrote " nurses who worked longer than 12.5 hours, errors were three times more likely to occur:. May I point out that more likely to occur, is not an actual error or pt safety issue. I feel that nursing is under attack, and I intend to submit a partition against Position Statement 15.26:. Equally I will see you in Austin on April 18, 2007. I feel that each RN should be judged on his/her own actions and job performance. Furthermore I stand firm on the statement that each RN be held accountable for providing safe patient care and knowing their limits. I do not smoke, drink (occ glass of wine), eat very health conscious diet, do 60min of cardio 6 days a weak, and workout with weights 3x a wk. How could you compare my physical and mental capability and or stamina with lets say an RN who chooses to smoke, eats unhealthy, and never workout. Again I say each RN needs to be held accountable for their own work performance and patient safety. Excepting a work shift while knowing you are too fatigued or tired to safely provided safe pt care would hold the RN responsible for her actions/performance. Not unlike refusing to take an assignment out of your practice area of which your are not skilled,educated, and competent. As a seasoned and competent RN I know my abilities and my limitations.

Next question?? How do you propose our State will fill all those overtime work hours when RN's like myself are stuck at home at 60hr/ worked. I ask you ?? Mr.. Buchenau, If your wife was in labor... would you prefer myself seasoned and highly skilled labor RN who eats,drinks and lives labor and delivery, on my 12th 12/hr shift to be assigned to your wife's care.Or perhaps a stay at home RN who occasionally works a day here and there. Or perhaps an agency RN with equal skills and expertise but yet is unfimaulare with the unit and the unit policy & procedures, as well as the doctors on staff and their personal preferences. And that brings me to my next question?? Who is at greater risk of error a seasoned RN familiar with the unit (her second home) who is on her 12th/ 12hr shift or a prn/agency RN who works here and their and is not familiar with the unit?? I think the answers here are quite clear. As a professional, that makes life and death decisions every day, I think I can govern my own life and limitations. I manage my home,children, carrier, and rest very proficiently.

I thank you for your time and consideration of my professional opinion and views.

Thank You
Deanna A. Gidney RNC. baby_nurse321@yahoo.com

PS, do you have children ??? perhaps grandchildren ???

From: buzzrn1@peoplepc.com [mailto:buzzrn1@peoplepc.com]
Sent: Mon 2/5/2007 10:37 AM
To: Webmaster
Subject: regulation of nursing hours

I have just completed the survey on nursing hours. I currently work in a hospital setting, 12 hour shifts. I rarely work 4 days in a row. But when I do, this is my choice and I prepare for it. Meaning that I have my lunches planned, I do not socialize after work nor do I work out at the gym either before or after work. You may decry this as I only work, eat and sleep for these 4 days. Yes, this is what I do. But it is my choice to have multiple days off in a row. I have worked a Monday thru Friday 8 hour position and frequently worked 12 hour shifts to cover shortages and had only 2 days off a week.

My facility currently does not have mandatory overtime. I am rarely asked to work a 16 hour shift (with a nice bonus attached), and I routinely refuse. I have been a practicing nurse for 28 years and have experienced more mandatory overtime working 8 hour shifts than working 12 hour shifts. Each nurse is responsible for their own practice and performance. For some nurses working more than 2 12 hour shifts is too much. Some are able to routinely work 4 12 hour shifts without problems. I feel that more mistakes are made by the lack of continuity of care and or acuity of patients than number of hours worked. Having 6 total care patients in an 8 hour shift allows more room for error than taking care of a balance group of patients in an 8 hour shift.

My experience is that the nurses who are working greater than 60 hours a week are doing so by choice, not by force. I am responsible for my own actions. If I choose to work more than 60 hours a week and make a mistake. I need to be an adult and take responsibility for my actions, not blame it on excessive working hours, which I chose to work.

(A.Michele Janowski BSN RN OCN CMSRN

From: Payne G [mailto:G.Payne@stdavids.com]
Sent: Sunday, February 04, 2007 7:57 AM
To: Webmaster
Subject: Proposed Statement 15.26 "Nursing Work Hours".

To Whom It May Concern,

In regards to the proposed statement 15.26 "Nursing Work Hours".

I am all for patient safety, but where will this end? We all know working a 12 hour shift is much more physically/mentally demanding than a 4 our 8 hour shift. I would bet if you did a study comparing 8 hour shifts to 12 hour shifts, you would find more errors in the last 4 hours of the 12 hour shift rather than the entire 8 hour shift? Are you going to then say we are not allowed to do 12 hour shifts at all? Again, where will this end?

Say **NO** to this proposed statement 15.26.

Sincerely,

Glenn Porter Payne II

From: Brooks, Christine B. [mailto:ChristineBBrooks@texashealth.org]
Sent: Thursday, February 08, 2007 11:22 AM
To: Webmaster
Subject: Proposed work hour recommendations for RNS and LVNs

Esteemed colleagues,

As a nurse manager of a large and busy level III NICU, I remained concerned about the board's recent recommentations to limit nursing hours.

I believe most nurses now are given an option, through self scheduling and staffing plans, to limit their worked hours. This should continue to be a choice afforded to all professional nurses. However, to prohibit nurses from working more than 3 12 hour shifts in a row if this is their preferred work pattern, will not yield the results the board is seeking. Furthermore, if the cnesus is high or staffing is short, this would be one less RN that the manager could utilize that shift to come in if they've already worked their 3 shifts in a row.

Nurses work better as a team and will perform better when they are given control over their schedule, and enjoy their work environment. This will result in fewer errors, not mandating their work patterns.

I analyze each and every medication error and other reported errors that occur in my department. There are over 100 RNs under my direct supervision. They range from tenured nurses with greater than 30 years experience to new graduates and every level in between. I have never, not once, discovered any correlation between the number of worked hours and these errors. They are either random human error, process issues, or the failure of the nurse to follow protocol.

Please reconsider this initiative.

Christine B. Brooks RNC, MSN
Nurse Manager, Neonatal Intensive Care Unit
Presbyterian Hospital of Dallas
office: 214-345-2679
Fax: 214-345-2607

From: Amscot54@aol.com [mailto:Amscot54@aol.com]
Sent: Thursday, February 08, 2007 4:13 PM
To: Webmaster
Subject: work hours

I feel that , as responsible adults and licensed practicing RN's, we should be capable of deciding how many hours we are able to work --- within the guidelines established by each institution. Every person has a different tolerance level.

As an example, up until about 3 years ago I could reasonably and easily work 120 hours in a two week pay period. I know that I was both physically and clinically competent. I knew that I could not and would not work more than 5 twelve hour shifts in a row.

Now I know that physically my body cannot and does not want to work more than 4 twelves in a row ---- that is my choice, I do know what I am capable of !!

I enjoy working 4 twelves in a row because I then have three or four days off in a row. I work nights (7p - 7a) and would really detest only being off one or two days --- I would never feel like I had any real days off.!!

There are, and always will be, people who make mistakes and are incompetent no matter what the hours they are scheduled to work !!

Aren't we supposed to be professionals and, as such, should we not be able to know our own capabilities and know that we cannot put our patients at risk by working hours that we do not feel capable of handling?

Sincerely,

Kathleen Mc Lean, RN,CLNC

From: Horn, Virginia [mailto:VirginiaHorn@texashealth.org]

Sent: Friday, February 09, 2007 5:15 AM

To: Webmaster

Subject: nursing work hours

Nurses should know how many hours of work they can physically and mentally handle. If they can't work more than 12 hours per shift or 3 days consecutive days of 12 hour shifts, they should consider to find a job which dose not mandate 12 hours per shift. Some nurses have too much personal responsibilities outside work, they do not get enough rest prior their work schedule. They do have higher tendency to make error or inability to perform the standard of care.

We need the flexibility of the nursing schedule to meet the need of the patients. It is more stressful when we do not have enough nurses and have to increase the nurse/patient ratio. If BNE limits the hours a nurse can work, we'll have hard time to fill the need in the hospital. If we have enough nurses to work in the hospital, nurses will not need to work any overtime at all.

Nurses who make mistakes frequently, their employers should counsel them and limit their work hours if appropriate.

It is good to have continuity of care for patients. Nurses work consecutive days can have the same assignments and they would know patients well. It does help to decrease error.

Thanks to give me a chance to voice my concerns.

From: Toni G. Hutcherson [mailto:tonihutch@nts-online.net]

Sent: Friday, February 09, 2007 12:06 AM

To: Webmaster

Subject: Mandated work hours for nurses...

Dear Members of the BNE,

Although your stated position and the proposal now before the board certainly makes sense (and I agree with the original *To Err is Human* (1999) which is the basis for certain actions that have already taken form in the healthcare community), I have intense reservations when it comes to ANY governmental body attempting to regulate the number of hours that a nurse can work when it

has done very little to eliminate the nationwide shortage that we face in every area of healthcare (Nurses are not the only ones feeling the crunch...).

Examples include Respiratory Therapists having to work mandatory overtime in the hospital in which I presently work. The number of Physician Assistants and Nurse Practitioners has increased 10-fold due to not enough Medical Doctors available to actually attend to each patient in a timely and efficient manner. Failure in tort reform forces many that would otherwise consider a career in healthcare (Doctors, NPs, PAs, RTs, Nurses, etc.) into other professions that are less likely to face any type of litigation while those that either choose the healthcare field or are presently working end up practicing "defensive medicine" in an attempt to avoid the myriad of lawsuits that continue to plague the healthcare professional.

Furthermore, nurses are not generalists any more than the M.D. (cardiology, endocrinology, oncology, emergency, pulmonology, surgery (cardiothoracic, neurosurgery, general surgery, trauma surgery), the ENT specialist, podiatry, dermatology, pediatrics, OB/GYN, neonatology, pathology, geriatrics, etc., etc., etc., ad nauseum...). The nurse becomes a specialist usually in one or two fields of medicine and, in the case of a Critical Care nurse (of which I have been involved for the past 9 years as a Paramedic and as an LVN-- working towards my RN/BSN and eventually MSN), the transition to Medical-Surgical is not exactly an arduous one (since I also presently work in an LTAC hospital). However, if one were to attempt to pull from the Resource Pool a Med-Surg nurse who has never had any experience in Critical Care to fill the shortage (due to mandated hours by the BNE or any other governmental body) in a Critical Care unit, the patient would end up being the one who suffers, thereby negating any benefit that the CCU may have from a well-rested nurse that is more accustomed to Med-Surg and an 8-hour shift where very little happens. In reference to Critical Care, it takes, on average, 6 to 8 months to effectively train and condition a nurse for critical care duties. When I began working in an LTAC hospital recently, I spent 4 days in General orientation (sitting in a classroom) and 3 days on the floor that I would actually be working (one of those days as an "ORT" (orientation) was spent as the Monitor Tech since no other nurse on the floor was proficient in Telemetry); again, the short amount of time spent in orientation was due to my previous experience as a critical care nurse and the Charge Nurse, the ADON, and the DON all felt confident in my abilities in making this transition. The LVN that I "trained" with actually admitted to being "scared" of critical care and expressed no desire in becoming a critical care nurse.

Finally, in reference to the charge of not doing enough to eliminate or lessen the shortage of nurses, I am presently seeking admission into one of several programs in the area to advance myself from LVN to RN (one program offers the LVN certificate, two offer the RN diploma, while only one program in this area offers an RN/BSN, a BSN (if an RN already), RN to MSN, and a second-degree program for those that already have their Bachelor's degree). When submitting my application, I was told by the Admissions Coordinator that they routinely receive anywhere from 300 to 500 applications for a program that only allows for 100 applicants (of which 25% to 35% may not finish the program for various

reasons). Considering the current shortage (which is only getting worse) and all the rhetoric in the past several years regarding the money that has been supposedly made available to expand training programs to allow for more nurses, my answer to you regarding the proposal to limit hours worked is simple..."SHOW ME THE MONEY!!!" (Cuba Gooding, Jr. in *Jerry Maguire* (1997)). The rhetoric of the politician always sounds good and is sometimes believable to those with an I.Q. in the double digits. Yet for those that have been working for several years in this profession and are as active as they can be at the local, state, or national level to affect real change (and not just empty promises...), this is yet another insult to injury to several thousand professionals out there who have been working diligently for years to advance the profession of Nursing and, in short, know what their limitations are when it comes to numbers of hours worked and are intelligent enough that they should not have to submit to a legislative body in seeking permission to work enough hours in order to provide for their families.

Patient safety is always paramount and is always the focus of the professional healthcare provider. Unfortunately, there are a few individuals that have practiced or are currently practicing "bad medicine" yet I feel that it is the employer and the true professional healthcare provider that should monitor and report these few individuals to the proper authorities for swift and certain action to prevent contamination of one of the few remaining "pure" professions--- the duty and honor of Nursing. Always Faithful to the "Customer",
Joel C. Hutcherson, LVN.

From: Baker, Robert [mailto:RobertBaker@texashealth.org]
Sent: Thursday, February 08, 2007 4:02 PM
To: Webmaster
Subject: Mandated Staffing Hours

To whom it may concern:

Nurses pride themselves on being proactive and using the nursing process to assess and develop a plan of care to take care of patients. We as a profession need to be vigilant in watching out for the safety of our patients. I believe the individual nurse is a better self-judge of how many hours of work they can safely perform in the pursuit of their assigned tasks. Mandated laws or rules "dumb-down" the profession and makes us look incompetent to self-manage. If we are going to be perceived as a "profession" we need to behave like one rather than be subject to arbitrary mandates that are not evidence based from the nursing perspective.

*Robert L. Baker MSN, RN
Nurse Manager
Home Healthcare
Presbyterian Hospital of Dallas
214-345-1698 office/voice mail
214-345-1650 fax*

From: Rush, Debby [mailto:DebbyRush@texashealth.org]
Sent: Friday, February 09, 2007 8:15 AM
To: Webmaster
Subject:

How would this be regulated for the employee who has multiple jobs? Would the responsibility be with the employer or the employee? I certainly support no mandatory overtime but feel the number of hours worked should be the right of the employee. If there is a problem with patient care that is then a management coaching issue. If personal finances require additional employment or extra shifts that the nurse cannot do within their profession due to legislation they will work in other fields.

Debby Rush

From: RUTHANN GRIMMER [mailto:ragrimmer@prodigy.net]
Sent: Friday, February 09, 2007 12:57 PM
To: Webmaster
Subject: comments regarding 15.26

Dear Sirs,

I completed the online survey about the 15.26 proposal and would like to add a couple of comments.

I work in a large Level 3 Neonatal Intensive Care Unit. We work 3 12-hour shifts each week. Occasionally, when we are busy, we work extra shifts. For the most part, though, we are very adequately staffed and are not requested to do overtime. (To clarify, overtime is never a requirement related to keeping our job.)

I agree that measures should be in place to protect and promote patient safety, and certainly nursing fatigue is a factor in patient safety. However, I do not completely agree with the current proposal.

1st BNE Recommendation:

I agree with the proposal that shifts should be limited to 12.5 hours. There are circumstances when we may work a little over -- such as a nurse not showing up and needing to allow time for another nurse to arrive at the hospital -- but these are rare occurrences. I assume the proposal will take into consideration extenuating circumstances.

2nd BNE Recommendation:

I also agree that nurses should limit themselves to no more than 60 hours in a 7-day period. The problem I see with this requirement is that the nurse's primary place of employment may be unaware if the nurse works other hours at another facility. Thus, the burden of responsibility to limit work hours rests with the individual nurse. Perhaps having the BNE regulate hours is the answer to this problem, but that feels a little too much like "Big Brother" to me. I would like to think that nurses are responsible and that they self-regulate their individual number of hours worked each week. Unfortunately, I

cannot think of a solution to this other than the one proposed in the survey. My question is how would the BNE regulate hours? There would be many factors to consider, such as whether or not the multiple jobs are all direct patient care, whether there was adequate rest time between jobs, etc. The record-keeping involved on the BNE's part would be a nightmare. If there was a regulation in place that required nurses to disclose other places of employment to their employers, then that seems a violation of privacy -- so I don't think that solution would work, either. In summary, I agree with the 60 hour limitation in a 7-day period, but I do not know how the limitation can be enforced.

