

# Nebraska Nursing NEWS

Volume 25 • Number 2 / Spring 2008



**Public Health Nursing**

**Nursing Regulations  
To Be Revised**

**DHHS**

**Nebraska Department of Health  
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Virginia Robertson, President  
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For advertising information contact: **Greg Jones**  
501.221.9986 or 800.561.4686  
gjones@pcipublishing.com  
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# Nebraska Nursing NEWS

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Ann Tripp, MSN, Josie Estrada, BSN, Patty  
Friend, BSN, and Carol Issac, MSN  
Taken in the Douglas County Emergency  
Response Center

## Executive Director's Message

**As I write the message for this issue,** I find myself in unusual circumstances. After a lifetime of excellent health and over 37 years of being on the nurse's side of nursing care, I find myself on the patient's side. After a series of tests and procedures in late January and early

February, I was diagnosed with metastatic colon cancer, underwent exploratory surgery and have now launched into what is projected to be a year of biweekly chemotherapy sessions.

So what's it like being the patient? Well, for the most part, I have received excellent care from the nurses and other providers. The care I received during diagnostic procedures and pre and post operatively was efficient, informative and caring. Most nurses are really on top of their game early in the morning when the waiting room is full of people scheduled for diagnostic and surgical procedures. I saw lots of teamwork and offers to help each other out. They took time to explain what they were doing and why. Some of them recognized me from this column and were a bit concerned that I might single them out or write a comment in the big black book they seem to think we keep in the licensing department. I assured them I couldn't single them out, for either criticism or kudos, since I didn't know who they were! (More on the name tag issue later.)

I also received good care post surgery. The nurses were attentive, even to my high-maintenance phases of recovery. Most of the focus of nursing care appeared to be on keeping my IV patent and administration of medications, which they did very well. I'll be the first to admit that I learned nursing in a much earlier era, but I really wondered whatever happened to warm washcloths in the morning, an offer of the items needed to brush your teeth and help with repositioning for comfort, let alone a backrub at bedtime. None of those things happened unless I asked for them. Nothing ever felt so good as the shower I finally got to take three days post-op. I have some additional advice for those folks who purchase furniture for hospital rooms. The recliner in my room looked very inviting when I couldn't stand being in the bed any longer. That is until I sat in it. Those have to be the most uncomfortable recliners ever made. Even my visitors, who were healthy, didn't like to sit in it. All I could think about was getting home to my soft, cushy bed and recliner. I finally made it.

"Who are you? Oo-ooo-o-ooo." That recognizable theme song (by The Who) to the TV crime drama CSI was all I could think of

every time a new nurse introduced him/herself to me. There in small letters on the name tag, already cluttered with all types of service awards, recognition pins and happy faces, I would find a first name and even smaller letters "RN." Why are nurses so intent on not being identified? The reason most commonly cited is that nurses care for mentally and emotionally unstable people, and they fear these patients will try to find them and harm them or their families. Nurses have always cared for mentally and emotionally unstable individuals and the actual incidence of stalking or other occurrences is very rare. As a matter of fact, until fifteen to twenty years ago, it was considered unprofessional to use your first name. Nurses used a title – Miss, Mrs. or Ms. – followed by their LAST NAME. If identity is such a problem for nurses, why isn't it a problem for doctors? They don't just wear a name tag. They have their last name and their credentials embroidered onto their jackets. Would you go to a doctor who wore a name tag on their scrubs that said "Dr. Mike" or "Dr. Mary?" Your name is part of your identity, and I personally believe you should be proud of your name, proud that you are a nurse and proud to have people know you are. It's time nurses became accountable to themselves.

I need address one more issue before I close this column. In my hometown paper last week, there was a classified ad for an RN at the local nursing home/assisted living to work a 16-hour shift from 4:00 p.m. Saturday until 8:00 a.m. Sunday. Stop the insanity! I have seen first hand what 12 hour shifts do to nurses, especially those with more than a few years of experience. They are dead tired at the end of twelve hours, and we all know twelve hours really means thirteen by the time you get to leave. The research on retention of our nursing workforce frequently points to the toll that twelve-hour shifts play on patient safety and nursing longevity. It is time that nursing takes a stand for nursing. The rest of the country still works five eight-hour days. We don't allow airline pilots, train engineers or truck drivers to work for twelve hours straight, but for some reason, we have decided that it is OK for nurses who care for our most vulnerable citizens to work dead tired. I'm sure it is nice to only work three days out of seven, but it is also nice to have a life and family seven days a week while at the same time doing what we can to protect the patients we have pledged to provide safe and quality care for.



Charlene Kelly





## President's Message



**“Nursing is a rewarding career”**—this message popped out as I read an article in the previous issue of Nursing News about the Nebraska Center for Nursing meeting with stakeholders. That article pointed out an important recruitment and retention strategy is focusing on nursing as a rewarding career rather than on a nursing shortage. This approach makes sense—we are more likely to attract individuals to nursing and keep them in the field by emphasizing the rewarding nature of a nursing career instead of merely focusing on a shortage of nurses in the workforce. I definitely agree that nursing has been and continues to be a rewarding career. Efforts of individual nurses in the field make it a rewarding career.

As I reflect back on dedicated nurse educators in my undergraduate program at UNMC, I am forever grateful to Freddie Johnson. Freddie took time to listen and provide wise counsel as she steered me in the direction of a MSN program consistent with long-term career goals that we discussed. She skillfully guided me towards an expanded nursing role with proper credentials that have opened many career opportunity doors.

Every minute of graduate school at the University of Colorado Health Sciences Center was filled with excellent learning experiences. I loved being in graduate school. I learned from nationally known nurses—Dorothy (Dort) Gregg, Faye Spring and Jean Watson. Dort served as an excellent role model as a nursing educator and provided supportive career

guidance and mentoring at various times throughout my career.

As a recipient of nursing care, I have been touched by nurses who provided both technically competent and empathic care. I appreciate a foreign-educated nurse who responded to my request for a stable toilet seat after hip replacement surgery. This special nurse took the time to procure a properly working toilet seat—apparently an amazing feat as other staff members on previous shifts claimed that such an item was not available. I also appreciate the ER nurse in Grand Island who prepared me for the flat line which appeared briefly on the cardiac monitor after adenosine was administered to restore normal sinus rhythm. Experience as a vulnerable patient is one of the best ways to teach a person how to be a responsive nurse.

