The Quest to Locate “Scope of Practice” for Nebraska Nurses
“I am definitely where I need to be to make a positive difference in the lives of others.”

Amanda
RN - Emergency Department

For Amanda, it is about achieving great outcomes for the patients and families. It is also about teamwork - great co-workers and doctors working together. The ER department at BryanLGH Medical Center reflects this team spirit. According to Amanda, “From patient registrars, technicians and doctors to RNs and others who float in from other areas, we work to deliver exceptional care to patients and families.” She adds, “I am proud of my role at BryanLGH. I am definitely where I need to be to make a positive difference in the lives of others.”

BryanLGH welcomes talented nurses to join our team and make a difference.

*Immediate openings:*

- RN Medical/Surgical
- RN Critical Care

At BryanLGH Medical Center, we have a culture that focuses on patients, their families and, above all, the best possible care. We value the knowledge and experience each professional brings to the medical center. If you are ready to match your values and career goals with an organization of the same caliber – look no further than BryanLGH Medical Center.

www.BryanLGHjobs.com

For a complete listing of our career opportunities, visit our website.
President’s Message
Board Meeting Schedule
Registry Action on Nurse & Medication Aides
Licensure Actions
20 Years Ago in Nursing News
For More Information
Since the last issue of Nebraska Nursing News was written, I have been noticing some very interesting developments with regard to Scope of Practice for nurses. I have been receiving multiple phone calls and emails from nurse managers, care coordinators, risk managers, and RNs and LPNs across the entire state seeking out a "laundry list" of skills that can be performed by nurses. For those of you that rose to my challenge in the last issue to read your Nurse Practice Act, you probably quickly realized that such a list does not exist. If you will remember back to the days of nursing school (no matter how long ago that was), nursing was taught from the aspect of the Nursing Process. Remember the steps: (1) assessment; (2) establishing a nursing diagnosis; (3) planning care through goals and objectives; (4) implementing the plan of care through nursing interventions; and (5) evaluating the responses to the interventions. This is exactly what can be found in the Nurse Practice Act (Neb. Rev. Stat. § 38-2210) as well as Nursing Regulations (Title 172 NAC 99 and Title 172 NAC 101). These are very important areas in the Nebraska laws and regulations that have been established and perpetuated from the very foundation of care that each of us learned in nursing school and through years of actual practice. Granted, those dreaded “care plans” that kept us all up late at night preparing for the next day in clinical are not protruding from our pockets anymore, because over time the practice of nursing (process) is now etched in our memories instead of on the pages that were presented to our instructors for a grade. Yes, as bad as each one of us grew to hate those voluminous pages, we repeatedly use nursing process in our everyday practice without even thinking about it anymore. It has become a part of us – that part that makes us nurses.

An interesting article has been written in this volume that describes two nurses’ adventures in trying to locate a list of “allowable nursing activities” in the Nursing Practice Act. Each one of them discovered the Delegation Tree (found at www.hhs.state.ne.us/crl/nursing/RN-LPN/rn-lpn.htm). This decision-making tool is used by the registered nurse in making decisions in delegating nursing tasks to unlicensed assistive personnel. It is a form of Nursing Process. An assessment is done by the registered nurse; then appropriate delegation is determined using “nursing judgment.” The unlicensed person performs the simple skills and tasks. The important aspect to realize is that unlicensed assistive personnel may know how to do simple skills or nursing tasks, like taking blood pressures, maintaining hygiene, lifting and transferring, etc. However, nursing knowledge and nursing judgment are required to determine why skills and tasks are done, and what must be done when findings differ from normal.

There is another aspect of the scope of practice for nursing that is of great concern to me. I have been receiving calls from nurses who are feeling coerced (or who are anxious) to perform procedures that are above the realm of nursing knowledge. Nurses are asking if procedures such as making the initial incision in surgery; injecting corticosteroids in joints; managing medication dosages in epidural infusions; and dictating histories and physical are part of nursing practice. Many of these calls have been from nurses during last-minute preparation to provide physicians with a “laundry list” of what nurses can or cannot do. Can any of these procedures fit into Nursing Process? As mentioned above, it would be virtually impossible to list all the things a nurse can or cannot do while practicing nursing because most of nursing occurs between our ears; although the part of nursing done by our fingertips (skills) is often more stimulating. I remember during my years of teaching when students were so excited to get into clinical rotations so they could start IVs, insert nasogastric tubes and Foley catheters, read EKG monitors, and see the trauma in the ED. So I can understand how the blurring of practice from nursing to medicine may easily occur. It is an exciting time to be in healthcare with all of the new and inventive technology exploding into patient care. However, this blurring of scope towards medical care can easily be compared to the unlicensed assistive personnel wanting to do those skills and tasks that require more understanding and knowledge than they actually possess. Nurses who venture into the scope of practice of medical and osteopathic physicians do not have the same knowledge base, and therefore must not be forced or agree to practice in a way that is not safe for the patients.

Nurses are still the most trusted of healthcare professionals. Be very proud of what you know and how you can help your patients everyday.

