

Nebraska Nursing NEWS

Volume 21 • Number 2 / Summer 2004

Nebraska Nurse

Shares His Experiences

Serving in

IRAQ

RNs Encouraged
to Renew
Licenses Online

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PUBLISHED BY THE NEBRASKA
BOARD OF NURSING

Nebraska Nursing News is published
quarterly by the
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301 Centennial Mail South
Lincoln, NE68509
402.471.4376 • fax 402.471.1066
www.hhs.state.ne.us

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vrobertson@pcipublishing.com
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edition 1

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RN in the Emergency Department at the 31st Combat Support
Hospital in Baghdad, Iraq. Read his story on page 16



Executive Director's Message



Welcome to the first issue of *Nursing News* in our new full color magazine format. I hope you enjoy our new image.

The change from an "in-house" produced newsletter to this new format came after considerable deliberation by the Board of Nursing. *Nursing News* dates back to the late 1970s. The format had remained essentially unchanged for twenty-five years. The obvious advantages of the new format are the professional appearance and the full color with more photographs. One of the not so obvious advantages is the cost savings. The previous format cost over \$10,000 per issue for printing and mailing. Depending on the number of issues we produced per year the total cost ranged from \$20,000 to \$40,000 per year paid from your license fees! There is no cost to the Board for the newsletter in the new format. The publisher, through advertising, covers all of the costs of printing and mailing. That

brings us to what some may consider at first glance a disadvantage of the new format. The Board carefully weighed the pros and cons of changing to a magazine that includes advertising. In the final assessment the decision was made that the advantages outweighed the disadvantages. A determining factor was that the Board maintains control over the types of ads that will be accepted for the publication. The Board developed guidelines outlining for the publisher what types of ads are acceptable or not acceptable. For example, many of the ads will be from facilities recruiting nurses. The Board has limited these ads to Nebraska-based facilities. Out-of-state employers will not be allowed to use this publication to recruit nurses to practice outside of our state. You can now expect to receive *Nursing News* quarterly in July, October, January, and April. I welcome your comments and suggestions related to the new format. You can call me at (402) 471-0317, email me at charlene.kelly@hhss.state.ne.us, or write to me at PO Box 94986, Lincoln, NE 68509. We will publish your comments in the next issue

Many of you are probably already aware that your license renewal fee is increasing. The new fee for renewal is \$75 biennially. The new fees are expected to take effect with the 2004 RN license renewal. I am frequently asked what licensing fees are used for. Licensing fees support 100% of the activities associated with the Board of Nursing and nursing regulation. We receive no other funding.

We do everything we can to keep our expenses down and still provide services that meet licenses expectations. Even though we operate as frugally as possible, the Board of Nursing expenditures for FY2004 are expected to total \$886,288.

\$312,044 is budgeted for staff salaries and benefits. The staff with the recommendations of the Board process and review applications for initial licensure, renew licenses and conduct audits of continued competency requirements, and approve nursing education programs including ongoing review of faculty qualifications and curriculum revisions. They also establish and maintain current regulations to govern nursing practice, issue advisory opinions and position statements on nursing practice, collect data on the nursing workforce, participate with local, state and national organizations to provide input into regulatory standards, make presentations on topics of a regulatory nature to students, nurses and the public, and publish *Nursing News*.

The budget also includes \$216,609 for operations. This includes postage, printing, dues and subscriptions, rent, office supplies, indirect costs, legal expenses, temporary services and contract services. The travel portion of the budget is \$43,894. This includes reimbursement to board members and staff for travel to state and national meetings. There is also \$12,887 in the budget for office equipment. \$300,854 will go to pay for investigations, the credentialing review process, and to help support administrative expenses in the Department. The board typically finishes the year under budget

The Board has projected to bring in revenue totaling \$428,000 in FY 2004. The 2004 fiscal year that we just completed (July 1, 2003-June 30, 2004) was an LPN renewal year. The higher revenue in RN renewal years (there are three times as many RNs as LPNs) helps offset expenses in the LPN renewal years. Overall, expenses are predicted to exceed revenue necessitating the recent increase in renewal fees. For most nurses the two-year renewal fee equates to less than one day's salary. Still a bargain considering the privileges and services you receive as a result of licensure.

Charlene Kelly

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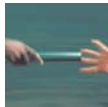
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RNs Encouraged to Renew Licenses Online



All Nebraska RN licenses expire October 31, 2004. Renewal notices will be mailed by August 1. If you have moved in the last two years and have not notified us of your address change, you need to do so right away. You can change your address by calling (402) 471-4376.

RNs will notice significant changes in renewal notice format and renewal procedures from previous years. Online renewal will be available and we encourage all RNs to take advantage of the online option. To encourage online renewal and to save “trees” and printing costs, we will not be mailing renewal packets. Instead each RN will receive a postcard that includes the notice of license expiration and directions for online renewal. The card will also include the options to download printed renewal forms from the Internet or to return half of the post card to request a printed renewal packet. Watch for your postcard in the mail around the first of August.

Advantages of renewing online

- **Faster**—it only takes a few minutes and you will receive a confirmation when you finish so you will know your renewal was received. In most instances, we can mail your new license to you the day after you renew. Your renewed license information will be available on our Web site the day after you renew.
- **Convenient**—you can complete your renewal 24 hours a day, seven days a week at any location with Internet access.
- **No lost payments**—you use a credit card to renew at no additional charge for this convenience.
- **No postage required**—your renewal notice won't be returned to you because you forgot to put a stamp on it, forgot to sign it or left something blank.
- **Saves Credentialing Division staff time**—your renewal will be processed electronically. No more waiting for your application to reach the top of the heap.
- **Won't get lost in the mail**—the confirmation you receive will allow your renewal application to be traced should any problems arise.

Employers are encouraged to consider making a computer with Internet access available for their employees to use at the work site for the purpose of license renewal. This will accommodate early license renewal by employees and result in fewer last minute renewal problems.

Remember that renewals done online or postmarked after October 31 will be assessed a late fee in addition to the renewal fee. Any nurse practicing on an expired license must also pay an administrative penalty fee of \$10 per day. Don't delay. Renew as soon as you receive the notice to avoid late fees, penalties and delays in receiving your renewed license.

Nebraska Licensee Assistance Program (NE LAP) <http://www.lapne.org/>

Available research indicates about one in six health care professionals in the state of Nebraska experience substance abuse or addiction problems.¹

Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to health care professionals. At the heart of the NE LAP program is help for eligible individuals with substance abuse and addiction problems. In addition to providing an opportunity for individuals seeking confidential evaluation and assessment, NE LAP offers educational programs that may be customized to differing audiences. Following is a partial list of presentation topics and their potential audiences: Introduction to the Licensee Assistance Program and Other Peer Assistance Programs (targeted to employers, human resource specialists, students, and supervisors); Chemical Dependency and the Health Care Professional (targeted for students, health care professionals and administrators); and Intervention for the Chemically Dependent Health Care Professional (targeted for administrators and supervisors).

Whether desiring to arrange for an individual contact or making arrangements for an educational program, NE LAP may be reached at (402) 354-8055 or (800) 851-2336. Judi Leibrock MHR, LPC, CADAC, licensee assistance coordinator, may be reached by e-mail at: jleibro@bestcareeap.org.

¹ May 6, 2004 NE LAP Chemical Dependency and the Health Care Professional Workshop

At BryanLGH Medical Center, retention and customer experience efforts reap results

BryanLGH Medical Center, in Lincoln, Nebraska, has worked diligently to develop an environment to make it the employer of choice. Our initiatives have emphasized employee and customer satisfaction, professional and personal development, and the city's largest construction project in history. All of these things have helped BryanLGH, recently named a Solucient 100 Top Hospital, focus on a renewed commitment to optimal, compassionate patient care in a state-of-the-art setting.

"I think people prefer to work where they feel valued and part of a larger purpose," says Lynn Wilson, president, BryanLGH Health System. "What we're doing is designed to support our employees while improving our patients' and visitors' experience."

Our vacancy rates for nursing positions indicate our efforts are working. We've seen significant improvements in the areas of employee recruitment and retention. The current vacancy rate for RNs is 2.1 percent (approximately nine-12 openings). This is down from 178 openings just two years ago.

Our current overall employee turnover rate is 15.1 percent, down 5 percent from 2001. Healthcare facilities nationally are still averaging a 20.3 percent rate.

The BryanLGH College of Health Sciences has done its part to help. In the past three years, the college has doubled its enrollment and BryanLGH has hired 110 student nurses. This July, we will recognize 47 new graduates; projected college enrollment for 2005 is 430 students. A brand new facility opened on the northeast corner of BryanLGH East this summer, with large classrooms, a student center, state-of-the-art clinical skills labs and much more.

With a larger pool of nursing staff we have greatly reduced the hours we have to divert patients to other medical facilities. During calendar year 2002, BryanLGH was in diversion status for patients on advanced life support 86.5 percent of the time, and 78.4 percent of the time for patients on basic life support. In the first four months of this year, our diversion and rotation status rates were 14.6 percent for ALS patients, and 8.4 percent for BLS patients. This significant improvement can in part be attributed to the additional beds we've been able to open because of improved employment levels.

right: A surgical team uses the Intuitive daVinci Surgical System robot during a radical prostatectomy procedure at BryanLGH Medical Center. Urologists and cardiothoracic surgeons use the operative robot for procedures. In fact, Bruce Jones, MD, cardiothoracic surgeon with the BryanLGH Heart Institute, performed the first robotic tricuspid valve repair in the United States. This technology makes procedures less invasive, and shortens patients' recovery times.