In my thirty-plus years of nursing experience, I have been blessed to work with exceptional nurses in both clinical practice and educational settings. Nurses truly make a difference in people's lives. I sincerely thank all of the nurses who have contributed to my personal and professional growth as a nurse. As Nurses Week approaches in May, let us make a point of celebrating each other and inviting potential candidates to consider joining us in our rewarding career.

*Marcy Echternacht*

Marcy Echternacht

# Nebraska Board of Nursing Meeting Schedule 2008

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at <http://www.dhhs.ne.gov/crl/brdmtgs.htm>, or you may obtain agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
Thursday, May 15	8:30 a.m.	Board of Nursing	Gold's Room 534
Thursday, June 19	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Gold's Room 534
	2:00 p.m.	Education Committee	Gold's Room 530
	2:00 p.m.	Practice Committee	Gold's Room 534
Wednesday, July 16	1:30 p.m.	Board of Nursing Issues Discussion	Gold's Room 534
Thursday, July 17	8:30 a.m.	Board of Nursing	Gold's Room 534
Tuesday, August 5- Friday, August 8		NCSBN Annual Meeting	Nashville, TN
Thursday, August 21	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Gold's Room 534
	2:00 p.m.	Education Committee	Gold's Room 530
	2:00 p.m.	Practice Committee	Gold's Room 534
Thursday, September 18	8:30 a.m.	Board of Nursing	Gold's Room 534
Wednesday, October 15	1:30 p.m.	Board of Nursing Issues Discussion	Gold's Room 534
Thursday, October 16	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Gold's Room 534
	2:00 p.m.	Education Committee	Gold's Room 530
	2:00 p.m.	Practice Committee	Gold's Room 534
Thursday, November 20	8:30 a.m.	Board of Nursing	Gold's Room 534
Thursday, December 18	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	TBA
	2:00 p.m.	Education Committee	TBA
	2:00 p.m.	Practice Committee	TBA

# The 2008 Nursing Summit

The Nebraska Nursing Leadership Coalition (five member organization, Nebraska Board of Nursing, Nebraska Assembly of Nursing Deans and Directors, Licensed Practical Nurses Association of Nebraska, Nebraska Nurses Association and the Nebraska Organization of Nursing Leaders) sponsored the annual Nursing Summit in Kearney, Nebraska on March 6, 2008. The summit leaders were Pam Williams and Marci Moore from Innergized of Florida. The topic of the summit was "Energizing your Daily Practice," and the morning was devoted to improved communication: how to identify and overcome barriers to effective communication, how to

listen and communicate without judgments or stories, how to seek to understand the points of view of others, and how to approach relationships and conversations from an appreciative perspective. The afternoon session was developed around the Superman theme and focused on how to take off the cape and soar. Topics included: how to know and live your values, how to own your superpowers, how to get rid of energy busters, and how to implement energy boosters.

It was an interactive summit, with over 150 LPNs and RNs attending from across the state and from many different work environments.

## Inspirational Stories Sought for Book

Sue Heacock is an RN in Florida and is in the process of writing an inspirational book for nurses by nurses. Her goal is to celebrate nursing and those heroes in the profession and to increase both interest in joining the profession and retention of professional nurses throughout the United States.

She is seeking true inspirational stories of nursing practice from nurses themselves. Nurses who have submitted

stories chosen for the book will be contacted for consent prior to publication. The requirements are that stories be five paragraphs or less, humorous and/or inspirational, and exhibit the heart of nursing. The author must include his/her name, practicing city/state, and an e-mail address for future contact.

Stories can be e-mailed to Sue at [imsueh@yahoo.com](mailto:imsueh@yahoo.com). She can also be contacted at 704-433-0464.

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# Continued Competency Requirements for License Renewal

All RN licenses in Nebraska expire on October 31, 2008. Renewal notice postcards will be sent to the last address of record around August 1, 2008. If your address has changed since the last renewal, or if it will change before August, don't forget to notify our office of your change of address. Our telephone number is (402) 471-4376 or online as directed on page 12 of this issue.

The requirements for license renewal include payment of the renewal fee (currently \$77) and meeting the continued competency requirements. There are several ways that the continued competency requirements can be met.

1. Have practiced nursing for at least 500 hours during the past five years AND have completed at least 20 contact hours of acceptable continuing education/in-service education within the past two years. Of the 20 hours attested to, no more than four hours may be from CPR or BLS, and at least 10 hours must be peer reviewed. All of the required contact hours can be taken via home study or Internet courses; OR
2. Have graduated from a nursing program within the last two years; OR
3. Have graduated from a nursing program in more than two, but less than five years AND have completed at least 20 contact hours of acceptable continuing education/in-service within the past two years. Of the 20 hours, no more than four hours may be from CPR or BLS, and at least 10 hours must be peer reviewed. All of the required contact hours can be taken via home study or Internet courses; OR
4. Have completed an approved refresher course within the last five years.
5. Have obtained/maintained current certification in a nursing specialty granted by a nationally

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- recognized certifying organization; OR
- Have developed and maintained a portfolio that includes the licensee's current continuing competency goals and evidence/verification of professional activities to meet those goals.

Along with the continued competency information, each applicant for renewal is required to report any conviction for a misdemeanor or felony since the last renewal. Applicants are also required to report any discipline against any health care professional license in this state

(other than nursing) or discipline against any health care professional license in any other state since the last renewal period. If Nebraska took a disciplinary action against your nursing license, you do not need to report it. We have that information.

As always, plan to renew early and plan to use the online renewal option. Renewing online is faster, simpler and eliminates the potential for the renewal application to be lost in the mail or for the check to become separated from the renewal notice.

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BOARD OF NURSING  
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- April 2008
- October 2008

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## Board Vacancies

The Nebraska Department of Health and Human Services is currently seeking individuals interested in serving on the Board of Nursing, Board of Nursing Home Administration, or the Nebraska Center for Nursing Board. Application documents for the Board of Nursing and Board of Nursing Home Administration will be available online at [www.dhhs.ne.gov/crl/Board\\_Vacancies.htm](http://www.dhhs.ne.gov/crl/Board_Vacancies.htm) beginning May 1, 2008.

### BOARD OF NURSING

The State Board of Health will make appointments to the following positions at their November 17, 2008, meeting.