3rd BNE Recommendation:

I **disagree** that nurses be limited to 3 consecutive days of 12-hour shifts. I often work 4 or 5 days in a row. I am 53-years-old and do not have a problem working that many days in a row. There are times that I will work 6 shifts in a row, though that is rare. The shifts are consecutive, but are divided between 2 weeks. In other words, since we work 3 12-hour shifts each week, it is quite common to work 1 to 3 days at the end of one week and continue working 1 to 3 days at the beginning of the next week. When arranging family activities, travel time, etc., often it is the most productive use of time to schedule more than 3 days in a row. I think the limitation should be 5 consecutive days of 12-hour shifts, with some stipulation regarding 2-week time frames. For example, no more than 8 12-hour shifts in a 2-week period with no more than 5 of those shifts allowed to be consecutive days.

Thank you for your time.

Sincerely,
Ruth Ann Grimmer

From: Christine Harms [mailto:jcbangkok@hotmail.com]

Sent: Saturday, February 10, 2007 12:32 AM

To: Webmaster

Subject: Regulation of RN work hours

Dear BNE,

We have self scheduling in my hospital unit. I highly value the autonomy this gives my life. I have the ability to work six shifts in a row (crossing from one week into the next) so that I can then leave town for a week without using vacation pay. I am a responsible adult and make sure that I get the rest I need to do my job well during such a strenuous schedule. Working so many 12 hour shifts in a row would be rare for me to choose, but I ask that you please guard my right to make such decisions for my own life.

Another time it may be necessary to work several shifts in a row is when our unit is overwhelmingly busy yet without adequate staff numbers. We pull together and take extra shifts to ease the load for everyone. Please don't take away this option.

Thank you for listening.

Sincerely,

Eager worker, paying for two children in college, needing time to visit my aging parents that live far away

From: Melendez, Nancy J 1LT CRDAMC-Ft Hood
[<mailto:Nancy.Melendez@CEN.AMEDD.ARMY.MIL>]
Sent: Friday, February 09, 2007 8:59 PM
To: Webmaster
Subject: Proposed Position Statement 15.26: Nursing Work Hours

I do not think that as a nurse that I should be held to a 60 hour work week.

I think I should have the right to work 7 days on and 7 days off. I put patient safety number 1. I always double check critical drugs and drips with my co-workers. I work Neonatal, Pediatric and Adult Intensive Care. I enjoy all three areas but because of my extensive background with Pediatrics I always double check my medications. I think it should be up to the individual. Thank you

Nancy Melendez

From: Nancy Helms [<mailto:mstexn@yahoo.com>]
Sent: Sunday, February 18, 2007 1:24 PM
To: Webmaster
Subject: Proposed changes in the nurse practice act

I'm not sure if this is the email site where I, as a nurse, can voice my concerns and suggestions, but I will let you know them and if I should be speaking with someone else if you could return an email stating where I should write to I would greatly appreciate it. I have 3 concerns/suggestions which are listed below and would like them voiced somehow in upcoming meetings if possible:

1) I have heard of the proposed changes to the allowed nursing working hours to be limited to 12.5 hours a day and only up to 60 hours a week. I understand the safety issues which are of concern, but I do know that all nurses are different and function very well working different hours. There are many nurses who are not able to function well after working only an 8 hour shift, and then there are those who function very well working 2 16 hour shifts in a row. In the hospital I am working in at this time they are trying to change the hospital from a mixture of 8 and 12 hour shifts to all 12's. This is not being accomplished very well due to some nurses not tolerating the longer hours well and it being very obvious just by looking at them. Many nurses are only able to work 16 hour shifts a couple days a week due to family and/or school issues which provides them the income they need with working hours that they can tolerate. Since every individual is different in there tolerance of working hours, I feel that instead of limiting all nursing,

that the individual and the nursing supervisors in the establishments should limit as to an individual basis. Physician interns and residents have been limited to I believe 100 hours a week and I see they tend to function very well; they are people just as nurses are and their individual ability to function properly and safely only varies as to the person, not their profession. By passing the current proposed changes will make things financially more difficult for many nurses and will add to the current nursing shortage by limiting the nursing hours. Again, I believe this should be decided on an individual bases, or, if hour limit changes must be made, perhaps limiting the amount of 16 hour shifts to no more than 2 in a row and no more than 80 hours a week. To me, this seems more of a realistic change if change needs to be made. Bottom line: The individual nurse should be able to recognize their own personal limits and be held accountable, and the facilities should be able to monitor and recognize when the individual nursing function is beginning to falter and be able to step in and resolve the problems at that individual level.

2) I have heard of that Governor Perry is wanting to bring in thousands of nurses from Mexico and other countries to help ease our nursing shortage and to bring in taxes from them working here. Other nurses and myself are all concerned about this due to both the language and education differences. This is a big safety concern. I actually initially heard of this through a patient I cared for who is a CEO in some big business (I didn't ask where). He told me this and voiced his concerns, as well as the current immigration concerns. He told me he would not like to be cared by nurses brought over from another country because of the education and language concerns and had stated that if that happened then he would go to a hospital in another state if needed in the future. I feel that we should recruit more from up north in the U.S. since there are less nursing shortages there, instead of from other countries, and I have another suggestion in #3 below. I have work with some nurses brought in from other countries, and many of them take a very long time in orientation because of their differences in education and understanding; this costs the hospitals/facilities a lot of time and money to train these nurses and actually adds to our work load to care for patients and to train and monitor these new nurses. Our own nursing graduates tend to be a lot easier to train and have more of an understanding of our nursing practice.

3) First, I would like to say I feel that the combining of the RN and LVN boards was a very good move; I believe there should be only one agency overlooking all nursing practices. I have seen though, with the changes being made it's made the work for the most part more difficult for the nurses. With policies changes (which I understand the reasoning behind) more work has been taken away from LVN's and placed onto RN's. This has caused a lot of frustrations, not only with the added work on the RN's, but also procedures that have been taken away from LVN's who many have been doing them for years. This has even caused LVN's not being able to practice in areas, like ICU or ER, where they have practiced for years. There are a lot, not all of course, but a lot of LVN's who have worked for years who are extremely competent and for many more knowledgeable and experienced than many RN's. This has also caused shortages in critical care areas by taking procedures away from these competent LVN's. Many LVN's would like to become RN's but due to personal financial difficulties and time restraints are unable. My suggestion here is for there somehow be a way to grandfather LVN's to RN's, which would ease some nursing shortages and a lot of frustrations. I feel by taking away practices from LVN's who have been performing them very competently for years is just taking away from quality of care for the patients and is an insult to many nurses,

which many have commented on. Many have stated that they feel like less of a nurse and unable to give proper care to their patients. With my suggestion of grandfathering LVN's to RN's would of course have to have a lot of stipulations with it. I feel that if an LVN has been nursing for some 5-10 years, perhaps with experience in more than one area of nursing, and of course come highly recommended from their employed facilities. The facilities will have first hand knowledge of the nurses clinical experience, including their professional relationships with other staff and patients. Other things that should be considered is the LVN's ability to problem solve and work independently, and to take charge of situations that may arise. They must be very capable and trusted by other staff. I don't feel facilities will jepordise their business by recommending nursing that do not meet high standards. Once recommended, then the nurses could take testing to show the nursing board their knowledge base. Once passing that I feel they should then able to sit for the RN board. Like I mentioned, many LVN's who have been working for years are just not able to go for their RN's due to the time and financial restraints. I feels that it's a waste of nursing and nursing ability to hold them back for things that are out of their control, especially if they have been proving their abilities for years. I feel that this should really be considered. It would ease the nursing shortage and frustrations that all the nurses are feeling. I feel it would greatly benefit patient quality of care. And as for Governor Perry, it would add extra taxes to our state as well as ease some of the nursing shortage.

Thank you for your time in listening to my comments and suggestions. I hope my suggestions are heard and considered. I feel nursing and patients would both greatly benefit.

Sincerely,
Nancy Decker

From: Aldredge, Nancy R. [mailto:nraldred@utmb.edu]
Sent: Monday, February 19, 2007 1:10 AM
To: Webmaster
Subject: bne proposition

It is very concerning to me to be in a profession where someone other than myself would dictate how much or how little I can work. This appears to be socialism to me and not freedom. It would be nice to live in a perfect world where mistakes, pain, and suffering do not exist....Man is fallible even with rest....Man is human and human errors occur in every aspect of life....I vote NO NO NO NO NO to the BNE proposition.....Nancy Aldredge RN BSN

From: lonnie lane [mailto:lakewatercowboy@cox.net]
Sent: Tuesday, February 27, 2007 10:22 AM
To: Webmaster
Subject: nursing hours

MY NAME IS LONNIE LANE AND I HAVE BEEN A REGISTERED PROFESSIONAL NURSE FOR 33 YEARS. I DO NOT FEEL THE BNE OR ANY

OTHER ORGANIZATION HAS THE RIGHT TO DICTATE WHEN AND/OR HOW MUCH I WORK WITH MY LICENSE. I WANT TO DISCUSS MAYBE SOME REASONS OR AREAS THAT NURSING ERRORS MAY OCCUR: #1 THE 12 HOURS SHIFTS PROMOTE FATIGUE BY NOT ALLOWING ENOUGH DOWNTIME BETWEEN SHIFTS. ONE GETS HOME LATE FROM WORK, VISITS WITH FAMILY SOME AND SITS DOWN FOR A LATE DINNER WITH THEM, PUTS THE KIDS TO BED , MANAGES PERSONNEL MATTERS AND GETS TO BED LATE HIM/HERSELF. GETS UP EARLY THE NEXT MORNING TO PREPARE BREAKFAST, GET THE KIDS UP OR TAKES THEM TO THE SITTER AND OUT THE DOOR TO BEGIN THE SAME ROUTINE AGAIN FOR ANOTHER 16-18 HOURS. #2 PATIENTS HAVE HIGHER ACUITY RATINGS AND THE NURSE/PATIENT RATIOS ARE TOO HIGH ON THE FLOORS. A NURSE ADMINISTERS MEDICATION , COMPLETES ASSESSMENTS AND DOCUMENTATION. GOD FORBID IF A PATIENT ACTUALLY NEEDS NURSING CARE CAUSE THERE IS JUST TOO LITTLE TIME. #3 EMERGENCY ROOM OVER CROWDING--TREAT AND STREET. AS A NURSE, YOUR FEET HIT THE FLOOR RUNNING AND IT IS THIS WAY FOR 12-13 HOURS WITH NO LET UP AND PROBABLY NO LUNCH OR BREAK CAUSE THERE IS NO TIME, TOO BUSY MANAGING AND TREATING A CONSTANT FLOW OF PEOPLE----IN COMPLETION, JUST TOO BUSY WITH THE CONSTANT WORK LOAD, DAY IN AND DAY OUT WITH NOT MUCH TIME IN BETWEEN

From: Susan Harris [<mailto:susanharris4@msn.com>]
Sent: Thursday, March 15, 2007 5:13 AM
To: Webmaster
Subject:

To the Texas Board of Nurses,

I just wanted to comment that when the board wonders why people don't want to be nurses, or when thirty year experienced nurses wouldn't recommend the profession of nursing to young people, you might think about how nurses are treated by their professional board. As a mature, professional woman, I am totally capable of handling my own work hours and my own schedule. I do not need to be treated like a child and have the hours that I am allowed to work dictated to me. I find it impossible to recruit others to the profession because we are not treated like professionals or like adults who can handle their own careers.

We live in a free country and therefore, we should have the right and opportunity to choose our place and time of work. Other professions do not try to play big brother--I don't see the medical board, the law review or the accounting professions being told how many hours they can spend at the job.

For nurses who work at night, it is much easier for us not to have to constantly be breaking up our schedules. It is too difficult to constantly be changing from night to day and back. And you do need people to staff the hospital at night.

Mistakes are made by all. People who work nights and people who work days.

I have seen mistakes made by part time people who work very little, as well as people who work full time. The one thing that is for sure is that if you pass these restrictions, the board will be making a big mistake also. This is already a very difficult profession, it is not necessary for our state board to make it more so.

Thank you.

Susan Harris, RNC, BSN

From: TAWNA WILLIAMS [mailto:tawnawilliams@sbcglobal.net]

Sent: Tuesday, March 13, 2007 4:31 PM

To: Webmaster

Subject: Work hour proposition

To whom it may concern,

I have been an RN since 1974 in the state of Texas. I have a BSN and an MSN and have been a college level educator as well. I have worked more than 40 hours a week for most of my career. It has been by choice for most of that time. I do believe that there should be a limit to how many hours a nurse should work in a day but I do not believe that the board should try to regulate how many hours a week a nurse should work. Many of us enjoy the additional work each week and I do not believe the board should tell me how much I should be working.

My children are grown, I have a lot of time on my hands and I love the work I do. I am told that I am a good nurse and I am frequently requested by employers to work for them. I do not believe I would be effective in my work if I worked more than I feel I am able to work. I am not known to make mistakes or to ever endanger a pt. and I hope never to do so. When I feel the need to take a day or several days off I do so. I firmly believe that it is the responsibility of each individual nurse to know their own limitations and take time off when they should without anyone having to dictate what their hours are.

I do not believe any employer should have the right to require nurses to work more hours than they feel they are safe to work whether that number is 28 hours or 88 hours. Many professionals in all types of jobs work more than a simple 40 hour work week and they also are responsible for things that effect the lives of others. If people want to work

or need to work they should be allowed to if they believe themselves to be safe at what they do.

I am helping a nephew with college and I also help my elderly parents with their living expenses and it makes me happy to be able to work all I want to and help my family as well as friends and charitable institutions I donate to. I gives me a wonderful sense of accomplishment to be able to do what I went into nursing for in the first place, which was to work in a profession where I am able to do what I believe God gave me the ability to do on a daily basis for those who need me. I don't believe the board or any other regulatory agency should be attempting to regulate weekly hours so much as the hours in any given day that a nurse works.

We have lots of Type A personalities in nursing who thrive on work and nurses who thrive are good for our patients . I believe they are our core professionals who hold it all together and set an example for strong work ethics for our future practitioners. I do strongly believe as I said, that no nurse should be required to work more than they feel comfortable and save with and that it is the responsibility of each practitioner to safeguard their patients as we have taken an oath to do.

I appreciate what I believe you are trying to do to help us protect our patients, but also believe you are not quite on track as to how to go about it. I don't say that lightly as I have been doing our work for many years and I share your concerns. That said, my personal belief is that we all as practitioners must take responsibility for our own practice and do what we must to protect our own legal ability to work. I do not believe 40 hours per week is the solution to our problem. I believe it begins with our own individual credibility as a nurse and in monitoring how much nurses are required to work much more so than how much they desire to work.

Sincerely,

Sandra Cozart, MSN

From: Peggy Hensley [mailto:hensley@web-access.net]

Sent: Sunday, February 11, 2007 5:55 PM

To: Webmaster

Subject: Nursing work hours/comments

I am an APN in independent private practice...I am on call for my patients 24/7. This is my choice as it is my business. It is unlikely that I would have to work more direct patient care hours unless some type of disaster. I feel nurses should be the judge of their ability to work extended hours and not mandated by the BNE. I however, feel that facilities should not demand that nurses work more than they feel they are safely able to do. Margaret A. Hensley, FNP Santa Anna, TX

From: JOYCLYN RUSK [mailto:ruskworley@verizon.net]
Sent: Tuesday, February 20, 2007 9:40 PM
To: Webmaster
Subject: Nursing practice hours

I am writing to express my concern re: the proposed mandate re: overtime hours for Nurses. I did not answer question # 10 on your questionnaire because of the wording. I feel strongly that a Nurse should be ALLOWED to work all of the overtime that she or he wants. Overtime, however should not be MANDATED by an employer.