Better communication leads to better patient care



Thanks to technology, Colleen Vernon, BryanLGH Medical Center emergency room clinical technician, is getting a bit of a rest. That break helps Vernon provide more immediate patient care to those needing assistance while in the emergency department.

With the new Hill-Rom COMLinX nurse communication module, staff in the new emergency department can be tracked from room to room. The module lets Vernon see where each individual staff member is throughout the department. The state-of-the-art system was installed as part of a recently completed construction project at BryanLGH that increased the size of the emergency department from 14,000 square feet to over 37,000.

"I like it," said Vernon. "It does make my job easier, it saves me a lot of steps. In the old unit, I would be going in circles trying to find someone."

It also provides for better communication, according to Heather Meyer, nurse manager, which in turn leads to better patient care.

"It increases communication, which is a time saver," she said. "Communication flows easier which in turn helps the actual length of stay decrease."

It's all done with a little egg-shaped locator badge everyone in the department wears. With that badge, Vernon knows where everyone is and how to contact them.

Called nurse tracker, nurse locator or a patient call system, it works like this: A series of infrared sensors located in the ceiling of the department pick up a signal from the locator badges worn by the staff. That information goes into a computer located at the nurses' station. By looking at the computer, one can see where each individual person, (physician, nurse, technician, etc.) is within the department.

With a 10- to 20- second delay in the system, it can also tell when someone has left one room to go to another room, Meyer said. That allows the sensors to sweep and locate individuals in either the emergency department, minor care area or mental health services triage area. The new outpatient surgery area is also outfitted with the system.

Vernon also can communicate with individuals in the rooms because the system can identify if that person is in an area where an intercom, patched into the locator system, is located.

By touching the computer screen that tracks the staff, Vernon can talk directly to the individual, or she can pick up a special telephone to talk. When a patient pushes the call light, Vernon can speak, again by using either the phone or the computer. Then, she can locate the nurse or physician assigned to the patient and relay the information.

"It's a quicker response for the patients," Vernon said. "In the past, I would go into the individual rooms, speak to the patient, then go and find their nurse and get their meds, information, whatever it was they needed. Now, using the call system, I can do all that and get any other patient information I need. It makes patient care more immediate."

For Meyer, the new locator system is perfect for the emergency department.

"It's very user friendly," she said. "With a big department like this, the largest ED in Nebraska, everyone is liking it a lot because of the leg work it saves."

The tracking system will be available to all nursing units after the current \$180 million construction project, which also involves renovating all patient units at BryanLGH, is completed.



Nebraska Center for Nursing Announces Upcoming Events

The [Nebraska Center for Nursing](#), created in 2000 by the Legislature to develop and implement a plan to address Nebraska’s growing nursing shortage, has announced two upcoming events designed to promote recruitment and retention of nurses in Nebraska.

On October 26 the Center for Nursing and KM3 (television channel 3 in Omaha) will co-sponsor a Nursing Expo. The Expo will feature exhibits by a large number and wide variety of Nebraska nursing employers and educational programs as well as break-out educational sessions on nursing. The target audience for the Expo is high-school and junior-high students interested in learning more about nursing as a career, students enrolled in nursing programs interested in exploring their employment options, and licensed nurses interested in exploring new nursing career options and/or attending the free continuing education offerings. Educational sessions for licensed nurses will include continuing education contact hours. At least one educational session will also be offered for employers. This event will be promoted through television and radio announcements, through the schools and through employers. KM3 will televise live from the Expo during newscasts that day.

The Center for Nursing is also planning a workshop for nursing employers that will explore recruitment and retention data and issues and help employers focus on becoming an employer of choice. Successful concepts from the Magnet Hospital Project will be presented along with discussion of how these concepts can be applied in smaller facilities. This workshop is planned for November 5th in Sidney, NE at the Holiday Inn. The date and location for this event have not yet been finalized.

Watch for more information on these two events and make plans now to attend!

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NCSBN Corner

The National Council of State Boards of Nursing, Inc. (NCSBN) is seeking applicants to serve on an item development panel. Qualified, highly motivated and professionally committed nurses are needed to assist in developing test items (questions) for the National Council Licensure Examinations (NCLEX-RN® and NCLEX-PN®). A description of the panels and an online application form can be found on their Web site at www.ncsbn.org.

The annual NCLEX Invitational for nursing educators will be held in San Francisco on September 13, 2004. Included on the agenda are the NCLEX-RN® Test Plan and Passing Standard that were revised in 2003. Also on the agenda is a presentation on the effect of new Homeland Security requirements on education programs and VisaScreen™ for internationally educated nurses. For more information and an online registration form go to www.ncsbn.org and click on Upcoming Events.

Also available on NCSBN's Web site is their Learning Extension which features online courses for nursing students, nursing educators, and practicing nurses. Samples of course topics include Sharpening Critical Thinking Skills for Competent Nursing Practice, Documentation: A Critical Aspect of Client Care, Ethics in Nursing Practice, and Medication Errors: Detection and Prevention.

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A notarized written request, along with the required supporting documentation, is required for processing a change of name. The Affidavit of Name Change form at www.hhs.state.ne.us/crl/nursing/rn-lpn/namechange.pdf may be

used to begin the name-change process. This PDF form may be filled in online, printed, notarized, and mailed or faxed to the Credentialing Division. Be sure to include your Social Security number on the documentation you submit to:

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Registry Action on Nurse Aides and Medication Aides

From 01/01/04 to 05/27/04, 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	Name	Nurse Aide Registry #	Action	Date Entered
Alvarado, Juan	41292	Finding of Conviction	04/05/04	Payton, LaQuita	53417	Finding of Conviction	03/23/04
Blomstranel, Clarissa	55610	Finding of Conviction	01/08/04	Plater, LaShawn	63288	Finding of Conviction	04/02/04
Bryson, Dawn	55404	Finding of Abuse	01/23/04	Richardson, LaRae	35869	Finding of Misappropriation	02/11/04
Calder, Patricia	8140	Finding of Conviction	01/22/04	Romshek, Jane	57755	Finding of Conviction	03/15/04
Caldwell, Susan	49321	Finding of Conviction	04/07/04	Rosalez, Serrita	45193	Finding of Conviction	04/15/04
Copeland, Doris	9803	Finding of Neglect	03/24/04	Sanders, Kelley	50399	Finding of Conviction	04/05/04
Darwin, Brian	34336	Finding of Conviction	05/03/04	Scheel, Sheila	45473	Finding of Conviction	03/19/04
Ealy, Felicia	34415	Finding of Abuse	03/24/04	Singleton, Audra	41688	Finding of Conviction	03/19/04
Fleming, Denise	48163	Finding of Abuse	01/20/04	Stithem, Paula	45252	Finding of Conviction	01/08/04
Griser, Aaron	25049	Finding of Conviction	04/15/04	Tyson-Danner, Clarissa	47506	Finding of Abuse	01/07/04
Henrichs, Stephanie	54035	Finding of Conviction	02/19/04	Warren, Shantel	30347	Finding of Conviction	05/18/04
Hutson, Deborah	11109	Finding of Misappropriation	04/28/04	Washington, Greta	18926	Finding of Conviction	01/30/04
Jones, Nicole	52954	Finding of Conviction	02/27/04	Williams, Peggy	36777	Finding of Conviction	03/19/04
Lenz, Vanessa	57168	Finding of Neglect	03/24/04				
Lopez, Jose	63200	Finding of Conviction	03/23/04				

From 01/01/04 to 05/27/04, the following medication aides have been removed from the medical aide registry:

Name	Medication Aide Reg #	Action	Date Entered
Borg, Kathleen	48616	Competency Violation	01/15/04
Dickerson, Craig	41017	Moral Character	01/08/04
Hauck, Megan	49707	Competency Violation	01/15/04
Howe, Anjanette	45087	Moral Character	04/07/04
Matthies, Ronda	44497	Competency Violation	01/15/04
McColley, Mitchell	49888	Moral Character	04/22/04
Morgan, Joey	51236	Moral Character	04/22/04
Orr, Tyler	43604	Competency Violation	01/15/04
Ouellette, Brenda	49306	Competency Violation	01/15/04
Petersen, Judy	39355	Competency Violation	01/15/04
Sheridan, Rosemary	46199	Competency Violation	01/15/04
Singleton, Audra	45051	Moral Character	03/10/04
Von Ohlen, Sarah	44615	Moral Character	04/07/04
Wilder, Amber	50340	Moral Character	01/15/04

A Moment in Nebraska Nursing History

Organized nursing in Nebraska is approaching its 100th anniversary. The Nebraska Nurses Association will celebrate 100 years in 2006. The Board of Nursing will be 100 years old in 2009. In anticipation of the celebrations that will occur, we will feature a segment on Nebraska nursing history in each issue of *Nursing News*.