- Nursing Service Administrator Member – Statutory Requirements: 1) Be a registered nurse currently licensed in the state, 2) Have had a minimum of five years' experience in nursing service administration, and 3) Be currently employed in such field.
- Practical Nurse Member – Statutory Requirements: 1) Have completed at least four years of high school study, 2) Be licensed as a licensed practical nurse in this state, 3) Have obtained a certificate or diploma from a state-approved practical nurs-

ing program, 4) Have been actively engaged in practical nursing for at least five years, and 5) Be currently employed in the provision of patient care services as a licensed practical nurse in the state.

- Public Member – Statutory Requirements: 1) Have been a resident of this state for one year; 2) Remain a resident of Nebraska while serving as a board member; 3) Have attained the age of nineteen years; 4) Represent the interests and viewpoints of the public; 5) Not hold an active credential in any profession or business which is subject to the Uniform Credentialing Act, issued in Nebraska or in any other jurisdiction, at any time during the five years prior to appointment; 6) Not be eligible for appointment to a board which regulates a profession or business in which that person has ever held a credential; 7) Not be or not have been, at any time during the year prior to appointment, an employee of a member of a profession credentialed by the department, of a

facility credentialed pursuant to the Health Care Facility Licensure Act, or of a business credentialed pursuant to the Uniform Credentialing Act; 8) Not be the parent, child, spouse, or household member of any person presently regulated by the board to which the appointment is being made; 9) Have no material financial interest in the profession or business regulated by such board; and 10) Not be a member or employee of the legislative or judicial branch of state government.

NOTE: The State Board of Health shall attempt to ensure that the membership of the Board of Nursing is representative of acute care, long-term care, and community-based care. A minimum of three and a maximum of five members shall be appointed from each Congressional district, and each member shall have been a bona fide resident of the Congressional district from which he or she is appointed for

a period of at least one year prior to the time of the appointment of such member.

**BOARD OF NURSING HOME ADMINISTRATION** – The State Board of Health will make appointments to the following position at their November 17, 2008, meeting.

- Registered Nurse Member – Statutory Requirements:
  - 1) Have held and maintained an active registered nurse license for a period of five years just preceding his or her appointment and shall maintain such credential while serving as a board member;
  - 2) Is actively engaged in the practice of his or her profession and has been actively engaged in such practice for a period of five years just preceding his or her appointment and shall maintain such practice while serving as a board member. Active practice means devoting a substantial portion of time to rendering professional services;
  - 3) Have been a resident of Nebraska for one year and shall remain a resident of Nebraska while serving as a board member.

**The deadline for submission**

**of an application and supporting documentation is August 1, 2008.** Letters of reference must also be received by this date. Personal interviews with applicants will be conducted on Sunday afternoon, September 14, 2008, in Kearney, and on Sunday afternoon, October 5, 2008, in Lincoln.

Send your name and address to the contact information below if you wish to receive an application packet. Be sure to identify the name of the board and position of interest.

Monica Gissler  
 Health Program Manager  
 E-mail: [Monica.Gissler@dhhs.ne.gov](mailto:Monica.Gissler@dhhs.ne.gov)  
 DHHS, Public Health, Licensure Unit

Phone: (402) 471-6515  
 P.O. Box 94986  
 Lincoln, NE 68509-4986

**NEBRASKA CENTER FOR NURSING BOARD** – This board is a policy-setting board for the Nebraska Center for Nursing. Appointments to this board are made by the governor. Application is available online at [www.dhhs.ne.gov/crl/Board\\_Vacancies.htm](http://www.dhhs.ne.gov/crl/Board_Vacancies.htm).

If you know of someone who may be interested in serving as a public member on a professional licensing board, committee, or council, please provide the Licensure Unit with their name and address. There are six public member positions that will be filled in 2008.



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# LICENSING DEMOGRAPHIC CHANGES CAN NOW BE MADE ONLINE

You can now make online changes to your licensing demographics in the Nebraska Department of Health and Human Services Licensing Information System. If you have moved and need to notify the department of your change of address, you can simply go to [www.dhhs.ne.gov/lis/lisindex.htm](http://www.dhhs.ne.gov/lis/lisindex.htm) and follow the easy directions. You must have an ID and a password to enter the system. If you have forgotten your ID or password, simply click on "Forgot ID and/or password," and the system will help you restore your ID and password. You will need your license number and your social security number to establish your ID and password.

You can also correct your date of birth, correct errors in gender, and change your telephone number, fax number and e-mail address through this

system. These changes can be made at any time, not just during the license renewal period. Only individual licensees can make demographic changes online. Licensed facilities must still contact the department to make changes.

Each year hundreds of pieces of mail are returned to the department as undeliverable because licensees have neglected to keep their mailing address current with the department. Don't miss receiving your license renewal notice or other important mail from the Department. Log on today and check your demographics to make sure everything is correct. If you know of a friend or coworker who does not receive *Nursing News*, their mailing address is most likely outdated in our system. Encourage them to go online today and make the needed updates.

## New and Revised Advisory Opinions

The Board of Nursing at their January 2008 meeting approved two new advisory opinions and revisions to the Analgesia and Moderate Sedation advisory opinion.

The two new advisory opinions are, *Safety to Practice: Temporary Reassignments, Floating* and *Safety to Practice: Functional Ability*. The board also approved a revision in the *Analgesia and*

*Moderate Sedation* advisory opinion. The revisions are under the Management and Monitoring section of Analgesia, specifically what is not considered within the scope of practice for an RN.

These and all advisory opinions are available on our Web site, [www.dhhs.ne.gov/crl/nursing/nursingindex.htm](http://www.dhhs.ne.gov/crl/nursing/nursingindex.htm).

# Nursing Regulations To Be Revised

The passage of major changes to the Uniform Credentialing Act (UCA) in 2007 will result in changes to the regulations for all professions, including nursing. Work is underway to make changes to the regulations for consistency with the UCA. The current regulations are being carefully reviewed to identify other changes that need to be made to ensure that the regulations reflect current practices, are clearly written and provide for regulatory processes that are effective and efficient. For example, the American Nurses Credentialing Center has changed the definition of contact hour from 50 minutes to 60 minutes. Our current regulations still define a contact hour as 50 minutes. This definition will need to be changed to reflect the current standard of 60 minutes.

If you have a suggestion for a change that you would like to see made to the regulations, make sure you let us know. After the revised regulations have been drafted, they will be set for public hearing. The hearings will probably be held this summer. The notice of public hearing will be posted on our Web site at least 30 days prior to the date of the hearing. Hearings are posted on this site: <http://www.dhhs.ne.gov/reg/hearings/>.

