WELCOME

Congratulations on your commitment to your patients and your profession. This booklet will provide guidance on how to be an advocate, and AORN Government Affairs is always only a phone call or email away.

What is advocacy?

Advocacy is promoting a position or viewpoint. It can be sharing your opinion with co-workers, policy makers, legislators, or the general public. Educating others is part of being an advocate. Your role as an advocate on behalf of AORN calls for you to educate others on who perioperative nurses are and what they do, why a law or regulation is needed, or how a proposed rule may impact patient care.

Advocacy comes in many forms. It may be talking to your legislator, sending an email, testifying in front of a committee, or leading an initiative on a bill. AORN needs people that are willing to advocate throughout the policymaking process.

While AORN often provides written comments on policy issues as needed or requested, the real power and influence comes from you – the nurses who are in the operating room day-in and day-out who can share personal stories – and who are the constituents of legislators.

Elected officials want to hear from their voters. You are the key to successful advocacy.

WE ARE HERE TO HELP

AORN’s Government Affairs department supports advocacy on behalf of perioperative nurses before legislative and regulatory bodies at both the state and federal levels. AORN Government Affairs tracks and monitors legislation and regulations, provides feedback on bills and regulations, submits formal written comments, and mobilizes members in your state through action alerts.

AORN’s Government Affairs staff is happy to assist you in preparing for meetings with candidates and elected officials. We can provide template letters for you to invite your legislator to your facility or to your chapter meeting. We can help you gather the appropriate materials for your meetings and for lobby days. We are always available to answer any question you might have as you are advocating for perioperative nursing practice and patient safety policies.

HOW TO BE AN EFFECTIVE ADVOCATE

Know what is going on

Stay current on legislation and activities in your state that may impact perioperative nursing practice. AORN Government Affairs tracks legislation of interest to perioperative nursing. Your eyes and ears on the ground complement these efforts. You can find the legislation AORN is tracking on AORN’s website by clicking on your state.

Build relationships

Building relationships with elected officials, their staff, and other policy makers is the most important and effective element of advocacy. You will be most successful in your advocacy efforts when you build a relationship with your legislator. When a legislator knows you and understands your profession and role in safe patient care, they will become more open to hearing from you as issues come up, which will be especially helpful when your issue is time sensitive. When a legislator and staff already have the foundational knowledge of perioperative nursing’s roles and concerns, it will be much easier to explain a more complex issue. Furthermore, if they know you are a continually engaged citizen, they will be more willing to listen to your concerns on a bill, consider sponsoring a bill for you, and work on your issue with you.
COMMUNICATING WITH YOUR LEGISLATORS

In order for AORN’s public policy efforts to be as effective as possible, it is very important to contact AORN Government Affairs and your State Legislative Coordinator to inform them of your activities with any federal and state lawmakers. Please do this before taking action.

The most productive and effective way to communicate with your legislator is through a personal visit. If you cannot visit at their office in the Capitol or in their district, a phone call is the next best option. Writing personalized letters and emails can be helpful as well. On some issues, AORN Government Affairs provides members with pre-written emails to personalize. AORN Government Affairs also encourages members to participate in their state nurses association’s Lobby Day.

General Tips

» Be respectful. Address the legislator by their title (Senator, Representative, Assemblyman, etc.) and avoid becoming visibly or verbally upset.
» Create a buffer. Focus on the issue and not the politics. Do not feel as if you cannot communicate with a legislator because he or she holds a different political party affiliation.
» Be concise. Keep conversations short and simple. Stick to key messages provided to you by AORN or your state nurses association.
» Use everyday language. Avoid professional jargon.
» Use personal stories. Connect key messages and important facts with a short personal story about the issue at hand. Stories are what legislators will remember.
» Do not forget the ask. Your ask is what action you want the legislator to take. Are you asking them to support, oppose, or amend a bill? Do you want them to place a bill on the calendar? Do you want them to connect you with someone else? This is the most important part of communication with legislators, but it is often forgotten.
Repeat, Repeat, Repeat. Reinforce the key messages, facts, and your ask by mentioning them several times.

Thank the staff and elected official.

**Personal Visit**

- **Schedule a meeting in advance.** Call the office of the legislator you would like to speak with and ask to set up a meeting. Depending on the time of year, it may take a few weeks to get on the schedule. The scheduler may ask for the topic of discussion, so be prepared with a short summary of your topic before you call.