Thanks,
Dana Worley, CRNA

'hhinton@aol.com'
Comments: Ns Wk Hrs

Nurses are Professionals. They should be treated like professionals and allowed to govern their practice. Registered nurses are fully aware of their ability to perform their duties/responsibilities in relation to fatigue, stress, or other influencing factors. A 60 year old RN may be less able to perform her duties after a single 10 hour shift than a 20, 30, or 40 year old RN is after her/his 3rd 12 hour shift is. Also, an RN who is a new mother and not getting much sleep at home is certainly more fatigued and stressed than many other nurse who have worked considerably more. Registered Nurses should adjust their work schedules or inform their superiors if fatigued or experiencing great stress that inhibits their performance. I am an advanced practice nurse who pulls many call shifts to cover the hospital needs and restricting the work environment will damage the hospitals ability to provide care to the population we serve. Many advance practice nurses perform residency programs that require them to pull 80-100 hours per week, while performing well on exams. The focus should be on advancing nursing practice, treating nurses as professionals, and allowing them to govern and be responsible for their practice.

Thanks, Harry Hinton, CRNA, MSNA

Disagree – Staffing Issues

From: Fernon, John [mailto:john.fernon@christushealth.org]
Sent: Tue 1/30/2007 3:20 PM
To: Webmaster
Subject: survey on Draft Position Statement 15.26

I have completed and submitted your survey. I understand that "patient safety" is the biggest concern for this study. I believe that patient safety would be better addressed if mandantory overtime was not allowed and the Board implemented a nurse-patient ratio based on acuity of the pt. In your outline there is reference to the 2003 comprehensive plan that now allows physicians to work six days a week and 12 hour shifts with 8 hours between shifts. I have no problem utilizing their plan and would like for the board to

further investigate, using evidence based reasearch, on nurse-patient ratio to improve patient safety.

Thank You,
John Fernon, RN

From: Ken Adams [mailto:ken.a.adams@sbcglobal.net]
Sent: Tue 1/30/2007 10:54 AM
To: Webmaster
Subject: Work Hours Survey reply

While the Nursing Work Hours survey addresses part of the problem of nurse fatigue versus patient safety, it ignores its conjoined twin, nurse to patient ratios (NPRs). Are not they responsible for error rates as well? As the nursing regulatory agency entrusted with public and staff safety, this elephant in the room (NPRs) cannot be ignored. In a right-to-work state, what choices do nurses have when confronted with organizations that encourage unreasonable NPRs? Should they refuse such assignments? Job loss seems the likely outcome. Is it fair, is it(to use one of our favorite references) reasonable and prudent for the BNE to sidestep this issue? You as regulators know it is not.

While the California Nurses' initiative covering NPRs seems financially unrealistic to me, equally unrealistic are excessive NPRs that pile on stress and do not provide nurses with adequate rest periods (12.5 hours or no 12.5 hours). What are the error rates under those conditions?

Fully addressing the fatigue-to-error ratio requires an ethical analysis of all components. You have gone half way and I commend you. As keepers of the public trust, complete the job. Reflect on point three of the proposed recommendations: "The accountability for patient/client safety cannot be assumed by the nurse's employer(s)." Its implication if applied to NPRs is grievous. Faced with the possibility of passive termination ("I think I'll keep you off the schedule") or other passive-aggressive maneuvers ("all I have is the 11p-7a shift") who among us (who need to work to pay bills and take care of our families) are willing to challenge employer schedules that habitually insure unreasonable NPRs? Responsibility must be mutual, nurses and employers working in tandem to ensure patient safety. It is unjust, it is cruel, to expect nurses to assume all risk and responsibility under such circumstances. I trust you will not allow that to happen.

Respectfully,
Ken Adams RNC

From: Cox Linda [mailto:Linda.Cox@hcahealthcare.com]
Sent: Tue 1/30/2007 12:56 PM
To: Webmaster
Subject: Proposed 15.26

VERY LIMITED SURVEY. THERE WAS NOT AN AREA TO PUT IN COMMENTS!!!

**THE BOARD SHOULD NOT REGULATE HOURS UNTIL THEY REGULATE
PT/STAFF RATIOS FIRST!!
IF YOU CAN LIMIT THE HOURS THEN THE NURSES WILL BE TAKING 10-12
PATIENTS WHICH IS MUCH WORSE.**

Please let me know if I can be of further assistance, as I have the time.

Linda C. Cox, RN, MSN, CNS, AOCN

Clinical Nurse Specialist - Oncology

Medical Center of Arlington

3301 Matlock Road

Arlington, Texas 76015

E-Mail: Linda.Cox@hcahealthcare.com

Phone: 817-465-3241 EXT: 3015

Pager: 817-327-7677

Fax: 817-472-4979

From: dcaven [mailto:dcaven@satx.rr.com]

Sent: Tue 1/30/2007 12:43 AM

To: Webmaster

Subject: Proposed Position Statement 15.26: Nursing Work Hours

To Whom It May Concern:

I am writing in response to the article I read in the Nursing Bulletin.

I have been an RN since 1980. Since that time there has been a significant and steady increase of the demands on nurses. Technology and pharmacological advances have provided many wonderful and beneficial interventions, but also require much closer monitoring of patients. Paperwork and documentation have multiplied to the point that it's impossible to spend the time you would like at the bedside. We are being asked to not only monitor ourselves but make sure that doctors order the appropriate drugs and patients have had their flu shot before leaving. Bedside nursing has become pushed to the limit. The only thing that I can safely say hasn't changed is patient to nurse ratios. If anything, hospitals have pushed it to even more unreasonable limits in effort to improve their profit margin. I truly wish that if organizations such as Joint Commission and the BNE would like to make a significant impact on patient safety, they would look at mandatory ratios. Since 1980 to the present, ratios in ICU have been pretty consistence at 2:1. The patients, however, are generally much more critical with interventions that require much more time to monitor. In my hospital, I shutter and frequently pray for patients when I transfer them to step-down units with ratios of 8:1 or worse- with no ancillary staff to ease the burden. I read an article recently that showed the average "burn-out" for new nurses is 2 years---is it any wonder? Your proposal would only worsen the situation by limiting the number of shifts that can be worked by a nurse. I have yet to have a hospital mandate more than 1 day of "on call"/week. Nurses freely choose to work extra shifts and if they physically or mentally can't cope, they won't do it for long. From what I've witnessed in my career, nurses are pretty good at monitoring themselves and reprimanding other nurses who aren't pulling their weight or doing right by their patients. Please, if you truly want to help the patient's safety-- re-direct your energy toward holding the hospital accountable for their ratios. I guarantee that

you would see a dramatic decrease of errors and incidents if a nurse was only asked to care for a reasonable mix of number and acuity of patients. I also think that this proposal totally forgets that a lot of nurses who work nights, will group their shifts together which I believe, at least for myself, is much healthier. If your proposal is past, it will make working more than 3 shifts in a row impossible. Do you realize how difficult it is to flip-flop days and nights? I have no problem working with people who work 60 hours/week. Everyone knows their own limit and a lot of people have the energy and stamina to do it with ease. A lot of nurses can only afford to stay in the profession by working overtime. I personally believe that this proposal is not only a ridiculous waste of time and energy, but will have a significant, long-term adverse effect on nursing. I personally believe that the authors of this proposal are trying to regulate something that truly is not their business while being totally oblivious to the dangerous and unmanageable ratios that we, who work in the hospitals, must deal with. If I sound upset, I truly am. If I am off-base and out- of-touch, I welcome your rebuttal.

Sincerely,

Gail Caven

dcaven@satx.rr.com

From: Dooley, Kim - Riverside Health Care [mailto:KDooley@seniorlivingproperties.COM]

Sent: Wed 1/31/2007 9:36 AM

To: Webmaster

Subject: QUESTION

I HOPE I AM EMAILING THE RIGHT PLACE. I READ THE PROPOSED NURSING WORK HOURS AND WONDER IF YOU CAN TAKE SOME INFO INTO CONSIDERATION. AS A DIRECTOR OF NURSING OF LONG TERM CARE THE SHORTAGE HAS HIT US AS HARD AS EVERYONE ELSE. IN THE PROPOSITION YOU CONTINUE TO MENTION DIRECT CARE LIMITATIONS, BUT WHAT HAPPENS, IN THE NURSING HOME ,IF I CAN'T GET COVERAGE I HAVE TO WORK THE FLOOR THIS IS IN MY JOB DESCRIPTION. THAT MEANS IF I HAVE BEEN UP HERE FOR 8-12 HOURS DOING MY JOB THEN THE 10-6 CALLS IN I AM TOLD I HAVE TO WORK IT. I FEEL THIS SHOULD BE MADE AN EMPHASIS AS WELL IN THE PROPOSITION BECAUSE I CAN GUARANTEE EMPLOYERS WILL DO THIS. MOST OF THE TIME ME AND MY ADON TRADE OFF SO WE PROVIDE ACCURATE AND SAFE CARE BUT WE HAVE PUT OUR FOOT DOWN RECENTLY AND ALL WE GOT WAS OUR EARS SCORCHED ON OUR DUTIES. WHAT I AM TRYING TO STRESS EVEN THOUGH WE ARE NOT DIRECT CARE OUR ABILITIES HAVE LIMITS TOO. PLEASE USE MY EMAIL BUT NOT MY NAME ON ANYTHING THANK YOU K D (KDOOLEY@AOL.COM)

From: Gerald W Flanagan [mailto:gerald_w_flanagan@uhc.com]
Sent: Friday, February 02, 2007 10:48 AM
To: Webmaster
Subject: Proposed Position Statement 15:26: Nursing Work Hours

In reference to the above Proposed Position Statement, I encourage the BNE to include specific requirements for the employer. While I agree that the Nurse must be accountable for his/her fitness to practice as outlined in the NPA and rules, employers today are using many means of coercion to obtain nursing coverage. The request for Safe Harbor and peer Review is not proactive enough and allows the agency time to prepare for an audit of their practices. I strongly believe that the final document and the NPA should include provisions that are more proactive for both the Nurse and the Employer so that the onus is not born solely by the nurse.

Gerald W. Flanagan, RN, MSN

From: Athey, Carol [mailto:Carol.Athey@TriadHospitals.com]
Sent: Thursday, February 01, 2007 3:52 PM
To: Webmaster
Subject: Limiting nurses work hours

This would be difficult for call areas, such as surgery and cath lab to meet. I feel over 16hrs is more appropriate. Sometimes you work over 12 as an on-call nurse but rarely over 16 hrs. The impact of this proposal on rural hospitals seems monumental and impractical with the nursing shortage especially on "call" areas such as surgery.

Carol Athey, RN,BSN,CNOR
Woodland Heights Medical Center
Phone: 936-637-8569
Fax: 936-637-8557
carol.athey@triadhospitals.com

From: Philip Raine [mailto:Philip.Raine@dchstx.org]
Sent: Friday, February 02, 2007 4:51 AM
To: Webmaster
Subject: proposed position Statement15.26

To Whom It May Concern:

I am a full time night nurse. I only work three nights a week 12 hour shifts. I find it easier to work 3 consecutive nights than split up on different days of the

week. I have helped, very rarely, in the past 4 nights in a row and find it easier to do so. If this law passes, it will affect many of the nurses, nights and days, negatively. Our hospital regulates our overtime and consecutive days in a row; I believe this should be left up to the employer.

Thank you,
Jennifer Cole

From: eggandljg@netzero.net [mailto:eggandljg@netzero.net]

Sent: Thursday, February 01, 2007 11:55 PM

To: Webmaster

Subject: nursing work hours

I am adamantly against regulation of work hours for nurses. If we do not work overtime, where do you plan to get all the nurses to work the extra hours? That is one reason we are working the overtime hours - the shortage of nurses.

Also I work for a county hospital. Because of the Windfall Elimination I will not be able to draw social security unless I earn a certain amount from a job that pays in social security. I know how many hours I can work and how many consecutive days I can work safely.

Please allow us "adults" to make our own decisions about our working schedules.

Thank You,
Laura Geisendorff, RN

From: Gerald W Flanagan [mailto:gerald_w_flanagan@uhc.com]

Sent: Friday, February 02, 2007 9:03 AM

To: Webmaster

Subject: Work Hours Survey

I would like to add to the survey a comment. I strongly believe that the BNE needs to monitor hospitals and clinics much more closely in regards to staffing and related problems. With the current practices in many facilities of attempting to reduce costs by reducing nursing staffing, the nurses on duty are forced to take shortcuts in their practice.

The facilities are aware of the problem, but leave the nurse "responsible". If the nurse wants a job, they are expected to claim to have provided services and work that has not been done. This of course leaves the patient at risk, and also contributes to the frustration of the nurses.

I believe that the BNE should work with nurses and facilities to explore inovative ways to deliver care to ensure that the safety of the patient is maintained without compromising the integrity and ethics of the nurses.

Gerald W. Flanagan, RN, MSN

From: Robinson, Davida L [mailto:Davida_Robinson@hchd.tmc.edu]
Sent: Friday, February 02, 2007 10:35 AM
To: Webmaster
Subject: Mandated reduction of working hours

Good morning. As I reviewed my bne for this quarter, the proposed amendment to the current work hours addressing overtime and quantity of days worked attracted my attention. I spoke with several peers about this proposed amendment and none of us knew much more than what the article proposed. My question is how is this act going to effect the clinical areas that currently have nursing shortages and mainly rely on the expertise and willing attitudes of employees who are competent to cover areas.. In your evaluation of the medical areas that the article alludes to, is it related to full time staff workers or supplemental staff workers who work multiple jobs frequently, sometimes working 24 hours with little to no sleep? Is it possible that implementation of strict guidelines for the supplemental staffing groups be put in place to help decrease human err. Who will be responsible for tracking work hours beyond 12.5 per day? How will this affect modified schedules for school, family, or personal issues: i.e. Baylor plan 36/40 or 2/16h and 1/8h in order to maintain full time benefits? DO you have any additional information that we can share with the staff at this time who are unlicensed personnel, but fall under the realm of nursing? Does this affect them as well? How soon will this go into affect? Will we have an increase in funds to assist students majoring in nursing to retain our recruits? Will base salaries for nurses increase to maintain contentment and discourage the transfer of prudent staff nurses to supplemental nurses? What do we need to do to have our opinions heard prior to the vote in April? Thank you in advance for reviewing my concerns.

Davida Robinson RN, ANM
BTGH Pediatric Clinic
713-873-3131 office
281-952-0915 pager

From: Matt Cotherman [mailto:matt@cotherman.net]
Sent: Thu 2/1/2007 12:24 AM
To: Webmaster
Subject: Overtime 15.26

Do you realize that some nurses HAVE to work at least four shifts a week. Limiting the number of shifts in a row to three will FORCE those nurses to work six days a week. YES six days a week - not all nurses work day shift! Who do think will be dangerous then? Leave things alone. If you can't see how it works out to six days a week, I'll be happy to explain it.

I've spoken with several nurses who said they will leave nursing over this! I DON'T WANT TO WORK SIX DAYS A WEEK! I will leave!

