

Nebraska Nursing NEWS

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New Nursing Programs Increase State's Nursing Enrollment

Helen Meeks:
The Person Behind the Name on Your License

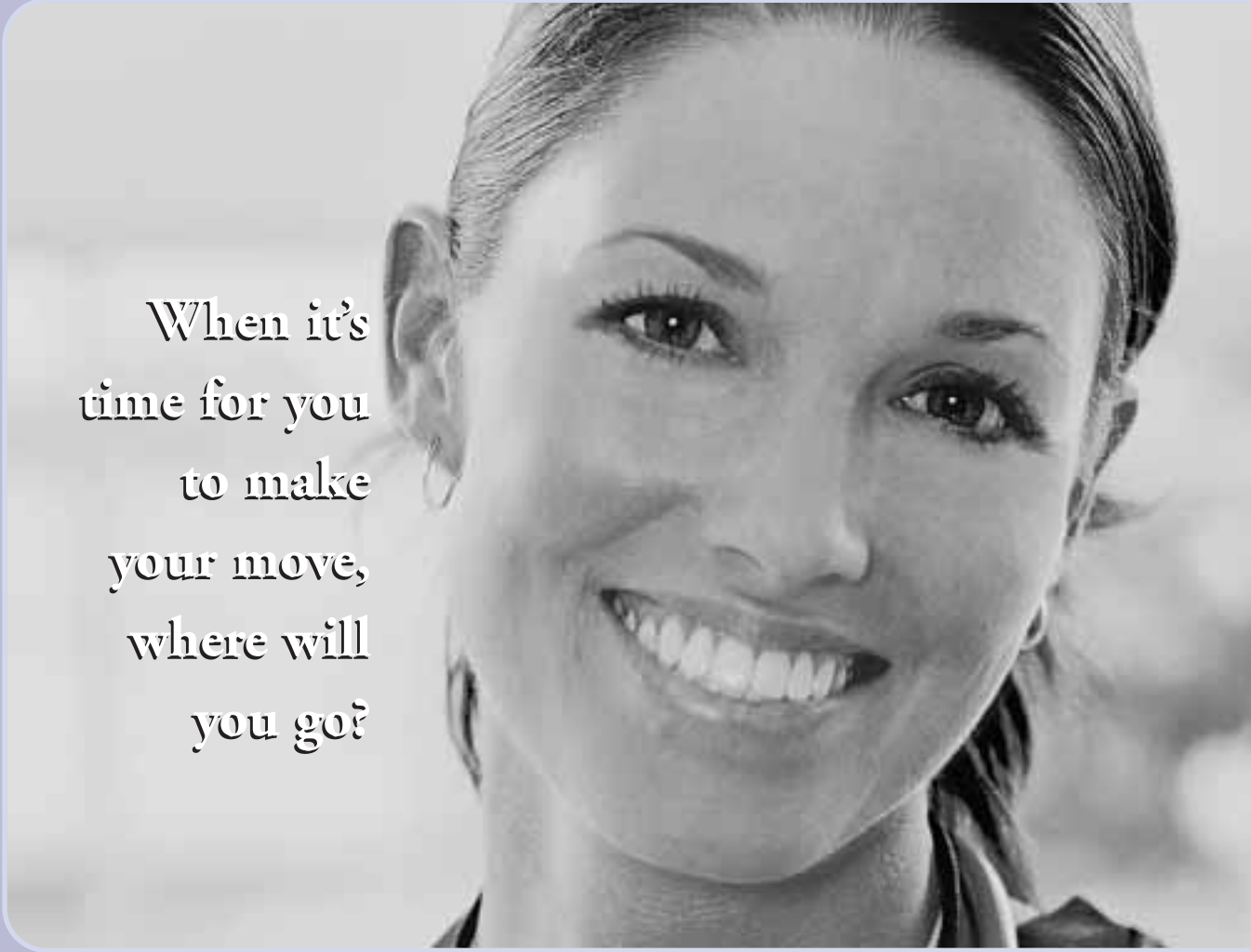
Nebraska Center for Nursing Completes Study on The Projected Supply and Demand for Registered Nurses

Board of Health Appoints New Members to Board of Nursing

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Helen Meeks - the person behind the name on your license.



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Executive Director's Message



Hardly a week goes by that I don't receive a phone call or an email from someone who is enrolled or is thinking about enrolling in a nursing program. The caller is concerned because they have a misdemeanor or felony on their record and they want to know if they will be eligible for a license following graduation. This is a very legitimate question. One would not want to invest the time, effort and money on an educational program if they could not obtain a license after graduation. Unfortunately, the answer is often, "It depends."

Some states have an absolute ban on licensure of convicted felons. In Nebraska one of the requirements for licensure is good moral character. The literature indicates that one of the most valid indicators of moral character is past behavior. Many states conduct criminal background checks on all applicants. Nebraska currently relies on self report on the licensure application for RNs and LPNs. Each applicant is required to indicate if he/she has ever been convicted of a felony or a misdemeanor. If the applicant answers "yes," he/she is asked to provide a brief explanation of the conviction(s) and provide the department with copies of the court records of the arrest, conviction and compliance with any court order. Each application is reviewed on an individual basis and a number of factors are taken into consideration in determining if the individual should be licensed. These factors include: the nature of the conviction, the number of convictions, the length of time since the last conviction, the age of the person at the time of conviction and the relationship of the conviction to the practice of nursing. Other very important factors are the individual's willingness to accept responsibility for his/her past behavior, his/her compliance with the orders imposed by the court and evidence that the individual has become a law-abiding citizen. It is not the responsibility of the Board of Nursing to "retry the case" or "re-examine the evidence." The Board accepts the conviction(s) at face value and then looks at the individual's behavior since the conviction. Some applicants continue to skew the facts presented in the court record or make excuses for what happened, including placing the blame on others. Part of professional nursing accountability is being accountable for one's own actions and admitting one's mistakes. We all make mistakes. Not everybody gets caught and some make bigger mistakes than others. But what we do after we make a mistake is the real determinant of our moral character.

It is the Board's responsibility to protect the health and safety of the public by making every effort to ensure that every nurse who is licensed meets the qualifications for licensure and does not show evidence that his/her behavior could endanger the public. The public trusts nurses. Once again, last year nurses were ranked first as the profession the public trusts the most. The Board of Nursing takes their responsibility very seriously. They continue to do everything possible to earn the trust the public has for nursing.

A handwritten signature in cursive script that reads "Charlene Kelly". The ink is dark and the signature is fluid and legible.

Charlene Kelly

President's Message

Many years ago, I decided that when our three children had grown up and were out on their own, that I would do some volunteer work to give back something to society. Little did I know that this "volunteer work" would consist of serving on the State Board of Nursing. Board members devote a fair amount of time to board activities each month. We each spend about 8-10 hours every month reading investigation case reports and other materials in preparation for board meetings. The monthly meetings last a full day with additional half-day quarterly meetings.



