

2024, Vol. 4

IN FOCUS

A PUBLICATION OF  NCSBN

Nursing Workforce Crisis:

Creating a Safe Environment

Addressing Workplace Violence

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Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are nine exam user members and 21 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

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EVERY MOMENT MATTERS

Realizing Lasting Impact



2024 NCSBN Annual Meeting

The [2024 NCSBN Annual Meeting](#) was held in Chicago Aug. 28-30, giving attendees the opportunity to meet and network with nursing regulators from all over the country.

The meeting was kicked off by a keynote presentation from RDML Jennifer Moon, DNP, MPH, MSN, FNP-BC, chief nurse officer, U.S. Public Health Service Commissioned Corps. Moon advises the Office of the Surgeon General and the U.S. Department of Health and Human Services on the recruitment, assignment, deployment, retention and career development of nurse professionals. Her engaging presentation was titled, "[Global Leaders in RN: America's Health Responders.](#)"

Along with a variety of other presentations and activities, on day two Gregory Nielsen, JD, president and CEO, Training and Consulting LLC, presented "[Measuring Impact.](#)" Nielsen covered the importance of crafting a strategic plan driven by specific measurable goals, assessing board of director performance, and sustaining processes to make them part of an organization's culture. This was followed up by a [panel discussion](#) featuring Nielsen, Allison Bradywood, DNP, MN/ MPH, RN, NEA-BC, executive director, Washington State Board of Nursing; Goldie Luong, BSC, MBA, executive director, Regulatory Programs Transformation, Regulatory Policy & Programs, BC College of Nurses and Midwives; and members of NCSBN's Research team.

[continued on page 6](#)

Opposite page, Former NCSBN Board of Directors President Jay Douglas.

All photos by Tori Soper Photography. To view more photos from the event visit our [Flickr page](#).



Members also elected new members of the NCSBN Board of Directors. Those elected include:

President-Elect

Jose Delfin D. Castillo III, PhD, MSNA, CRNA, APRN, APRN Seat, Florida Board of Nursing

Director-at-Large

Tony Graham, MS, CPM, chief operations officer, North Carolina Board of Nursing

Director-at-Large

Missy Poortenga, MHA, RN, executive officer, Montana Board of Nursing

Director-at-Large

Ann Oertwich, PhD, RN, executive director, Nebraska State Board of Nursing

Director-at-Large

Tammy Vaughn, MSN, RN, CNE, program coordinator – Education, Arkansas State Board of Nursing

NCSBN delegates also elected members of the Leadership Succession Committee (LSC):

Area II Member

Maureen (Moe) Bentz, MSN, RN, CNML, North Dakota

Area IV Member

Linda Kmetz, PhD, RN, Pennsylvania

“At this year’s meeting, we also celebrated the work that enhances public protection nationally and internationally,” noted Johnson. “More importantly, we had the opportunity to recognize the contributions of those individuals who made such enrichment possible. This celebration of contributions is a testament to the value we place on each and every member of our community. Every moment matters in nursing, and your moment is our mission, the mission of public protection.”

Save the date for next year’s Annual Meeting, which will be held in Chicago Aug. 13-15, 2025. 🌍

On the final day, American actor, singer and activist Miguel Cervantes, known for his role as Alexander Hamilton in the Broadway production of Hamilton, gave a moving keynote speech on loss, perseverance and support. Combining his reflections with song, his presentation was entitled “The Power of Story and Song: Miguel’s Meaningful Messages on Purpose, Resilience and Hope.”

This was the final Annual Meeting for former NCSBN Board of Directors President Jay Douglas, MSM, RN, CSAC, FRE, executive director, Virginia Board of Nursing, who reflected, “Interactions with

the people of NCSBN staff, board members and members are memorable and have sustained me over time, not just for the last four years, but also for my 25-year journey in nursing regulation.”

Douglas handed over the gavel to new NCSBN Board President Phyllis Polk Johnson, DNP, RN, FNP-BC, executive director, Mississippi Board of Nursing, who observed, “The 2024 NCSBN Annual Meeting encapsulated the theme ‘Every Moment Matters, Realizing Lasting Impact.’ It reminded us of the importance of living in the present, appreciating the richness of our lives and

making the most of every opportunity in life. The event ushered in a new era of transformational and innovative leadership under CEO Phil Dickison, PhD, RN, whose mantra is ‘listen before acting, seek to understand, and develop a culture whose north star demands public protection.’”

Significant actions approved include:

- Approved the College of Registered Nurses and Midwives of Prince Edward Island and the Yukon Registered Nurses Association as Exam User Members of NCSBN.