Matt Cotherman

From: Youngblood, Joshua [mailto:joshua.youngblood@christushealth.org]
Sent: Thu 2/1/2007 9:12 AM
To: Webmaster
Subject: concerns over pt safety

to whom it may concern:

if the board of nurses wants to mandate something, in my opinion the board should regulate nurse to patient ratio if the state truly has concerns over pt safety. i think that the nurse working the hours has the ability and self governance to determine what is too many hours or too many shifts in a row.

thanks,
josh,m

From: Cohen, Jennifer L. [mailto:JenniferCohen@texashealth.org]
Sent: Mon 2/5/2007 3:47 AM
To: Webmaster
Subject: Position Statement-Nursing Work Hours

It's not the hours the nurse works, it is the nurse to patient ratio that jeopardizes patients safety. I do not agree with this position statement. This will cause more of a nursing shortage, especially in rural hospitals were nurses have to cover when staff is sick, or on leave, or taking vacations. Because a rural hospital does not have the pool of nurses such as larger hospitals.

From: Christopher Allen [mailto:allencg@peoplepc.com]
Sent: Sun 2/4/2007 11:59 AM
To: Webmaster
Subject: Position Statement 15.26

Texas BNE,

I would like to voice more of a comment on your position statement related to nursing hours worked than I was provided on your survey. My wife and I are both acute care RN's in "for profit" facilities. In this proposal the nursing shortage is mentioned but left unassociated with the obvious problems with this position statement. The dam holding back the flow of patient care and associated nursing errors will not improve by limiting the hours nurses voluntarily work. You are well aware of the nursing shortage, so decreasing the number of staff on the floor by limiting hours worked is similar to moving your finger from one part of the leaking dike to another. administrators within the facilities my wife and I work at have already stated that if the needed staff are not available because the true problem is a shortage of nurses, not how they are used we will just have to get by regardless of the nurse to patient ratio. And their only response to a decrease in available staff related to this position statement will be to increase the nurse to patient ratio. Have you taken the time to research the literature relating nurse to patient ratios to errors in patient care? I have during my MSN program and the research indicates this has a greater effect on patient care than your concern over the number of hours

worked voluntarily by nurses. All the statement does is place more strain on a failing health care system and continue to place patients at risk just with a different problem. You are moving your finger from one leak in the dike to a different leak and not solving any problem. Why doesn't Texas BNE address the real problem and do something to increase the number of nurses in our profession rather than create barriers and excuses hiding the real problem!

Truly,
C.Allen RN MSN
M.Allen RN

From: rebok [mailto:rebok2@yahoo.com]
Sent: Sun 2/4/2007 1:13 PM
To: Webmaster
Subject: Nursing Work Hours

In reference to restricting nursing work hours, I think consideration should be given to the size of the facility and level of practice. There are many small facilities who have difficulty staffing with full time registered nurses and have to resort to innovative scheduling.

I for one choose to work 185 miles from home and work a 7 day on, 7 day off schedule (84 hours per 2 weeks). Patient census is rarely more than 2 inpatients at a time and the acuity level of these patients is minimal. I enjoy the flexibility of this schedule and really enjoy having 7 days off at a time.

Small facilities are always having to compete with larger facilities for nursing personnel. This type of scheduling is very appealing and is in no way excessive. Currently, none of the registered nurses working at our hospital reside in the same city as the hospital. We choose to travel to these facilities because of their method of scheduling. Restricting hours worked to no more than 3 consecutive days may seriously impact the small rural facilities as well as the nurses who choose to work there.

Rebecca Patterson, RNC
Van Horn, Texas
rebok2@yahoo.com

From: ramirezx1@netzero.net [mailto:ramirezx1@netzero.net]
Sent: Sat 2/3/2007 1:16 PM
To: Webmaster
Cc: RAMIREZ@NETZERO.COM
Subject: Re: Nurses limiting hours proposal

To Whom It May Concern

I am concerned re: the proposal that will be coming up in April, I am Currently an RN weekend supervisor that has finally got my career and family life in order, but now may have another block in the road. I feel that limiting 12.5 hours is unfair I currently work 16 hours a day on weekend as known as the Baylor program and have off on weekdays. I think that by doing this is going to cause an even more nursing shortage than what we already have. I think that this need to be consider very carefully because this will effect nurse pursuit into the field and pursuit of higher education within the nursing field. I big

issue with nurses that work in working every weekend and for some they are most gracious for weekend staff, I personally do not feel that safety is an issue because some nurses are born to just work weekends like some are geared for day shift and night shift, it is what your body can handle and that is why we have nurses in management position to make those observations of the nurses safety practices. I feel this is affecting our freedom of choice, that is why I picked the nursing field to be able to work when I wanted to work.

Thank you for listening,
Sandra Jean Guerra

From: H BISHOP [mailto:hbishop@usa.net]
Sent: Sun 2/4/2007 12:03 PM
To: Webmaster
Subject: limiting work hours

This will be a hardship for hospitals and nurses all over the state. This will increase the need for more nurses at a time when we have a nursing shortage.

I see your point for nurses on the floor or ICU but not in the OR, Cath Lab or Anesthesia, but even then many nurses are still working past the 12.5 hours catching up on charts and other administrative tasks or helping out on-coming staff if they are busy or short staffed. Would they be faced with disciplinary action?

In the OR would we need a separate call shift since we never know when we will have a busy day followed by a long night on call? How about weekends? Would we need two shifts on the weekends instead of one now. We have so many nurses quitting because of the call situation and now you are creating the need to pull even more call.

How about Anesthesia? Not only do you have the same problem as the OR nurses but many places cover OB also. If I have been at the hospital all night with an epidural is that considered part of the 12.5 hours, even if I slept? I sometimes work doing OB coverage on the weekends, I spend between 48-60 hours covering OB. How do I determine when I have spent 12.5 hours working? Most of the time I am lounging in the call room, does that count against my 12.5 hours? Do I add up the time spent with each patient and talking with staff about a patients care to determine my 12.5 hours?

How about hospitals with just one or two anesthesia providers? If you have had a long day do you tell OB, ER and the surgeons to send their patients somewhere else or wait until morning since I have worked to many hours? Do you tell the patient in labor you can't do her epidural now because I haven't slept long enough?

Since I don't work for the hospital and I don't clock in, how are you going to determine how long I have worked? Will I have to watch my records to

prove I didn't over work? What if I am up and down all night and my total hours are less than 12.5 but I haven't gotten any sleep is that okay? When will the 24 hours start? Can I be up all night but at 7 am I can start my next 12.5 hour shift?

Please drop this idea, we are not residents.

From: Moore, Charmaine [mailto:CharmaineMoore@texashealth.org]

Sent: Tuesday, February 06, 2007 7:48 AM

To: Webmaster

Subject: Nursing Hours

The main focus here is in the wrong place. It is not the hours worked but the nurse to patient ratio that should be examined. There are many nurses that work 16 hours on the weekend and have their time off during the week for their children. This is only one consideration out of many. These hours that are worked for the major and minor hospitals play an important role in the nursing field. If the hours are limited and restricted most hospitals will have to revamp their entire working staff of nurses which will include ER, ICU, to the floor staff. Many of the hospitals have problems staffing appropriately now as it is. With the nursing shortage that already exist, this regulation will just put another strain on our nursing workforce.

Sincerely

Belinda Charmaine Moore RN

From: JANA DAIGLE [mailto:janadaigle@sbcglobal.net]

Sent: Wednesday, February 07, 2007 8:07 PM

To: Webmaster

Subject: position statement of nurse work hours

Dear BNE,

I wonder what you are doing to ease the nursing shortage rather than spend your time working on a draft to limit the amount of time nurses work. If this position passes, who is going to keep up with the hours the nurse works? The BNE? It will be impossible to keep up with the nurses time because many work more than 1 facility. I may know how much she/he is working for me but I have no way to keep up with what they worked somewhere else.

We have enough problems in losing nurses out of the acute care setting, and this will cause us to lose more. Some nurses work 2 16 hour shifts/per week so they can further their education.

How safe will it be when this nurse's time is limited and there is no one else to care for these patients?

I am definately against this and think your time would be better spent trying to decrease the nursing shortage rather than decreasing the hours of patient care nurses out here in the real world.

Thank you for allowing me to speak my peace.

From: JyLrsn9@aol.com [mailto:JyLrsn9@aol.com]
Sent: Monday, February 12, 2007 8:50 PM
To: Webmaster
Subject: work hours survey?

This is an interesting ruling .How is this going to help? In my opinion it is not the hours that cause the harm but the ratio of patient to nurse. Please think about it? The patients are sicker now. The ratio is higher. How can one nurse take care of 6-10 sick patients and not make mistakes? So how is this going to help anything? Nurses usually work for more than one employer anyway.

Please allow the nurses in the State of Texas to give safe, competent, compassionate care to their patients by reducing the ratio of nurse to patient and giving the nurses in Texas a real voice in what happens to them. You will find that we have no nursing shortage. Just nurses who have left because they do not feel safe in the environment of care that exists in health care today, in Texas. They will come back to the bedside if they are treated like the professionals they are. And if they are given the ability to take good care of the patients entrusted to their care without fear of making mistakes or hurting someone.

Sincerely,
A disillusioned RN

From: Debbie Hammett [<mailto:dhammett@houston.rr.com>]
Sent: Tuesday, February 06, 2007 12:30 PM
To: Webmaster
Subject: Work Hours Survey

To Whom It May Concern:

The survey was very restrictive in that it only allowed radio button answers. The "submit" button read "submit comments" but there was no form box to enter comments. I don't think such a complicated issue can be reduced to yes/no/multiple choice answers.

The following are my comments on the subject of work hours for nurses.
Please forward them to the appropriate board committee.

I understand that the Board is primarily interested in the safety of the public, however the problem is a little thornier than just limiting hours/days. Hospitals plead "the nursing shortage" as an excuse for not meeting mandated staffing levels in other states, while nurses frequently sit at home "on call" because even though they are "full-time", the "staffing grid" does not allow them to work. In most other industries, having a "full time" job means that you go to work every day you are scheduled, and are paid accordingly. Being employed as a "full time" nurse comes

with no such guarantee. When I began my nursing career in 1992, I had no idea that I would be forced to lose 1/3 of my salary on a regular basis or use up my vacation time to cover the lost hours. Is it any wonder that many nurses choose to work overtime when they can, as much as they can to offset the loss of income? Is it also any wonder that nurses leave hospitals and/or the profession entirely for a more steady paycheck? How can you mandate that the nurse that lost a 12 hour shift the previous week (and consequently 1/3 of his/her 36 hour wages) not be allowed to make that time up the next week even if it means he/she works 4 days in a row? How can you mandate that a nurse walk out at 7 pm after his/her 12 hour shift is finished knowing that he/she is being required by the board of nursing to leave the next shift extremely short staffed when she would be willing to stay for a 16 hour shift to help out? In my opinion, such a mandate would place patients at a higher risk by being cared for by an overloaded, overwhelmed, and stressed-out nurse instead of being cared for by a tired nurse. Is this a better option? I really don't think so.

I would like to see the results of a survey of how often errors occur at particular staffing levels, because in my opinion (and I realize this is only an opinion and not evidence-based) running rapidly from patient to patient without time to review orders and charts is a BIG cause of errors of all types. Perhaps the board/government needs to examine the possibility of mandated staffing levels to prevent this situation instead of "punishing" the very professionals we are trying to recruit by preventing them from making a full-time paycheck.

Thank you for your consideration of my concerns,

Debbie Hammett, RN

From: Donna Ellis [<mailto:pheadnurse@hotmail.com>]

Sent: Friday, February 09, 2007 12:24 AM

To: Webmaster

Subject: work hours

I think on the survey some key points are missing...

1. I feel the board of nurse examiners should mandate low nurse to patient ratios and penalize or sanction institutions for violations. High nurse to patient ratio is more dangerous than increased work hours.

2. Decreasing nursing hours will not deem a nurse competent or safe. It may create an illusion of safety but overall if a nurse is not competent patient safety is compromised.

From: rakaj@peoplepc.com [mailto:rakaj@peoplepc.com]

Sent: Friday, February 09, 2007 9:12 AM

To: Webmaster

Subject: Nursing Hours Survey

1. I see no reason why a nurse should have restrictions on her/his hours different from those of a resident.
2. Seldom does a shift end at 12.5 hours, it usually ends before 16 but a nurse should not be penalized for dealing with an emergent situation at the end of a shift, or for staying to settle in new admits to make the next shift flow more smoothly.
3. Should you implement the position as posted you will inadvertently increase the work load of each nurse on shift as there will not be the necessary staff available to meet this limitations. This will increase the safety risk for patients than the overtime a nurse is working. Increased nurse to pt. ratio vs. nurse in overtime.
4. You will place an incredible burden financially on nurses who are dependent upon the overtime to provide for their families.
5. You will open up every nurse who works one hour past 12.5 hours or more than 3 shifts in a row or more than 60 hours in a week to unnecessary law suits for various reasons.
6. There are facilities in rural areas that have unique work schedules such as 7 on 7 off (not all 12 hour shifts) unique call schedules, etc. with this initiative will be unable to provide health care to their communities as they have nothing with which to draw health care workers to their facilities. They can not compete with large city salaries or benefits.
7. At a time when we are trying to keep nurses in nursing and at the bedside this initiative will do great damage to our efforts. When you look at not having enough staff now and adding this to further limit staff available many will no longer feel it worth while or physically possible to continue under this stress.

I do understand and appreciate the thinking behind this **BUT** this is a very bad idea in its present form. The nurses can't afford it, the patients can't afford it and the health care facilities can't afford it.

From: Dee Evans [mailto:Dee.Evans@dchstx.org]
Sent: Friday, February 09, 2007 12:08 PM
To: Webmaster
Subject: Work Hour Survey

I completed the on-line survey, but wanted to give some comments. I agree with the proposal with the exception of the 3 days in a row. Many of the 12-hour nurses work 3 shifts one week and 4 the next. Many of the nurses I work with enjoy being able to work their days in a row so that all of their days off can be in a row. This is one of the main attractions to working 12 hour shifts. I would ask that you reconsider changing the 3 days to 4 to accommodate MANY of the practicing hospital nurses in Texas.

Thank you for your time,
d

Dee Evans, MSN, RN
PICU Nurse Manager
3533 South Alameda Street
Corpus Christi, TX 78411
(361)694-4739 office
(361)850-3059 cell phone
(361)694-5320 PICU main number

From: Barbara McCarty [mailto:BMccarty@echd.org]
Sent: Friday, February 09, 2007 3:01 PM
To: Webmaster
Subject: monitoring nurses hours

This is for the Board--

If we are short staffed and having to work over time to cover the shifts--how in the world would we staff 2 more shifts? And that is what would happen if 8 hour shifts and overtime limitations were imposed on Nurse staff.

I work over time because I want the extra money, I do not know of any nurses that work if they don't want to.

Thankyou

Barbara McCarty RNC

From: MWoodcreek@aol.com [mailto:MWoodcreek@aol.com]
Sent: Monday, February 12, 2007 12:19 AM
To: Webmaster
Subject: RE: Nursing work hours

To whom it may concern,

This is in reference to the survey on line about regulations of work hours. If I recollect there seems to be a shortage in nurses. Limiting the work hours will

increase the need to recruit more nurses, but from where? It also interferes with continuity of care for the patients. The unit or floor manager is responsible for over seeing the staff for assignments and for hours of work and number of patients assigned to them. The charge nurse is responsible for making sure assignments are appropriate and the nurse is handling her assignment or needs assistance. We have a weekend plan at the facility I work in. Limiting the days or hours one works will affect all staff. Observation of the hours and days worked should lie within the facility managers and staff employee. Patient ratio monitoring would be a safer and smarter alternative than reducing days worked. I also feel that putting a new graduate in a charge nurse position increases the likelihood of mistakes with inappropriate assignments.