Board members also have been known to spend several sleep-deprived nights pondering what recommendations to make to the Attorney General's office in cases where disciplinary action is warranted. The State Board of Nursing is charged with ensuring public safety. When public safety is threatened--due to sub-standard care, chemical dependence of a licensed nurse, or for other reasons--then the board is challenged to respond. Determining the specific recommendation to make when disciplinary action is necessary can be a very difficult process. Disciplining a licensee is a serious responsibility--one that is never taken lightly by any of the board members.

Serving on the board has heightened my awareness of the number of chemically impaired professionals. Approximately one in six health care professionals in Nebraska experience substance abuse or addiction problems. We health care professionals are sometimes so busy taking care of the rest of the world that we neglect taking care of ourselves. Non-punitive resources are available to nurses and other professionals who find they carry the burden of chemical abuse, dependency and addiction.

The Licensee Assistance Program (LAP) is a valuable resource that provides confidential assessment/evaluation and treatment recommendations to help professionals in their personal recovery process. LAP staff are also available to help nurses locate 12-step support group meetings or support groups designed for health care professionals in recovery in communities across the state. Our disciplinary caseload would decrease significantly if nurses would take the initiative to get the help they deserve to deal with chemical abuse and dependence problems.

When I teach nursing students about regulatory law, some have asked what they should do if they become the subjects of a board investigation in the future. The childhood lesson, "honesty is the best policy", is the best advice. Be honest about your actions, admit your mistakes, and own responsibility for your behavior. The board staff and members value honesty and professional integrity.

As I reflect on the past 4 years of service on the board, I remain grateful for this challenging "volunteer work" opportunity. I value the dedication of fellow board and staff members and am thankful for my reappointment to serve another four years.



Marcy Echternacht

Mandatory Reporting

FAQs

Q

Do I have to report my loss of employment if my former employer said they were reporting me to the Board of Nursing?

A

Yes. One requirement of mandatory reporting is that every health care professional shall report when he/she has been subject to loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental or chemical impairment.

Even if you do not agree with the reason(s) given for the loss of employment, you are required to report the reason(s) given to you by your employer.

Any licensee who fails to self-report in compliance with the regulations, or who fails to report within the mandatory thirty days, is subject to disciplinary or non-disciplinary action being taken against his/her license.

Go to www.hhs.state.ne.us/crl/SMRRRequire.pdf for a summary of the mandatory reporting requirements.

Nebraska Board of Nursing 2006 Meeting Schedule

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.hhs.state.ne.us/crl/brdmtgs.htm#Nursing> or you may obtain an agenda by phoning (402) 471-4376

Day/Date	Time	Meetings	Location
Thursday, February 16	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Settle Inn
Thursday, March 16	8:30 a.m.	Board of Nursing	Staybridge Suites
Wednesday, April 19	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Suites
Thursday, April 20	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Staybridge Suites
Thursday, May 18	8:30 a.m.	Board of Nursing	Hastings, site TBA
Thursday, June 15	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Settle Inn
Wednesday, July 12	1:30 p.m.	Board of Nursing Issues Discussion	Settle Inn
Thursday, July 13	8:30 a.m.	Board of Nursing	Settle Inn
Thursday, August 17	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Staybridge Suites
Thursday, September 21	8:30 a.m.	Board of Nursing	Omaha, site TBA
Wednesday, October 18	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Suites
Thursday, October 19	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Staybridge Suites
Thursday, November 16	8:30 a.m.	Board of Nursing	Settle Inn
Thursday, December 21	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Staybridge Suites

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**Settle Inn, 2800 Husker Circle, (just south of the I-80/27th Street Interchange), Interstate-80, Exit 403, Lincoln, Nebraska 68504, (402)435-8100.*

An Update Regarding the Nebraska Nursing Leadership Coalition

The members of the Nebraska Nursing Leadership Coalition met in Omaha at the Georgetowne Club on November 9, 2005. The first annual Issues Forum was held in the morning. Jolene Tornabeni presented to the group on the Emerging Role of the Clinical Nurse Leader. About 45 members and invited guests attended this presentation.

The Clinical Nurse Leader is a master's prepared nurse who is a generalist who is responsible for the clinical nursing and patient coordination of a specific nursing unit. The role differs from that of a nurse manager who has the managerial responsibilities (budgeting, staffing, etc.) of the unit. The role also differs from that of the Clinical Nurse Specialist. The Clinical Nurse Specialist has the knowledge and expertise to plan the care, assist in the care and educate the nursing staff of those patients with specific needs/diagnoses that may not all be located on the same unit or even may not all be inpatients. The Clinical Nurse Specialist is a specialist while the Clinical Nurse Leader is a generalist.

Ms. Tornabeni now resides in Scottsdale, Arizona, but her presentation described the process she used to introduce and utilize the role of the clinical nurse leader at Inova in Virginia. Creighton University and the University of Nebraska Medical Center are both exploring implementation of a Clinical Nurse Leader curriculum with potential clinical sites.

Both institutions plan to seek accreditation of their programs by the American Association of Colleges of Nursing (AACN).

The afternoon portion of the meeting was spent updating the 2006 strategic plan for the Coalition. Decisions were made to have another summit and another Issues Forum

next year. The 2006 summit is scheduled for March 28, 2006 in Kearney. The presenter will be Sharon Cox and the topic will be "Building a Sense of Community at Work." A registration form for the summit can be found elsewhere in this issue. The next Issues Forum will be in the fall. The date and topic have not yet been selected.

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LPN License Renewal Wraps Up

The renewal period for LPNs ended on November 30, 2005. 54% took advantage of the option to renew online. 6,925 renewal notices were mailed to LPNs on August 1. By the end of November 3,749 had renewed online. 498 out of 822 or 60% of the LPN-C renewals were completed online. These percentages were up only slightly from the first online renewal for LPNs in 2003. The 2004 RN renewal garnered 74% online renewals.

EOE

Hixson-Lied Center for Clinical Excellence

is example of

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TECHNOLOGY



The recently-opened Hixson-Lied Center for Clinical Excellence is more than a building – it is a place where miracles are happening and lives are being touched every day. The impressive facility was dedicated during a ribbon-cutting ceremony on Oct. 28, 2005.

“The innovation, hard work and detail that went into this building are astounding,” says Glenn Fosdick, president and CEO of The Nebraska Medical Center. “It not only holds the future of medicine – it holds the heart of one extraordinary hospital and the people who work here.”

The four-story, \$57.3 million building is home to the largest Emergency Department (ED) between Chicago and Denver; a Newborn Intensive Care Unit that is built around sick and premature newborns and their families; a Radiology Unit equipped with the latest technology; and Operating Rooms, each designed for both minimally invasive procedures and open surgeries.

Embracing it all is a name that is synonymous with generosity and community – Hixson-Lied. “A primary interest of Mr. Lied during his lifetime was the city of Omaha and the

University of Nebraska. The Lied Foundation Trust has carried forward his dream of making positive contributions, and this project supporting clinical care will serve everyone well,” says Christina M. Hixson of the Lied Foundation Trust.

“The Center for Clinical Excellence will enhance the delivery of clinical care just as the Lied Transplant Center has done in providing cutting-edge healthcare. The transplant center has exceeded everyone’s expectations, and the clinical center will do so as it brings together the best minds and finest healthcare facilities.”