- **Be on time, be concise, and know what you will say.** Your time with the legislator will be limited. Most meetings last about 20 minutes, so you will need to be concise and direct in your conversation. Have a 2 minute and 15 minute speech ready in case the legislator is pressed for time.

- **Bring supplemental materials.** A one-page summary with a clear ask and important facts is beneficial material to leave behind after your meeting. Do not overwhelm legislators and staff with written information because they may not have time to shuffle though mounds of studies, graphs, or fact sheets. However, do let the legislator or staff know you are happy to provide more information if needed. AORN Government Affairs will work with you on one-pagers for AORN issues, and the state nurses association will have materials for other issues.

- **Go with a friend or colleague.** Sometimes it is easier to attend a legislative meeting with a friend or co-worker who can add value to the conversation, so feel free to bring a colleague. However, do not recruit a large group for personal meetings – keep it to fewer than three attendees per meeting.

- **Be prepared to converse.**
  - Research and understand the issue and, if applicable, read the bill you want to discuss. Read through any information AORN Government Affairs has issued on this topic.
  - Look at the legislator’s website to see where they often stand on issues and on which committees they sit. How have they voted in the past on health care issues? What is their employment background? This information can help guide your conversation and your ask. Here are some other important questions to help you prepare: Why should the legislator care? (This may not be the same reason you care.) Why should they act? What misconceptions are out there? What is the other side saying?
  - Know what the other side is saying. Address any misconceptions and work to inoculate the legislator against the other side’s arguments.
  - If you do not know the answer to a question during the meeting, tell the legislator or staff member that you will find out, and then follow up with an email answering the question.

- **Follow the legislator’s lead, but control the agenda and be direct.** You only have a few minutes to convey your perspective and position, so if the legislator heads off track, bridge the conversation and bring it back to the issue at hand. Be concise, explain why you are there and how your issue impacts the legislator’s constituents. Connect the dots from your issue to bigger picture issues, and communicate what you want the legislator to do.

- **Embrace the legislative staff.** There are times when you will not be able to meet with a legislator in a timely manner or something may come up that pulls a legislator away. Legislative staff often conduct any needed research and may understand issues in more depth than legislators. It is their job to summarize and possibly even recommend positions on issues. Be polite and work with legislative staff, especially those who handle health policy. Staff can help guide you and be your messenger.

- **Follow up.** Send a thank you email to the legislator and staff with whom you spoke within 48 hours of your meeting. If additional information was requested in the meeting, provide it. If you did not know the answer to a question during the meeting, be sure to answer it in your email. Remind the legislator and staff what action you want him or her to take.

**Phone Calls**

- **Identify yourself.** If you are constituent, state that fact early because legislators like to hear from the people they represent. Also, let the staff know you are a registered nurse.

- **Identify your issue or bill.** Let the staff know which issue or bill you are calling to discuss.

- **State your position on the issue or bill and what action you are requesting from the legislator.** If you do not know the legislator’s position on a bill, ask. Keep this factual and concise. Here is an example: “I am calling about Bill 123 and I am urging Senator Smith to vote no when it comes up in the health committee.”

- **Provide key messages, key facts, and a brief personal story if possible.**

- **Legislative staff will answer the phone.** Staff can help guide you and be your messenger. Legislative staff often
conduct needed research and may understand issues in more depth than legislators. It is their job to summarize and possibly even recommend positions on issues. Be polite and work with legislative staff, especially those who handle health policy.

» **Leave your contact information with the staff member.** The office may want to follow up with you to inform you of the legislator’s position, ask questions, or have a policy staff person speak with you.

» **Follow up.** Email the staff person with whom you spoke to thank them for their time and share any information they requested. Remind the staff person what action you want the legislator to take. This will help build a relationship as well.

**Emails and Letters**

From time to time, AORN Government Affairs will have pre-written messages you can send to your legislators. They often come in the form of email action alerts or appear on your state’s Government Affairs page of the AORN Web site.

» **Use appropriate headings and salutations.** Address the legislator by their title (Senator, Representative, Assemblyman, etc.)

» **State the purpose of your email or letter after the address and/or in the subject line.** For example: “RE: Support of HB 0123, from a nursing perspective.”

» **Introduce yourself.** If you are a constituent, state that fact early in the letter and then emphasize you are a perioperative nurse with “X” years of experience.

» **State your policy position and what action you are asking the legislator to take.**

» **Share key messages and facts provided by AORN Government Affairs and your short story explaining your position on the legislation.** Explain what you think the impact of the legislation will be to constituents and patients. Be concise and direct. Keep the letter or email to one page. Try to limit attachments to only one if needed.