The purpose of the public hearing is to seek input from practicing professionals and the public on the proposed regulations and receive suggestions for

changes to the regulations. You do not have to wait for the public hearing to let us know if there is something you would like to see changed. We can consider your

input now as we draft the changes to the regulations. Specific changes to the regulations will be outlined in a future issue of *Nursing News*.

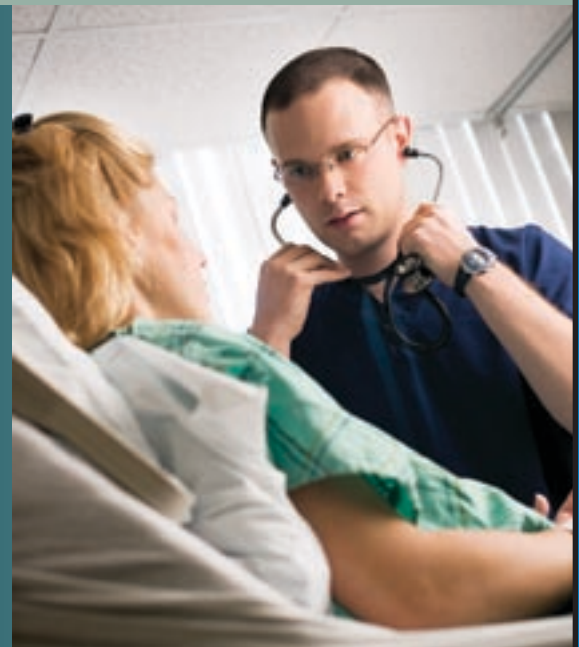
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## *Public Health Nursing Board of Nursing*



*Ann Tripp, MSN, Josie Estrada, BSN, Patty Friend, BSN, and Carol Issac, MSN*

The “Nothin’ But Baby” awareness campaign reminds parents of the risks of SIDS. It is a widespread public health concern. Most likely the inspiration for the campaign was a public health nurse.

In addition to ensuring safe sleeping conditions, public health nurses are alarmed at the growing trend to give babies and children bottled water. Developing teeth need fluoride, and bottled water contains no fluoride. In addition, throw-away plastic bottles are contributing to our growing waste problems.

Public health is a science-based practice that focuses

on an entire population—to protect, promote, improve and restore health. Nurses integrate community involvement and knowledge about the entire population with personal and clinical understandings of the health and illness experiences of individuals and families. They provide interventions that promote lifestyle and behavior change and assure access to care.

It is estimated there are over 200 public health nurses in Nebraska. Public health nurses work with individuals, neighborhoods and communities to improve the public’s health. Quite simply, their



“patients” are “the public.” Another way of defining a public health nurse would be that public dollars (federal or state funding) pay public health nurses’ salaries.

Florence Nightingale is often considered the first public health nurse. Nightingale (1820-1910) was a British nurse and hospital reformer. Nursing, which before her time was considered low-grade unskilled labor, became a respected profession because of her efforts.

After the Crimean War broke out in 1854, Nightingale was stirred by newspaper reports about the primitive sanitation methods and grossly inadequate nursing facilities at the large British barracks-hospital at Üsküdar (now part of Istanbul, Turkey). She dispatched a letter to the British minister of war, volunteering her services in Crimea.

Nightingale found that the military hospitals lacked supplies, the wounded soldiers were unwashed and filthy, and diseases such as typhus, cholera, and dysentery were rampant. Under

Nightingale’s supervision, efficient nursing departments were established. Through her tireless efforts, the death rate among the sick and the wounded was greatly reduced. She identified five fundamental principals: ventilation, clean water, efficient drainage, adequate lighting and hygiene. Those same principals guide health care today.

“Public health nurses are epidemiologists,” according to Dr. Marlene Wilken, Creighton University associate professor of nursing and vice chair of the Douglas County Board of Health. “We look for the what, when, where and why of public health issues. We keep track of the numbers; we study the distribution, identify the risk factors, and implement interventions.”

What makes a good public health nurse? Most consider themselves generalists. Their focus is on prevention and health promotion. Public health nurses solve the bigger jigsaw puzzles. They look at the macro picture, instead of the micro picture.

*continued on page 16*



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*continued from page 15*

While many say they enjoy the independent working conditions, successful public health nursing has teamwork as its underpinnings. One of the biggest misconceptions about public health nurses is that they only work with poor people.

“Many people think public health nurses and community health nurses are the same—but they are quite different,” said Carol Issac, a nurse consultant and also a grant coordinator for the Public Health Association of Nebraska (PHAN). “Unlike our counterparts in the hospitals and clinics, most public health nurses do not administer direct patient care.” Many are nurse educators or serve in advocacy roles. Public health nurses look for system-wide approaches to health care.

Community health nurses are often the home-health care nurses or they work in nursing homes providing direct care, while public health nurses work with whole populations of people—such as populations with diabetes or areas threatened by sewage run-off.

Perhaps a greater distinction between public health and community health nurses is their level of education. The American Nurses Association Standard of Practice states that public health nurses are to be prepared at the baccalaureate level.

Public policy is a major responsibility for public health nurses. Pat Lopez is the chair of the public health nursing section of the Public Health Association of Nebraska and is also chair of the “Friends for Public Health.”

“This was a banner year for us in the Unicameral,” said Pat. “The Clean Air Act passed, and that will have a very positive influence on the quality of air all Nebraskans breathe.”

An ongoing public health issue is retaining Nebraska’s helmet law for motorcyclists. Finding funding to promote good public health is also a challenge. The PHAN is a

leading contributor to the interdisciplinary public health team. The organization has been active in efforts to protect children from lead poisoning, leading the charge to clean up the environment and to make sure that Nebraskans don’t fall victim to HIV, STDs and other communicable diseases.

Up until 2001, each county developed its own public health programs. That year, legislation was passed by the Unicameral to use Tobacco Settlement money to provide funding for a public health infrastructure statewide. As a result, there was a statewide effort to provide health screenings, immunizations and education.

“Perhaps the greatest impact is felt by the coalition building and advocacy work that takes place,” added Carol Issac. “With a structure and funding in place, a more concerted system of delivery was possible.”