The first step toward regulation of nursing in Nebraska was taken in November of 1906 when ten graduate nurses created the Nebraska State Association for Graduate Nurses (NSAGN) and elected Nan Dorsey chairman. The organization's first objective was to secure legislation for the state registration of trained nurses and to raise professional standards. In 1907 Nan Dorsey wrote a letter to the editor of the *Omaha Bee* accusing some Omaha hospitals of graduating nurses who could not pass a state examination similar to those administered in other states. Dorsey blamed physicians for the sad state of Omaha nurses. She thought physicians were only interested in well-trained operating room nurses. Dorsey believed that "more than a machine" was needed so for nurses to intelligently follow physicians orders. She pleaded for nurses to "love their pro-

fession and come forward and demand that their profession be recognized as a profession." She believed "all work deserves a standard by which to estimate its usefulness and test its power. There should be an established rule by which the education of nurses may be measured."

A bill for the registration of nurses was introduced January 14, 1909. It passed the House (Nebraska had a two-house legislature in 1909) on February 16, with 52 yes votes, 41 no votes, and 7 abstentions. The Senate passed an amended bill March 12th, with 28 yes votes and 5 no votes. Governor Shallenberger signed the bill into law on March 24, 1909. The law called for the State Board of Health to "register" nurses. The Board of Health, which consisted of the Governor, Attorney General, State Treasurer, and Superintendent of Public Instruction, appointed three secretaries, each a practicing nurse graduated from a "reputable training school," to Examine Applicants. And, thus, the Board of Nursing was formed.

In the next issue we will revisit the steps that the first Board of Nursing took to organize and set standards for nursing licensure.

20 Years Ago in Nursing News

The Nebraska Board of Nursing newsletter is 20 years old this year. We thought it would be interesting to look back to the first issue in September 1984 to see what was happening then. The first two issues were entitled Board of Nursing News. The newsletter name *Nursing News* was adopted in 1985. That first issue was four pages long and included the following:

- The Legislature approved bills to certify Nurse Practitioners: LB 724 revised the Practice of Nursing in Expanded Roles and renamed it the Nurse Practitioner Act. The Act stipulates that specific medical functions and specialties to be performed by a nurse practitioner must be described and defined in a written practice agreement with a collaborating physician(s). LB 761 authorized registered nurses who have completed an approved nurse midwifery program and received certification from the national certifying body may be certified as nurse midwives in Nebraska.



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Remember when?

Remember when you were in nursing school? Remember when you took state boards? Remember your first nursing job? If you are a "seasoned" nurse (meaning it's been a few years since you embarked on your nursing career) we want to hear from you. Write down your memories and experiences and send them to us. Feel free to include photographs and good quality photocopies of documents. Photographs cannot be returned, so please send reprints (not photocopies). We will use these stories in future issues and as we prepare for the celebration of 100 years of nursing in Nebraska.

Mail to:

Charlene Kelly, RN, PhD
Executive Director
Nebraska Board of Nursing
PO Box 94986, Lincoln, NE 68509

Practice Q & A



Susan M. writes, "I am a Clinical Nurse Specialist. I recently passed the Clinical Nurse Specialist ANCC Certification Exam in Home Health Nursing. The information I received from ANCC tells me I can use the credential APRN, BC now. Can I legally do that in Nebraska?"



No. The APRN designation means different things in different states. In some states APRN refers to all advanced practice nursing roles; Nurse Practitioner, Nurse Anesthetist, Nurse Midwife, and Clinical Nurse Specialist.

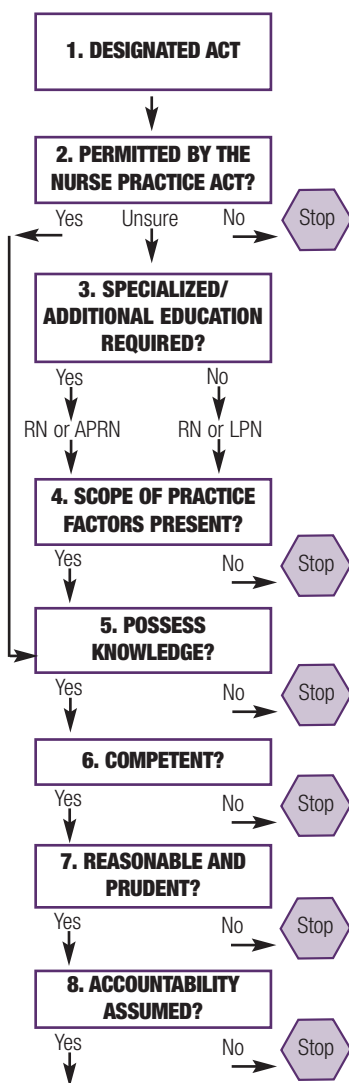
In Nebraska, as in several other states, the initials APRN are a legally protected designation to be used only by an individual licensed as an APRN. When a Nurse Practitioner becomes licensed in Nebraska, they can legally use the credential APRN. Anyone using the credential, APRN, who is not a licensed Nurse Practitioner can be guilty of a Class IV felony (Neb.Rev.Stat. § 71-1726.02(4)). A Clinical Nurse Specialist in Nebraska who is certified by the American Nurses Credentialing Center (ANCC), may not legally use the APRN, BC designation.

The Clinical Nurse Specialist in Nebraska has title protection under the law but does not have a legally defined scope of practice or available licensure beyond that of a RN.

ANCC has, within the last few years, changed the designated credentials for all advanced practice examinations to APRN, BC. The Nebraska Board of Nursing and Advanced Practice Registered Nurse Board, and the National Council of State Boards of Nursing (NCSBN) are working with ANCC to resolve the issue.

SCOPE OF PRACTICE DECISION MODEL

1. Describe the act being performed.
2. Is the act expressly permitted/prohibited by the Nursing Statutes? This may be all the information you need to make your decision. If not, continue to the next step.
3. Does the act require you to have substantial specialized nursing knowledge or skill, does it require educational training beyond basic education for licensure and independent judgment?
If you answer no to this question, the act may be within the scope of practice for an RN or LPN.
If you answer yes, it may be an act within the scope of practice for an RN only or for an advanced practice role.
4. Is the act consistent with the scope of practice based on the following factors:
a. Taught in basic nursing education program.
b. Included in national nursing organization's standards of practice.
c. Supported by nursing literature and research.
d. Appropriately established policy and procedure is in place in the employing facility.
e. Addressed by a Nebraska Board of Nursing advisory opinion.
If you answer no to this question, the act is NOT within your scope of practice.
If the answer is yes, continue to the next step.



5. Do you personally possess the depth and breadth of knowledge to perform the act safely and effectively?
If you answer no, the act may be within your scope of practice, but you are not knowledgeable to perform it.
If you answer yes, continue on.
6. Do you personally possess current clinical competence to perform the act safely?
If you answer no, the act may be within your current scope of practice but you are not competent to perform the act.
If you answered yes, continue on.
7. Is the performance of the act within the accepted "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience?
If you answer no, the act should not be performed.
Performance of the act may place both nurse and patient at risk.
If you answer yes, continue on.
8. Are you prepared to accept the consequences of your action?
If you answer no, the act should not be performed.
If you answer yes, then:
(1) Perform the act—based on valid order when necessary, and in accordance with appropriately established policy and procedure.
(2) Assume accountability for provision of safe care.

Scope of Practice

One of the most frequently asked questions of the Nebraska Board of Nursing is if a specific procedure is within the scope of practice for an RN or an LPN. The statutes and regulations provide guidelines for nursing practice, but do not address specific activities or procedures. It would be impossible to list every procedure and indicate if it was or was not within the scope of practice for an RN or LPN. The Board of Nursing has issued advisory opinions when requested on certain procedures and if that act is or is not within the scope of nursing practice. The advisory opinions are printed in the back of the nursing regulations and are available on our web site www.hhs.state.ne.us/crl/nursing/nursinginindex.htm.

The Scope of Practice Decision Model adjacent is used by many boards of nursing, including the Nebraska Board of Nursing, in determining scope of practice. This model can be useful to you in making decisions about scope of practice issues.

Let's take a specific example and see how the decision model would work. A recent question we received asked if it was within the scope of practice for an RN or LPN to remove a wound drain. Is this permitted by the Nurse Practice Act (#2)? You are unsure, so you proceed to #3. Is specialized education required (#3)? No, so you proceed to #4. Are there scope of practice

What is a Licensed Practical Nurse?

What does the word “nurse” mean? In Nebraska, as in most other states, the only persons who may be referred to as a nurse must be licensed as either a registered nurse (RN) or licensed practical nurse (LPN).

A practical nurse has completed an approved nursing program and received a diploma indicating graduation. Following graduation, he/she takes the National Licensing Exam (NCLEX-PN®) and becomes a Licensed Practical Nurse (LPN).

Most (and all in Nebraska) practical nursing programs are located in post-secondary colleges. The programs are from nine months to one year in length. In some states and in some foreign countries the practical nurse education may be located in and a part of the students’ high school education. There are also a few hospital-based practical nursing programs throughout the country.