Congratulations to Our 2024 Awards Recipients

NCSBN recognized its dedicated and exceptional membership and guests at its annual awards ceremony. Specific award recipients included:

Jay Douglas, MSM, RN, CSAC, FRE, executive director (now retired), Virginia Board of Nursing, was honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

Sue Tedford, MNSc, APRN, executive director, Arkansas State Board of Nursing, received the Meritorious Service Award, which is granted to a member for significant contributions to the mission and vision of NCSBN.

Victoria Record, EdD, MS, RN, AGPCNP-BC, CNE, board member, New York State Board of Nursing, and **Patricia Towler**, board staff, Nevada State Board of Nursing, each received the Exceptional Contribution Award, which is given for significant contribution by a member who is not a president or executive officer and has demonstrated support of NCSBN's mission.



Top row (L to R): Jay Douglas, Sue Tedford; Bottom row (L to R): Victoria Record, Patricia Towler

“ The world of nursing regulation is a tough world to be in. It’s a profession that often goes unnoticed. It’s important that we recognize each other and our colleagues for their sustained contributions in the world of public protection. ”

— Jay Douglas, 2024 R. Louise McManus Award



The **British Columbia College of Nurses and Midwives** was awarded the Regulatory Achievement Award that recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare

Service awards were given to the following executive officers of nursing regulatory bodies (NRBs):

Five Years

- **Roberta Hills**, PhD, RN, program director, Colorado Board of Nursing
- **Zennia Pecina**, MSN, RN, executive officer, Guam Board of Nurse Examiners (not pictured)
- **Roca Sablan**, RN, board chairperson, Northern Mariana Islands Board of Nursing
- **Carmen Vanterpool-Romney**, RN, CPM, executive officer, Virgin Islands Board of Nurse Licensure
- **Cindy Smith**, MSN, RN, executive director, College of Registered Nurses of Saskatchewan



Pictured with Jay Douglas (L to R): Roberta Hills, Roca Sablan, Carmen Vanterpool-Romney and Cindy Smith.



Engagement and Belonging

NCSBN Approves Two New Canadian Exam User Members

At the 2024 NCSBN Annual Meeting, the Delegate Assembly approved the [College of Registered Nurses and Midwives of Prince Edward Island \(CRNMPEI\)](#) and the [Yukon Registered Nurses Association \(YRNA\)](#) as [NCSBN Exam User Members](#). Both Canadian nurse regulatory bodies (NRBs) had previously been [NCSBN Associate Members](#).

NCSBN counts collaboration among its [values](#), “forging solutions through respect, diversity, inclusion and collective strength of all stakeholders,” and the organization’s leadership consists of the [NCSBN Board of Directors \(BOD\)](#) and the [NCSBN Delegate Assembly](#), which is currently comprised of 59 [U.S. Members](#) and nine Exam User Members. This alliance of regulators, coming together to act and counsel for public protection, supports the core of NCSBN’s mission and is its greatest strength.

Located off New Brunswick and Nova Scotia in the Gulf of St. Lawrence, Prince Edward Island is the only Canadian province consisting solely



Panton

of an island. Although densely populated, its population is small at about 180,000.

“The whole process of having our exam user membership on the ballot was very exciting,” says

CRNMPEI Executive Officer and Registrar Melissa Panton, MN, RN. “It was validating to have a panel of our peers make the selection and recognize that the work we do – even though we are a small organization – lines up with that of our larger counterparts.”



Marburg

The Yukon Territory is wild and mountainous, with a population of roughly 48,000 people spread over a vast area of more than 140,000 square miles.

YRNA CEO Jerome Marburg, LLB, MBA, says the Yukon’s

sparse population brings a degree of pragmatism and practicality to the work of regulation. “It’s also what makes NCSBN even that much more

valuable for us,” he explains. “At its core, NCSBN is a hub or information exchange for research, for connectivity, for integration. It can help in reducing barriers and borders. We pay our membership fees, which are modest, and we get 10-20 times the value back, which we never forget and are always grateful for.”

To become an exam user member, an organization must have a “single mandate,” exclusively related to the regulation of the profession and protection of the public, and must use the prelicensure exam developed by NCSBN. Associate members that meet the conditions and wish to apply may do so. Historically, many Canadian NRBs operated under a “dual mandate” (protecting the public and advocating for the profession). Over the years, many but not all Canadian NRBs have moved to a single mandate.

The NCSBN Exam User Member category is relatively new. In August 2017 the NCSBN Delegate Assembly approved it with 90% of those voting in favor. A draft Exam User Member Agreement was reviewed by the NCSBN BOD in December 2017. It was then distributed and discussed at the 2018 NCSBN Midyear Meeting, and NCSBN Member Boards had the opportunity to submit written comments. The BOD reviewed those comments and finalized a draft in May 2018.