This 165,000 square foot building stands as a tribute to those who put their hearts as well as their muscle into its creation. “Every day, in some way, we were reminded of the need to build a facility that has a perfect, if possible, infrastructure and serves the ultimate need of the clinicians who will call it home,” says John Lehning, director of Facilities at The



Nebraska Medical Center.

Lehning describes the construction project as one of the most complicated and delicate that he's ever been associated with.

"Because of its proximity to two functioning hospitals (actually sharing common walls), being built over a vacated road (Dewey Street) and being a very intense clinical environment with minimal administrative space – it is by far the most complex job I have ever been involved with — and I have done some awesome projects," Lehning says.

The new ED, which opened Nov. 10, has 33 rooms, 13 critical care rooms, four trauma beds in one large suite, 16 exam rooms, four pediatric rooms and four fast track rooms. Bedside patient registration and valet parking allows patients to get in and out of the ED faster.

"When patients come into the Emergency Department they are typically anxious, hurt or very ill – they just want our help," says Suzanne Watson, R.N., clinical manager of the Emergency Department. "We have created a warm, welcome environment that is supported by enhanced security features."

Spread across two floors, the Radiology Department also streamlines the patient experience by offering most of its services in one place. New, state-of-the-art MRI and CT capabilities can capture images of a heart in just five heartbeats and scan the whole body in about 10 seconds.

The Operating Rooms will open in phases. The first 15 surgical suites opened in January 2006. Five more surgical suites will come online in the fall of 2006 and the remaining seven ORs will become available in approximately two years. The large surgical suites are outfitted with the OR-1 technology and the equipment needed to do minimally invasive procedures or large open surgeries like organ transplantation. The surgical suites offer the largest install of technically-advanced equipment in the United States.



Sitting atop the Hixson-Lied Center for Clinical Excellence is a place made just for premature infants and sick newborns. The Newborn Intensive Care Unit (NICU), which opened to families Nov. 16, features 34 private suites where baby and family can bond in privacy and medical peace-of-mind. Each suite features adjustable indirect lighting that can replicate day-night rhythms, bedside electronic medical records documentation and family internet access.

"Each baby and family has their own room," says Chris Overfelt, R.N., NICU manager. "That's so important because families need to bond with their newborn in the NICU just as they do at home. We can take care of a baby's medical needs, but there is no one like a mom or dad to take care of their baby's emotional needs."

Just next door to the NICU is an oasis in the middle of a hospital. The Rooftop Garden is a place where families and patients can go to escape the medical world and regroup, relax or regenerate.

"Each part of this building – each hallway, each exam room, each OR was designed with our patients in mind," says Fosdick. "This building is for them and for the hundreds of healthcare providers who call this building 'home.'"



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New NCSBN Online Course

National Council of State Boards of Nursing (NCSBN) has announced the launch of a new online course, Acclimation of International Nurses Into U.S. Nursing Practice. This course is designed for international nurses and students already practicing or preparing to practice in the U.S. The course helps facilitate a successful professional and personal acclimation by providing key information and by directing learners to additional resources for a more in-depth understanding of the various aspects of transitioning into the U.S. The content covers:

- Nursing practice regulation - including the role of Boards of Nursing and nurse practice acts
- Health care regulation, standards, and accreditations - including OSHA, JCAHO, and HIPAA
- Professional nursing practice - including the role and accountability of the nurse on the health care team
- Common personal challenges to acclimating into the U.S. - including physical and psychosocial needs and the importance of building a support network and finding resources for a successful acclimation

This course was developed by NCSBN Learning Extension based on content written by Paulette Rollant, RN, PhD, MSN, and Debi St. Godard Gamble, RN, MA, MSN. It is 6.6 contact hours and is \$40 for 3 weeks of access.

NCSBN offers many online courses. Some of the courses include Advanced Assessment Strategies for Nursing Educators, Confronting Colleague Chemical Dependency, End of Life Care and Pain Management, Diversity, Professional Boundaries, NCLEX Review and many more. All of these courses can be accessed at www.learningext.com.

Select Specialty 1/2v

New Nursing Programs Increase State's Nursing Enrollment

By Sheila Exstrom, Ph.D., R.N.

The term "nursing shortage" has been on the minds and tongues of both nurses and others, including consumers. It has been a topic in both professional and general news media. There has been much activity centered around lessening the shortage, again both at the national and state level.

The shortage can be impacted primarily in two ways. One way is to keep nurses in the workforce by delaying retirements and relocations outside of the state. A second way is to provide more nursing graduates from our nursing programs.

This article will demonstrate some of the activities that have occurred in the last few years to provide more nursing graduates from our nursing programs. This has been accomplished by admitting more students to the existing programs, by opening more nursing programs, and by offering more options within existing programs.

Regarding practical nursing programs, Nebraska has ten programs located over multiple campuses (not including satellites). Of these ten programs, four are new within the last four years. The new programs include Hamilton College in Omaha, Clarkson College in Omaha, College of Saint Mary in Omaha and Hamilton College in Lincoln. Other practical nursing programs have additional campuses or satellite sites for their programs. Examples of this would be Central Community College which has campuses in Grand Island, Columbus and Kearney; Southeast Community College added Falls City as a satellite site to their already established sites of Lincoln, Beatrice and Geneva; Mid-Plains Community College added Broken Bow as a satellite to their program in addition to North Platte, McCook and Valentine; and Western Nebraska Community College added a satellite at Sidney in addition to its Scottsbluff and Alliance sites. Many RN programs, both ADN and BSN, have special tracks for LPNs going on for an RN education.

Nebraska has six Associate Degree pro-

grams. A seventh one has been approved for Western Nebraska Community College in Scottsbluff.

The BryanLGH College of Health Sciences will be graduating the last diploma students in 2007, but the college has added a new BSN program which began admitting students in 2003. For many years Creighton University has had an accelerated nursing program for students who have degrees in other disciplines to complete a BSN nursing curriculum in one concentrated year of study. Methodist College and the University of Nebraska College of Nursing have recently added accelerated nursing programs.

Nebraska also has five MSN programs that are offered at eight different sites as well as by distance learning. The five programs are at Clarkson College, Creighton University, Nebraska Methodist College, Nebraska Wesleyan University and the University of Nebraska College of Nursing.

Additional graduate nursing options are continuing to be explored by both existing as well as other programs.

So, to recap, in addition to the six previous PN programs, the six previous ADN programs, and the six previous BSN programs (offered on ten campuses) increasing their enrollments, Nebraska also has four new PN programs, a new ADN program planning to open next year, a new BSN program and five MSN programs. Also the one *nurse anesthesia program* at Bryan LGH in the state has also increased enrollment.

With most MSN prepared nurses pursuing education as nurse practitioners rather than as nursing educators and with limited clinical experiences available for student use, it has and will take much collaboration and cooperation for these nursing programs to maintain the high standards that have been and are the expectations of nursing education in Nebraska.