Key was the Public Health Association of Nebraska Nursing Emergency Response Team that can be mobilized immediately when disaster strikes. One word describes this team of nurses: versatile! They give immunizations, distribute prophylactic antibiotics, as well as plan and set up clinics for mass distribution. In addition, the team conducts investigations and surveillance. That means, for instance, if a small pox epidemic occurred, the team would

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Carol Issac and Ann Tripp

investigate the source of the disease and contacts and does treatment and follow-up. The surveillance aspect entails monitoring the disease within specific facilities, regions and/or populations. In rare instances, this leads to quarantines and isolation.

Ongoing funding for public health is a constant challenge.

“Currently, public health bio-preparedness programs are supported by federal bioterrorism funding,”

shared Ann Tripp, MSN, nursing supervisor for the Douglas County Health Department. “A concern for us all is what, will happen to public health when the funds go away.”

As the consumer member of the Nebraska State Board of Nursing, I was always puzzled why water well driller investigators were a part of the Health Department. Now I know why! Safe water and proper drainage are two of Florence Nightingale’s five fundamental principals of good public health!

*Joyce Davin Bunger is Assistant Dean at Creighton University School of Nursing and a public member of the Nebraska Board of Nursing.*

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# Licensure Actions

The following is a list of licensure actions taken between December 1, 2007, and February 29, 2008. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Michelle Chavez, RN	12/14/07	License by Endorsement Issued on Probation	Disciplinary action in another state.
Chandra Merkel, RN	12/14/07	Suspension	Habitual intoxication or dependence upon a controlled substance. Unprofessional Conduct-Misappropriating medications. Violation of the Uniform Controlled Substances Act-Possessing a controlled substance when not authorized.
Susan Galvez, LPN	12/14/07	Censure	Violation of previously imposed conditions of probation.
Tammy Schnell, LPN	12/14/07	Revocation	Violation of previously imposed conditions of probation.
Kathryn Lewandowski, RN	12/14/07	Suspension	Habitual intoxication or dependence upon controlled substances and alcohol. Unprofessional Conduct-Misappropriating medications of a patient. Committing any act which endangers patient safety or welfare. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized. Misdemeanor conviction which has a rational connection with fitness to practice the profession.
Renee McGuire, LPN	12/18/07	License Reinstated on Probation	Conviction of a felony which has a rational connection with fitness to practice the profession.
Andrea Fisher, RN	12/21/07	License Reinstatement Denied	Disciplinary action in another state. Failure to provide evaluation as requested by the Board.
Joan Dolezal, RN	12/28/07	Suspension	Habitual intoxication or dependence upon a controlled substance. Unprofessional Conduct-Misappropriating medications. Violation of the Uniform Controlled Substances Act-Possessing a controlled substance when not authorized.
George Hamilton, RN	12/28/07	Revocation of privilege to practice nursing in NE under the Nurse Licensure Compact	Habitual intoxication or dependence upon a controlled substance. Unprofessional Conduct-Misappropriating medications. Violation of the Uniform Controlled Substances Act-Possessing a controlled substance when not authorized.
Michelle Keays, RN	12/28/07	Censure Civil Penalty	Practice beyond authorized scope. Unprofessional Conduct- Misappropriation of supplies from employer.
Jane Lepant, RN	12/28/07	License by Endorsement Denied	Disciplinary action in another state.
Bryce Miller, RN	12/28/07	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Celia Whitford, RN	12/28/07	Censure	Practice beyond authorized scope.
Elise duPreez, LPN	12/28/07	Censure	Conviction of a misdemeanor which has a rational connection with fitness to practice the profession.
Elsie Sharpe, LPN	12/28/07	Voluntary Surrender in Lieu of Discipline	
Karen Thompson, LPN	12/28/07	Revocation	Misdemeanor conviction which has a rational connection with fitness to practice the profession. Physical incapacity to practice the profession.
Diane Christensen, RN	12/28/07	Suspension	Habitual intoxication or dependence upon a controlled substance. Unprofessional Conduct-Knowingly or intentionally possessing a controlled substance when not authorized.
Lauren Grigsby, LPN	1/7/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Nancy Ross, RN	1/9/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Delegating and/or assigning nursing interventions contrary to standards.
Audrey Ridenour, RN	1/10/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Delegating and/or assigning nursing interventions contrary to standards.
John Wipfler, RN	1/14/08	License Reinstated on Probation	Previous disciplinary action.
Jane McConkey, RN	1/15/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Delegating and/or assigning nursing interventions contrary to standards.
Jeri Wichman, LPN	1/15/08	Non-disciplinary Assurance of Compliance	Falsification or misrepresentation of material facts in attempting to procure nursing employment.
Kim Heinzman, RN	1/17/08	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure.
John Linder, RN	1/17/08	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.

Jody Roberson, RN	1/17/08	Suspension	Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
Joanne Thompson, LPN	1/17/08	Censure	Violation of previously imposed condition of probation.
Sarah TanCreti, RN	1/29/08	Revocation	Violation of previously imposed conditions of probation.
Trisha Haenfler, LPN	1/31/08	Initial License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness to practice.
Jody Emmert, LPN	02/2/08	Censure Civil Penalty	Unprofessional Conduct-Misappropriation of personal property of a patient.
Amber Thieman, LPN	02/19/08	Extension of Current Probation	Violation of previously imposed conditions of probation.
Jacqueline Spoor, LPN	02/19/08	Revocation	Habitual intoxication or dependence upon controlled substances. Unprofessional Conduct-Misappropriating medications. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized.
Amy Jackson-Gatzemeyer, RN	02/19/08	License Reinstatement Denied	Felony convictions having a rational connection with fitness or capacity to practice the profession.
Lisa Deuel, RN	02/19/08	Suspension	Physical or mental incapacity to practice the profession.
Debra Krekovich, RN	02/19/08	Suspension	Habitual intoxication or dependence upon controlled substances. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized. Unprofessional Conduct-Misappropriating medications. Committing any act which endangers patient safety or welfare. Misdemeanor conviction which has a rational connection with fitness to practice.
Kristen Matoush, RN	02/19/08	Voluntary Surrender in Lieu of Discipline	
Lara Sumpster, LPN	02/19/08	Censure	Practice of the profession beyond authorized scope.
Suzanne Vanhorne, RN	02/19/08	Censure Probation Extended	Violation of previously imposed conditions of probation.
Jody Hartley, RN	02/19/08	Probation	Habitual intoxication or dependence upon controlled substances. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized. Unprofessional Conduct-Misappropriating medications.
Stephanie Carolus, LPN	02/19/08	Censure Extension of Current Probation	Violation of previously imposed conditions of probation.
Barbara Evans, LPN	02/19/08	Censure	Practice of the profession beyond authorized scope.
Diane Kerner, RN	02/19/08	Voluntary Surrender in Lieu of Discipline	
Mary Brasfield, RN	02/22/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct
Mary Spinharney, LPN	02/25/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct
Christine Sommer, RN	02/28/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct
Lawrence Jensen, LPN	02/29/08	License Reinstated on Probation	Action in another state.