At that year’s Delegate Assembly, voting members approved the terms and conditions of NCSBN Exam User membership, and welcomed the College of Registered Nurses of British Columbia (now the British Columbia College of Nurses and Midwives [BCCN&M]), the College of Registered Nurses of Manitoba and the College of Nurses of Ontario as the first exam user members.



Johansen

Reflecting on this history, BCCN&M Registrar and CEO Cynthia Johansen, MAL, MSc, says, “The Canadians were contributing but we didn’t have a vote in the Delegate

Assembly. As the relationship between the Canadian regulators matured with NCSBN, there was a recognition that those of us who were using NCLEX-RN® were also having a degree of influence in decision-making in the exam’s development. We were sending people to participate in item writing and working collectively and collaboratively to translate the exam.”

Johansen stresses that no lobbying occurred, and discussions occurred organically and collaboratively. “I think it was just a bunch of people saying, ‘Well, that doesn’t make sense. We should maybe think about that differently.’ It was more of a recognition that governance needed to change. Membership engagement was shifting, and the opportunity to collaborate beyond the U.S. was starting to evolve.”

NCSBN Exam User Members enjoy a number of benefits:

- One voting delegate at the NCSBN Delegate Assembly.
- Eligibility to serve, if appointed, on all NCSBN committees with full voting rights as committee members.
- Eligibility to serve on the NCSBN BOD, if elected, as director-at-large.
- Access to NCSBN’s comprehensive “Members Only” website.
- Participation in the development of the NCLEX Examination.
- Networking conference calls for executive officers and presidents.
- Education, discipline, practice and policy knowledge network conference calls.
- Access to a multitude of online course offerings through NCSBN’s [International Center for Regulatory Scholarship](#).
- Access to NCSBN publications such as white papers, newsletters and brochures.

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“When the exam user membership opportunity came up, we jumped at the chance because it meant that we could be that much more engaged and involved in this amazing organization.”

— Cynthia Johansen

As one of the first exam user members, Johansen says that this evolution has amplified BCCN&M’s sense of connection and belonging with NCSBN. “There is a thing about going to the Annual Meeting and having an opportunity to raise a hand and vote on things,” she says. “The business book was interesting to look at, but now we’re engaged in the governance of the organization; we have more skin in the game. It has amplified for me personally a sense of engagement and belonging, which I hope I translate to my staff, my board and my government. If I say ‘NCSBN’ to any of the staff in the Ministry of Health, they know exactly who I’m talking about, and they see the common-sense value of the relationship that we have with NCSBN.”

Panton is positive about the future. “What this means for us going forward is that, as a very small jurisdiction with a small number of staff, it gives us an opportunity to have larger networks and to be more a part of NCSBN, to participate in committees and assist in that work,” she explains. “And not only have an opportunity to share in the resources, but hopefully an opportunity to participate in their creation. We have valuable information to offer. I find that our U.S. colleagues sometimes don’t quite understand, because we do have a different regulatory framework. This gives us an opportunity to provide that education and the information sharing for their benefit, as well as the benefits that we get.”

Marburg agrees. “We rely heavily on relationships, and we borrow from others on policy,” he says. “But it’s also very important for us to be at the decision-making tables because we see things that others don’t. Everything from expanded practice nursing, which is different from what we call advanced practice in the U.S., to the remote, rural, cultural safety pieces. Decisions that are made at national and transnational policy tables can have a disproportionate effect on smaller regulators as well.”

Marburg says that the main reason YRNA wanted to be an exam user member was to give back, contribute, participate in committees and help do the work. “That’s really it. As an associate, we had all sorts of benefits. And for us to have a vote? Sure, that’s nice too. But when we get to strategic planning and governance, that’s where we are happy to be able to contribute to the conversation.”

Interested in becoming an NCSBN Exam User Member?



Organizations interested in becoming an Exam User member of NCSBN must first submit a completed [application](#) to the NCSBN Member Engagement department for consideration. Applications are considered by the NCSBN

Delegate Assembly each year at the Annual Meeting. Upon approval, Exam User members will be required to execute a member agreement and pay an annual membership fee. For questions or additional information, please [submit an inquiry](#) with the NCSBN Member Engagement department.

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The NCSBN Board of Directors: A Path Forward in Collaboration

One Member Board President's Perspective



Blozen

Barbara Blozen, EdD, MA, RN, BC CNL, is president of the [New Jersey Board of Nursing \(NJBON\)](#) and holds Professor Emerita status at [New Jersey City University](#), and is an adjunct clinical instructor at a local college. She has served on the [NCSBN Board of Directors \(BOD\)](#) as Area IV Director since 2023, and her term expires in 2025. Recently, 2023 marked the first year in which four members of the NCSBN BOD were member board presidents. Blozen reflects on this time, and her continuing service on the BOD.