Great Plains 1/3b



Registry Action on Nurse Aides & Medication Aides

From 08/01/05 to 11/30/05, the following medication aides have been removed from the medication aide registry:

Name	Medication Aide Reg #	Action	Date Entered
Anderson, Shavla	49685	Good Moral Character	10/28/05
Barrera, Gary	53300	Competency Violation	09/30/05
Mancias, Donicia	54285	Failure to Pay Fees	10/06/05
McCroy, Yulonda	52055	Good Moral Character	09/01/05
Sabella, Gloria	52141	Good Moral Character	11/30/05

From 08/01/05 to 11/30/05, 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
Anderson, Shavla	55279	Finding of Conviction	10/28/05
DeLong, Elbert	56652	Finding of Abuse and Finding of Neglect	08/19/05
Gordon, LaVena	46800	Finding of Conviction	10/11/05
Hanks, Elizabeth	47496	Finding of Abuse	11/30/05
Hayward, Vickie	42956	Finding of Abuse	11/30/05
Hitchcock, Julie	45414	Finding of Neglect	10/25/05
Kennedy, Shawna	61849	Finding of Conviction	10/19/05
Niewohner, Robyn	4530	Finding of Misappropriation	08/19/05
Prasek, Michella	64174	Finding of Abuse and Finding of Neglect	11/04/05
Pulley, Sally	42154	Finding of Abuse	10/30/05
Sabella, Gloria	63579	Finding of Conviction	11/30/05
Throener, Gladys	13903	Finding of Neglect	09/13/05
Vaughn, Micaela	68565	Finding of Abuse	10/17/05

Hamilton 1/2

Caribbean



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For more information about the cruise and the curriculum, please log on to our website at www.thinkaboutitnursing.com or call Laura Norris at **501.221.9986** or call Teresa Grace or Jayne White at Poe Travel toll-free at **800.727.1960**.

Cruising for C.E. Contact Hours

This eight-day cruise is slated to sail from **Galveston** on **April 23, 2006**, and will visit the following ports:

- ≈ **Day One:** Galveston
- ≈ **Day Two:** At sea (conferences)
- ≈ **Day Three:** At sea (conferences)
- ≈ **Day Four:** Montego Bay, Jamaica
- ≈ **Day Five:** Grand Cayman, Cayman Islands
- ≈ **Day Six:** Cozumel, Mexico
- ≈ **Day Seven:** At sea (conferences)
- ≈ **Day Eight:** Galveston

Your **RX** for **FUN**

Helen Meeks: The Person Behind the Name On Your License

by Joyce Davis Bunker

Since 1986, Helen Meek's name has appeared on the licenses of Nebraska nurses.

Who is Helen Meeks? And how did her name come to be on the over 29,000 nursing licenses issued this year?

Helen's name appears on all credentials issued by the Nebraska Department of Health and Human Services Regulation and Licensure Credentialing Division—almost 440,000 credentials in all. She governs a staff that manages 26 health-related boards. The primary role of each board is to protect the public. She is also charged with making sure health care facilities and child care programs meet standards required for licensure.

"Many people are surprised when I tell them we license well drillers," said Meeks, "but the environmental professions which include other occupations such as lead abatement and asbestos removal are very much health-related. As consumers, we cannot measure the quality of our environment; we must leave it to the experts to ensure our environment is safe."

"Regulations and licensure are the standards that ensure the professions are following rules and mandates," she added.

Helen moved to Nebraska in 1972 to pursue a graduate degree in speech and language pathology. She had been born and raised in Tylertown, Mississippi, attending segregated schools. The youngest of eight children, she was raised by her widowed mother. Her family had high expectations for her.

"When it came time for me to select a graduate school, I had two criteria: I needed to get financial aide and it had to be somewhere other than the segregated South," Meeks shared. She applied at three schools—one in the west, one in the east and one in the Midwest. The University of Nebraska, responding first, offered her financial aid.

Her first job was with the Beatrice State Home as a speech-language pathologist and later became the director of speech and hearing services. It was there she realized lower functioning individuals "don't need pity, they need help!" This is where she was first introduced to the regulations governing a licensed speech pathologist. She quickly became accustomed to the monitoring and reporting that was required. She enjoyed working for the government.

"We are all affected by the government. Regulations are

important in ensuring the public is safe and receives the services they deserve." Meeks stated, "I felt I could make a difference by working within a government agency."

In 1980 she was appointed the Director of Quality Assurance for the Department of Public Institutions. She had to get up to speed very quickly on many types of licenses and credentials.

In 1986, she became the Director of the Bureau of Examining Boards for the Nebraska Department of Health. And times have changed. There were only a handful of state boards in the mid-eighties. Now there are 26 state boards. Some of the more recent credentialed professions include Mental Health, Marriage and Family Therapy, Body Artists and Nail Technology. The largest credentialed category is Nursing and Nursing Support with 79,855 current credentials; the smallest is the Environmental Health Specialists with 81 credentials issued.

Even though there are close to 440,000 individuals holding licenses, certificates and/or registrations in the state, Meeks said many of the credentials are held by people living outside of

"Ensuring nurses work within their scope of practice is very important; however there are places within Nebraska where there is not access to health care and nurses are placed in situations where there are demands for care they cannot give due to the scope of their practice."

Nebraska. In addition, many licenses are designated "inactive" status.

In addition to protecting the public, state boards are responsible for ensuring legislation is current and the scopes of practice reflect the newest technology and innovations. The Board of Nursing also monitors all of the state's LPN and RN nursing schools and approves their curricula.

When asked what she felt was her most significant accomplishment, she said streamlining the operation. Each year legislation on health professions is closely analyzed to determine if there are sections that can be eliminated, thus freeing staff to work on other emerging aspects of their jobs. Regulations that are outdated or redundant are eliminated. For example, years ago in nursing a photograph was required from every applicant for a license. It

required hours of follow-up by staff and was an inconvenience for the nurses. Now, a photo is only required from applicants who apply to take the NCLEX® exam.

Computerized testing was a huge boost. In days past, the Pershing Auditorium in Lincoln was rented for administering the NCLEX® and it took weeks for the nurses to learn their results. Now examinations are offered online in testing stations throughout the United States and results are available within days.

More investigators have been added to expedite the investigative aspect of the department. The complaint screening process has been improved. The Attorney General's office works closely with the boards to ensure that investigations are conducted efficiently and they have the "clear and convincing" evidence required to discipline a license.

Automation has also played a part in streamlining the process for both the Department and for the licensees. Online license renewal has been well received by the department and the nurses. Online access enables employers to quickly check the status of an individual's license.

"Customer service should guide the Department of Regulation and Licensure and the Credentialing Division at all times," she feels. "We strive for a 24-hour turn-around time on questions related to licensing and practice. Compared to many other states, Nebraska is way ahead of the game. There are many states that have a 3-4 week response. They are delighted with us here in Nebraska!"

Meeks would like to see the day when all licensure information is available at everyone's fingertips. Most information is online now. Meeks would also like to see telephone access to licensure information 24 hours a day for people that have limited access to, or ability with, computers.

She feels access to good health care is the biggest challenge for nursing. Ensuring nurses work within their scope of practice is very important; however, there are

places within Nebraska where there is not access to health care and nurses are placed in situations where there are demands for care they cannot give due to the scope of their practice. She applauds the efforts in the legislature to support more nursing education in the state. She has visited Alaska and New Mexico to learn how they are meeting these challenges, given the remoteness of many areas in these states and the limited number of health care providers who desire to live and practice in remote areas.