Because the education is only one year in length, practical nurse education is directed at meeting the health care needs of people in a variety of settings, primarily emphasizing the more usual health care problems and caring for persons with more predictable outcomes. As an example, practical education would include information on caring for a normal newborn,

but would not include the many newborn anomalies that are cared for in an intensive care or high-risk nursery.

Over the years there has been an evolution of both the education and licensure of the practical nurse. The practical nurse began as an unlicensed apprentice position to assist the RN in direct patient care, initially in the home setting and later in the hospital setting. The practical nurse at that time was not required to be licensed. The first “programs” (circa 1890) were located in a variety of settings including YWCAs and hospitals and later were located

in vocational schools attached to high schools. The initial licensure of practical nurses was “by waiver” meaning that the practical nurse was allowed to take the licensing exam without, or by waiver of, having completed an educational program. Practical nurse licensure then became voluntary, meaning that practical nurses could choose to become licensed or not. In 1955 licensure for LPNs became mandatory meaning that no one can be or call him or herself an LPN unless he/she has completed a practical nursing program, satisfactorily passed the

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factors present? If you look at the column on the left at #4 you will see a list of factors. It happens that there is a Nebraska Board of Nursing Advisory Opinion regarding Wound Drains. You look up that Advisory Opinion and it states, “It is the opinion of the Nebraska Board of Nursing that removal of wound drains is acceptable practice for licensed nurses”. The answer to #4 is yes, so you proceed to #5. Do you possess the depth and breadth of knowledge to perform this act safely and effectively? You answer yes, so you proceed to #6. Do you possess current clinical competence to perform the act safely? You have been trained to remove wound drains and feel you are competent, so you proceed to #7. Is the performance of the act within the accepted “standard of care” which would be provided in similar circumstances by reasonable and prudent nurses with similar training and experience? You answer yes to this, so you proceed to #8. Are you prepared to accept the consequences of your action? You have been trained to perform this procedure, you feel you are competent to perform this procedure and are willing to assume accountability for your actions. You then can (1) perform this act based on valid order when necessary and in accordance with appropriately established policy and procedure and (2) assume accountability for provision of safe care.

If you have further questions regarding nursing practice, you can contact Karen Bowen MS, RN, Nursing Practice Consultant karen.bowen@hsss.state.ne.us or 402-471-6443.

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Nebraska Nurse *Shares His Experiences Serving in* **IRAQ**



Jacob Deeds is a First Lieutenant and staff RN in the Emergency Department at the 31st Combat Support Hospital in Baghdad, Iraq. He agreed to share his experiences serving as a nurse with the U.S. Army in Iraq.

Q Tell us about yourself-your hometown, family, age, education history and your future plans.

A My name is Jacob Deeds. I was born in Fairfield, Iowa, and being the Army brat that I am, I have spent time all over the United States. I spent most of my life growing up in the north central part of Kansas, near Manhattan. I graduated high school from Chapman High in Chapman, KS. After graduation I joined the Air Force National Guard but was soon released from my commitment when I accepted an Army ROTC scholarship at Creighton University. I graduated from the Creighton School of Nursing in May of 2002. I was then commissioned as 2nd Lieutenant in the Army Nurse Corps. I am stationed at Ft. Carson, CO, when not deployed, and have been there since December of 2002. The military is not at all new to me. I have two older sisters and a younger brother, all of which are on active duty with either the Air Force or the Army. My father is still an active duty Lieutenant Colonel in the Army who teaches ROTC at Texas State University in San Marcos, TX. My mother, the iron fist and rock in my family, is a bank manager and officer, also in San Marcos. I have intentions of exploring Nurse Anesthesia within the next few years. However, if there is one thing that the Army has taught me is to keep your options open because things are always changing.

Q What is your nursing job in Iraq? Describe your hospital/clinic/setting. What is a typical day like?

A I am a First Lieutenant and staff RN in the Emergency Department at the 31st Combat Support Hospital. We are housed at Saddam Hussein's former personal hospital in the section of Baghdad known now as the "Green Zone". The section of the hospital I work in is the most attractive portion of the hospital, being that it was the personal rooms of Saddam and his sons. The floors and walls are made of marble in contrast to the rest of the hospital where the rest of the Baath Party

was treated, which is like a regular building. Our hospital is the premier trauma center in theater. In the month of April alone, the busiest month since the beginning of the war, we saw 829 patients, 582 of them being traumatic injuries. Each day here is spent doing the same thing as the previous day. We get up at 0630 to be to work at 0700. Most of the time spent after that is waiting for the helicopters to start flying in with patients. We also receive patients by ground ambulance from the nearby areas in Baghdad. Unfortunately, this job has its political aspects to it. Being the facility that we are, civilians from all around try to receive treatment from us. In respect to the Iraqi hospitals and to prevent the local population from being dependent on us, we only treat civilians who are in threat of losing their life, any limb, or their eyesight. Most of our time is committed to treating the troops injured by enemy personnel. The types of injuries we see are very repetitive. Head and extremity injuries are the most common types of injuries we see. In previous wars, thoracic injuries were the most often seen but due to the new body armor we have, the pattern has changed. The injuries we see here are so gruesome it would be improper for me to describe. I can say that I've seen things here that will leave a lasting image forever. The fellow nurses, medics, and doctors that I work with deserve so much credit for the duties they perform, not to mention the soldiers, marines, airmen, and seamen who risk their lives everyday on the streets of this country to continue to strengthen the American way of life and spread democracy throughout the world.

Q Do you have good equipment at your disposal or do you have to "make do?" Can you give us some examples?

A The equipment here is hit and miss. They had some great equipment prior to the beginning of the conflict but often it was missing parts or the operators didn't know how to use it. Along with many other things of Saddam Hussein's regime, it was more to look good than to serve an actual purpose. The CT scanner that was here has been

a valuable piece of equipment for all the head injuries and shrapnel injuries we see. However, the oxygen, nitrous oxide, suction, and air ports that are built into the wall are of no use since they are not connected to anything and never have been. They appear to be purely aesthetic. Another common problem we have is the correct functioning of the elevator. It is, to say the least, unreliable. We have spent days carrying patients on litters up flights of stairs to the intermediate care ward, the ICU, or the OR.

Q What is your greatest challenge as a nurse in your current setting?

A The most difficult aspect of this job is dealing with the local population. Whether it be communicating with Iraqi civilians who get hurt or treating an enemy detainee who was placing improvised explosive devices (IED), it is a complicated matter. The most obvious obstacle is the barrier in languages. The need for interpreters is very high but accompanying that is the need for interpreters having a familiarity with medicine. What sometimes happens is the interpreters turn what you are asking into what they think you are saying. In turn, when the patient answers the question it has to go back through the interpreter and changed back into the limited English that the interpreter knows. It makes you wonder if what you asked is really being answered correctly.

The problem in dealing with the detainees is knowing that these people were out to kill your own. Prior to them getting hurt, they may have killed the American soldier that you just placed into a body bag. They are not appreciative nor do they seem worthy of the great care they are receiving. In Iraq, the hospitals are very run down, low on many supplies, and extremely dirty, making the infection rates sky high. The innocent Iraqis that get injured in the IEDs have to go to these Iraqi facilities to be treated. The enemy, however, receives the best medical care they could have ever imagined due to the Geneva Convention that we have pledged to follow. Despite all these things, we are all professionals and we do the best we can to separate our feelings from the situation.

Q Give us one example of a nursing skill that you have used in the combat arena of which you are proud.

A One major skill that I am very proud of is my ability to prioritize and stay calm in a stressful situation. That is very important here in Iraq due to the numbers of patients we can see at one time on a regular basis. There have been multiple MASCALs for which the ER gets extra nurses, medics, and doctors from other departments of the hospital. [Editor's note: MASCAL stands for mass casualties. A MASCAL is called when the number of mass casualties exceeds the capability of the staff present at the time. When a MASCAL is called, all staff on and off duty are activated to assist with the casualties in any way that they can. Jacob reported that they have had five MASCALs since he has been there.] However, at the same time there have been uncountable times that we have had 5-

10 seriously injured patients at once. To stay calm and look past what you see, such as a traumatic amputee, is the most important thing you can do. People who stay calm can set the whole tempo about how traumas are run, in contrast to getting panicked and creating a very tense situation.

Q How are you dealing with all the death and tragedy? What do you do to relax?

A The sad thing about death and tragedy is that you do, in time, become de-sensitization to it. Seeing it over and over again makes it become less and less shocking in your mind. More over, what makes it bearable are the medics, nurses, and doctors that are going through all of it with you. You learn to deal with it together, whether it be all in silence, or maybe even sadder than that, in laughter. To relax, most of us hang out in our room and watch a movie or two. Other times we may try and find some time to go to the pool, to the PX (shopette), or find a place to e-mail our families at home. At the current time, we are working six 12-hour shifts a week with one day we consider "on call".

The amusing thing about your on-call day is that you end up spending it at work anyway because it is where all your friends are.

Q Are all of the nurses BSN?

A All registered nurses in the Army are BSNs and commissioned officers. We do, in other parts of the hospital, have LPNs who are from the enlisted ranks. However, the only nurses in the Emergency Department are RNs.