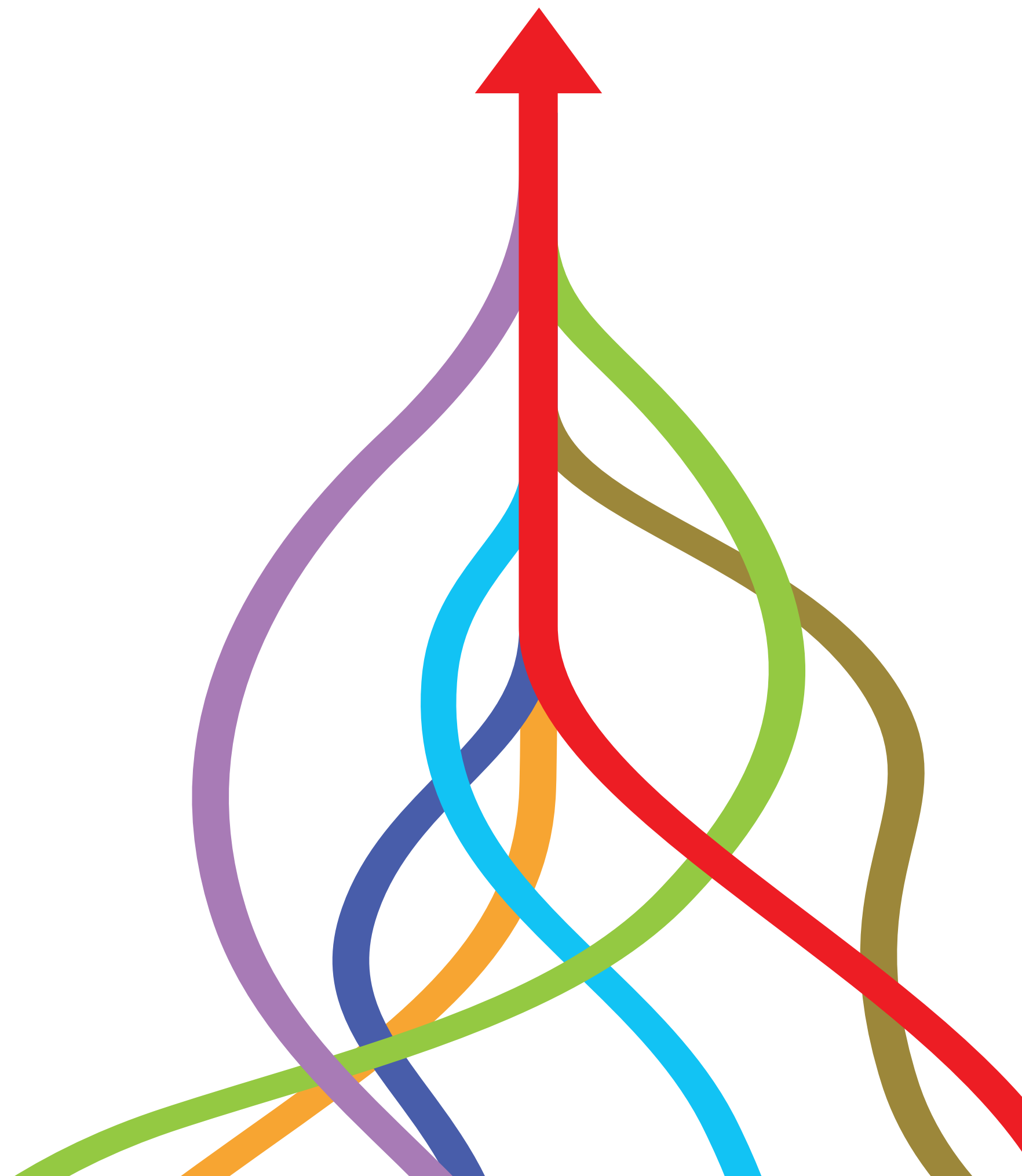
What would you like people to know about your service on the NCSBN BOD?

The BOD's function is to advance and promote excellence in nursing regulation. Paramount to this role is serving the purpose, mission, vision and values of NCSBN. It is both an honor and a privilege to serve; both challenging and rewarding. My role on the NCSBN BOD is very different from my role as president of the NJBON. It's an opportunity to be involved with NCSBN on a national level. I oversee the implementation of policy and direct the activities of NCSBN. This role is pivotal in the decision-making process, and I help support the advancement of nursing regulation by sharing my viewpoint, as a nurse.