I work in a Pediatric ICU. We are blessed to have a great manager as well as coordinator. We make out our own schedule and if we need to adjust it we do so. If we see a fellow worker exhibiting fatigue or compromising patient care it is ultimately our responsibility to report to the charge nurse or manager. Our manager is always there for us and the patients. She is quick to render the problem. We function well and regulation of our hours seems a bit like socialized medicine. We live in the land of opportunity and regulating our work is will push nurses into formation of unions and no one wants more paper work that decrease quality time for our patients.

Marsha Wartell, RN # 723669
2226 Woodcrest Dr.
Corpus Christi, Texas 78418
361-937-8027

From: Michelle [mailto:mgus@hotmail.com]

Sent: Friday, February 09, 2007 4:10 PM

To: Webmaster

Subject: Draft Position Statement 15.26 published in the January, 2007 Texas Board of Nursing Bulletin

Dear Board of Nurse Examiners(BNE),

I agree with two aspects of the Draft Position Statement 15.26.

I agree that Registered Nurses should not work more than 60 hours in 7 days or more than 3 consecutive 12 hour shifts.

I disagree that a nurse's work hours should be limited to less than 12.5 hours in a 24 hour period.

In labor and delivery we as prudent nurses occasionally work over 12.5 hours to maintain patient safety and assure quality care for our patients. I feel that a nurse should not be penalized by the BNE for maintaining patient safety by working longer than his/her 12.5 hour shift.

Nurses can be accused of patient abandonment if he/she simply leaves at the end of his/her 12.5 hour shift with out adequate staff to assume patient

care; unless he/she continues to work under the umbrella of Safe Harbor. What is truly in the best interest of the nurse and patient? We would be sanctioned by the BNE regardless of our action to leave or stay at the end of our shift if patient safety is a concern.

I propose that the BNE amends their proposed Draft Position Statement 15.26 to exclude limiting a nurse's work shift to less than 12.5 hours in 24 hours.

Sincerely,

Michelle R. Gustafson, RN, BSN, CCE

From: Deborah Witt [mailto:dwitt@PHN-WACO.ORG]

Sent: Saturday, February 10, 2007 2:11 AM

To: Webmaster

Subject: patient ratio

If nurses hours are regulated then nurse patient ratio needs to be addressed, then the number of patients a nurse receives in an 4 hour period needs to be addressed.

Then number of hours that a nurse that is pulled from place to place in a 8 or a 12 hour period for example a nurse could get 5 to 6 patients (could be admits as well) in a 4 hour period and then go to another unit and get the same amount of patients in another 4 hour period ect.

The care is not just the number of hours a nurse works but what is done in the 4 hours that dictates patient care ie. admits, patient critical ect.

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From: Miriam Homoleski [mailto:mhmail@techie.com]
Sent: Tuesday, February 13, 2007 9:25 PM
To: Webmaster
Subject: practice work hour survey

Though I work only 2 twelve hour shifts with a day in between, I am against mandatory work hours. When my hospital encouraged nurses to work 12 hour shifts, I realized I could not work 3 in a row. My employer was able to accommodate. There are many days that after my 12 hour shift, I have to continue charting. I would like to work only 12.5 hours but if I am forced to clock out before I have finished charting I would feel that I did not do as thorough or complete a job as expected

From: JWARTELL@stx.rr.com [mailto:JWARTELL@stx.rr.com]
Sent: Friday, February 16, 2007 10:17 AM
To: Webmaster
Subject: Workhour survey

To whom it may concern,

My name is Johnny L. Wartell, RN,BS, Lic.#643435. I just completed your survey and realized there is no verification of the person submitting the survey. I could have completed 100 surveys, pro or con.

I do not support your stance on adopting a rule for limiting hours or days worked. I have worked 4-5 shifts per week in a row for many years. Our facility has a weekend program. This has allowed me to work Monday-Thursday and/or Friday with weekends off. I think monitoring of the nurses working 4-5 shifts in a row should be done to determine if the nurse is suffering fatigue; however, the employer and Nursing counsel of the unit should be in charge of the monitoring. Then each case can be looked at on an individual bases. I believe your work would be better suited to limit the number of patients a nurse can care for safely. Ratio is considered a bad word. But I believe, putting a nurse in a situation

which is unsafe will do more harm than limiting the number hours/days worked. Both employer and nurse must be willing to cooperate and be flexible when talking about ratios. Nurses need to understand if the patients they are caring for have low acuities, the ratios can go up; conversely, employers much realize when acuities go up, the patients' safety is at risk and assignments adjusted. I work in a critical care environment and acuities fluctuate constantly. I have worked with many nurses in my career. Some work 2-3 shifts weekly, others 3-5. I have not compiled any data, but most nurses complain about the stress of caring for the number of patients, not the number of days worked.

Sure, we wish we did not need to work at all, but you need to earn a living. We self schedule and fill out our own overtime. Wanting to come to work and being forced to come to work are two different things. I believe if a nurse working 3 shifts/weeks is forced to work

4-5 shifts/week errors will increase and patient safety jeopardized.

Lastly, I feel government is already telling us what we can and can't do. The BNE is here to regulate nursing practice not mandate the number of hours or days worked. What's next, telling us the number of hours we must sleep before we can work again. PATIENT SAFETY is my passion every day I go to work.

Johnny Wartell,RN,BS
2226 Woodcrest Dr.
Corpus Christi, TX 78418
361-937-8027
jwartell@stx.rr.com

From: Miriam Homoleski [mailto:mhmail@techie.com]
Sent: Tuesday, February 13, 2007 9:25 PM
To: Webmaster
Subject: practice work hour survey

Though I work only 2 twelve hour shifts with a day in between, I am against mandatory work hours. When my hospital encouraged nurses to work 12 hour shifts, I realized I could not work 3 in a row. My employer was able to accommodate. There are many days that after my 12 hour shift, I have to continue charting. I would like to work only 12.5 hours but if I am forced to clock out before I have finished charting I would feel that I did not do as thorough or complete a job as expected.

From: Anabela Ben-Abraham [mailto:anabelab@richardsonhealth.com]
Sent: Wednesday, February 21, 2007 7:35 AM
To: Webmaster
Subject: Proposed limitations in nursing hours - comments

1. For me, patient care comes first, before anything else. By limiting the number of hours a nurse can work, how do you propose to cover for the nursing shortage that would be aggravated by this measure? If the thinking is to increase the patients to nurse ratio, that would cause more problems with patient care, safety and satisfaction than if a nurse decides she/he is capable of working more than the proposed number of hours.
2. Some nurses can get by with less hours of sleep, so they are able to work longer, more frequent shifts, without any detriment to patient care. I am not one of them and know my limitations, so the new rule would not apply to me. But there are very capable nurses working for our hospital, who are able and capable to give very good care in spite of long hours or frequent shifts. Without them, we would frequently be short staffed, and we know how this situation reflects on patient care and nurses' burnout as opposed to satisfaction with their job.
3. Each nurse has a license and is responsible for maintaining it, with all it involves. So the nurse should be the one to judge if she/he can safely and adequately provide care for any number of hours/shift and shifts/week.

- The managers know their staff's performance, so they are in a better position to approve or deny hours/shifts than a generalized mandate.
4. If mistakes happen, and can be correlated to long hours or too many shifts in a row worked by a nurse, then that specific problem should be addressed by the nurse's manager and/or Nursing Administration, and remedial measures should be taken.
 5. In conclusion, mandating the proposed new rules would only create more problems with patients' care, safety and satisfaction, while in the same time alienating good, hard working nurses, who might be looking somewhere else for a satisfying profession.

From: CNewby7414@aol.com [mailto:CNewby7414@aol.com]
Sent: Tuesday, February 20, 2007 11:36 PM
To: Webmaster
Subject: Nursing hours

I don't see how the BNE, the work place or any other agency can possibly regulate nursing working hours as long as there is a nursing shortage. I only have to give you my own example. I do choose to work 6 twelve hour shifts in a row. That does give me seven to nine days (consecutive) off in a two week pay period. Due to lack of nurses, my workplace has no compunction in calling me to work extra shifts, even it the day after I finish my work stretch. So, I suggest that you visit this question after there is a plethora of trained nurses.

Charlene Newby BSN, RN,C, CCRN

From: Gwen S. Harris [mailto:gwen_s_harris@hotmail.com]
Sent: Friday, February 23, 2007 1:05 PM
To: Webmaster
Subject: Limiting Working Hours

In a "perfect world" none of us would have to work over 60 hours weekly or over three 12 hour shifts in a row but this is not a "perfect world". The reason we work the hours we work is because there is no one to cover the shifts in our hospital if we do not. As it is we are often understaffed. I work in a 12 bed critical care unit that for the past two months has had approximately 10 patients daily. We are staffed for 8.4 patients. We have an opening on the 7p-7a shift that the hospital has been trying to fill for months. We have to nurses on the 7a-7p shift out on FLMA. This is a problem that I am sure is common in many hospitals. In general my colleagues and I endeavor on a daily basis to try to cover these shortages in order to have anywhere near adequate staffing. If what the BNE proposes passes, will they

provide us with the additional nurses to cover the additional shifts that we will no longer be allowed to cover? Is not a nurse that is starting her fourth 12-hr shift, better than no nurse or a nurse that has double the patients that he or she should have because that is what would happen in our unit and I suspect many if not all hospitals across the state. The legislature and BNE need to be working on the decreasing the nursing shortage and not on creating a bigger one.

Gwen S. Harris, MSN, RN

From: mlmo122112@sbcglobal.net [mailto:mlmo122112@sbcglobal.net]
Sent: Monday, February 26, 2007 8:47 PM
To: Webmaster
Subject: comment on work hour survey

It is obvious from the questions in your survey that actual staff nursing reality played no part in your consideration. Employers have made it impossible to meet BNE expectations who have in turn made it impossible to meet employers expectations. Of course the basic labor laws of Texas is a completely different issue. Client needs overriding the fact the nurse has clocked out for a mandatory break which is, in reality, impossible for the nurse to have because staffing ratios are humanly impossible to manage for even the most super human nurse. Then there is the redundant documentation of the same information in various forms in various areas resulting in a wide variety of chances to make mistakes leaving the overburdened nurse responsible even if the information is documented by other staff members who are not licensed nurses. There is very rare continuity of care much less accurate or complete communication leaving the client at risk but the nurse legally responsible and completely at the mercy of numerous ruling entities who have no idea of what the reality of any nursing shift entails. Employers may try to throw more money in the incentive for nurses. Ruling entities may try to rule and regulate more and more. BUT NOBODY IS ADDRESSING THE REAL ISSUE-STAFFING IS KILLING CLIENTS AND NURSES. IF THIS ISSUE IS NOT RESOLVED, THERE MAY BE NO ONE TO CARE FOR THE AGING NURSES WHO ARE GIVING THEIR HEARTS, SOULS, AND BODIES TO DO WHAT THEY WENT INTO NURSING TO DO-----CARE FOR THOSE IN NEED.
Martha Oldham RN,C

From: Peggy Armstrong [mailto:parmstrong@wcmh.net]
Sent: Monday, March 05, 2007 3:30 PM
To: Webmaster
Subject: Nurses Work Hours

I am the Director of Nursing in a small Critical Access Hospital. We depend a lot on prn staff to help fill our voids. Since we are a county owned hospital it is very difficult for us to compete with the higher salaries in the larger towns. Mandating the hours that a Nurse could work

would really hurt our hospital and limit our access to some of the staff that help with our staffing.

Having been in nursing for thirty plus years, I myself know how tiring the work can be, but I do know my own limits and would never jeopardize my license.

I do not feel that limiting the hours worked will resolve the situation.

Most of the time it is the acuity of the patient's not the hours worked

From: McLeroy, Curtis [mailto:CurtisMcLeroy@texashealth.org]

Sent: Wednesday, March 07, 2007 11:15 AM

To: Webmaster

Subject: work hours

If your proposal passes you will close hospital beds. I have discussed this with patients I take care of and they are horrified at your proposal. They think the nursing shortage is bad now and with your proposal of limiting work hours this will further aggravate the situation.

From: kgonz29988@aol.com [mailto:kgonz29988@aol.com]

Sent: Tuesday, March 13, 2007 9:26 AM

To: Melinda Hester

Subject: Public Hearing - Nursing Work Hours

Location: Rio Grande Valley

Setting: Acute Care/Hospitals/Rehab

It is the objective of the "Nursing Work Hours" proposal to improve patient safety, however, in this area the opposite will occur. The following are contributing factors:

- 1) Tort reform: After the tort reform, the nurse/patient ratios increased because a large percent of the population in this area would not be able to retain an attorney due to lack of "economic damages" – many can't even qualify for a source to pay their own medical bills.
- 2) Sicker patients. Due to increase in outpatient services, most all patients require more nurse time than even the acuity levels account for – not that any hospital in the area staffs by acuity! Acuity is just one of those things the hospitals must have a record of to show the governing bodies, but in reality, there is no doubt in my mind as a former manager of a med/surg/ortho/neuro/tele floor, that the acuity is of no concern to the local institutions. Staffing at valley hospitals is done by productivity measurements dictated by accounting.

- 3) Large percentage of nurses work two jobs. Some with two fulltime jobs. Some with a fulltime job for benefits and a second job that is part-time or prn. I would have to say that at least 40% (if not more) of the staff at the hospital I work at have at least two different jobs. The hospital I work at probably has the best nurse/patient ratio of 1:7-8 on med/surg/ortho/neuro floor, and 1:6 (or up to 8 if short staffed) on the PCCU unit **without** a telemetry monitor tech.

Long story short: As for the Rio Grande Valley, limiting the hours of the nurses will definitely have a NEGATIVE impact on each medical facility causing an INCREASE in the already dangerous nurse/patient ratios.

Please consider these factors for the sake of all the Rio Grande Valley patients.

Karen M. Gonzales, RN
kgonz29988@aol.com

From: dixon2905@sbcglobal.net [mailto:dixon2905@sbcglobal.net]
Sent: Wednesday, March 21, 2007 9:50 PM
To: Webmaster
Subject: limits of hours worked

I applaud the board for addressing this issue. I want the nursing board to not restrict the hours I work. In limiting the hours a nurse is allowed to work, companies will be tempted to further increase the (already borderline) unsafe workload nurses are asked to endure. This will result in higher patient to nurse ratios and lower the quality and safety of healthcare in this state. By issuing limits, the board is making itself and it's members liable to a degree for the results.

I hope the board has the foresight to issue guidelines to employers and nurses, not concrete limits.

From: Sabrina Carter [mailto:Sabrina.Carter@tyc.state.tx.us]
Sent: Saturday, March 17, 2007 1:27 PM
To: Webmaster
Subject: amount of hours worked

In regards to nursing hours worked in a shift:

I believe as a nurse who works in a correctional setting that each case is unique do to the fact you may work longer hours due to your choosing, but in most cases you do not have a constant contact with a patient or group of patients at times other than med passes or treatments. The rest of the time in that shift you are doing paperwork and are present on campus in case of an emergency. This also needs to be looked at because alot of nurses in general work more that one job and that would limit that and in the long run add to the nursing shortage we are already experiencing. Thank you.

From: Mckinney Tracey [mailto:Tracey.Mckinney@HCAhealthcare.com]
Sent: Wed 1/31/2007 7:37 PM
To: Webmaster
Subject: Nursing Work Hours

As an APN, currently assigned to work 24 hours shifts, I would like to know if the Proposed Position Statement 15.26 will limit the hours I am currently working.