Q Has your education prepared and enabled you to give optimum care?

A I have always been proud of my education from the Creighton University School of Nursing. It has left me with the confidence and know-how to succeed in all areas of my nursing career.

Q How could you have been better prepared?

A Experience, experience, experience!

Experience creates confidence. The most important attribute I think a nurse can have is the confidence in his/herself to believe in what they are doing. Confidence goes hand in hand with the knowledge that you accumulate. The more a student jumps in and becomes a part of something, the more they will realize how much they need the knowledge that the schools are trying to give them. The more experiences that are created for the students, the more confident they become, and the more motivated they will be to learn.

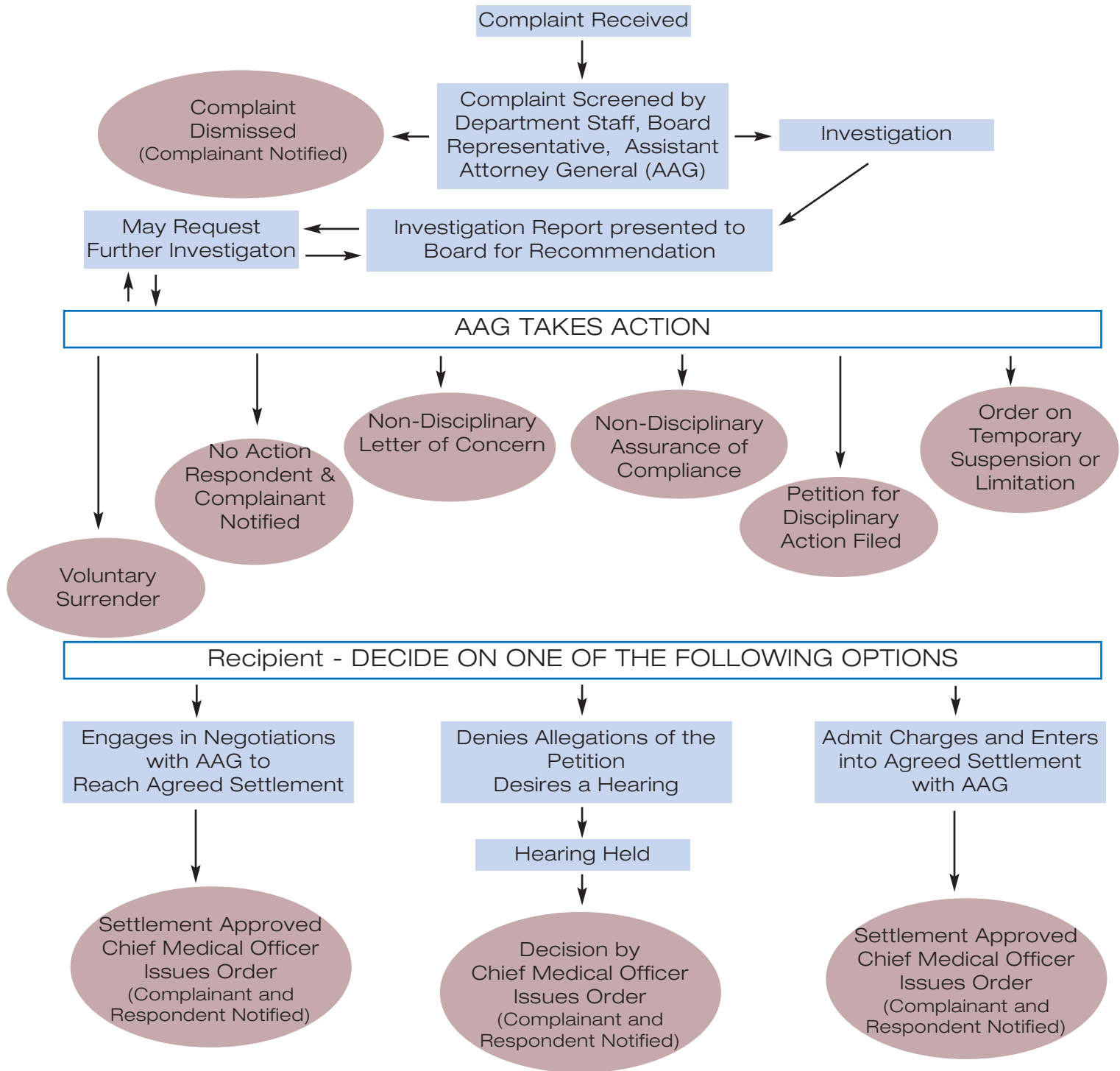
Q When did you arrive in Iraq and when will you come home?

A I arrived in theater on the 8th of January and should be leaving sometime early next year. It is really an unknown when we leave since it is dependent on the situation at the time. That has been shown to be

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Health Professionals Discipline Process



Licensure Actions

The following is a list of licensure actions taken between January 1, 2004 and April 30, 2004. Additional information on any of these actions is available by calling (402) 471-4923.

Licensee	License #	Date of Action	Action	Violation
Mark Calligaro	LPN 15115	1/2/04	License Reinstated on Probation	Habitual intoxication or dependency upon alcohol.
Delores Santana	LPN 17763	1/6/04	License Reinstated on Probation	Conviction of a misdemeanor that has a rational connection with fitness or capacity to practice nursing. Habitual intoxication or dependency upon alcohol.
Holly Welchert	LPN 19148	1/6/04	Initial License Issued on Probation	Conviction of a misdemeanor that has a rational connection with fitness or capacity to practice nursing.

Licensee	License #	Date of Action	Action	Violation
Jay Spilker	RN 38150	1/21/04	License Reinstated on Probation	Unprofessional Conduct—Misappropriation of medication from employer, falsification of records.
Patricia Powell	RN 45211	1/27/04	Nondisciplinary Letter of Concern	Practice of the profession while impaired by physical disability.
Betty Thomas	RN 17996	1/27/04	Nondisciplinary Letter of Concern	Permitting, aiding or abetting the practice of a profession by a person not licensed to do so.
Teri Junge	LPN 3476	1/27/04	Nondisciplinary Letter of Concern	Unprofessional Conduct—Failure to utilize appropriate judgment, failure to seek consultation or direction from another licensed healthcare provider.
Pamela Barker	RN 56807	2/2/04	Civil Penalty Probation	Violation of the Uniform Controlled Substances Act—Diverting and ingesting controlled substances from patients. • Unprofessional Conduct—Falsification of patient records, failure to maintain an accurate patient record.
Dianne Kirk	RN 38181	2/2/04	Suspension for 30 days	Unprofessional Conduct—Falsification of patient records, failure to maintain an accurate patient record, falsification or misrepresentation of material facts in attempting to procure nursing employment. Failure to comply with the mandatory reporting law.
Kenda Kuehner	RN 52692	2/2/04	Suspension	Unprofessional Conduct—Misappropriation of medication from places of employment, falsification of patient records, repeated violation of hospital policy and procedures, failure to conform to the standards of acceptable and prevailing practices of nursing.
Lanette Barrett	LPN 14920	2/2/04	Revocation	Violation of the Uniform Controlled Substances Act—Knowingly ingesting methamphetamine.
Karen Clark	LPN 17665	2/2/04	Privilege to practice nursing revoked under the Nurse Licensure Compact	Unprofessional Conduct—Failure to utilize appropriate judgment, failure to exercise technical competence. • Failure to comply with mandatory reporting law.
Cindy Goff	LPN 15361	2/2/04	Revocation	Violation of terms of Limitation. Unprofessional Conduct—Failure to utilize appropriate judgment in administering safe nursing practice, failure to exercise technical competence, committing any act which endangers patient safety.
Kathryn McMillin	LPN 16448	2/2/04	Revocation	Violation of the Uniform Controlled Substances Act—Ingesting and possessing marijuana. • Dishonorable Conduct—Dishonesty regarding allegations during Department licensure investigation.
Robert Ponce	LPN 18258	2/2/04	Voluntary and Permanent Surrender in lieu of discipline	
David Torres	LPN 17533	2/2/04	Censure Suspension	Unprofessional Conduct—Failure to report for a scheduled nursing shift without notifying superiors of unavailability.
Sandra Bordeaux	LPN 17932	2/6/04	Nondisciplinary Assurance of Compliance	Violation of the Uniform Controlled Substances Act
Erin Richard	LPN 18674	2/9/04	Probation	Unprofessional Conduct—Misappropriation of medication for personal use.
Robert Tonack	RN 31497	2/17/04	Application for Reinstatement Denied	
Rebecca Case	RN 41069	3/1/04	Civil Penalty Probation	Violation of the Uniform Controlled Substances Act—Diverting and ingesting controlled substances from patients. Conduct constitutes habitual dependence upon a controlled substance.
Nancy Janssen	RN 56737	3/1/04	Suspension	Habitual intoxication or dependency upon alcohol.
Sandra Molko	RN 40474	3/1/04	Voluntary Surrender in lieu of discipline	
Zetta Wiater	RN 12927 CRNA 100119	3/1/04	Censure Civil Penalty	Unprofessional Conduct—Practice of the profession without a current active certificate or temporary permit.
Candy Morrison	LPN 18614	3/1/04	Limitation	Unprofessional Conduct—Failure to utilize appropriate judgment in administering safe nursing practice, failure to exercise technical competence based upon level of licensure, failure to maintain accurate patient records, committing any act that endangers patient safety and welfare.
Kimberly Johanns	LPN 17686	3/8/04	Limitation	Unprofessional Conduct—Failure to utilize appropriate judgment, failure to exercise technical competence, falsification of patient records.
Andrea Rowen	RN 61559	3/16/04	Initial License issued on Probation	Conviction of a misdemeanor that has a rational connection with fitness or capacity to practice nursing.
Amanda Hjorth	LPN 19211	3/16/04	Initial License issued on Probation	Conviction of a misdemeanor that has a rational connection with fitness or capacity to practice nursing.
Linda Prochaska	RN 37902	3/22/04	Revocation	Unprofessional Conduct—Departure from or failure to conform to the standards of acceptable and prevailing practice, failure to exercise technical competence, committing any act which endangers patient safety.
Renee Clark	RN 59135	3/23/04	Application for Reinstatement Denied	