What did it mean to you to serve on the BOD with three other member board presidents?

Serving with three other member board presidents fostered confidence. Typically, NCSBN BOD members are executive officers — full-time employees of their regulatory boards. My perception has always been that, as board employees, they have more experience and knowledge than I do. Working in service with these colleagues validated and verified a path forward in collaboration. Board service gave me with the opportunity to meet other board members and presidents; it broadened my professional network. Being at the table in the boardroom requires you to make decisions as part of a group. The company of three other board presidents at that table made the vital decisions, on behalf of a community, easier to make.

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Blozen with colleagues at the 2024 NCSBN Midyear Meeting.

You are an active participant in the Presidents Group and networking sessions. Did four presidents serving on the BOD have an impact on this peer group?

Yes, I believe it gave support to our role in regulation and public protection. As NCSBN empowers and supports nursing regulators, issues brought up by the president's group can be quickly understood and addressed by the BOD. Board service is an important part of participation in the nursing profession and a great way for emerging nurse leaders to become involved. The nurses' perspective and influence, as the most trustworthy of all professions should be heard at a board level in the regulatory arena.

What would you like to see regarding board president involvement with NCSBN at the national level?

It's a unique opportunity, not only in professional development, but also in personal growth. Getting involved with NCSBN at the national

level provides the opportunity to leverage your experience, gain exposure to business operations, and improve upon leadership and interpersonal skills. Nurses should leverage and commit to increasing their presence and influence on boards, as all boards would benefit from their unique perspective. I would encourage all members to utilize the resources available to them, such as the Self-Inventory of Leadership and Governance Competencies, to determine their readiness to serve on a committee or the BOD. Board presidents should assess their skill sets and determine if their skills align with the mission and vision of NCSBN. Board service provides the opportunity to make a socially responsible contribution to nursing regulation and influence policy decisions – to truly be there in the moments of nursing! 🌍

The members of NCSBN's Leadership Succession Committee endeavor to provide future, emerging and current leaders with an insider's look into the value of serving in a NCSBN leadership role. NCSBN members can pursue a variety of leadership paths to support their professional development. Getting involved with NCSBN benefits you both personally and professionally.

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Nursing Workforce Crisis:

Creating a Safe Environment

Addressing Workplace Violence

One of the most shocking facts reported by the [U.S. Bureau of Labor Statistics](#) is that health care and social service workers are five times as likely to suffer a workplace violence injury than workers overall. What is even more alarming is that many experts believe most cases go unreported.

A recent “pulse check” [survey](#) conducted by the Emergency Nurses Association from February to March of this year revealed that “more than half of the responding emergency nurses had been either physically or verbally assaulted or threatened with violence in the previous 30 days.”

The violence included “being head-butted, kicked, slapped, punched, stabbed with a pencil or hit with thrown objects, among other types of aggression.” Additionally, verbal assaults and threats were also reported.

NCSBN’s own [2022 National Nursing Workforce Study](#) found that nurses when asked about factors contributing to their stress and burnout in what they perceived as “unsafe working conditions” used the following words “abused, danger, dangerous, threatened, violent, violence, yelling, security, rude, gun, attack, attacks, attacked or weapon.”

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According to the [World Health Organization \(WHO\)](#), “between 8 and 38% of nurses suffer from health-care violence at some point of their career.” Compared to other workplaces, health care workers have a higher risk of getting physically, sexually or psychologically injured.

These statistics are especially disheartening because most people who enter the health care profession do so out of a desire to help people and make a difference in their lives. Year after year, nurses top the Gallup Poll of most trusted professions people hold in high regard, but that respect does not always translate to the behavior that patients and their family members exhibit to nurses at the bedside.

While emergency departments and psychiatric units are more likely to experience workplace violence than other care settings, it is increasing among all health care settings. While some individuals may be more prone to lashing out — because of disorientation or confusion due to dementia, being under the influence or experiencing a mental health crisis — violence against nurses is still escalating throughout hospitals and health care facilities. In yet another shocking [report](#), the Bureau of Labor Statistics revealed that the rate of injuries from violent attacks against medical professionals grew by 63% from 2011 to 2018.

While no one knows exactly what is triggering the violence, many theorize that it may stem from understaffing at many health care facilities. Such situations can increase stress levels among patients leading to aggression. In many cases, nurses are not adequately trained in how to de-escalate tense encounters and may be ill equipped to handle aggressive behavior.