From: Branham Steve [mailto:cpainc@earthlink.net]
Sent: Sunday, February 11, 2007 6:06 PM
To: JOLENE ZYCH; Linda R. Rounds
Cc: James Walker
Subject:

I just wanted to make you aware of a couple of issues related to the elimination of overtime provision that might not have been considered when developing such a global policy.

Frequently ANPs such as CRNAs, CNMs and APNs may work in-house call shifts. This is often true in small rural areas that have a lack of providers. The rules that are being imposed seem designed to limit direct bed side care to a 12 hour period. Such a policy might accidentally limit providers who instead of being paid for productive work hours are in fact being paid for in house availability which is a whole other issue. Working in-house call shifts is not uncommon in industry and is often used as a staffing option for fire fighters.

This issue could inadvertently give PA's an unfair advantage in some employment settings especially rural areas.

Lastly the National Labor Relations Board exempts professionals with "Advanced Training" from the use and payment of overtime. This would include APNs and PAs.

Thanks STEVE

Branham Steve
cpainc@earthlink.net
EarthLink Revolves Around You.

From: Sarah [mailto:sarahkmc@houston.rr.com]
Sent: Fri 2/2/2007 3:22 AM
To: Webmaster
Subject: advanced practice and proposed position statement 15.26

I read the proposed position statement in Vol 38, no1 of Texas Board of Nursing Bulletin. I would like to know how this will affect and impact the advanced

practice nurses. Will the guidelines be the same or since we do not provide "direct patient care" will there be an allowance for extended hours (such as 24 or 48 hour coverage). If there are usually a number of hours of "downtime" will that be enough to satisfy the rules? Thank you for your time, Cynthia

From: Rowe Miller [<mailto:rowemiller@grandecom.net>]
Sent: Monday, February 12, 2007 8:11 AM
To: Webmaster
Subject: RN work hours

I have just completed the online questionnaire for the BNE re. nurse work hours. There is no mention of APN's in an on-call role, either in the questionnaire or in the document that I read. I am a Certified Nurse Midwife employed by four OB/GYN's. We are just starting a CNM service in our town. As I am the only CNM I am on call for my patients essentially 24x7. The important things to note are; 1) I am "on call" 24x7, but the hours that I'm at the hospital or office do not usually exceed 12.5 hrs at a time or 40 hrs a week, and 2) I have a clause in my contract which allows me to take myself off call at my discretion when I am tired.

Please address these issues in your documents. I strongly support the concept of limiting work hours for nurses but I think it applies to staff nurses working in acute care settings and that the BNE needs to recognize APN's who are providing invaluable service in ways and hours that don't fit the usual mold.

Christine R. Miller CNM

From: julia bower [<mailto:bowerjulia@yahoo.com>]
Sent: Wednesday, March 07, 2007 10:16 AM
To: Webmaster
Subject: limiting nurse workday

While it might make sense to limit the number of hours a traditional hospital-based nurse works to 12.5 hours, this limit probably does not make sense for the many nurses who work in less traditional patient care situations. I am a Certified Nurse Midwife with a private home birth practice. There are times when I am assisting a woman in labor for more than 12.5 hours at home. It does not happen often, but it does happen. I am not alone at the birth, I always have an assistant with me, sometimes another midwife (not necessarily an RN). During the longer labors, I am always able to rest/sleep some, alternating with my assistant-- something that a floor nurse is never given the luxury to do on an extended shift. I can imagine some home care nurses have long shifts, during which they are on call in the night in case they are needed, but during which they are

afforded long periods of sleep, as well. Having a blanket rule for all nurses fails to acknowledge the variety of the many roles that nurses fill.

From: Brian Haschke [mailto:bhaschke@austin.rr.com]
Sent: Mon 1/29/2007 10:10 PM
To: Webmaster
Subject: work hour survey comments

As a CRNA I sometimes spend time on call when I have no direct patient care duties. I hope that "work" hours for nurses that include rest time & sleep time (e.g. APNs or flight nurses) are factored differently than continuous bedside hours when developing BNE policies or rules.

Thank you,
Brian Haschke, MS, CRNA

From: Richie Bandalan [mailto:bandalandude@yahoo.com]
Sent: Monday, February 05, 2007 3:57 PM
To: Webmaster
Subject: nurse working hours

Dear Sir/Ma'am:

I am interested in how these work hours will affect APN's---CRNA's. We are on the clock for long hours but do not have direct patient care the entire time. I work in a level I trauma center and it is required that there is in house anesthesia staff available and CRNA's provide that coverage. I am on call with 2 other CRNA's and we rotate cases to prevent the fatigue factor.

I am afraid that if this new legislation is passed, then many Anesthesia departments across the states will greatly suffer.

So could you please let me know where and how CRNA's will be affected with this legislation. We do not fit into the same category as staff registered nurses. We have a different scope of practice and requirements.

Thank you for your time in this matter.
Sincerely a concered CRNA.

From: Karen Griffin [mailto:KarenGr@cookchildrens.org]
Sent: Monday, February 12, 2007 6:21 PM
To: Webmaster
Subject: Hours Worked

To Whom It May Concern:

I filled out the survey regarding hours worked. I am a CRNA who regularly works 16 hour shifts. I do not work overtime and feel very comfortable working these shifts. Being in anesthesia you are rarely (if ever) actually providing patient care for 16 straight hours therefore I do not want the hours worked in anesthesia CRNA's) restricted because this is certainly not the same as staffing a hospital nursing shift.

Thank you,

Karen Griffin
kgriffin3@charter.net

Karen Griffin, CRNA
Cook Children's Medical Center
CRNA Coordinator
(682) 885-4054

From: Tarpley, James R [mailto:TARPLEY@uthscsa.edu]
Sent: Wednesday, February 14, 2007 12:22 PM
To: Webmaster
Subject: Work hour position paper

As a CRNA and a supervisor of CRNA's, I am concerned about the position that the Board is taking on the work hours issue. I appreciate the need to try to regulate safer patient care and RN work environments. Many advanced practice nurses work 24 hour shifts of in house call. There is no way as a supervisor that I can regulate that they can only provide only 12.5 hours of patient care during that time. While it is probably true that most days I do not give more than 12.5 hours of patient care if you count paperwork time then it requires more than that 12.5 hours, especially in OB. The resident hour regulations allow them a 24 hour shift before requiring them time off. Firefighters are allowed 24 on and 24 off. Why can't CRNA's work 24 hours on before required time off? I think that BNE position statements paint with a broad brush and this one needs to be carefully reviewed to see that it will not restrict CRNA practice in Texas. I see the need to encourage staff nurses not to be required to do 16 hour shifts. Not all nursing units are the same acuity and while some nurses should never go over 8 hours on a floor, others could easily go 16. James Tarpley Chief CRNA UTHSCSA

From: Wickwire, Frederick K [mailto:FWickwir@ecommunity.com]
Sent: Tuesday, February 13, 2007 4:49 PM
To: Webmaster
Subject: Draft Position Statement Targets Nursing Work Hours

Having read about this topic in the Texas Board of Nursing Bulletin and responding to the draft position by taking the online survey, I could not find a way to comment on this topic in any other area on the BNE web site. This statement

does not address the different practice settings in which nurses work. There are certainly high stress areas where I feel hours should be limited (i.e. ER, ICU, in house nursing units). There are other areas where this is not the case or there is ample time for people to rest while in the work setting or when on call. Lumping all nurses into one category which this draft position statement appears to do is far too simplistic and would do a great injustice to many nurses and many facilities that depend upon their service. I strongly appose this statement as it is written.

Frederick K. Wickwire, CRNA

From: andjack113 [mailto:andjack113@sbcglobal.net]
Sent: Sunday, February 11, 2007 8:44 PM
To: Webmaster
Subject: Regulation of Nursing Hours

Dear State Board of Nurse Examiners,

I am a Certified Registered Nurse Anesthetist (CRNA). As a CRNA for 10 years, I have had worked many different schedules. It is common in my practice to work 16 and 24 hour shifts as well as work greater than 60 hours in a week. As a CRNA, I accept this as being part of my profession. I appreciate the proposed guidelines, but feel they should be evaluated (and formulated) as to how they would impact ALL RN's. If hospitals could not get 24/7 coverage from CRNA's, they would employ anesthesiologists who would increase healthcare costs, not to mention possibly discourage the use of CRNA's. I assume you have discussed with this matter with the Texas Association of Nurse Anesthetists (TANA). Thank you for your time.

Jeanette Jackson, CRNA, M.S.N.

From: Traci Heese [mailto:jeffandtraciheese@yahoo.com]
Sent: Friday, February 23, 2007 1:56 PM
To: Melinda Hester
Subject: Registered Nurse working restrictions

Dear Ms. Hester,

I am writing to voice my opinion about the recent BNE proposal of regulating registered nurses working hours. It is my understanding that the current proposal would limit the hours a registered nurse could work to 60 hours in a week, three 12 hour shifts in a row, and no more than 12.5 hours at any one time.

I am very concerned with these limitations. As a Certified Registered Nurse Anesthetist (CRNA), I provide direct patient care, which on

occasion is in excess of these limits. In addition, when I work in rural areas, there might not be a person to relieve me during these times. Anesthesiologists who work in the same setting do not fall under these restrictions. Therefore, rural hospitals will have to take into consideration these limitations when choosing to hire a CRNA or an anesthesiologist. As anesthesiologists cost more to provide care, these regulations would basically hold the hospital hostage to hire a more expensive provider.

Whether an anesthesia provider is a CRNA or an anesthesiologist, any provider can fall victim to fatigue. Being an anesthesiologist offers no insulation to this fact. Who ever the provider is, it must be their responsibility as a professional to limit their working hours to reasonable limits, and to also work through fatigue when emergencies arise.

Please proceed carefully when considering these regulations. Advanced practice registered nurses are critically important to health care delivery in the state of Texas, and limiting our practice should only be considered after consultation with the State Board of Nursing, the Texas Association of Nurse Anesthetists, and the hospitals that employ these professionals.

Jeffrey Dean Heese, RN, MSN, CRNA

From: Gregg Gebetsberger [mailto:gebets@gmail.com]
Sent: Monday, March 12, 2007 2:58 PM
To: Webmaster
Subject: Re: nursing work hours

Hello.

I do understand the need to limit, possibly, the work hours of nurses. I would like to add, though, that CRNAs in an obstetric setting often work 24 hours at a stretch. I would like to request that an exemption be made to CRNAs working in a setting where a call room is available and sleep is possible during prolonged hours at work. In my practice setting, for example, I will be in-house for 24 hours at a time but I can always sleep in the call room when there is no work to be done. If this proposed limit were to apply to people like me, it would negatively impact the way that I am able to practice. Thank you for considering this CRNA exemption.
Gregg Gebetsberger, CRNA, MSN

From: athene@teleport.com [mailto:athene@teleport.com]
Sent: Monday, March 19, 2007 12:14 PM
To: Webmaster
Subject: Survey re: RN length of time worked.

To Whom It May Concern:

I am writing this message because, after completing the survey regarding Nursing Work

Hours, offered by the BNE, I found the survey to lack relevance to the role I actually work in. As a Neonatal Nurse Practitioner/APN, working 24-hr shifts in an Intensive Care Nursery, who is employed by a medical group, my role and length of shift working was not at all well addressed in the survey.

While 24-hrs may seem an excessive length of time to work, we are in the unique position of having a call-room, down-time and physician or NNP back-up, we do not have the same requirements for bedside care that a bedside nurse has, not even remotely. The length of our shift allows us to provide better continuity of care for the particular population of patients we serve. We are essentially "on-call" for ad hoc issues related to our patient's needs, for much of the time we are in the hospital. We also, as a practice, regularly evaluate the issue of shift length with regard to our census, patient acuity and overall workload. Please know that we do not, as a practice, take this issue lightly and we evaluate shift/work length as needed as our practices grow and evolve.

I urge you strongly to remove the APN's from this discussion as we function very differently than RN's or LVN's required to continuously work at the bedside of patients. I also recommend that if you are compelled to evaluate APN's length of shift/work day, that you evaluate the specific working conditions for APN's and consider rules that support the APN having the above listed support to facilitate their efforts to provide excellent primary care to their patient population.

Thank you for your attention to this important issue.

Respectfully Submitted,
Kimberly Champawat, MS, RNC, NNP
Pediatrix Medical Group

>>> "Stanley, Kandy" <KandyS@BaylorHealth.edu> 2/3/2007
12:04 PM >>>

If the board enacts the proposition on 12.5 hr shifts, will this effect nurse practitioners and CRNA's? Do practitioners and CRNAs fall under the category of providing direct patient care?

Kandy Stanley RNC, MSN, NNP

From: Impactpbs@aol.com [mailto:Impactpbs@aol.com]
Sent: Sunday, February 11, 2007 8:10 PM
To: JOLENE ZYCH
Subject: APN Advisory

I wanted you to know the NP group has some concerns about the nursing work hours issue as it relates to being on call. I have never seen the medical education guidelines for resident call, but I am working on getting a copy. Our group would probably favor standards similar to the docs. There are many NPs

who take call on weekends, back-up, etc. and that responsibility is integral to their positions. We would hate to see advance practice nurses penalized by the position statement that eventually is approved by the BNE. Do you think we should start to prepare to offer public testimony when the time comes?

Pam Stewart

From: SALLY Adams [<mailto:SALLY.Adams@childrens.com>]
Sent: Wednesday, February 14, 2007 2:34 PM
To: Webmaster
Subject: survey on APN hours

This survey doesn't ask or address "out of hospital" on-call hours.

For example, I'm on-call 24 hours /day 7 days a week for my clinical population and my substrata of patients. This means generally a few phone calls each day/night. I don't have to go in when on call, but rather triage these patients.

Thanks, Sally Adams, MS, RN, CPNP
Childrens Medical Center Dallas
214-456-2132

From: CHERYL PITTMAN [<mailto:cpittm@parknet.pmh.org>]
Sent: Tuesday, February 13, 2007 5:42 PM
To: Webmaster
Subject: Advanced Practice Nurses

I am an NNP and work 24 hour call in a neonatal intensive care unit. I get rest periods away from the unit during that 24 hour period. I do not work consecutive days or more than 120 hours a pay period. Does this new ruling apply to my practice? Our unit will not be adequately staffed during the 24 hour period if the 60 hour week rule and the 12.5 hour day passes. There are already not enough of us to go around. This will negatively impact our unit. Safety will be more of an issue with the new ruling. We will leave residents and interns to their own devices without a senior NNP present to lend experience and consistency during the 24 hour period.

I also feel that it is too much regulation by the BNE to monitor my work ethics. I feel strongly that if this ruling passes, that it will have the opposite outcome of the safety measures you are trying to achieve.

Sincerely,
Cheryl Pittman NNP

From: Krislyn Mann [mailto:Krislyn_Mann@pediatrix.com]
Sent: Monday, February 26, 2007 2:00 PM
To: Webmaster
Subject: Draft Position Statement 15.26 published in the January, 2007 Texas Board of Nurs

The Draft position statement 15.26 has been proposed to limit the amount of hours worked by nurses in an attempt to protect public safety. This would have devastating effects on advanced practice nurses that work in acute settings. Often the role of APN entails 12-48hour shifts at smaller low-census hospitals, with most time being "on-call time with the ability to sleep". The longer shifts are more enticing for APN recruitment because of the increased continuity of care and ability to have more days off work. Public safety depends on the ability to have emergency services and acute care available even in small towns and hospitals. It will become harder to staff these facilities if the schedule is limited by the BNE.

I believe the position statement needs to exclude advanced practice RN's, or those RN's that have the ability to sleep/rest while on the job. It is increasingly difficulty to encourage RN's to get advanced degrees with the increases in RN pay and incentives. Schedule flexibility and paid on-call time is a large advance and incentive to becoming an APN.