The following actions were not listed in the 2008 winter edition:

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Cathy Rowley, LPN	11/24/07	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Kathryn Urbauer, RN	11/29/07	Suspension	Unprofessional Conduct-failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.

Cease and Desist Order Issued

Amanda Thelen	02/21/08	Practice of the Profession without an active license
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# Refresher Nurses can impact the nursing shortage

In Nebraska, to support currency and competency in nursing, if a nurse has not practiced for at least 500 hours within the last five years, the nurse must take and successfully complete an approved Nurse Refresher Course. A listing of the approved refresher courses is available on our Web site. To be an approved course, it must include both a didactic and a clinical component.

A problem has developed for nurses who have enrolled in a nurse refresher course. The problem has been an inability to arrange for the clinical portion of the course. Because this problem has been on the increase, some courses are not letting nurses enroll until they have the commitment of a preceptor for the clinical portion of the course. The reason for this change is because many nurses have paid a significant amount of money for the course, passed the didactic portion of the course, updated their BLS skills, updated their immunizations, taken out professional liability insurance and then been unable to find a facility or preceptor to do the clinical portion of the course. Some courses feel that it is unethical to take the money without the assurance that the course can be completed. Without the completion of the clinical portion of the course, the nurse cannot be issued a license.

Refresher nurses have called our office both distressed and frustrated because of this inability to make arrangements for the clinical portion of the refresher course. They are ready to return to active nursing, and many have had years of experience, either general or specialized, prior to the last five years. Neither they nor the refresher course can reconcile the attention that the nursing shortage is getting with the difficulty that these nurses are experiencing in trying to arrange for the clinical portion of the refresher course so that they can become a part in lessening the nursing shortage.

It is understood that many facilities and nurses are stretched in many directions, with caring for patients, working with increasing numbers of students, and precepting individual students, but keep in mind that some of the inactive nurses updating themselves through a refresher course may be another source of impacting the nurse shortage.

If you have any comments or suggestions related to this article, please feel free to share them with sheila.exstrom@dhhs.ne.gov.

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# Nebraska Licensee Assistance Program

Alcohol/drug abuse assistance for health professionals licensed, certified, or registered by the State of Nebraska

## WOMEN AND ALCOHOLISM

Women are not immune from the disease of alcoholism and the disease itself is the same for men and women. However, when you look at the progression of the disease, women generally develop dependence more quickly than men. There are also significant differences between men and women in the denial process and the treatment regimen.

Alcoholism is a progressive disease that will get worse over time if it is not treated. Most men develop the disease over a period of many years. Women generally develop alcoholism within five years. Women absorb and metabolize alcohol differently than men. Generally, women have less body water than men of similar body weight. Alcohol mixes with body water and the alcohol becomes more highly concentrated in a woman's body than in a man's. Therefore, women will have higher concentrations of alcohol in the blood after drinking equivalent amounts of alcohol. The higher blood alcohol levels cause women to sustain more somatic and cognitive damage than men when consuming the same amount of alcohol. Alcohol abuse also places women at higher risk than men for serious medical problems such as breast cancer and liver, brain and heart damage. They may also develop these problems more rapidly than men.

Women with alcoholism present with a unique set of treatment factors that need to be addressed if women are to achieve and maintain sobriety. Women generally must deal with a greater social stigma than men. Attention must be given to their biological

differences in metabolizing alcohol. They may have histories of physical and sexual abuse to address.

The treatment plan must be comprehensive and focused on the individual needs of each woman. Women may face issues of underemployment and being underinsured or without insurance. A woman may be the primary caregiver for her children. She will need a safe place for the care of her children or she will drop out of treatment if problems occur for the children. Women generally have greater issues with guilt and shame for their alcoholism. Women may deny that drinking is a problem and rationalize it as an acceptable coping mechanism to deal with physical or mental health issues. These issues can prevent women from succeeding with the treatment they need if they are not appropriately addressed in their treatment program. For alcoholism treatment for women to be effective, colleagues, family and treatment providers need to be aware of these unique differences between women and men.

### *Sources:*

*gettingthemsobber.com, alcoholism.about.com and The National Center on Addiction and Substance Abuse (CASA) Columbia University*

If you are a licensed health service professional and would like to take advantage of the NE LAP services, please contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our website at [www.lapne.org](http://www.lapne.org).



# MANDATORY REPORTING Q & A

## *Some Questions and Answers regarding Mandatory Reporting*

LB 1223 was enacted in 1994 and provided for Mandatory Reporting by Health Care Professionals. Regulations to implement this legislation became effective on May 8, 1995, and were amended in 2006. There continues to be some questions and confusion as to what needs to be reported related to these regulations.

The following are some sample questions that we receive concerning mandatory reporting:

**Q1:** I am an RN director of nursing, and I just dismissed an LPN for unprofessional conduct. Do I have to report that?

**A1:** Yes, as a member of the same profession (nursing), you are required to report professionals of the same profession for unprofessional conduct.

**Q2:** I am the LPN in question number one, do I have to report this also?

**A2:** Yes, you are required to self report any loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental or chemical impairment.

**Q3:** I am a nurse, and my neighbor reported to me that the nurse who works in her health care provider's office was fired because of coming to work under the influence of alcohol. Do I have to report that?

**A3:** No, you are not required to report only those situations where you have first-hand knowledge, but you may report it if you feel an ethical duty to do so.

# MANDATORY REPORTING Q & A

**Q4:** I am a nurse. I have received a ticket for a DUI, do I have to report that?

**A4:** You do not have to report the receipt of the ticket, but if there is a conviction, you must report the conviction within 30 days of receiving it.

**5Q:** I am a nurse and I have been notified that my insurance company is no longer going to provide liability insurance as part of their product line, do I have to report that?

**5A:** No, if they are discontinuing it as a product line, you do not need to report it. If they cancelled your coverage because of an adverse action, you would be required to report it.