Unsurprisingly, [workforce experts believe](#) that the “exposure to, or fear of, violence in the workplace can lead to negative psychological consequences for health care workers such as anxiety, depression, loss of self-esteem and post-traumatic

stress disorder. Subsequently, nurses may choose to leave the bedside and [health care facilities may face](#) increased costs due to turnover, treating injuries and staff time away from work for dealing with the aftermath of violent incidents.

In light of accelerating violent incidents and the recognition that creating a safe environment for its patients and nurses is paramount, health care facilities across the nation are enhancing current measures and introducing new modalities to better protect their staff by creating a culture of safety, focusing on prevention, response and supporting those who have experienced violence.

One such institution is Ochsner Health, the largest health system in Louisiana with 46 hospitals and more than 370 health and urgent care centers.



Moffatt

In Focus had the chance to interview Ochsner’s [Tracey P. Moffatt](#), MHA, RN, internal senior executive consultant who was

previously the system’s chief nursing officer and vice president of quality, about what the health system has done to improve the work environment of its staff and measures they have taken to mitigate violence. Moffatt is also the newly elected president of the [Louisiana State Board of Nursing \(LSBON\)](#).

“According to a Press-Ganey analysis, the rate of reported assaults against nurses nationwide went up 5% from 2022 to 2023,” says Moffatt. “When you think about the number of nurse and patient encounters that happen across this country every day, you know that 5% is a big number. What is discouraging is that many nurses see violence as somewhat routine.”

When asked about what may be causing this alarming increase, Moffatt says, “I think there are a number of factors contributing to the increasing violence and some of it is related to a post COVID-19 ‘hangover.’ It’s not like violence never happened before COVID, but the rules and the

regulations that were in place during the pandemic seemed to have lit a spark not only in health care, but also in many other workplace settings. Policies related to mask wearing, vaccinations and hospital visitation restrictions became very polarizing and very charged. This unfortunately led to some patients and their caregivers responding in an increasingly aggressive manner,” she explains.

Commenting on research that workplace violence is chronically underreported across the country, Moffatt notes, “I think nurses struggle with reporting incidents because of the relationship they have with their patients. They want to protect them even when the patient’s behavior might be unsafe.”

Shortages of nurses at the bedside is a problem that health systems across the U.S. are combating. “I work with a lot of health care organizations across the country,” Moffatt explains. “I haven’t spoken to a single chief nursing officer, chief operating officer or CEO who wasn’t committed to bringing the right number of resources to the bedside. Post-COVID, hospitals have experienced a significant shortage of nurses. But I would highlight that most of the big health systems I work with on a regular basis have done a lot to offset that by bringing more technology to the bedside and utilizing more paraprofessionals like patient care technicians or nursing assistants and many are also partnering with academic institutions to enhance and grow training opportunities that will bring more nurses to the workforce. I think part of what we have to do as health care leaders, and particularly as nursing leaders, is make sure that we’re making the job of being a nurse easier and lightening the workload of nurses.”

Moffatt points out that Ochsner has been working to decrease and mitigate violence in the workplace since well before the pandemic. They looked at their security staffing to ensure there was the proper staffing levels across the system. They made sure that it was clear Ochsner has zero tolerance for violence, and they ensure staff have



Bill signing for SB136, which makes battery or assault of emergency room personnel, emergency services personnel, or a health care professional a felony in Louisiana. Back row, left to right: Christy Reeves, vice president of regional community affairs and government relations, Ochsner Health; Gene Sausse, advocate; Sen. Patrick Connick (bill sponsor); Meredith Miceli, vice president and deputy general counsel, Ochsner Health; Tracey Moffatt, executive consultant, Ochsner Health; Jonathan Smith, government relations executive assistant; Mary Deynoodt, chief executive officer, Ochsner Baptist; Melissa M. Adams, chief nursing officer, Ochsner Medical Center – West Bank Campus. Front center: Louisiana Gov. John Bel Edwards.

the correct training and resources for dealing with volatile situations. Metal detectors and panic buttons were installed. De-escalation training was made mandatory.

Since 2016, Ochsner has invested almost \$200 million in security measures. “I think it’s a testament to the organization about our passion, our commitment and our focus – the safety of our teams and our patients is our number one priority,” Moffatt notes.

Ochsner has gone “all-in” to create a safe environment for its staff and are constantly looking at ways to sponsor and advocate for programs through its Workplace Violence Mitigation Committee. Additional measures that have been implemented include a visitor management system, improved door access controls, distributed personal duress buttons and a tool incorporated within Epic to identify those at risk of disruption.