Krislyn Mann, RNC, NNP

From: Betty Gonzales [mailto:bettygonzales@yahoo.com]
Sent: Monday, February 12, 2007 2:14 PM
To: APN
Subject: Limiting nurses work hours

I have a question regarding the draft proposal of limiting nurses work hours. Will there be an exclusion clause regarding those nurses who take call. We are considering implementing 24 hour in-house call. This proposal will certainly influence our decision.

Thanks,
Elizabeth Gonzales MSN, RN, APRN-BC, ACNP, CCRN
Methodist Sugar Land Hospital
Sugar Land, TX 77479
bettygonzales@yahoo.com

From: Sarah Farmer [mailto:scef3@sbcglobal.net]
Sent: Wed 1/31/2007 12:55 PM
To: Webmaster
Subject:

I read the position paper or Nursing hours. I wasn't clear on the "on call hours." Our nurses work a regular 8hr shift and are then oncall until 8 am. The weekend call is a full time poaition and that nurse is oncall Thursday from 5pm until 8 amand then oncall from 3pm on Friday until 8 am on Monday. Actual hours doing phone triage or pt visits

varries widely. Can you help me fit this into the new time guidelines? Thank you Sarah Farmer, Rn, CHPN

From: Rogers, Patti J. [mailto:pjrogers@TexasChildrensHospital.org]
Sent: Mon 1/29/2007 4:40 PM
To: Webmaster
Subject: Question re: Proposed Position Statement 15.26

My question regards the recommendation that nursing hours be limited to 12.5 hours in a 24 hour period. Specifically, to what does the 12.5 hours refer? Does it mean 12.5 worked hours, excluding meals and breaks or does it mean 12.5 hours including meals and breaks?

Thank you for providing this information.

Patti Rogers MBA, RN, BC
Director, Patient Care Services
Texas Children's Hospital
Phone: 832-824-2476
Fax: 832-825-2674
Email: pjrogers@texaschildrenshospital.org

From: Alyson Smith [mailto:alysonsmith@sbcglobal.net]
Sent: Thursday, February 08, 2007 10:11 AM
To: Webmaster
Subject: work survey

I am a flight nurse and there have been several questions about the hours we work and how the position statement affects us. We work 24 hour shifts at 10 shifts a month. Can you shed some light on this?

Thank you

Alyson Nickum-Smith RN, BSN

From: Wharry, Jan [mailto:JWharry@seton.org]
Sent: Thursday, February 22, 2007 1:31 PM
To: KATHY THOMAS
Subject: survey

I am having a difficult time in answering the questions because it refers to "hours worked". One of the questions: How often do you work more than 60 hours in a week? As you know I am at a small hospital, in a OR that is only staffed 7-3 5 days a week. However, the 2nd, 3rd and weekend shifts are covered by taking call. We each (3 RNS) take about 150 hours of call a month. Although we are not called in very often, when we are it is usually in the middle of the night and

we have to be here the next AM for our shift. Are you counting call hours as hours worked? Thank you for any help /advice /light you can give to this subject.

Jan Wharry, RN, CNOR

From: Allday, Jim [EMS] [mailto:Jim.Allday@ci.austin.tx.us]
Sent: Tue 1/30/2007 10:23 AM
To: Webmaster
Subject: Work hours survey

I just completed the survey and was disappointed that there wasn't a comment section that could be sent in with it. I am a flight nurse with a program that responds to both 911 initial calls, requests by on-scene EMS agencies, and performs interfacility transfers. Our schedule is arranged such that we work two 12 hour day shifts, then two 12 hour night shifts (so there is 24 hours between the shift from day to night), and then we are off-duty for four days. We are required to have ten hours of rest before reporting to any duty assignment, day or night. Towards the end of a 12 hour shift, we may get a request for service that will take us past our normal end of shift time by 1-2 hours. As sick and vacation slots appear in the schedule, personnel will volunteer to work a shift that might put them working five, but not six 12 hour shifts in a row (a combination of day and night shifts). When we are not actively involved in a mission, we are free to rest, sleep, eat, etc. As the proposed recommendation reads, it does not address nurses who work in the critical care transport business. As this business is subject to requests for service, each shift may vary from no patient contacts for the entire 12 hours, to being busy for the entire shift. As it is written, with no allowances for my world, it would appear that we could no longer respond to requests for service if the late shift request was going to result in my working greater than 12.5 hours for that shift. It would appear that we could no longer schedule our personnel with a very workable schedule which allows for rest periods while at work. I believe our schedule and work policies meet Rule 217.11 for our environment and patient population. I believe the proposed recommendation is too narrow for all the potentialities that nurses find themselves in. I believe there should be some language that indicates that the proposal is for institutional nursing only or allows for variances in unique environments. Thank you for your consideration.

Jim Allday

Texas Board of Nurse Examiners
Office of the Executive Director
333 Guadalupe #3-460
Austin, Texas 78701

Michael J. Jacobs, RN-BSN
6013 Belladonna
El Paso, TX 79924

February 15, 2007

To the Honorable Katherine Thomas,

Ms. Thomas my name is Michael Jacobs (RN 577699) and I live in El Paso, Texas working for William Beaumont Army Medical Center. I have been a licensed Registered Nurse since my graduation in 1991. I wish to make this letter a respectful one commenting on the proposed 60 hour work week for Registered Nurses in Texas.

In reviewing the proposed position statement I have several points I wish to make for your review and comment:

1. If general surgery residents, with whom nurses are being compared to, are restricted to 80 hours a week why would we restrict nurses to less hours? Are we weaker, less educated, less resilient or just too frail to work as much as a physician?
2. In the proposed position statement I noted that emergency room physicians are limited to 12 hours a day for 6 days. Again why are nurses limited to 60 hours and just 3-12 hour shifts a week when physicians are limited to 72 hours? The ER physician's mistakes claim many more lives than any RN could.
3. In retrospect if a RN works 3-12 hours shifts and then works the other 4 days at 8 hours a day would not 68 hours be a reasonable amount to work? I think that the idea of 3-12 hour shift restrictions works but most RN's work 3 on 1 off then 3-12 hour shifts more. Is 72 hours so unreasonable?
4. What will you do with the Baylor plan many hospitals use? A nurse may work Saturday and Sunday 16 hours each day being paid for 40 hours and then have Monday thru Friday off to work, got to school or enjoy life with their children. Is this now going to exacerbate the RN shortage by making these weekend warriors work a 3rd 12 hour shift to retain benefits?
5. When would a week begin-Sunday or Monday? How is the 7 consecutive days going to be calculated? Who will make that decision? How will it be twisted in peer review?
6. How far will you regulate us? If I work extra and am going to school will you then prohibit me from working if I have been awake for school?
7. Will all of the Advanced Practice Nurses begin litigation against the board for restraint of trade? Most Certified Nurse Anesthetist (CRNA) providers I know work 24 hour shifts due to contracts? Will this open the BNE to litigation that will strain the board's budget? What happened to personal accountability, life, liberty and the pursuit of happiness? The RN's in Texas are the working middle class

- with the largest tax burden and nothing to show for it. Our student loan burdens rival medical school and with graduate school we must work two jobs just to pay for our student loans? How far are you willing to go?
8. What do I do when the combat hospital deploys and the soldiers need the civilians to work 75 or 80 hours a week? This is not an emergency but a necessity. I will not turn my back on my country.
 9. I am sorry I will not be able to attend the open hearing but respect your dignity for the people of Texas and your desire to protect the public.
 10. Please note I am supportive of safety for our patients but wish the nursing profession advanced more into self regulation and more autonomy. I did go to school to think for myself in clinical practice. We will never be respected as a profession until we can regulate our own conduct and be accountable for ourselves. The board's regulation of my hours is felt as over reaching when nurse's aides, engineers, pharmacists, physical therapist, physicians in private practice are not regulated. I know private physicians who work 100 hours a week routinely.
 11. Lastly please accept this letter in a spirit of support for the protection of our patients and the institutions we work for.

With Much Respect for the Board of Nurse Examiners,

A handwritten signature in cursive script that reads "Michael J. Jacobs RN 577699". The signature is written in dark ink and is positioned above the typed name.

Michael J. Jacobs RN 577699

Scott, Kevin**To...** webnmaster@bnc.statc.tx.us**Cc...****Bcc...****Subject:** regulation of hours worked by m**Attachments:****To the Board:**

Texas is a right to work state. This provides me with the right to work for whomever, wherever, and whenever I choose. You simply can not regulate how much, for whom, or how often a nurse works. At my hospital we have many nurses who commute 1 - 2 hrs to get to work. How will you regulate that? If I am limited to working as a nurse, how will you limit my ability to work at another job that may or may not be even more physically or mentally challenging outside of my profession to support my family. I work nearly every day of my life since I own a farm, and my parents own 4 ranches. How will you regulate that? What if I choose to drive to a neighboring state and work as a nurse and refuse to report that employment to you even if something happens? We have nurses who drive here even now to work in Texas at my hospital. How will you regulate that?

In the past the board has stated repeatedly that it will not intervene between a hospital and its employees. Why the change of heart now. Are you pro hospital in refusing to act in the best interest of the nurse to care for the patient? If so, how can you turn a blind eye to patient to nurse ratios? Has it been so long that you worked as a nurse that you have forgotten it is much more strenuous and increases the chance for detrimental mistakes being made to take care of 10 patients at one time one day a week for eight hours at a time than it would ever be to work six days a week taking care of four patients for 12.5 hrs a day? Why are you not regulating what can be regulated instead of reaching for what you can not in an impractical move that hurts both the patient and the profession? And what about the magnificent safeguards you have already chosen to put in place like peer review. Is this not sufficient for protecting patients from nurses who are incapable of regulating themselves as professionals in the amount of hours they spend at the bedside. If not, then why do we even have mandatory overtime in the state of texas? Do you think any of us would be working more than 12.5 hrs a day, more than three days in a row, or over sixty hours a week if the profession did not demand it? Why cant you see us as the professionals that we are and stop trying to limit us while refusing to give us any assistance in taking care of our patients by meet the demands of our profession. Nurses have always been understaffed, overworked, and faced with the impossible by accepting the responsibility for taking care of the sick and helpless since the profession was founded. In fact, this is where the profession found its beginning. And it has always been kept alive by a driving force from within to overcome all obstacles and disregarding personal injury or death. Where is your drive. You simply can not take away this core that makes us care no matter how much you try : no matter what silly law or ruling you might pass. We are nurses, we are here to serve our patients, and this you can not regulate. Nor should you want to. Each of us are self limiting as professionals in regards to hours worked. Only you can help us lighten our burden by encouraging nurse patient ratios in order to keep nurses who care the most in our profession by not burning us out with short staffing and overloading us with patients to the point where we cant even remember which patient got what or what they are here for. Would you not take the time and inclination to help us take care of patients? Don't limit us, support us. Don't waste your time trying to regulate what you can not regulate, instead find constructive ways to improve patient care in a realistic manner. Help us retain nurses instead of allowing employers to burn out new nurses in 2 or 3 yrs by overloading them with patients, low pay, and poor benefits. Help us, instead to recover the respect and ground that we have already lost that was gained through numerous battles fought by hardworking honest and dedicated nurses.

Here you are talking about limiting hours and our hospital is already addressing this as policy and putting it in placed by changing schedules and forcing nurse to agree by signing papers of acknowledgement. What have they to gain? Do you think they care about anything more than their profit margin while they side step taxes by hiding behind a religious cloth?

You call yourselves dedicated nurses, but what are you really dedicated to. You told yourself you could serve by leaving the bedside. Take a look at yourself and the profession and then look into the face of a dying patient and tell me again what you are doing to help.

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IP Address: 66.141.34.181

Name: MR STEPHEN L SANDERS
Title:

Email: SANDERS.STEPHEN@SBCGLOBAL.NET
Business:

Response Address: Home

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302
BASTROP, TX 78602

Business Address:

TX

Home Phone: 512-303-1377

Office Phone:

Message:

GOVERNOR PERRY: I URGE YOU TO TAKE A CLOSE LOOK AT THE RAMIFICATIONS OF LIMITING THE POSSIBLE HOURS A NURSE MAY WORK IN TEXAS, A PROPOSAL BEING CONSIDERED BY THE STATE BOARD. THIS WILL BREAK THE FINANCIAL BACK OF MANY PEOPLE, I MYSELF WILL LIKELY LOSE MY HOME. WITH TAXES BEING WHAT THEY ARE AND THE GENERAL COST OF EVERYTHING I WILL HAVE TO GO TO A STATE WHERE WORK HOURS HAVE NO LIMIT. I DEPEND ON OVERTIME AND EXTRA WORK TO LIVE. ASIDE FROM THIS WE ARE ALREADY SHORT STAFFING EVERYWHERE, IF HOURS ARE LIMITED THERE WILL BE NO WAY TO COVER MANY SHIFTS, IT WILL BE A TOTAL MESS, NOT A WORKABLE REAL WORLD SENARIO. PLEASE CONSIDER THE OVERALL EFFECT.
REGARDS: STEPHEN L SANDERS.



OFFICE OF THE GOVERNOR

RICK PERRY
GOVERNOR

January 31, 2007

Mr. Stephen L. Sanders
302 Green Valley Drive
Bastrop, Texas 78602-6757

Dear Mr. Sanders:

Thank you for taking the time to contact the Office of the Governor. We understand that you are concerned.

I am asking Katherine Thomas, Executive Director of the Texas State Board of Nurse Examiners, for her staff's assistance in reviewing and responding both to you and this office on the information shared.

Please let us know whenever we may be of service in the future.

Sincerely,

A handwritten signature in cursive script that reads "Dede Keith".

Dede Keith
Administration and Constituent Services
Office of the Governor

DK:dwc

cc: Katherine A. Thomas, MN, RN

Kim Dill
251 Scenic Hills Rd. N.
Kerrville, TX 78028

March 10, 2007

Board of Nurse Examiners
333 Guadalupe #3-460
Austin, Texas 78701

Dear Board,

I think your "Proposed Position Statement 15.26: Nursing Work Hours", especially its recommendation no. 2 limiting the profession's hours, is a mistake and have informed my legislators accordingly. Enclosed is a copy of a letter I sent my state representative, Mr. Hilderbran, that supports my reasons, and suggests ideas for future legislation regarding the topic of nurse-patient safety.

Sincerely,

A handwritten signature in cursive script that reads "Kim Dill".

Kim Dill, RN, BSN

Kim Dill
251 Scenic Hills Rd. N.
Kerrville, TX 78028

March 10, 2007

State Representative (District 73)
Harvey Hilderbran
125 Lehmann Dr.
Kerrville, TX 78028

cc: Board of Nurse Examiners for the State of Texas

Dear Mr. Hilderbran,

If it comes before you, please vote against the Texas Board of Nurse Examiners' (BNE's) "Proposed Position Statement 15.26: Nursing Work Hours", especially its recommendation no. 2 requiring a nurse to limit their work to 12.5 hours in a 24 hour period, 60 hours in 7 consecutive days, and 3 consecutive days of 12.5 hour shifts. Although having the appearance of enhancing patient safety, these reforms will in actuality do the opposite. They do not take into account the nursing shortage, and there are better ways of increasing patient safety.

The BNE's proposal ignores the basic fact that the general population is significantly outgrowing the nursing population. As a registered nurse who works bedsides at a San Antonio hospital, I am well aware of the effects of that disproportional outgrowth. Because there are relatively few nurses available to work, I frequently get called to work overtime to make up the slack. Sometimes that means I work a 60-plus hour week. The proposal would mean that nurses like me would not be able to come in. So who's going to take care of the patients? Hospitals would have no choice but to assign overworked nurses even more patients (7 or 8 per nurse) which is unsafe. If nurses were limited by law to only 5 patients as in California, then hospitals would have to turn the patients away (as some are doing even today). Now you tell me which is safer after you've had a heart attack, a tired nurse caring for you, or no nurse at all?