» **Restate the ask.** End the email or letter reminding the reader what action you hope the legislator will take.

**TIPS FOR A SUCCESSFUL LOBBY DAY**

**Prepare**

» **Identify your legislators.** Do not be discouraged from meeting with your legislators, even if they are from the other political party. They are there to represent you. Focus on the issue and not the politics.

» **Be prepared to converse.**

  » Research the issue and, if applicable, read the bill you want to discuss. Read through any information AORN Government Affairs has issued on this topic.

  » Look at the legislator’s website to see where they often stand on issues and on which committees they sit. How have they voted in the past on health care issues? What is their employment background? This information can help guide your conversation and your ask. Here are some other important questions to help you prepare: Why should the legislator care? (This may not be the same reason you care.) Why should they act? What misconceptions are out there? What is the other side saying?

  » Know what the other side is saying. Address any misconceptions, and work to inoculate the legislator against the other side’s arguments.

» **Familiarize yourself with your Lobby Day packet.** Many state nurses associations will provide Lobby Day materials to help guide you through the day.

» **Know you might meet with legislative staff.** The day of your Lobby Day may be a day where your legislator does not have any availability. This is common because legislators are often in committee meetings, on the floors of the Chambers, or in meetings with other government officials. Respect legislative staff since they will be communicating on your behalf.

» **Dress professionally.**
During the meeting

» Be on time, be concise, and know what you will say. Your time with the legislator will be limited. Most meetings last about 20 minutes, so you will need to be concise and direct in your conversation. Have a 2 minute and 15 minute speech ready in case the legislator is pressed for time.

» Be respectful. Address the legislator by their title (Senator, Representative, Assemblyman, etc.) and avoid becoming visibly or verbally upset.

» Introduce yourself. Indicate you a constituent, a perioperative registered nurse with “X” years of experience, and an AORN member.

» Be specific. Let your legislator know exactly which bills or issues you are there to discuss. It is okay to have notes.

» Use everyday language. Avoid professional jargon.

» Use personal stories. Connect key messages and important facts with a short personal story about the issue at hand. Stories are what legislators will remember.

» Say “I do not know.” It is okay to acknowledge you do not know the answer to a question. Tell the legislator you will find out and then follow up with the information.

» Do not forget the ask. The ask is what you action you want the legislator to take. Are you asking them to support, oppose, or amend a bill? Do you want them to place the bill on a calendar? Do you want them to connect you to someone else? This is the most important part of the communication with legislators, but is often forgotten.

» Repeat, Repeat, Repeat. Reinforce the key messages, facts, and the ask, by mentioning them several times.

» Thank the staff and elected official.

After the meeting

» Send a thank you note. Thank the legislator and staff members by name for meeting with you. Include the answers to any questions you were unable to answer during the meeting. Remind them of the action you want the legislator to take – the ask.

» Debrief. Provide the highlights, questions, and concerns from the legislator’s office to your state nurses association, your chapter, your State Legislative Coordinator, and AORN Government Affairs.

Get Social
While not every elected official is using social media, more and more are using Twitter and Facebook to share information, solicit feedback, and engage in discussions. If you are active on social media, see if your legislators have Facebook pages and Twitter handles. This can be another way you can share your ideas and opinions with your legislators and community.

Tips

» Be polite. It is easy to get into disagreements with others, not just legislators, on threads. Remember to remain professional. Address the issue, not people.

» Like and share. If you like something your legislator is doing, be sure to like and share it.

» Invite to events. Always extend invitations to events formally through the legislator’s office. In addition to your formal invitation to the office, informal invitations to carefully selected events such as chapter meetings, National Time Out Day events, or Perioperative Nurse Week celebrations may be made via Facebook.

BE AN ADVOCATE THROUGHOUT THE YEAR
There are several ways you can be an advocate. Here are a few simple ideas.

» Build a network in your facility to stay informed and encourage action on policies and changes.

» Send pre-written emails to your local newspaper editors and your legislators for National Time Out Day in June.

» Send pre-written emails to your local newspaper editors and your legislators for Perioperative Nurse Week in November.

» Keep your eyes open for Action Alerts from AORN Government Affairs. Take the requested action promptly.
» Invite your legislator to visit your facility. Facility tours are a great way for legislators to gain a better understanding of your role.

» Attend your legislators’ events such as town-halls, open-houses, and coffee meet-ups.