Moffatt enumerates that security patrol zones are up 125% and security positions are up over 400%

“ One of the things that I hear from our nurses is how much they appreciate that when they report situations, they know that information is going somewhere. ”

— Tracey Moffat



since 2016. “These are major investments. We have new reporting software that allows officers to record all of the incidents no matter the severity if it’s reported. It’s captured in that record, and we track those statistics and events in order to deploy and respond in more effective ways. There is increased radio communication among the security officers. Security does rounds so that our staff know we’re paying attention to what has been happening in their work area, and we even have a K-9 (canine) program to further provide a secure and comforting environment” she notes.

All of these measures have made an impact, with Moffatt reporting that Ochsner has seen a 15% reduction in violent incidents over the past two years. “One of the things that I hear from our nurses is how much they appreciate that when they report situations, they know that information is going somewhere. As a result of that feedback, we have also invested in significant Crisis Prevention Institute (CPI) de-escalation training and safe restraint for all of our patient-facing employees. I think that’s really critical. You’ve got to give staff the skills that they need to try and bring the heat down.”

Moffatt relates that Ochsner shares this information with their staff and lets them know about the investments being made for their safety.

“We thank them for their feedback and input. We thank them for reporting incidents. I’m really proud that my organization has done an excellent job with this issue.”

Ochsner is an example of what can be done to help curb violence against health care workers. As a dedicated nurse leader, Moffatt worked diligently to ensure that the more than 10,000 nurses under her charge were given the appropriate measures to help ensure their safety. Not one to rest on this accomplishment, she worked with other Ochsner nurse leaders to set out to help protect all nurses in her state. She testified in support of Louisiana Sen. Patrick Connick’s bill that “imposes enhanced penalties for the assault or battery of emergency room personnel, emergency services personnel, or a health care professional.” Signed into law in 2022, this new provision makes battery or assault of emergency room personnel, emergency services personnel, or a health care professional a felony in Louisiana and expands the prior definition of “health care professional” to include nearly all staff of a health care facility. The law also creates a new criminal offense: the crime of unlawful disruption of the operation of a health care facility.

She also joined Ochsner’s new Senior Vice President and Chief Nursing Officer Tiffany Murdock, MSN, MBA, DNP, for the American

Organization of Nursing Leaders (AONL) advocacy days in Washington, D.C. where they had the chance to meet with several federal legislative offices from their districts. Moffatt says, “There is a call from health care workers for some federal action to be taken on workplace violence and we want to respond to that.”

“During our advocacy visit with AONL, I was so inspired standing with Tracey and nurse leaders from around the country on Capitol Hill. We can better protect and support our health care workers through grant funding and legislative support,” Murdock shared. “As nurse leaders, we know the power of the nursing voice – and we need to use it. It’s encouraging to know that changemakers on the federal and state levels are listening to us and can help advocate and influence protections for our workforce.”

The American Nurses Association, the American College of Emergency Physicians and Emergency Nurses Association are at the forefront of urging lawmakers to strengthen safety protections for workers in health care. “Nurses are calling for the same protections that flight attendants have. If someone is attacked in the process of delivering health care, the perpetrator should be charged with a felony,” notes Moffatt.

On the other side of the coin, Moffatt, in her capacity as a board member for the last seven years and as the new president of the LSBON, has seen that regulation has an important role to play in ensuring that in the rare cases when a nurse is

aggressive or retaliatory against a patient, they are appropriately disciplined. She states, “Our position is very clear. There is no circumstance where a nurse should be violent or aggressive with a patient, and if that happens, your license will be

impacted and maybe even revoked.”

From her own experiences throughout her nursing career and as a nurse leader, Moffatt recognizes how stressed nurses can become because they sometimes see people at their lowest ebb. Patients can lash out violently but there is never an excuse for a nurse to harm them. She feels that health care facilities have a responsibility to implement all available violence mitigation strategies and create an environment where nurses have the opportunity to decompress and know that they have resources available to support them. She also believes that health systems that are not willing to spend the money to keep their staff and patients safe are making poor financial decisions.

“ Nurses are calling for the same protections that flight attendants have. If someone is attacked in the process of delivering health care, the perpetrator should be charged with a felony. ”

— Tracey Moffat

“If you lose a bedside nurse because of violence or burnout, and you need to recruit and orient a new nurse, that cost can be upwards of \$50,000. As a health care leader, if you connect the dots, how can you not afford to make those kinds of investments? That decision can come from a financial perspective, but in my case, it comes from the fact I love nurses. I love the profession of nursing. I want to bring joy back to nursing and I think this is one of our biggest barriers to that. I want to solve this problem,” Moffatt declares. 🌟

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The proliferation of telehealth and virtual nursing services continues well beyond the COVID-19 pandemic. As both are integrated into nursing practice, the implications will be widespread. From workforce and patient care to licensing and education, technology is reshaping the nursing profession from every perspective.