**6Q:** I am a nurse and I received a misdemeanor conviction, can I wait and report it on my next renewal date?

**6A:** No, the conviction must be reported within thirty days of the action.

**7Q:** I work as a nurse in a drug and alcohol rehabilitation unit, and we have admitted a physician who was working while under the influence of drugs, do I need to report that?

**7A:** No, if you are providing treatment, which means the information is protected by a practitioner-patient relationship (unless a danger to the public), you do not have to report it.

# MANDATORY REPORTING Q & A

## *Some Questions and Answers regarding Mandatory Reporting*

**8Q:** I am a nursing faculty member, and a student has reported to me that one of her classmates was inebriated at a party and has subsequently received a conviction of a Minor in Possession, do I have to report that?

**8A:** No, you do not have first-hand knowledge, and the mandatory reporting requirements are for credentialed health care professionals, which does not include students unless they have a credential as a health care professional.

## Practice Q & A

**Q:** I am an RN in Nebraska. I have worked in a hospital since I have been out of school. I recently left the hospital to take a job in a physician's office. What is my scope of practice in a physician's office?

**A:** The scope of practice for a nurse does not vary by practice setting. The scope of practice is defined in the statutes and does not change with a change in practice settings. The nurse may have different job responsibilities in different settings. But their scope of practice does not change. Even though the statutes and regulations guide the nurse's practice, facilities may always have policies that are more restrictive. It is the responsibility of each nurse to know their scope of practice and to practice within that scope. All nursing statutes and regulations are available on our Web site, [www.dhhs.ne.gov/crl/nursing/nursingindex.htm](http://www.dhhs.ne.gov/crl/nursing/nursingindex.htm).

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## Registry Action on Nurse Aides Medication Aides

From 11/01/2007 to 01/31/2008, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Casey, Stephone	48201	Suspension of RN/LPN License	01/11/08
Hoit, Latisha	71604	Finding of Conviction	01/29/08

The following name(s) was/were omitted from the last issue. Person(s) named on this report have become ineligible for employment in long-term care facilities and/or intermediate facilities for persons with mental retardation:

Name	Medication Aide Reg #	Action	Date Entered
Desoe, Velva	23614	Finding of Conviction	06/25/07

From 11/01/2007 to 01/31/2008, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Area, Amanda Marie	55217	Failure to Demonstrate Good Moral Character	11/21/07
Emons, Amy Louise	57106	Failure to Demonstrate Good Moral Character	01/29/08
Prince, Jasmae	53644	Failure to Demonstrate Good Moral Character	01/29/08

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Rob Kuhl	10749 Mockingbird Dr	Omaha	(402) 884-1055	rkuhl@farmersagent.com
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## Advanced Practice Registered Nurse Board

Nebraska has the distinction of having the only Advanced Practice Registered Nurse Board (APRN) Board in the country. Prior to July 1, 2007, the APRN Board regulated only nurse practitioners. With the passage of the “umbrella” bill, the board changed as did the APRN title. While APRN had referred only to the nurse practitioner, after July 1, 2007, APRN became an “umbrella” title that now refers not only to the nurse practitioner, but all the other advanced practice nurse roles as well. This includes the nurse anesthetist, nurse midwife and clinical nurse specialist.

The recent activities of the APRN Board include pursuing membership to the National Council of State Boards of Nursing (NCSBN). The APRN Board is in the process of making application for membership. The delegate assembly will vote on the application at the annual meeting of the NCSBN in August.

The minutes and meeting schedule for the APRN Board can be

found on our Web site, [www.dhhs.ne.gov/crl/nursing/nursingindex.htm](http://www.dhhs.ne.gov/crl/nursing/nursingindex.htm).

The new board membership includes one nurse practitioner, one certified nurse midwife, one certified registered nurse anesthetist, one clinical nurse specialist, three physicians and two public members. Current members of the new APRN Board are:

- Brenda Bergman-Evans, president (nurse practitioner)
- Steve Wooden, vice president (certified registered nurse anesthetist)
- Ruth VanGerpen, Secretary (clinical nurse specialist)
- Anita Jaynes (certified nurse midwife)
- Michelle Knolla (physician)
- George Adams (physician)
- Terry Gee (physician)
- Steve Jackson (public member)
- Josh White (public member)

## Board of Nursing Centennial Planning Committee Being Formed

The Nebraska Board of Nursing will celebrate their 100<sup>th</sup> anniversary in 2009. The board was formed and the first licenses were issued in 1909. A committee is being formed to make plans to commemorate the centennial. If you are interested in being a

part of the planning team for this momentous occasion, contact Charlene Kelly by telephone at (402) 471-0317 or by e-mail at [Charlene.kelly@dhhs.ne.gov](mailto:Charlene.kelly@dhhs.ne.gov). Also, if you have ideas for the celebration, we would like to hear those also.

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# 1988 Twenty Years Ago in Nursing News

- There were 14,423 RNs, 5,616 LPNs, 23 Nurse Practitioners and 224 CRNAs licensed in Nebraska. (There are currently 22,230 RNs, 6,782 LPNs, 809 LPN-Cs, 721 Nurse Practitioners, 23 Certified Nurse Midwives, 482 CRNAs and 81 CNSs licensed in Nebraska.)
- Ann Van Hoff, RN, member of the Nebraska Board of Nursing, wrote an article on *Considering Accountability, Autonomy, and Judgment*. In summary, Ann wrote, "It is the profession composed of its individual members that exerts pressure for quality judgments. It is *only* when we, the professionals, appear to fail, that society steps in. We can no longer look to someone else to support our judgments and actions *if* we are to survive as a profession."
- Definitions for *supervising* and *accountability* were provided. *Supervising* includes: 1) Personally observing a function or activity. 2) Providing leadership in the assessment, planning, implementation, and evaluation of nursing care. 3) Delegating functions or activities while retaining accountability. And 4) Determining that nursing care being provided is adequate and delivered appropriately. *Accountability* means being obligated to answer for one's acts, including the act of supervision.
- The Board of Nursing officers elected for 1988 were Mary Lou Holmberg, RN, President; Karen Smith, RN, Vice President; and Martha Brown, RN, Secretary.
- The Board of Nursing took the following actions:
  - Granted conditional approval for Dakota Wesleyan to conduct a professional nursing program at North Platte.
  - Approved Sue Buckley, RN, as a Pediatric Nurse Practitioner.
  - Approved Dr. George McLean as a member of the CRNA Advisory Council.
  - Discussed and made recommendations on the following nursing practice questions:
    - Role of the LPN in removal of skin clips and Devol catheters
    - Role of the LPN in Chronic Ambulatory Peritoneal Dialysis
    - Role of the LPN in PCA pump
    - RN role in cardioversion
- An application was printed for Nursing Practice Advisors being sought to assist the board with the development of advisory opinions.
- 144 candidates took the NCLEX-PN examination in October. 133 candidates passed the exam for a passing percentage of 93 percent. The national passing percentage is 88 percent. Nebraska's mean scaled score was 533.9. The national mean scaled score was 490.2.