» Attend campaign events for candidates. Learn more about a candidate’s understanding of nursing issues and offer yourself as a resource.

» Join your state nurses association.

» Work with your chapter to invite a legislator or staff to a chapter meeting.

» Read the Legislative Affairs section of AORN's weekly e-newsletter, Periop Insider.

ANSWERS TO QUESTIONS YOU MAY BE ASKED

Why should I care about regulations and legislation? Does it really impact me?

Policies put into place by legislators and regulatory agencies impact you one way or another, from taxes to Medicaid payment policies, to RN Circulator requirements. Legislation concerning hospital administration, allied health care professionals, continuing education requirements, staffing, etc. directly impact your profession and patients. Perioperative nurses are familiar with advocating for patients, but it is also important to advocate for your profession. If you are not involved in the policy making process, you may not like the decisions made impacting your profession and your patients.

Doesn’t AORN Government Affairs represent my interests for me?

AORN Government Affairs does represent your interests. The team tracks legislation impacting perioperative practice in all 50 states and at the federal level. We also submit written comments and write letters on behalf of our members. In some states, AORN has lobbyists working on RN Circulator and other issues affecting perioperative practice. However, constituents like you carry a lot of influence. Elected officials want to hear from their local constituents on all issues and are concerned about how policies will affect their constituents. AORN Government Affairs will guide you through the process of speaking with your legislators.
I don’t know how to lobby or talk with legislators. Can you help me?

Yes! This handbook includes tips for communicating with your legislators. Lobbying is simply sharing your viewpoint on a policy issue in a timely and effective manner. When you advocate for something, you are “lobbying.” Legislators cannot possibly know everything about every issue. There are hundreds of bills each session on which they vote. Elected officials are interested in hearing from you as a constituent on health care issues because you are an expert! Because of your professional practice as a perioperative nurse, you are automatically an expert and can help legislators understand the effect of legislation they are considering.

I don’t know who my legislators are or who I should contact. Where can I find that information?

Visit www.aorn.org, hover your mouse over the Advocacy tab, and then click “What is happening in my state?” From here, you chose your state and then click on the Get Involved icon on the right. Fill out the form and contact information for your legislators will appear. Or you can click here if you view this handbook online.

What if the legislator asks me a question to which I don’t know the answer?

It is okay to say that you don’t know and will get back to the legislator with the answer soon. It is better to say that you do not know an answer to a question than to provide poor or false information. If you tell the legislator you will get back to them with an answer, it is important to follow up with staff within 48 hours. AORN Government Affairs and your State Legislative Coordinator are available as resources to assist you in responding to legislators’ questions.
HOW A BILL BECOMES LAW (STATE)

Idea
Bill is introduced by a member of the House or Senate.

Committee Consideration:
Committee hearings are conducted and testimony received from bill sponsors, proponents and opponents of the bill.

1st Reading
The bill is read and placed on the docket for debate and vote.

Committee Action:
Bill is referred to another committee.

Reported
The bill is reported to the full House or Senate (sent to full House or Senate).

Committee Action:
Bill is amended, reported, or killed.

2nd Reading
The bill is debated on the floor and a vote is taken.

Committee Action:
Bill is passed with or without differences.

Bill Becomes a Law
If House and Senate versions differ, a Conference Committee is appointed to address the differences. If a compromise is reached, the bill returns to each house with a Conference Committee Report for adoption.

Governor
If the Governor signs the bill into law, or allows the bill to become law without signature, the legislative process ends. If the Governor vetoes the bill and returns to the legislative body with reasons for the veto, (if the legislature is adjourned, the bill automatically dies.)

Legislative Action:
If a bill is passed by both houses and there are no differences, or the Governor signs the bill, it becomes a law. If a bill is passed by both houses with differences and the Governor vetoes the bill, a Conference Committee is appointed to address the differences. If a compromise is reached, the bill returns to each house with a Conference Committee Report for adoption.

Administrative rules and procedures are developed by the delegated regulatory agency.
ADDITIONAL INFORMATION

How the regulatory process works

Most legislation designates an agency within the federal or state government to develop policies and procedures to implement and enforce the law. For example, state laws governing hospitals and health care facilities often designate the state department of health or other applicable licensing body as the implementing state agency. Laws governing the professions, such as nursing, designate the appropriate state board, usually titled the State Board of Nursing, as the implementing agency. In the case of federal health care laws, the Department of Health and Human Services is often designated as the implementing agency.