This special issue of the *Journal of Nursing Regulation* (Volume 16, Issue 3) will examine how telehealth, virtual nursing, AI, robotics and other innovative technologies currently impact nursing regulation and the nursing profession, as well as what awaits us in the near future.

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News & Notes



College of Nurses of Ontario Releases its First Workforce Census Report

The College of Nurses of Ontario (CNO) is the largest nursing regulator in Canada, with more than 200,000 registrants. In February 2024, CNO launched its first voluntary Workforce Census survey to understand the composition and experiences of the nurses in the province. The first release, the [Demographics and Nursing Practice report](#), summarizes the identity, practice, and employment characteristics from respondents and examines how those demographics intersect with each other.

Data collected from the survey provides CNO and the nursing system in Ontario with new insights across a broad set of identity variables. Within the College, findings are informing actions related to CNO's Diversity, Equity and Inclusion strategy. The data allows CNO to identify key communities for outreach and build relationships with external partners who are not currently at the table. "The process of broadly consulting with partners centres around building trust and creating opportunities to ensure we hear all perspectives," explains CNO Director of Analytics and Research Brent Knowles. "Those shared experiences and key learnings are foundational to creating and revising CNO policies, to advance both equity and inclusion."

For the broader nursing system, the data is available as a resource to support planning and the development of processes and policies. Evidence-based, metrics-driven practices are not only key to the actions that will support CNO's DEI Strategy but to its broader understanding of the reality of the current nursing workforce.

An important part of this survey was a section focused on the experiences of nurses – including their reports of racism, discrimination or harassment – in their practice and with CNO as the regulator. The next report will describe the experiences of nurses, and how identity impacts their experiences. This work will be developed in an ongoing collaboration with community partners and released in 2025.



KENTUCKY BOARD OF NURSING

Kentucky Pioneers Decriminalization of Medical Errors

In a historic move, Kentucky has become the first state in the U.S. to decriminalize medical errors, a decision set to revolutionize nursing and improve patient care. Passed in March, the legislation grants health care providers legal immunity from allegations of harm, except in cases of gross negligence or intentional misconduct.

The [Kentucky Board of Nursing](#) (KBN) advocated for HB 159, the bill Gov. Andy Beshear signed into law. KBN Executive Director Kelly Jenkins, MSN, NE-BC, emphasized the law's role in fostering psychological safety for nurses. "The fear of repercussions can stifle reporting and hinder learning," she stated. This shift comes in the wake of the RaDonda Vaught case, where a nurse was convicted for a medication error, leaving

many nurses apprehensive about making mistakes.

The law has received strong support from key health care organizations, including the Kentucky Hospital Association, who believe it will alleviate fears and attract new talent to nursing. By promoting a "just culture" that focuses on systemic issues rather than individual blame, this legislation could enhance patient safety and encourage open reporting of errors. Kentucky's pioneering approach may serve as a model for other states seeking to balance accountability with compassion in health care.

House Bill 159 was passed unanimously by both chambers of the Kentucky legislature and signed into law by Governor Andy Beshear on March 26. It became state law on June 1. 🇺🇸



News & Notes highlights NCSBN member achievements and updates as well as individual leadership and staff accomplishments.

Have news to share?

Send your News & Notes submissions via [email](#).

Speed Round

Get to know NCSBN staff:



Tom Harrington

Associate, State Affairs, Nursing Regulation

What do you do at NCSBN?

I am an associate, State Affairs, at NCSBN. In my role, I actively engage in legislative activities at the state level across the country to assist and promote the passage of bills related to nursing regulation, such as the [Nurse Licensure Compact](#) and the [APRN Compact](#). My role also requires me to monitor the legislative environment and keep membership apprised of trends and emerging policy issues.

What are the best and most challenging aspects of your job?

My role gives me the privilege to work with diverse groups of people and to elevate others who do incredible work in nursing regulation to protect the public. To be successful, it requires significant time and energy to educate stakeholders, notably lawmakers, on how strong nursing regulation policies can protect public health, especially for their constituents.

If you weren't working at NCSBN, what would your dream job be?

I would love to be a teacher or a high school sports coach one day. Having grown up in a family fully invested in promoting Catholic education and Catholic charities, continuing that tradition in my life, in addition to whatever personal career success I may have, is a must for me going forward. 🇺🇸

SAVE THE DATE

2025 NCSBN Midyear Meeting

March 11–15, 2025 | Pittsburgh

A nighttime photograph of the Pittsburgh skyline. The Roberto Clement Bridge is illuminated with warm yellow lights, spanning across the Allegheny River. In the background, the PPG Place building is lit up with a red spire. Other city buildings are visible, their lights reflecting on the water's surface.

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