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If you do not have access to the Internet, please contact the Credentialing Division for information or questions concerning:

## **Nursing and Nursing Support**

### **General Issues**

Charlene Kelly, R.N., Ph.D., F.R.E.  
Administrator, Office of Nursing and Nursing Support  
(402) 471-0317  
[charlene.kelly@dhhs.ne.gov](mailto:charlene.kelly@dhhs.ne.gov)

### **Advanced Practice Nursing**

(CRNA, CNM, APRN, CNS)

#### **Initial Licensure**

#### **Licensure by Endorsement**

#### **Reinstatement of Licensure**

#### **License Renewal/Audit Questions**

Kathy Anderson  
(402) 471-2666  
[kathy.anderson@dhhs.ne.gov](mailto:kathy.anderson@dhhs.ne.gov)

#### **Nursing Practice Issues**

Karen Bowen, R.N., M.S.  
(402) 471-6443  
[karen.bowen@dhhs.ne.gov](mailto:karen.bowen@dhhs.ne.gov)

## **Registered Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Kelli Dalrymple  
(402) 471-4375  
[kelli.dalrymple@dhhs.ne.gov](mailto:kelli.dalrymple@dhhs.ne.gov)

## **Licensed Practical Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Mary Ann Moore  
(402) 471-4925  
[maryann.moore@dhhs.ne.gov](mailto:maryann.moore@dhhs.ne.gov)

## **Licensed Practical Nurse**

CERTIFIED

### **Certification by Examination**

### **Certification Renewal/Audit Questions**

Mary Ann Moore  
(402) 471-4925  
[maryann.moore@dhhs.ne.gov](mailto:maryann.moore@dhhs.ne.gov)

### **Foreign Educated Nurses**

Sheila Exstrom, R.N., Ph.D.  
(402) 471-4917  
[sheila.exstrom@dhhs.ne.gov](mailto:sheila.exstrom@dhhs.ne.gov)

## **Nursing Statutes**

### **Rules and Regulations**

Charlene Kelly, R.N., Ph.D.  
(402) 471-0317  
[charlene.kelly@dhhs.ne.gov](mailto:charlene.kelly@dhhs.ne.gov)

### **Scope of Practice and Practice Standards**

Karen Bowen, R.N., M.S.,  
(402) 471-4376  
[karen.bowen@dhhs.ne.gov](mailto:karen.bowen@dhhs.ne.gov)

### **Education Issues, Curriculum Revisions and Nursing Program Surveys**

Sheila Exstrom, R.N., Ph.D.  
(402) 471-4917  
[sheila.exstrom@dhhs.ne.gov](mailto:sheila.exstrom@dhhs.ne.gov)

### **Refresher Course/Designing Own Review Course of Study**

Sheila Exstrom, R.N., Ph.D.  
(402) 471-4917  
[sheila.exstrom@dhhs.ne.gov](mailto:sheila.exstrom@dhhs.ne.gov)

### **RN and LPN license reinstatement**

### **Name and/or Address Change**

*(Please provide your name and Social Security number)*

### **Certifications/Verifications**

### **Duplicate/Reissue Licenses**

Kathy Anderson  
(402) 471-2666  
[kathy.anderson@dhhs.ne.gov](mailto:kathy.anderson@dhhs.ne.gov)

### **Nursing Student Loan Program**

Shirley Nave  
(402) 471-0136

### **Probation Compliance Monitoring**

Ruth Schuldt, R.N., B.S.  
(402) 471-0313  
[ruth.schuldt@dhhs.ne.gov](mailto:ruth.schuldt@dhhs.ne.gov)  
OR  
Shirley Nave  
(402) 471-0136  
[shirley.nave@dhhs.ne.gov](mailto:shirley.nave@dhhs.ne.gov)

### **Complaint Filing**

Investigations Division  
(402) 471-0175

## **Medication Aide**

### **Medication Aide Role and Practice Standards**

Marletta Stark, R.N., B.S.N., Program Manager  
(402) 471-4969  
[marletta.stark@dhhs.ne.gov](mailto:marletta.stark@dhhs.ne.gov)

## **Name and/or Address Change**

*(Please provide your name and social security number)*

Teresa Luse  
(402) 471-4910  
[teresa.luse@dhhs.ne.gov](mailto:teresa.luse@dhhs.ne.gov)

### **Medication Aide Registry and Applications**

Teresa Luse  
(402) 471-4910  
[teresa.luse@dhhs.ne.gov](mailto:teresa.luse@dhhs.ne.gov)

### **Medication Aide Testing**

Kathy Eberly  
(402) 471-4364  
[kathy.eberly@dhhs.ne.gov](mailto:kathy.eberly@dhhs.ne.gov)

## **Nurse Aide**

### **Nurse Aide Role and Practice Standards**

Marletta Stark, R.N., B.S.N.  
[marletta.stark@dhhs.ne.gov](mailto:marletta.stark@dhhs.ne.gov)

### **Nurse Aide Registry**

Wanda Wiese  
(402) 471-0537  
[wanda.wiese@dhhs.ne.gov](mailto:wanda.wiese@dhhs.ne.gov)

### **Name and/or Address Change**

*(Please provide your name and social security number)*

Wanda Wiese  
(402) 471-0537  
[wanda.wiese@dhhs.ne.gov](mailto:wanda.wiese@dhhs.ne.gov)

### **Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses**

Nancy Stava  
(402) 471-4971  
[nancy.stava@dhhs.ne.gov](mailto:nancy.stava@dhhs.ne.gov)

### **Nurse Aide Testing**

Kathy Eberly  
(402) 471-4364  
[kathy.eberly@dhhs.ne.gov](mailto:kathy.eberly@dhhs.ne.gov)

## **General**

### **Mailing Labels**

Available online at: <http://www.dhhs.ne.gov/crl/orders.htm>

## **Information on Disciplinary Actions**

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