Helen and her husband, Bill, have one son. Steve lives in Pennsylvania and works for GMAC as an account executive. He joins his parents each year on a family vacation. Helen also visits her mother in

Mississippi whenever she is able.

Helen laughed when asked about her hobbies. "Shopping! Shopping! Shopping! I love to shop—I find it relaxing," she mused. She also enjoys reading, especially biographies.

Indeed, "the lady that signs the licenses" is a grand woman. She cares deeply about her staff and supports their efforts to protect the public. And, she is always looking for a better way to serve the State of Nebraska!

Joyce Davis Bunger is Assistant Dean, Creighton University School of Nursing, and Public Member on the Board of Nursing. The Nebraska Attorney General appointed Bunger to facilitate a state wide task force to address sexual assault in Nebraska.



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Nebraska Center for Nursing Completes Study on *The Projected Supply and Demand for Registered Nurses*

The Nebraska Center for Nursing contracted with Dr. David Rosenbaum a faculty member at the University of Nebraska, to conduct a study on the projected supply and demand for registered nurses in Nebraska.

Recent trends suggest that the expected demand for nurses may exceed the potential supply in coming years. This report examines the potential divergence in Nebraska.

National Center for Health Workforce models were used to project demand and supply for full-time equivalent registered nurses in Nebraska through the year 2020. Results show that while demand will grow from a current need for about 16,000 full-time equivalent nurses to more than 20,000 over the next 15 years, supply will remain at about 15,000 registered nurses. Hence, a significant shortage will develop.

Analysis shows that several policies may help to reduce the shortage. Policies to stem net out-migration, delay retirements, reduce career changes, promote full-time employment, and attract new nurses will all increase the supply of nurses.

The most effective long-term policies are those that continually attract people into nursing. The advantage of such policies is that they add new nurses year after year. Thus, while the increase in any year may be modest, the cumulative effect can be significant. Reducing net annual out-migration and attracting more young people to nursing as a profession will have these cumulative effects.

Policies that just affect participation among the existing pool of nurses will have more limited long-term impacts. However, they will increase the supply of nurses in the short term. Delaying retirements, reducing career changes and

increasing the percentage of nurses working full time as opposed to part time are examples of such policies.

The analysis also shows that no individual policy is likely to eradicate the nursing shortage by itself. Rather, eliminating the

nursing shortage will most likely require developing a variety of policies to stimulate nursing supply.

The Center for Nursing board will be using this information to formulate strategies for the upcoming five-year period.

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Licensure Actions

The following is a list of licensure actions taken between August 1, 2005 and November 30, 2005. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Mary Long LPN	08/01/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care could be made.
Joan Duffy RN	08/04/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice of the profession beyond its authorized scope.
Penny Minard RN	08/04/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure.
Susan Jensen RN	8/11/05	Revocation	Unprofessional Conduct-Misappropriation of medication of a patient or agency; committing any act which endangers patient safety and welfare; Failure to furnish requested information or requested documents to the Department during an investigation; practicing the profession while impaired.
Kenda Kuehner RN	08/11/05	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Sandra Straight RN	08/11/05	Probation	Conviction of a misdemeanor that has a rational connection with fitness or capacity to practice the profession.
Susana Urbano LPN	08/11/05	Civil Penalty , 30 day Suspension	Unprofessional Conduct-Falsification of patient records; committing any act which endangers patient safety or welfare.
Laurie Hinman LPN	08/17/05	Probation	Conviction of a misdemeanor that has a rational connection with fitness or capacity to practice the profession.
Nancy Janssen RN	08/23/05	License Reinstated on Probation	Previous Discipline
Leann Libke LPN, LPN-C	08/24/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report employment suspension due to alleged unprofessional conduct.
Frances Oropeza LPN	08/24/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice of the profession beyond its authorized scope.
Darlene Mahlendorf RN	08/25/05	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.
Savitri Harrington LPN	08/29/05	Initial License Issued on Probation	Conviction of misdemeanors that have a rational connection with fitness or capacity to practice the profession.
Karen Pribnow RN	08/30/05	Censure, Civil Penalty, Probation	Unprofessional Conduct-Failure to conform to standards of the acceptable and prevailing practice or ethics of the profession. Failure to comply with the state mandatory reporting law by failing to report first-hand knowledge of facts that a person in another profession regulated under such regulatory provisions has committed acts indicative of . . . unprofessional conduct or may be practicing while his or her ability to practice is impaired.
Carolyn Van Gorden-Krenkel RN	8/30/05	Censure, Civil Penalty	Unprofessional Conduct-Practice of the profession beyond its authorized scope.
Rachel Dunn LPN	8/30/05	Censure, Civil Penalty, Probation Extended	Violation of previously imposed terms and conditions of licensure probation.
Sharon Bertwell LPN	08/30/05	Voluntary and Permanent Surrender in Lieu of Discipline	
Angela Paik RN	08/31/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Kathy Houseman RN	09/01/05	Civil Penalty, Probation	Misdemeanor conviction having a rational connection with fitness to practice the profession. Failure to comply with the state mandatory reporting law by failing to report misdemeanor convictions. Habitual intoxication or dependence.
Sherry Kauffman RN	09/01/05	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.
Martha Howe RN	09/02/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Allene Cherek RN	09/08/05	Censure, Civil Penalty, 30-day Suspension Probation Extended	Unprofessional Conduct-Failure to maintain an adequate records of treatment or service; failure to utilize appropriate judgement in administering safe nursing practice based upon the level of nursing licensed; committing any act which endangers patient safety or welfare. Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made. Violation of conditions of probation.
Maria Gonzales RN	09/08/05	Revocation	Violation of the Uniform Controlled Substances Act-Attempted possession of a controlled substance that was not pursuant to a medical order issued by a practitioner authorized to prescribe. Misdemeanor and felony convictions having a rational connection with fitness to practice the profession. Unprofessional Conduct-Assault of a law enforcement officer; fraud or misrepresentation of material facts in procuring a nursing license.
Jennifer Gurciullo RN	09/08/05	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Melissa Bodfield LPN	09/08/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Sarah Young RN	09/15/05	Probation	Conviction of a misdemeanor having a rational connection with fitness to practice the profession.
Yaman Lu LPN	09/15/05	Limitation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure; failure to follow policies or procedures implemented to safeguard patient care; committing any act that endangers patient safety and welfare.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Christin Benson RN	09/15/05	Suspension	Misdemeanor conviction having a rational connection with fitness to practice the profession. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized.
Patricia Kisicki RN	09/15/05	Probation	Misdemeanor conviction having a rational connection with fitness to practice the profession. Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction. Habitual intoxication or dependence.
Jodi Loecker RN	09/15/05	Voluntary Surrender in Lieu of Discipline	
Leilani Pitcher RN	09/15/05	Voluntary and Permanent Surrender in Lieu of Discipline	
Janet Padula LPN	09/15/05	Voluntary Surrender in Lieu of Discipline	
Mark Calligaro LPN	09/19/05	Censure, Civil Penalty Probation Extended	Violation of previously imposed terms and conditions of licensure probation.
Anne Nolte RN	09/21/05	Revocation	Habitual intoxication or dependence. Violation of the Uniform Controlled Substances Act-knowingly or intentionally acquiring controlled substances by theft or deception. Unprofessional Conduct-Misappropriation of medication of a patient or agency; falsification of patient records.
Joy Welk RN	09/21/05	License Reinstated on Probation	Previous Discipline
Nadyne Tharnish RN	09/21/05	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure; failure to exercise technical competence; failure to maintain an accurate patient record. Practice of the profession beyond its authorized scope.
Carol Pickel LPN	09/21/05	30-day Suspension followed by Probation	Habitual dependence upon a controlled substance. Unprofessional Conduct-Diverting medications of patients or agency; Falsifying patient records. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances when not authorized.
Genia Sparkman LPN	09/21/05	Revocation	Unprofessional Conduct-Misappropriation of patient medications; Failure to comply with the state mandatory reporting law by failing to report misdemeanor convictions.
Lauren Christensen RN	09/21/05	Probation	Misdemeanor conviction having a rational connection with fitness to practice the profession.
Annette Poppe RN	09/21/05	30-day Suspension	Unprofessional Conduct-Intentional falsification of material facts in a material document connected with the practice of nursing. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Cynthia Rodriguez LPN	09/25/05	Suspension	Unprofessional Conduct-Misappropriating medications of a patient or agency. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized. Failure to comply with the state mandatory reporting law by failing to report misdemeanor convictions.
Alisha Jundt RN	09/27/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report first-hand knowledge of facts that a person in the same profession has violated the Uniform Controlled Substances Act.
Renata Beckenhauer LPN	09/27/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care could be made.
Helen Crockett LPN	09/27/05	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.
Tricia Ogwang LPN	09/28/05	Probation	Misdemeanor conviction having a rational connection with fitness to practice the profession.
Ramona Sanford RN	09/28/05	Censure, Civil Penalty	Violation of previously imposed terms and conditions of licensure probation.
Abbie Audus RN	10/01/05	Suspension	Unprofessional Conduct-failure to follow policies or procedures implemented in the practice situation to safeguard patient care; committing any act which endangers patient safety or welfare; falsification of patient records.
Angela Werner RN	10/01/05	Suspension	Unprofessional Conduct-Misappropriating medications of a patient or agency; Violation of the Uniform Controlled Substance Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized.
Cathy Arehart LPN	10/01/05	Revocation	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing licensed; failure to maintain an accurate patient record. Failure to comply with the state mandatory reporting law by failing to report employment termination due to alleged unprofessional conduct.
Shannon Seepersad RN	10/04/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Krista Bandars RN	10/06/05	Initial license issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice the profession.
Judith Trumble RN	10/13/05	Censure, Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon the level of nursing licensed; failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Amon Grimes LPN	10/13/05	Voluntary Surrender in Lieu of Discipline	
Kayla McBride LPN	10/14/05	Initial license issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice the profession.
Kay Kube RN	10/23/05	14-day Suspension, Probation Continued	Violation of previously imposed terms and conditions of licensure probation.
Rebecca Case RN	10/26/05	Civil Penalty, Probation Continued	Violation of previously imposed terms and conditions of licensure probation.
Doreen Peterson LPN, LPN-C	10/26/05	Revocation	Dishonorable Conduct-Presenting for work under the influence of alcohol. Unprofessional Conduct-Committing any act which endangers patient safety or welfare .