Once a law passes, the designated agency issues its rules and regulations to provide for specific implementation, interpretations, definitions, and compliance or enforcement provisions of the new law. The regulations typically provide more specificity in areas where the law was silent or deferred to the state agency. For example, in Illinois, the Hospital Licensing Act explicitly prohibits mandatory nurse overtime. Further interpretation of the prohibition on mandatory overtime and additional definitions, such as definitions of “overtime” and “on call,” are then provided by the Illinois Department of Public Health in its regulations which are published in the Illinois Administrative Code.

In instances where a state or federal agency is promulgating rules affecting perioperative nursing practice and/or patient safety, AORN Government Affairs works with our State Legislative Coordinators and State Councils to register our comments with the appropriate agency. For example, AORN’s written comments on many health care reform initiatives can be viewed here.

Invite Your State Representatives and Staff to Chapter Meetings

Step 1:
How to obtain his/her contact information: Type in your zip code here and scroll down to find elected officials in your area and your state senator’s and state representative’s contact information.

Step 2:
Invitation: Send your state representative a letter or email inviting him/her and his/her staff person to your local chapter meeting. AORN Government Affairs is available to help you draft your letter.

Step 3:
How to organize the introduction and discussion at the chapter meeting: The Chapter President should give a short introduction of the representative and the role of the staff person in attendance. Allow the staff person to explain his/her role in the representative’s office.

Step 4:
Goals: This is your opportunity to educate your representative and his/her staff on the role of perioperative nursing and the importance of the RN as circulator. Other important topics include the growing importance of evidence-based practice, any local patient safety initiatives with which you are involved, and the IOM’s recently released Future of Nursing Report.

Step 5:
Follow-up: Ask the staff person to have the elected representative attend the next monthly meeting. Make sure the representative has your contact information for any healthcare-related questions he/she has in the future.
COMPLETE HYPERLINKS SHARED IN THIS GUIDE

Page 2
Find your legislators
http://capwiz.com/aorn/dbq/officials/

Page 6
Send pre-written emails for National Time Out Day
http://www.aorn.org/Secondary.aspx?id=22836&terms=time%20out%20day
Send pre-written emails for Perioperative Nurse Week
http://www.aorn.org/AdvocacyPNW/

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AORN Government Affairs
www.aorn.org/advocacy
What is happening in your state
http://www.aorn.org/Advocacy/Whats_Happening_in_My_State/What_s_happening_in_my_state_.aspx
Find Your Elected Officials
http://capwiz.com/aorn/dbq/officials/
Future of Nursing
http://www.aorn.org/IOMFutureofNursing/

GLOSSARY OF TERMS FOR LEGISLATIVE PRINCIPLES
State nurse practice acts define the legal parameters for nursing practice.

» Allied Healthcare Personnel
  » Healthcare personnel with formal education and/or clinical training who may or may not be regulated through registration, statutory certification and/or licensure, or voluntary national specialty certification.

» Assignment
  » Describes the distribution of work that each staff member is to accomplish a given work period.

» Certification
  » An occupational designation that provides a confirmation of an individual’s qualifications in a specific occupation or occupational designation.
    » Statutory
      • Requires passage of a law or regulation by a governmental entity and is a mandatory service to the public in that it enables consumers to identify providers who have met an established standard (see title protection/practice protection)
      • Private – voluntary, specialty certification by a private, non-governmental entity represents a level of professional achievement and a demonstrated knowledge of clinical competence and practice standards. Certification in perioperative nursing demonstrates the Perioperative nurse’s individual commitment to excellence in practice, and demonstrates accountability to the general public for that practice.

» Delegation
  » Most state nursing practice acts authorize RNs to delegate.
  » Defined - The transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcome. Any nursing intervention that requires independent, specialized, nursing knowledge, skill, or judgment cannot be delegated.
  » Delegation requires the perioperative registered nurse to use professional judgment based on the concept of patient safety, individual needs of the patients, patient acuity, complexity of technology, the education, experience and skill of the allied healthcare provider and support personnel, and the extent of supervision required.
  » The RN uses critical thinking and professional judgment when following the Five Rights of Delegation, to be sure that the delegation or assignment is:
    » Right Task
    » Right Circumstance
» Right Person
» Right Direction / Communication
» Right Supervision and Evaluation

» Delegated Tasks
  » Tasks that can be assigned to someone based on the patient’s acuity level and the competency of the healthcare worker. Considerations for delegated tasks are:
    » potential for harm
    » complexity of task
    » problem-solving / innovation required
    » unpredictability of patient’s outcome
    » level of patient interaction
    » consistent with applicable law, regulation, and accrediting agency standards

» Grandfathering (Clause)
  » Permits an exception to a restriction that allows those already doing something to continue doing it even if they would be stopped by the new regulation.