Licensee	License #	Date of Action	Action	Violation
Pamelyn Gillespie	LPN 15872	3/29/04	Suspension	Unprofessional Conduct—Failure to utilize appropriate judgment, Failure to exercise technical competence, failure to seek consultation, collaboration from another licensed healthcare provider when warranted.
Krissa Rucker	RN 29735 (inactive)	4/8/04	Cease and Desist	Engaged in the practice of nursing without an active license.
Mark Grosshans	RN 61761	4/16/04	Initial License issued on Probation	Misdemeanor conviction for offense that has a rational connection with fitness or capacity to practice nursing.
Denis Elliott	RN 57601 CRNA 100728	4/21/04	Censure Civil Penalty	Unprofessional Conduct—Using the same extension tubing for three different patients during Bier Block procedures.
Theresa Morrison	RN 53847	4/21/04	Voluntary Surrender in lieu of discipline	
Michael Pick	RN 30553 CRNA 100130	4/21/04	Censure Civil Penalty	Conviction of a misdemeanor that has a rational connection with fitness or capacity to practice nursing.
Pamela Dickey	LPN 13570	4/21/04	Revocation	Violation of the Uniform Controlled Substances Act—Possessing methamphetamine.
Lorrie Loftus	LPN	4/21/04	Revocation	Violation of the Uniform Controlled Substances Act—Positive drug screen for amphetamine and methamphetamine.
Emma Metzger	LPN 17970	4/21/04	Voluntary Surrender in lieu of discipline	
Melissa Pittet	LPN 14584	4/21/04	Voluntary Surrender in lieu of discipline	
Eugenia Reynoldson	LPN 4664	4/21/04	Suspension	Unprofessional Conduct—Falsification or intentional unauthorized destruction of patient documents.
Sandra Collins	RN 43900	4/25/04	Revocation	Violation of an Assurance of Compliance. Unprofessional Conduct—Falsification of employer reports. Failure to comply with the mandatory reporting law.

Mandatory Reporting

Are you aware your nursing license could be disciplined for failure to comply with the mandatory reporting requirements?

The Board of Nursing reviews reports of potential violations of the Nurse Practice Act and the Uniform Licensing Law. Incorporated into the Uniform Licensing Law is the mandatory reporting provision authorizing the development of the mandatory reporting regulations.

Title 172 NAC 5, Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations, became effective May 8, 1995. The regulations define the reporting requirements for all professions regulated by the Credentialing Division of the Nebraska Department of Health and Human Services Regulation and Licensure.

All reports are to be made to the Department **within thirty days of the occurrence**. Reporting forms may be requested by contacting the Division of Investigations at (402) 471-0175.

Mandatory reporting requires each licensee to self-report any misdemeanor or felony conviction within 30 days of the conviction. If you are not sure a conviction is classified as a misdemeanor or felony, you can contact the court in which the conviction occurred. The Clerk’s office will be able to provide the information to you.

Licenses Revoked for Insufficient Fund Checks

The following licenses have been revoked for submitting an insufficient fund check for a license.

1. Rhonda Kay Dobrovoly
LPN 18228
LPN-C 841
2. Vanessa Denise Evans
RN 42210
3. Laurie Lea Knudsen
LPN 17541
4. Veronica Martinez
LPN 6904

Licenses who fail to self-report in compliance with the regulations are subject to license discipline. In cases of failure to report within thirty days, the Board of Nursing is recommending discipline of the license to include a minimum of a \$500.00 monetary fine and a censure. The disciplinary action is a permanent part of the license record and is reported to the national nursing disciplinary data bank, Nursys™ where it can be accessed by any board of nursing.

A summary of the mandatory reporting requirements can be found on our Web site at www.hhs.state.ne.us/crl/SMRRequire.pdf.

licensing examination and been issued a license. Because the licensing examination is based on a job analysis of beginning LPN practice, it not only includes items regarding direct patient care, but also items regarding beginning supervisory content.

An LPN does have a specific scope of practice. By statute the practice of nursing by a licensed practical nurse means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skills acquired through an approved program of practical nursing. Even with a unique scope of practice the licensed practical nurse functions under the direction of a licensed practitioner or a registered nurse. This is one of the significant differences between an RN and an LPN.

Just as the scope of practice of all health care providers is continuously changing, so is the scope of practice and therefore the educational content and licensing examination for the Licensed Practical Nurse is also continuously changing. At one time the administration of oral and topical medications was not a part of the scope of practice for the LPN, and today the administration, with limitations, of intravenous solutions is within that scope.

Because practical nursing comprises the common core of nursing it is a valid entry point into the nursing profession. Opportunities also exist for upward mobility within the profession through academic edu-

cation and for lateral expansion of knowledge and expertise through both academic and continuing education. Some LPNs choose to continue their advancement in nursing by entering an RN program. Some choose to get additional certifications, such as LPN-C, which is a regulatory certification in Nebraska for increased responsibilities in intravenous therapy, Charge Nurse Certification or Gerontology Certification, which are non-regulatory, voluntary certifications.

In some states the LPN (licensed practical nurse) is titled and licensed as an LVN (licensed vocational nurse). Some states offer either a state licensing examination or the national licensing examination, and a few

states do not require graduation from a nursing program to be licensed as an LPN/LVN. Those states have options for licensure by equivalency such as military corpsman or RN students.

In Nebraska we have nine practical nursing programs that offer classes at seventeen different locations. In 2003 we had 729 students enrolled in practical nursing programs and we have 6227 LPNs. We also have seven LPN-C programs in the state and 699 LPN-Cs.

There are two LPN members of the Nebraska Board of Nursing, Sandra Perkins from Hay Springs and Judy Balka from Lincoln.

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Nebraska Nurse Shares His Experiences Serving in IRAQ

continued from Page 17

true by the extension of the 1st Armored Division and the 2nd Armored Cavalry Regiment, both whose year was extended for 120 days due to the current events.

Q Is military nursing something you want to do forever? Why or why not?

A I love my experience in the Army more than anything I have ever had. It has given me the opportunity to see things that my peers could only imagine. To be a part of the mission here in Iraq is something I will cherish for my entire life. It has given me stories I plan on telling to my grandchildren someday. However, the life of a soldier in the Army right now is one that is away from home very often. The tempo of the military is so high that it wouldn't allow me any time to start a family and have those grandchildren. Luckily, I am still young and have plenty of time to do those things. The Army has some great programs that I intend to look into, most notably, their Anesthesia program. As of

right now, I will stay in the military and return to graduate school sometime in the next few years.

“The most difficult aspect of this job is dealing with the local population ... it is a complicated matter.”

Editor's Note: The Board of Nursing expresses their appreciation to Lt. Deeds for sharing his experiences and perspectives on nursing in the war zone in Iraq. We wish him good fortune in his nursing career and hope for his safe return home.



20 Years Ago in Nursing News

continued from Page 13

- Nursing license renewals changed from one-year to two-year renewal cycles. The two-year renewal fee was \$20.
- The Nebraska Association of Nurse Anesthetists addressed chemical dependency among nurse anesthetists through a presentation on “High Risk Professionals” at their spring workshop held in Lincoln.
- Members of the Board of Nursing were Mary Lou Holmberg, RN, Columbus; Frankey Ostlund, RN, Lexington; Corrinne Pedersen, consumer, Broken Bow; Martha Brown, RN, Lincoln; Mildred Rowley, RN, Lincoln; Ellyn Holden, LPN, Tecumseh; Sheila Ciciulla, RN, Omaha; Louise Elliott, RN, Waterloo; Leota Rolls, RN, Hastings; and Karen Adreason-Smith, RN, Omaha.
- Members of the Board of Nursing staff were Richard Beck, Deputy Director, Department of Health and Acting Director, Bureau of Examining Boards; Leland Lucke, Assistant Director, Investigations; JoAnn Erickson, RN, Associate Director; Jan Cepure, RN, Nursing Practice Consultant; and Darlene Mattingly, RN, Nursing Licensure Coordinator (Ms. Mattingly announced her retirement effective August 31, 1984).
- Nursing came under General Licensure Law for disciplinary provisions and procedures.