DISCIPLINARY ACTIONS

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Lynette Martin LPN	10/26/05	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Michael Ament RN	10/27/05	Temporary Suspension	Habitual intoxication or dependence. Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
	11/30/05	Suspension	Practice of the profession while under the influence of alcohol.
Karen Oxtal LPN	10/28/05	Revocation	Felony conviction having a rational connection with fitness to practice the profession. Failure to comply with the state mandatory reporting law by failing to report felony conviction.
Bonnie Doucette LPN	11/03/05	Non-Disciplinary Assurance	Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care.
Jeannie Linder RN	11/04/05	Censure, Civil Penalty	Violation of previously imposed terms and conditions of licensure probation.
Monique Tolston RN	11/04/05	Probation	Misdemeanor conviction having a rational connection with fitness to practice the profession. Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Connie Holdsworth LPN	11/04/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Judith Casey RN	11/07/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Lisa Latham RN	11/07/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice of the profession beyond its authorized scope.
Lori War Bonnet LPN, LPN-C	11/14/05	Probation	Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction. Conviction of a misdemeanor which has a rational connection with fitness or capacity to practice the profession.
Tammy Adams LPN	11/14/05	Initial License Issued on Probation	Conviction of a misdemeanor or felony which has a rational connection with fitness or capacity to practice the profession.
Louise Lebow LPN	11/17/05	Temporary Suspension	Habitual intoxication or dependence. Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care; Failure to furnish the Board or its investigator with requested information or documents during a disciplinary investigation.
Lisa Guffey RN	11/17/05	License Reinstated on Probation	Previous Discipline
Amy Henriksen LPN	11/21/05	30- day Suspension followed by Probation	Unprofessional Conduct-Failure to maintain an accurate patient record; Commission of any act endangering patient safety and welfare. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Teri Boyer RN	11/21/05	License Reinstated on Probation	Previous Discipline
Carla Schleisman RN	11/21/05	Censure, Civil Penalty	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Janet Williams RN	11/21/05	Revocation	Unprofessional Conduct-Falsification of patient records; misappropriation of medication of a patient or agency. Violation of the Uniform Controlled Substances Act-knowingly or intentionally possessing controlled substances when not authorized. Habitual dependence upon a controlled substance.
Mary Kassekert LPN	11/21/05	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Consuelo McDaniel LPN	11/22/05	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice the profession.
Linda Hennig RN	11/22/05	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.
Joann Rimington LPN	11/25/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record. Failure to comply with the state mandatory reporting law by failing to report misdemeanor conviction.
Nancy Knicely RN	11/30/05	Limitation	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of licensure; accepting a nursing assignment when the licensee does not have the competency to safely perform the intervention required by an assignment; failure to maintain an accurate patient record.
Karen Macy LPN	11/30/05	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.

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

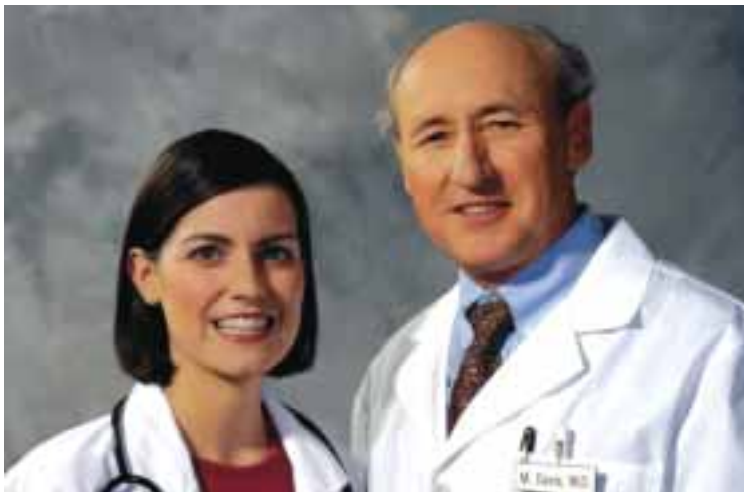
Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to health care professionals. At the heart of the NE LAP program is help for eligible individuals with substance abuse and addiction problems. In addition to 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); 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, LADC, licensee assistance coordinator, may be reached by e-mail at: jleibro@bestcareap.org.