» Institutional Licensure
  » A concept that proposes replacing individual licensure (from the individual state) with institutional licensure.

» Licensure
  » The legal authority of formal permission from authorities to carry on certain activities which by law or by regulation require such permission.
  » An occupation can be licensed only through formal action of a legislative body – federal, state, or local authorities. Each profession’s scope of practice includes the specific activities that only licensees may perform. Restriction is the hallmark of licensure.

» Nursing
  » The protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

» Perioperative Nurse
  » Perioperative nurse is defined as the registered nurse who, using the nursing process, develops a plan of nursing care and then coordinates and delivers care to patients undergoing operative or other invasive procedures. Perioperative nurses have the requisite skills and knowledge to assess, diagnose, plan, intervene, and evaluate the outcomes of interventions. The Perioperative nurse addresses the physiological, psychological, socio-cultural, and spiritual responses of surgical patients.

» Phases of Perioperative Care:
  » a. Pre-operative – The period begins when the decision to have surgery is made until the patient is transferred to the operating room bed
  » b. Intra-operative – The period begins when the patient is transferred to the operating room and ends with transfer to the recovery room
  » c. Post-operative – The period begins when the patient is transferred to the recovery room until resolution of surgical sequelae

» Practitioner
  » One who has met the professional and legal requirements necessary to provide a healthcare service such as a physician, nurse, dentist, dental hygienist, or physical therapist.

» Profession
  » A vocation or occupation requiring special, usually advanced, education, knowledge, and skill. The labor and skill involved in a profession is predominantly mental and intellectual rather than physical or manual.

» Range of Functions
  » Tasks and activities that are learned in an approved allied health and competency evaluation program that are typically performed by allied health personnel for clients who are stable and predictable, supervised by a licensed nurse who may need to limit the range of tasks based on client needs.
» Registration
   » Least restrictive form of regulation which carries no warranty of competence nor any assurance that the registrant has met any predetermined standards, such as level of education or experience. Certain qualifications may apply, including but not limited to, education, experience, or examination requirements. Disciplinary action may be a part of state law.

» Regulation
   » A rule or order having force of law issued by executive authority of government.
   » Regulation is intended to:
      1. protect the public,
      2. offer public assurance the individual is competent, and
      3. provide a means of discipline
   » 3 Levels of Regulation (from least to most restrictive):
      1. Registration
      2. Certification
      3. Licensure

» Scope of Practice
   » The scope of practice of a licensed healthcare professional is statutorily defined in each state’s laws in the form of a practice act. The parameters of the authority to practice granted to a nurse through licensure. Includes the specific activities that only licensees may perform presumably because there is a significant risk of harm to the public. Governed by a professional Board that includes requirements for accountability.

» Supervision / Supervisory Role
   » The active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity. Supervision does not include managing.
   » Supervisory Role: The person that performs the activity of directing and overseeing the activities of another member of the healthcare team.

» Title Protection
   » A means by which the public is assured that an individual who is providing care has met the educational standards for a specific practice. The term “practice protection” can be used interchangeably with title protection.

» Unlicensed Assistive Personnel
   » Unlicensed individuals who are trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse.

Definitions adopted and adapted from the following sources:
American Nurses Association (ANA)
“Joint Statement on Delegation”
“Nursing: Scope and Standards of Practice” (2004)
“Principles for Delegation”
“Licensure, Certification, and Accreditation” Barnum (1997)
AORN Standards, Recommended Practices, and Guidelines (various years)
Black’s Law Dictionary
Center for Medicare and Medicaid Services
State Operations Manual - Conditions of Participation for Hospitals
Council on Licensure, Enforcement, and Regulations (CLEAR)
“Demystifying Occupational and Professional Regulation: Answers to Questions You May Have Been Afraid to Ask” Schmitt and Shimberg (1996)
National Council of State Boards of Nursing (NCSBN)
“Nursing Regulation and the Interpretation of Nursing Scopes of Practice” (2005)
“Changes in Healthcare Professions’ Scope of Practice: Legislative Considerations”
Pew Research Center
Taber’s Cyclopedic Medical Dictionary

NOTES