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The 2004 Nursing Summit



The Nebraska Nursing Leadership Coalition (comprised of the Licensed Practical Nurses Association of Nebraska, the Nebraska Assembly of Nursing Deans and Directors, the Nebraska Board of Nursing, the Nebraska Nurses Association and the Nebraska Organization of Nurse Executives) sponsored the Sixth Annual Nursing Summit in Kearney on March 11, 2004.

The workshop was entitled, "How to Feel Good and Stay Positive No Matter What". The presenter was Mary Kay Mueller from Omaha. She discussed positive communication skills, how your outlook influences how things go, how to work together and communicate effectively, how to resolve conflict, how to best deal with strong feelings, how to be responsible for your own happiness and how to create a pleasant workplace environment.

In addition to the speaker, there were also over thirty vendors that displayed information regarding educational opportunities, employment opportunities, professional organizations and activities, new protocols on the management of hepatitis, how to access the Web site of the Center for Nursing, as well as books, magazines, patient care equipment and other topics of interest.

This particular summit may have resulted in the largest number of Nebraska nurses gathered together at any one time and place for an educational workshop. There were a total of 545 nurses in attendance, 303 Registered Nurses and 211 Licensed Practical Nurses.

Those nurses in attendance gave the workshop "high marks" on all aspects including the evaluation of the speaker, the exhibitors, the hotel arrangements and even the food.

Next year's summit is being planned for March 8, 2005, at the same location. Pencil it in your calendar now. Registration will be limited to 450. Registration forms will be printed in the January 2005 issue of Nursing News.

ADVISORY OPINION UPDATE

The Nebraska Board of Nursing has approved the following new Advisory Opinion:

RN's Role in Pain Management in the Laboring OB Patient

The Board has also approved revisions to the following Advisory Opinion:

Moderate Sedation and Analgesia

All Advisory Opinions are available on our web site,

www.hhs.state.ne.us/crl/nursing/nursingindex.html

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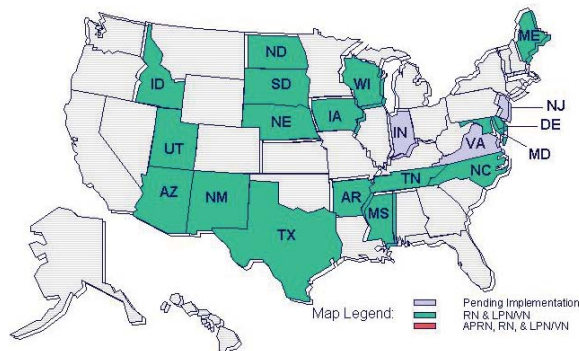


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Nurse Licensure Compact

Seventeen states have implemented the Nurse Licensure Compact and three additional states have pending implementation. LPNs and RNs who are licensed in maintain their primary residence in a compact state may practice nursing in any other compact state. When the nurse changes his/her primary state of residence to another compact state, he/she must obtain a license in the new state of residence within 30 days. When the license is issued in the new compact state, the license in the previous compact state must be relinquished.

Compact States	Implementation Date	Compact States	Implementation Date
Arizona	7/1/2002	New Mexico	1/1/2004
Arkansas	7/1/2000	North Carolina	7/1/2000
Delaware	7/1/2000	North Dakota	1/1/2004
Idaho	7/1/2001	South Dakota	1/1/2001
Iowa	7/1/2000	Tennessee	7/1/2003
Maine	7/1/2001	Texas	1/1/2000
Maryland	7/1/1999	Utah	1/1/2000
Mississippi	7/1/2001	Wisconsin	1/1/2000
Nebraska	1/1/2001		



COMPACT STATES PENDING IMPLEMENTATION

Pending Compact States	Status	Implementation Date
Indiana	Signed by Governor	The date for implementation of the Nurse Licensure Compact in Indiana is on hold at this time
New Jersey	Signed by Governor	TBD
Virginia	Signed by Governor	January 1, 2005

For More Information...

Nursing and Nursing Support

General Issues

Charlene Kelly, R.N., Ph.D.
Section Administrator
(402) 471-0317
charlene.kelly@hss.state.ne.us

Advanced Practice Nursing

(CRNA, CNM, APRN)
Licensure Issues
Jamie Phelps
(402) 471-2666
jamie.phelps@hss.state.ne.us

Nursing Practice Issues

Karen Bowen, R.N., M.S.
(402) 471-6443
karen.bowen@hss.state.ne.us

RN or LPN

Licensure Based on Examination (NCLEX®)

Mary Ann Moore
(402) 471-4925
maryann.moore@hss.state.ne.us

Foreign Educated Nurses

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@hss.state.ne.us

Licensure Based on Endorsement

Stephanie Kasten
(402) 471-4375
stephanie.kasten@hss.state.ne.us

Reinstatement of Licensure

Jamie Phelps
(402) 471-2666
jamie.phelps@hss.state.ne.us

Nursing Statutes

Rules and Regulations
Charlene Kelly, R.N., Ph.D.
(402) 471-0317
charlene.kelly@hss.state.ne.us

Scope of Practice and Practice Standards

Karen Bowen, R.N., M.S., Nursing Practice Consultant
(402) 471-4376
karen.bowen@hss.state.ne.us

Education Issues, Curriculum Revisions and Nursing Program Surveys

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@hss.state.ne.us

Refresher Course/Designing Own Review Course of Study

Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
Sheila.Exstrom@hss.state.ne.us

Renewal Requirements Staff

(402) 471-4376
Renewal Requirements Audit Staff

(402) 471-4376
Name and/or Address Change

(Please provide your name and social security number)
Jamie Phelps
(402) 471-2666
jamie.phelps@hss.state.ne.us

Certifications/Verifications Staff

(402) 471-4376
Duplicate/Reissue Licenses Staff
(402) 471-4376

Probation Compliance Monitoring

Ruth Schuldt, R.N., B.S.
(402) 471-0313
ruth.schuldt@hss.state.ne.us

Complaint Filing Investigations Division

(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards
Nancy Holmgren, R.N., B.S.N., Program Manager
(402) 471-4969
nancy.holmgren@hss.state.ne.us

Name and/or Address Change

(Please provide your name and social security number)
Ty Baskin
(402) 471-4910
tyrone.baskin@hss.state.ne.us

Medication Aide Registry and Applications

Ty Baskin
(402) 471-4910
tyrone.baskin@hss.state.ne.us

Medication Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hss.state.ne.us

Nurse Aide

Nurse Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N., Program Manager
Nancy.holmgren@hss.state.ne.us

Nurse Aide Registry

Wanda Wiese
(402) 471-0537
wanda.wiese@hss.state.ne.us

Name and/or Address Change

(Please provide your name and social security number)
Wanda Wiese at (402) 471-0537
wanda.wiese@hss.state.ne.us

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

Nancy Stava
(402) 471-4971
e-mail: nancy.stava@hss.state.ne.us

Nurse Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hss.state.ne.us

General

Mailing Labels

Carla Brandt
(402) 471-0178
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2003 Student Enrollments/Graduates in Nebraska Nursing Programs

Each year as a part of their annual report each nursing program submits student enrollment and graduation numbers to the Nebraska Board of Nursing. In this time of nursing shortage this information is of particular interest not only to both the Board of Nursing and the Center for Nursing, but also to the entire nursing community and the general public.

The total number of students in pre-licensure RN programs was 2,583. This compares to 2,431 last year and is the largest enrollment number since 1995. This is due in part to the new BSN program at the Bryan/LGH College of Health Sciences whose first year enrollment was 56. The total RN graduates in 2003 was 804. This compares to 1019 graduates in 1995.

The total number of students in practical nurse (PN) programs was 729. This is the largest enrollment ever and compares to 625 last year, and 274 in 1994. This number is most impacted by the newly approved PN program at Hamilton College in Omaha whose 2003 enrollment was 190. Two additional PN programs have also been approved, Clarkson College and College of Saint Mary/Midland Lutheran College. Clarkson College has admitted one part-time class of nine and CSM/MLC will admit their first class this summer. There were 368 PN graduates which is the largest number since 1991 when there were 409 graduates.

The data submitted show that of the 2,583 students in the RN programs, 208 are BSN completion students (RNs enrolled to earn a BSN), 103 are LPNs and 352 are part-time. Of the 729 students in PN programs, 97 are part-time.