If you would like information about how to locate a 12-step support group meeting or a support group for health care professionals in recovery meeting in your community, contact Judi Leibrock.



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Nebraska Nursing Leadership Coalition Summit

Building a Sense of Community at Work

Guest Presenter—Sharon H. Cox, RN, MSN

March 28, 2006

Holiday Inn, 110 S 2nd Ave., Kearney, NE

308-237-5971

Target audience – all licensed nurses in Nebraska

8:30 a.m.

Registration

9:00 a.m. – 4:30 p.m.

Building a Sense of Community at Work

Objectives:

1. Describe the move to create a sense of community in the health-care workplace.
2. Identify the benefits and challenges in creating this community.
3. Review key factors in fostering teamwork and commitment in the healthcare environment.

4. Identify the systems/structures that will sustain changes over time using nationally known best practices.
5. Describe ways to foster building community in the environment among non-nurse healthcare workers.
6. Develop a plan for fostering a collaborative work environment.

For information on the program contact LPNAN at 402-435-3551.

Registration information

Registration fee - \$30 (includes lunch and breaks, handout materials)

Application has been made for approval for 6.0 contact hours of continuing education acceptable for nursing license renewal in Nebraska.

Hotel information

A block of rooms is reserved through February 28 at a rate of \$68.95 for 1-4 people in a room.

When making reservations, ask for the Nebraska Leadership Summit.

Name (type or clearly print) _____

Address _____

Daytime phone _____

Circle: RN LPN student

Nurse License Number: _____

Make check payable to NHC.

Mail Registration to: Nursing Leadership Summit, c/o NHC, 3900 NW 12th Street, Suite 100, Lincoln, NE 68521.

REGISTRATION MUST BE RECEIVED BY/OR POSTMARKED MARCH 21.

Late Fee: Registrations received after March 21 will be charged an additional \$10 late fee.

Refunds for cancellations in full prior to March 21 only. No refunds after March 21.

If a facility is paying for your attendance please include the Tax ID NO: _____

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Increasing Diversity Throughout Nebraska's Health Care Workforce

In an effort to increase minority representation throughout Nebraska's health care workforce, a collaborative minority recruitment team convened in September. The first project implemented by this team will be a recruitment poster promoting racial and ethnic diversity throughout the health care workforce. This poster will feature Nebraska health care professionals – all representing different professions in diverse health care settings – and all representing disparate racial and ethnic minority groups. We hope that you can help us identify health professionals to be featured on this poster. This project will not only highlight some of the minority health care professionals in Nebraska, but also salute the health care workforce in

general by illustrating the many types of health care professions and opportunities in Nebraska.

We are looking for a representative sample of minority health care professionals in Nebraska to feature on the poster - a number of different professions will be featured. We ask that you please encourage health care professionals in your organization to fill out an application and submit a snapshot photo by February 20, 2006. A selection committee will review the applications and all applicants will be notified of the results. You can download a copy of the application at www.nhanet.org

If you have any questions or would like additional information, please contact Carly Runestad at (402) 458-4915, or crunestad@nhanet.org. Thank you for

your time and participation.

This project is a collaborative effort on behalf of the following organizations:

- Nebraska Area Health Education Centers
- Nebraska Center for Nursing
- Nebraska Department of Health and Human Services, Office of Minority Health
- Nebraska Health Care Association
- Nebraska Hospital Association
- Nebraska Medical Association
- Nebraska Minority Public Health Association
- Nebraska Pharmacists Association
- University of Nebraska Medical Center Rural Health Education Network

PROMOTING DIVERSITY IN NEBRASKA'S HEALTH CARE WORKFORCE POSTER APPLICATION FORM

Please type or print legibly. This is a non-paid, voluntary project.

Name of Applicant: _____

Address: _____

Phone: (____) _____

E-mail: _____

Place of Employment: _____

Health Care Profession: _____

How long have you been in this profession? _____

Where did you attend school to become employed in this profession?

Gender: •Female •Male

Please note the race with which you most closely identify:

- African
- African American
- American Indian/Alaskan Native
- Asian/Asian
- American/Pacific Islander
- Caucasian or White
- Far East (Malaysia, Indonesia, Thailand)
- Hispanic/Latino(a)/Spanish
- Middle East (Lebanon)
- Near East (Iran, Iraq,
- Other: (Please specify) Afghanistan)

In 300 words or less, tell us what you find most rewarding about your profession and why you selected health care as your area of employment. (Please attach an additional page)

Is there anything else you would like to tell us about yourself?
(Please attach an additional page)

Please include a photo of yourself. Professional photos will be taken for the poster, but are not needed for the original application. (Please note that this photo will NOT be returned to you.)

Please return this form by Feb 20, 2006, to:

Nebraska Hospital Association

Attn: Diversity Recruitment Committee

1640 "L" Street, Suite D, Lincoln, NE 68508

Phone: (402) 458-4900 - Fax: (402) 475-4091

E-mail: crunestad@nhanet.org - Web: www.nhanet.org

Board of Health Appoints New Members to Board of Nursing

At their November meeting the Board of Health appointed three new members to the Board of Nursing to fill one expired term and two resignations. Iris Winkelhake had served two full terms (eight years) as the practical nursing educator on the board. Laura Stanek, staff nurse representative and Judy Balka, LPN, had both resigned prior to the end of their terms for personal reasons.

Crystal Higgins is the new practical nursing educator on the board. She is the program chair of the practical nursing program at Southeast Community College (SECC) in Beatrice. She has been program chair since 1996. She has been a faculty member at SECC since 1983.



Higgins graduated from Methodist School of Nursing and then earned her BSN at the University of Nebraska Medical Center and her MS at the Andrews University program through Union College. Prior to going into education she was inservice director and house supervisor at Lutheran Hospital in Beatrice and she worked in medical-surgical nursing at Beatrice Community Hospital.

Higgins said, "I hope to be able to contribute to public protection and raise the public's trust and opinion of nurses – especially LPNs."

Julie Brauer was appointed to a staff nurse position on the board. Julie resides in Eustis and commutes to Kearney Good Samaritan Hospital where she works in the intensive care unit. She is the director of Project Impact, a database designed to track outcomes for the ICU.



Brauer graduated from Methodist School of Nursing and earned her BSN at Clarkson College. She has three semesters left in the

family nurse practitioner program at the University of Nebraska Medical Center. Prior to her tenure at Good Samaritan she worked at the Cozad Hospital. She also was the school nurse for the Eustis Public Schools.

Brauer explained that she got interested in nursing regulation and the work of the

board through a continuing education self-study program and set a goal to one day become a member of the board.