Believe it or not, a nurse working her fourth or fifth day in a row at a hospital is actually safer. In the nursing world, there is a common preferred nursing practice called "continuity of care" whereby hospitals strive to give the same patients the same nurses. This is because the more familiar a nurse is with a patient's healthcare needs, the better the care he or she can provide, resulting in better patient outcomes. Also patients prefer a recognizable face taking care of them. If on the fourth day, rather than a hospital being allowed to give a patient the same nurse they've had for the previous three days, they have to find a new nurse for the patient, that would disrupt the patient's continuity of care, resulting in a less safe situation.

If that were not enough, since the BNE's proposal cuts nurse working hours, nurses' take home pay would be even less! Law of Supply and Demand tells us the result would be even less nurses entering the profession, thus the safety situation would get even worse! With proposals like these, I cannot help but ask if there are any board members who are actually fulltime working bedside nurses, and if so, what are they thinking?!

The BNE has got it right though that there is a nursing patient-safety problem. But it's not because nurses are working extra hours, but because of the nursing shortage. Incompetent, lazy nurses make mistakes that would have had them fired in any other profession, but because it is so difficult to

find a replacement, managers are reluctant to terminate them. I know of one nurse who misread the dosage of a drug and killed his patient. Not only was he kept, but shortly thereafter awarded "LVN of the Year". Then there was the nurse coworker of mine that was caught using morphine he stole from the hospital. He was retained too. I've seen only one nurse coworker outright fired. He was lazy, crude, rude, and a male chauvinist, but that didn't get him sacked. He had to threaten the boss with her life before they gave him the pink slip.

Since nurses know that they've got the upper hand, as far as being let go, they know they can literally get away with murder. (Maybe you heard about the nurse who was killing her patients, but wasn't dismissed for months although the hospital suspected her of misconduct for the longest time.) So why should they care that much about anything including patient safety? I've seen nurses chart their assessments of patients without having even gone into their patients' rooms. I've had nurses tell me to quickly push I.V. drugs over seconds that are supposed to be pushed over minutes with the reasoning "if they code, they code" because they were just too impatient. ("Code" is the term used for starting emergency resuscitation measures.) I've seen nurses not check on their patients for hours because they were too busy playing on the internet. They know they can get away with it because if there is a problem, there is no way to verify how long it has been since the nurse was even in the patient's room. The list goes on, none of them having to do with nursing fatigue, but instead lack of integrity and/or concern for patient safety. The real problem with patient safety is due to the effects of the nursing shortage rather than exhausted nurses.

I read somewhere that right now there is a shortage of 125,000 nurses nationwide, and it is expected to go to a million in a few years as baby boomers retire (including baby boomer nurses). So recognizing that fact, what can be done to enhance patient safety? Let me give you some ideas for future legislation.

Nursing should have a Quality Control program similar to that of the military and businesses such as the airline industry. For instance, in the U.S. Air Force, all wings include a Standards and Evaluation division. The Air Force just doesn't rely on their aircrews' integrity to do the job right, but gives "no-notice" check rides and the like to ensure personnel are compliant with pertinent regulations. In the same way, an Inspector General monitors the Stan/Eval group to make sure they are doing their job. The I.G. answers to the command general. Each hospital should have a similar QC program where a dedicated staff gives no-notice checks to nurses to make sure they are doing their job. This should include evaluating historical camera video or room-monitoring data to see if the nurse has even been checking on the patient in a timely manner. It should also include access to a monitored password-protected internet, so that QC could see how much non-nursing stuff a particular nurse has been watching instead of doing his or her job. Nurses not meeting certain standards would be required to be punished through docked pay or termination. The QC department would also ensure Incident Reports were always addressed, changes made accordingly, and the changes posted for all to see. The hospital's QC program would be monitored by a state inspector who would be answerable to the governor. Just the threat of being checked on with the possibility of termination has been proven to keep workers on their toes, even those that don't have integrity.

Hospitals should be required to implement computer charting. The nursing profession is the only profession I am aware of that still keeps health records the same way ancient Egyptians did 6,000 years ago. I've worked where there was computer charting and where there wasn't. Having to painstakingly fill out by hand a three-foot wide chart and numerous other forms and papers is not only mentally fatiguing, but takes time away from

checking on patients. Having to decipher doctor chicken scratch wastes time, and can be dangerous if "Celexa" is misread as "Celebrex" or "10 mg" is misread as "70 mg". And when Incident Reports are handwritten, they take so much time to do, nurses are just too busy to deal with them, and dangerous situations continue. Computer charting solves all these safety-related problems.

Inexperienced LVNs should not be allowed to work in critical care areas. LVNs should be required to have at least five years experience before being allowed to work in Intensive Care Units, Telemetry or the like. Because of the nursing shortage, hospitals are hiring cheap LVNs and placing them in critical care units. Because of their minimal training and lack of experience, they are overwhelmed taking care of critical patients, and make mistakes (no matter how much sleep they got the night before).

More emphasis should be placed on attracting nurse aids to the profession. About half of my time is devoted to non-nursing duties such as secretarial work, housekeeping and nurse aid tasks. If I had my own nurse aid to take on those responsibilities, I could probably take on at least 50% more patients. If just a small percentage of nurses felt the same way, that would make a significant dent in the nursing shortage problem. Many people would love to enter the healthcare profession, but do not have the money to stop working and pay for nurse aid training. The state could help attract more nurse aids by providing grants and stipends to individuals entering a nurse aid program, and tax incentives for hospitals that hire nurse aids and/or give OJT to prospective nurse aids. Because nurse aids are a lot cheaper to train and keep than nurses, healthcare costs could be reduced. Also the state could save money trying to solve the nursing shortage problem by spending it on prospective nurse aids rather than nurses.

As you can see, it doesn't matter how awake one is, or how tired they are; the vast majority of people do not want to clean up somebody else's vomit--unless someone is waving a lot of cash. And that's what's at the heart of the nursing shortage. (Would you still want to do your job if as part of your work you were routinely told, "after you vote on that legislation, we need you to clean up Mrs. Smith's anus"?) I don't want to be crude, but unless one understands things in those terms, they will never understand that the nursing shortage (and thus the patient-safety issue) will never be solved unless more people are attracted to the profession with higher pay, and/or the above suggestions are implemented--NOT the BNE's Position Statement 15.26.

Sincerely,



Kim Dill, RN, BSN

To: The Board of Nurse Examiners

I will remain anonymous, but I do want to give you all some insite to what I'm seeing.

① The new nurses coming out of school have not been trained, and the hospitals are all overloaded with patients, and are not giving them an orientation. They are overwhelmed and some quit. Just last week I took down Ds and put up .9% NS before the blood went in. Luckily, I was willing to work 60+ hrs. and was there. So bad the new nurse wasn't trained & had never hung blood. Another nurse didn't know to call the Dr. when BP ↓, I was there and taught her. Afterwards she just cried. They also have no experience with IV's. I find them not in the vein, but the tissue. They can't insert any type tube. The patients are always stating that they don't what there doing. Is this there fault? I don't think so. They need to be trained. Imagine reading how to cut hair & then be sent out to the real world with no experience or training. Imagine reading about how to be an astronaut & then on a shuttle with no experience. Texas nursing programs need help.

② All the Drs need to do the majority of surgeries on Monday. They don't use common sense and divide them out during the week. We can expect 15 surgeries in on Monday. All these different services do the same thing. They then all quickly send them to the PACU and continue to have PACU send them to the floor. They then need to have narcosis because of not being recovered. To have everything quick, quick, quick is not safe. Then if something happens, its the floor nurses fault. After all, everyone in Pacu & the Drs have to go play golf. If your worried about safety, here is another issue to think about. When the floors don't have the nurses the management will tell you, "Do the best you can." When nurses serve safe Harbor papers when having 10 patients, they then are ridiculed by management until they quit or are fired for some ^{trivial} ~~trivial~~ thing.

③ The hospital where I work has built on and now has 40+ ER beds. All of us work overtime and they still have 20+ patients waiting to be seen. Two of the areas have to be closed down due to no nurses.

④ California has put into law the required patients for med-surg, which is 5. If Texas goes for a 60 hr work week will they also go for a safe limit ratio?

I had an offer to be a traveling nurse and was talking to the recruiter. He said the southern states paid the least & all the nurses were going out West to be paid better. Will a nurse have to relocate to have a safe job?

When deciding safety please consider better training and safe patient limits. From my experiences that I see, it's not always the nurse. The hospitals won't re-route patients due to MONEY! It's not only the public needing help, it's also the nurses.

God be with you in making the right choices.

GOVERNOR'S OFFICE
RECEIVED

MAR 13 2007

ROUTE TO: _____

Governor Rick Perry TO: _____
cc
State Capitol Room 2S.1
P.O. Box 12428
Austin, TX 78711

Dill, Kim (031307)
200703130234

Kim Dill
251 Scenic Hills Rd. N.
Kerrville, TX 78028

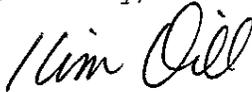
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Com. HHS
ME Licenses

March 10, 2007

Dear Mr. Perry,

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Sincerely,



Kim Dill, RN, BSN

Kim Dill
251 Scenic Hills Rd. N.
Kerrville, TX 78028

March 10, 2007

State Representative (District 73)
Harvey Hilderbran
125 Lehmann Dr.
Kerrville, TX 78028

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The BNE's proposal ignores the basic fact that the general population is significantly outgrowing the nursing population. As a registered nurse who works bedside at a San Antonio hospital, I am well aware of the effects of that disproportional outgrowth. Because there are relatively few nurses available to work, I frequently get called to work overtime to make up the slack. Sometimes that means I work a 60-plus hour week. The proposal would mean that nurses like me would not be able to come in. So who's going to take care of the patients? Hospitals would have no choice but to assign overworked nurses even more patients (7 or 8 per nurse) which is unsafe. If nurses were limited by law to only 5 patients as in California, then hospitals would have to turn the patients away (as some are doing even today). Now you tell me which is safer after you've had a heart attack, a tired nurse caring for you, or no nurse at all?

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Sincerely,



Kim Dill, RN, BSN

February 20, 2007

Katherine A. Thomas
Executive Director
Board of Nurse Examiners
333 Guadalupe #3-460
Austin, Texas 78701

Dear Ms. Thomas:

This letter is in response to the BNE's Draft Position Statement 15.26. We would like to make the Board aware of a model of care that is provided by advanced practice nurses that could be adversely impacted by this policy.

We are a group of Certified Nurse Midwives that provides contract services to community based hospitals. These hospitals routinely provide care to pregnant women presenting through their emergency rooms. Many of these women are uninsured, undocumented and a significant portion have had no prenatal care. These community hospitals have attempted to continue to provide safe, comprehensive care to these women while remaining financially solvent. Using certified nurse midwives, providing care as hospitalists, allows immediate care for these women, referral for Medicaid screening and follow up with an appropriate provider. Without our presence many local community hospitals have been forced to close their obstetrical units due to overload with unassigned patients.

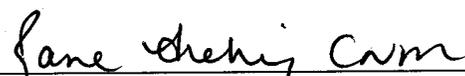
In order for us to provide this model of care we are in-house for 24-48 hours at a time. This is necessary for us to provide this service at a rate that is reasonable and can be absorbed by these facilities. Of course we are seldom in direct patient care for 24 hours or more but the potential is always there to be caring patients for more than 12.5 hours.

Without a doubt this model would be impossible if we were required to work 12.5 hours daily and limit our week to 60 hours. We feel that other advanced practice nurses could also be adversely affected, specifically CRNAs. We would ask that the Board consider specific exemptions for advanced practice nurses practicing in a non-traditional model.

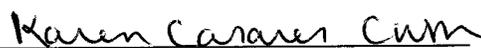
Respectfully,



Theresa Mott, RNC, CNM, MSN
Tessiern123@aol.com; 409-781-3217



Jane Freking, RNC, CNM, MSN
jfreking@sbcglobal.net; 979-417-3919



Karen Casares, RN, CNM, MSN
Kcasa2@aol.com 832-279-1119

Total care, total trust, For life.

March 1, 2007

Katherine A. Thomas
Executive Director
Board of Nurse Examiners
333 Guadalupe, #3-460
Austin, TX 78701

Dear Ms. Thomas:

We are writing to comment on the *Proposed Position Statement 15.26; Nursing Work Hours*. As advanced practice nurses (certified nurse-midwives), we work thirty-two hours each week in the office, seeing clients for office visits. We also alternate 24-hour call, averaging 14 call days each month. We work consecutive call 48 hours every other week, when we are off for the weekend, and 72 hours when we are on call for the weekend (Friday-Saturday-Sunday or Saturday-Sunday-Monday). Otherwise, our 24 hours "on" is followed by a day off call.

It is unusual for us to have to be awake more than 24 consecutive hours any time, even if we are on that 72-hour stretch. Call rooms are available to us at the hospital for a nap and/or a shower. If need be, we can always call the other CNM for relief, and have done so. Or, our consulting physician on call would relieve us if necessary.

While we might be on-call or scheduled in the office for more than 60 hours each week, we are rarely called on by our caseload to work more than 60 hours. We feel we have adequate measures in place to assure our client's safety.

The *Position Statement* could be clarified for APNs by including more specific regulations for on call hours, realizing that for most of us "on call" means just that—available but usually not awake and working every on call hour.

We, as all nurses, want to practice safely, and believe our on call system works to protect the safety of our clients and ourselves. Thank you for considering the differing requirements for work hours for APNs who also take scheduled call.

Sincerely,

Susan W. Akins, CNM

Susan W. Akins, CNM, MS

Lindsay Kragle Stephens, CNM

Lindsay K. Stephens, CNM

Online Survey for Nursing Work Hours

1. Please indicate type of nursing license:

LVN	899
RN	8254
RN w/APN Authorization	647

2. Highest Education Credential Held:

Certificate	1138
Associate	3129
Bachelor	4568
Master	935
PhD	30

3. Please indicate your Practice Setting (check all that apply):

Administrator/Supervisor	1038
School Nurse	215
Faculty/Educator	142
Correctional	191
Acute Care/Hospital	5068
Staff Nurse	6307
Community/Public Health	66
Military	55
Home Health	208
LTC/ALF	171
Clinic/Office Nurse	184
Other	413

4. How often do your work more than 12.5 consecutive hours?

Never	447
Rarely	2349
Sometimes/Varies	4906
Frequently/Routinely	2116

5. How often do your work more than 60 hours/week?

Never	1100
Rarely	3376
Sometimes/Varies	3724
Frequently/Routinely	1383

6. How often do your work more than three (3) 12-hour shifts in a row?

Never	807
Rarely	1560
Sometimes/Varies	3786
Frequently/Routinely	3695

7. Do you feel nurse's work hours should be limited as outlined in the draft position statement?

No	8742
Yes	1055

8. Do you feel overtime and hours worked for nurses should be regulated by the BNE? In other words, should a nurse face sanctions on his/her license for potentially violating no other standards but working too many hours?

No	9326
Yes	495

9. If your work hours and/or overtime meet any of the criteria questioned in #4-6 above, is this work time mandated by your employer, voluntary or both?

Voluntary	7784
Mandatory	243
Both	1579

10. Do you feel employers and facilities should have to limit the hours they allow or mandate nurses to work as outlined in the draft position statement?

No	8481
Yes	1154

11. Who should monitor the hours a nurse works (between on or multiple employers)?

Nurse's Employer(s)	524
BNE	75
Nurse Him/Herself	8142
All of the above	737
None of the above	391