The total information, including all programs, not just pre-licensure programs shows:

Students enrolled:

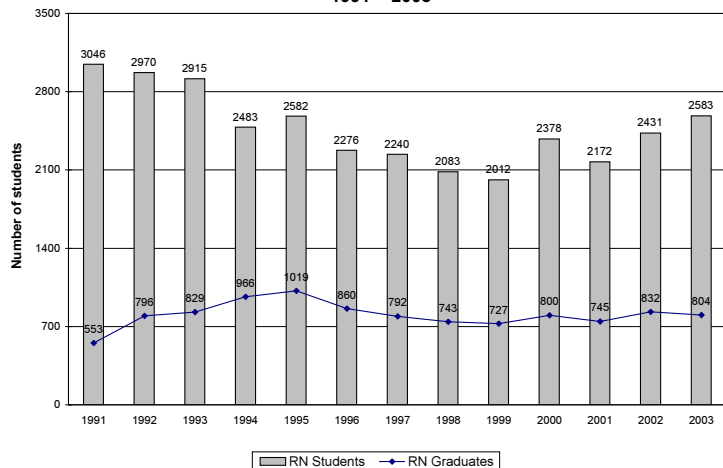
- 729 in practical nursing programs
- 517 in associate degree nursing programs
- 185 in the diploma nursing program
- 1781 in baccalaureate nursing programs
- 208 for BSN completion (either in a BSN program or in one of the two specific BSN completion programs)
- 17 in the Nurse Anesthesia program (all are full-time)
- 463 in MSN programs (382 are part-time)
- 33 in the nursing PhD program (29 are part-time)

Graduates:

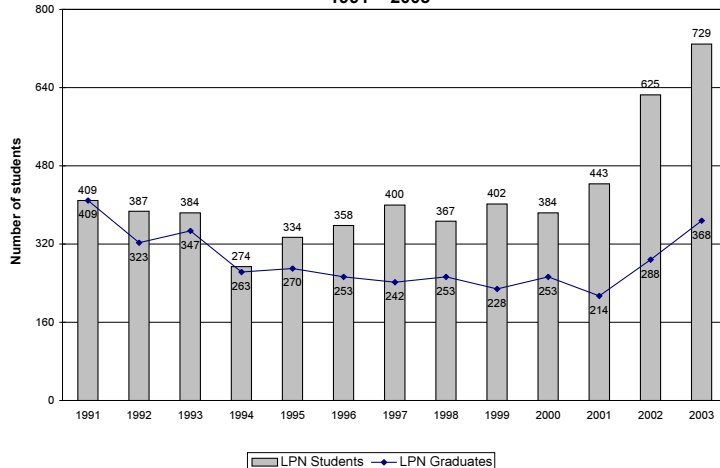
- 368 from practical nursing programs
- 204 from associate degree nursing programs
- 96 from the diploma nursing program
- 463 from baccalaureate nursing programs (may include some BSN completion students)
- 41 from BSN completion programs
- 6 from the nurse anesthesia program
- 102 from the MSN programs and
- 2 from the nursing PhD program

With the increased enrollments as noted above it is hoped that we will also experience an increase in graduates in the next two to four years. Historically, particularly in the RN programs, the fluctuations in enrollment have not caused corresponding fluctuations in the numbers of graduates.

Total Students Enrolled / Graduates in RN Programs in Nebraska 1991 - 2003



Total Students Enrolled / Graduates in LPN Programs in Nebraska 1991 - 2003



Nebraska Board of Nursing 2004

The 2004 Board of Nursing members are:

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-Lincoln

Mary Megel, RN, *Vice-President*

-Omaha

Mary Bunger, RN, *Secretary* - Minden

Judy Balka, LPN - Lincoln

Joyce Davis Bunger, *Consumer Member*

-Omaha

Marcy Echternacht, RN - Omaha

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-Lincoln

Sandra Mann, *Consumer Member*

-Burwell

Sandra Perkins, LPN - Hay Springs

Jacqueline Ross, RN - Omaha

Laura Stanek, RN - Burwell

Iris Winkelhake, RN - Lincoln

Nebraska Board of Nursing 2004 Meeting Schedule

Meetings of the Nebraska Board of Nursing convene at 9:00 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 between 11:00 a.m. and 1:30 p.m. For a copy of the agenda, and an estimate of the time the board will go into open session, please contact board staff at (402) 471-4376.

DATE	LOCATION
July 8, 2004	Staybridge Inn & Suites <i>Lincoln, NE</i>
August 12, 2004	Staybridge Inn & Suites <i>Lincoln, NE</i>
September 9, 2004	North Platte, NE <i>Location to be determined</i>
October 14, 2004	Staybridge Inn & Suites <i>Lincoln, NE</i>
November 18, 2004	Staybridge Inn & Suites <i>Lincoln, NE</i>
December 9, 2004	Staybridge Inn & Suites <i>Lincoln, NE</i>



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2004 Legislation Impacting Nursing Regulation

The 2004 session of the Nebraska Legislature was fairly quiet as far as impact on nursing regulation is concerned. There was one bill that passed—LB 1005—that contains provisions relevant to the regulation of nursing and nursing support personnel.

LB 1005 creates a provision for paid dining assistants to provide feeding assistance for residents of nursing homes. Dining assistants will be required to have 8 hours of training and will work under the supervision of an RN or LPN. Dining Assistants will only feed residents who have no complicated feeding problems as selected by the nursing home based on the latest assessment and plan of care. A registry will be developed to maintain a list of those individuals who have completed the approved training.

LB 1005 also made some changes to the Assisted Living Facility (ALF) Act. It allows an ALF to contract with or employ an RN to assess individuals to determine if the individual meets the criteria for admission to an ALF and to conduct ongoing assessment of residents to determine appropriateness for continued residence in an ALF and to oversee the training of Medication Aides. Training requirements are also established for administrators of ALF.

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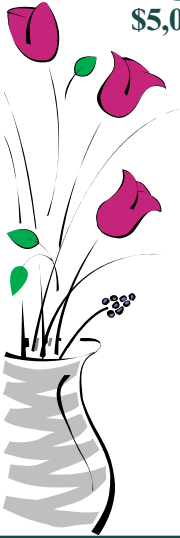
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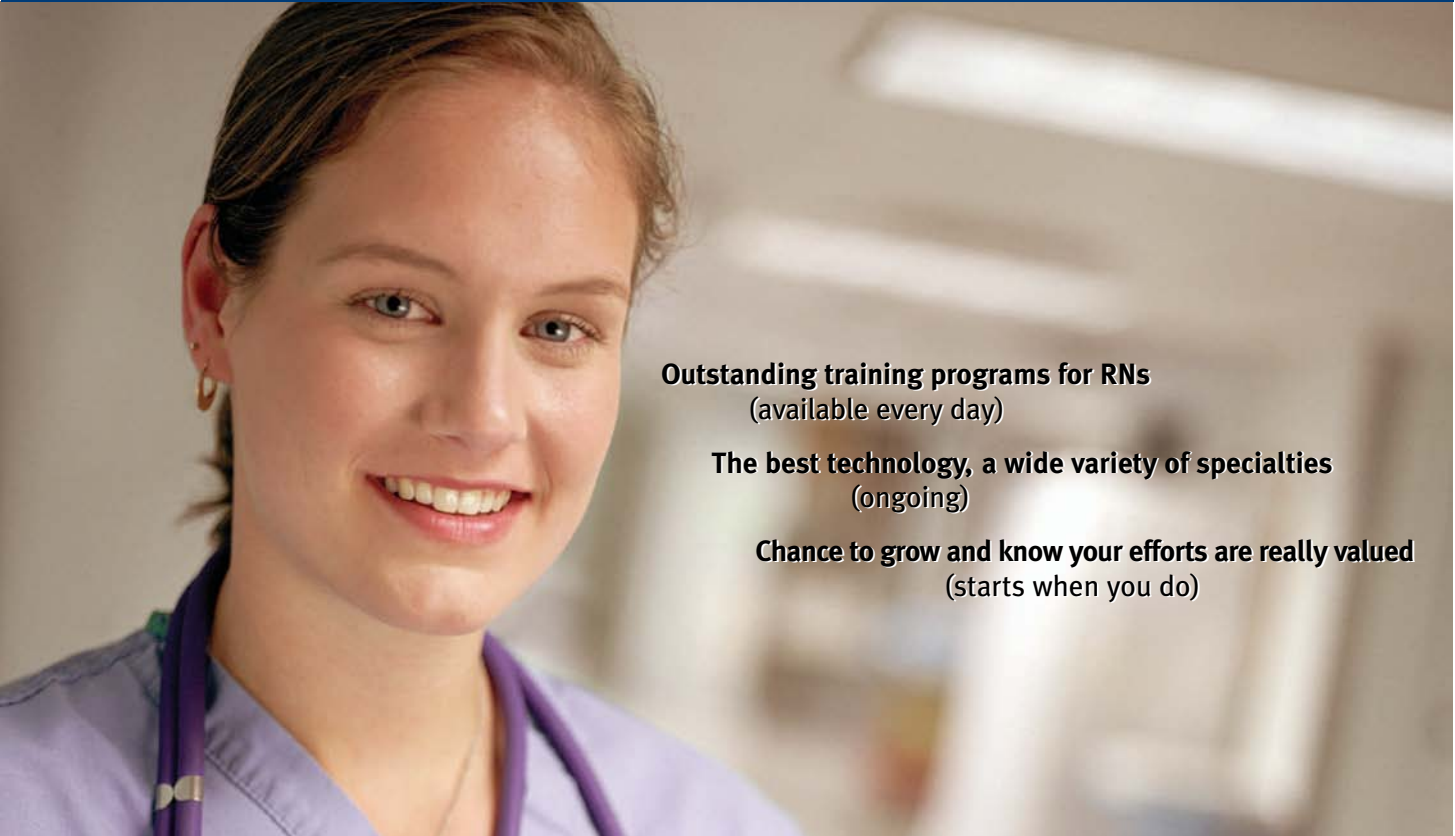
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