Dawn Nickel was appointed to an LPN position on the board. Nickel is a graduate of the Southeast Community College practical nursing program in

continued on Page 28

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Update on the Nurse Licensure Compact

There are eighteen states currently in the Nurse Licensure Compact (NLC). Nebraska has been a part of the compact since 2001. Nurses who are licensed in Nebraska and reside in Nebraska are issued a multi-state (compact) license. As a member of the NLC, nurses with a multi-state

license can practice in any of other compact states under their multi-state license.

You must hold a license in your primary state of residence. So, if you move to another compact state and that is your new primary state of residence you need to apply for a license in that state. You can

work for up to 30 days on your compact license from another state while waiting for your new license.

On April 25, 2005, the states of Iowa and Utah agreed to mutually recognize APRN licenses. At this time no date has been set for the implementation of the APRN Compact.

Below are the states currently in the compact. There are more states scheduled to join the compact this next year. You can access up-to-date information on NLC from the National Council of State Boards of Nursing web site, ncsbn.org.



NLC STATES

- | | |
|-------------|----------------|
| Arizona | New Mexico |
| Arkansas | North Carolina |
| Delaware | North Dakota |
| Idaho | South Dakota |
| Iowa | Tennessee |
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Practice Advisory Opinions

The statutes and regulations provide general guidelines regarding a nurse's scope of practice. Occasionally the Board of Nursing will receive a request to issue an opinion on a specific procedure, whether it is within the scope of practice for an RN and/or LPN. Advisory Opinions are a "statement or judgment regarding nursing practice issues given by the Board based upon their belief and knowledge."

Advisory Opinions are printed in the nursing regulation book and on the web site. You can access the web site at www.hhs.state.ne.us/crl/nursing/nursingindex.htm.

The Board has recently approved three new or revised Advisory Opinions. Those opinions are Dermabond® and Other Topical Skin Adhesives, Tube Replacements, and Peripherally Inserted Central Catheters (PICC lines). Below is a list of current Advisory Opinions.

Abandonment
 Accountability for Professional Conduct
 Analgesia/Moderate Sedation
 Arterial Lines
 Cardioversion
 Casting
 Chest Tube Removal
 Chronic Ambulatory Peritoneal Dialysis (CAPD)
 Collagen Injections
 Cortisone Injections
 Delegation/Assignment &/or Direction Within the Outpatient Dialysis Unit
 Epicardial Pacing Wires
 Gastroenterology
 Gastrostomy/Suprapubic/Jejunostomy Tube Replacement
 Intraosseous Cannulation
 Internal Fetal Scalp Electrodes
 Intra-Uterine Pressure Catheters
 LPN and Gynecological Services
 LPN and Laboring Obstetrical Patients
 LPN and Respiratory Care
 Obtaining Blood Specimens
 OB Patients Receiving Analgesia/Anesthesia by Catheter Post-Anesthesia Management by CRNA
 Peripherally-Inserted Central Catheters (PICC)
 Pronouncement of Death
 Provision of Medication When Pharmacy is Closed
 RNs and Airway Management
 RN First Assistants
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Nursing History *by Charlene Kelly, Ph.D., R.N.*

While most of nursing education and nursing practice has changed dramatically during the last century some early practices are still carried out today.

The Board of Nursing in the early 1900s understood its function to include “inspecting” and “visiting” the training schools. The first year the board was in existence, 1909, each training program was sent a form to be filled out by the superintendent of nurses

and returned to the board. The report asked for information on the qualifications of the administration and faculty of each program, the number of students, the length of the program, curriculum content, student clinical experiences, if tuition was charged, and if the students received an allowance.

Bailey’s Sanatorium in Lincoln included an unsolicited instructional outline with its 1909 report. According to the report, first year students had about 20 weeks of practi-

cal work in medical, surgical and gynecological nursing, nine weeks of diet cooking, and about six weeks of material medica (an early term for the study of medications). Bailey’s offered eight weeks of nursing the insane, an experience not available at most training schools. Students received 155 hours of theoretical instruction the first year and about 190 hours the second year.

Bailey’s Sanatorium was run by Dr. Benjamin Bailey who had trained at Hahneman Medical College as a homeopathic physician. He was active in both the Nebraska State Medical Society and the American Hospital Association. During World War I, he was the president of the American Red Cross Committee for Enrollment (of nurses). Bailey’s program was one of the few that admitted men. In 1911, Bailey’s program compensated “lady nurses \$5 for 18 months, [then] \$10 for the remainder.” Male nurses received \$15 for two months and \$20 for the remainder of their two year course.

Nursing education programs in Nebraska are still required to submit annual reports that include information on administration, faculty, curriculum, clinical experience sites, student enrollment and graduation rates.

Source: Oderkirk, Wendell W., “Publish or Perish”, doctoral dissertation, University of Nebraska, 1988.

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continued from Page 25

Beatrice. She is employed in ambulatory care at the Lincoln Veterans Administration Hospital. She has previously worked at BryanLGH West in medical-surgical and modified ICU. She also practiced at the Seward Hospital and at the York Medical Clinic.



Nickel applied and was accepted three times by the National Council of State Boards of Nursing as an item writer and reviewed for the NCLEX-PN® examination. These volunteer experiences prompted her to apply to become a member of the board. Nickel said, “I love nursing and I know I’m in the right place.”

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A Although Nebraska and Arizona both belong to the Nurse Licensure Compact (along with 16 other states), your nursing license needs to be issued from the state you declare as your primary state of residence. A nurse may only hold one license from one compact state. Neb.Rev.Stat. 71-1795, Article IV (b) states, "A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state." You may apply in advance for your Nebraska license. Section (c) goes on to state, "A nurse who intends to change primary state of residence may apply for licensure in the new home state in advance of such change. However, new licenses will not be issued by a party state until after a nurse provided evidence of change in the primary state of residence satisfactory to the new home state licensing board."

So, if you are moving to Nebraska and that will become your primary state of residence, you will need to obtain a Nebraska license. However, you may work for up to 30 days on your Arizona multi-state license while your Nebraska license application is being processed. That is a good reason to start the application process in advance of your move. Once your Nebraska license has been issued your Arizona license will no longer be valid. *For additional information on the Nurse Licensure Compact, you can go to www.ncsbn.org (National Council of State Boards of Nursing) or the Nebraska Board of Nursing site www.bhs.state.ne.us/crl/nursing/rn-lpn/compact.htm.*

For More Information...

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

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Charlene Kelly, R.N., Ph.D.

Section Administrator

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charlene.kelly@hhss.ne.gov

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Renewal/Audit Questions

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Licensed Practical Nurse

CERTIFIED

Certification by Examination

Certification Renewal/Audit Questions

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Foreign Educated Nurses

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Nursing Statutes

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Sheila.Exstrom@hhss.ne.gov

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Medication Aide

Medication Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N., Program Manager

(402) 471-4969

nancy.holmgren@hhss.ne.gov

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Ty Baskin

(402) 471-4910

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Medication Aide Registry and Applications

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Nurse Aide

Nurse Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N.

Nancy.holmgren@hhss.ne.gov

Nurse Aide Registry

Wanda Wiese

(402) 471-0537

wanda.wiese@hhss.ne.gov

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Wanda Wiese at (402) 471-0537

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

Nancy Stava

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