Diana Baker MSN, RN
Board Vacancies

The Nebraska Department of Health and Human Services is currently seeking individuals interested in serving on the Board of Advanced Practice Registered Nurses, Board of Nursing, Nebraska Center for Nursing Board, and the State Board of Health. Application and qualification information is available online at www.dhhs.ne.gov/crl/Board_Vacancies.htm.

All professional members must be actively engaged in practice for the position they are seeking for a period of five years just preceding appointment, and maintain active practice for the duration of their term. Active practice means devoting a substantial portion of time to rendering professional services. Professional members must also be a resident of Nebraska for one year and shall remain a Nebraska resident while serving as a board member. These are the two main reasons that applicants are ineligible to serve.

Service on a professional board is a volunteer opportunity, but members are paid a per diem rate of $50.00 and are reimbursed for non-local travel expense.

BOARD OF ADVANCED PRACTICE REGISTERED NURSES

The State Board of Health will appoint the following positions on November 15, 2010:
- Clinical Nurse Specialist
- Physician Member
- Public Member

BOARD OF NURSING

The State Board of Health will appoint the following positions at their November 15, 2010, meeting. Statutory requirements for each member of the Board, except public members:
1) Active nursing license for a period of five years just preceding appointment.
2) Actively engaged in the practice of nursing for a period of five years just preceding appointment and shall maintain such practice while serving as a board member.
3) Resident of Nebraska for at least one year at time of appointment.

The Board of Nursing shall have equal representation from Congressional District 1, 2 and 3, as well as from practice areas. A minimum of three members, and no more than five shall be appointed from each Congressional district. The State Board of Health shall attempt to ensure that the membership is representative of acute care, long-term care, and community-based care.
- Baccalaureate Nurse
- Educator Member
- Practical Nurse Member
- Staff Nurse Member

The deadline for submission of an application and all supporting documentation is August 1, 2010. Letters of reference must also be received by August 1, 2010. Personal interviews with applicants will be conducted on September 26th in Hastings and on October 24th in Lincoln. The deadline for associations to nominate someone is July 6, 2010.

Send your name and address to the contact information below if you wish to receive an application packet. Be sure to identify the name of the board and position of interest.
Monica Gissler, Program Manager DHHS, Public Health, Licensure Unit/RPQI PO Box 95026 Lincoln, NE 68509-5026 E-mail: Monica.Gissler@nebraska.gov Phone: (402) 471-6515

Appointments to the Nebraska Center for Nursing Board and State Board of Health are made by the governor, but coordinated through the DHHS Licensure Unit. Application is available online at www.dhhs.ne.gov/crl/Board_Vacancies.htm. Now is the time to apply for any of these positions!

NEBRASKA CENTER FOR NURSING BOARD

This board is a policy-setting board for the Nebraska Center for Nursing. There are twelve positions on this board which will expire by July 1, 2010, and at least six of them must be filled by a nurse or nurse educator.

STATE BOARD OF HEALTH

This board promotes and protects the health and safety of all people in Nebraska. There are two positions on the Board of Health for nurses licensed to practice in Nebraska. One position will become vacant on August 1, 2010, and the term is for five years. This board:
1) Adopts and promulgates rules and regulations necessary to implement laws enforced by the division.
2) Serves in an advisory capacity for other rules and regulations adopted and promulgated by the DHHS, including those for health care facilities and environmental health services.
3) Carries out its powers and duties under the Nebraska Regulation of Health Professions Act;
4) Appoints and removes for cause members of health-related professional boards;
5) At the discretion of the board, helps mediate issues related to the regulation of health care professions, except issues related to the discipline of health care professionals; and
6) Has the authority to participate in the periodic review of the regulation of health care professions.

If you know of someone who may be interested in serving as a public member on a professional licensing board, committee, or council, please provide the Licensure Unit with their name and contact information. There are twelve public member positions to be filled in 2010.
**NEBRASKA BOARD OF NURSING**

**Meeting Schedule 2010**

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

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Meeting</th>
<th>Location</th>
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<tr>
<td>July</td>
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| Wednesday, July 7   | 3:00 – 5:00 p.m.| Practice Committee  
Education Committee          | Gold’s Room 530  
Gold’s Room 531    |
| Thursday, July 8    | 8:30 a.m.      | Board meeting  
(Discipline case review-most of meeting in closed session) | Nebraska State Office  
Building LLB                     |
| August              |                |                                                   |                                     |
| Wednesday, Aug. 11 – Friday Aug. 13 | | NCSBN Annual Meeting | Portland, Ore. |
| Thursday, Aug. 19   | 8:30 a.m.      | Board meeting                                    | Gold’s Room 531                    |
| September           |                |                                                   |                                     |
| Wednesday, Sept. 8  | 3:00 – 5:00 p.m.| Practice Committee  
Education Committee          | Gold’s Room 530  
Gold’s Room 531    |
| Thursday, Sept. 9   | 8:30 a.m.      | Board meeting  
(Discipline case review-most of meeting in closed session) | Nebraska State Office  
Building LLB                     |
| October             |                |                                                   |                                     |
| Thursday, Oct. 14   | 8:30 a.m.      | Board meeting                                    | Nebraska State Office  
Building LLB                     |
| November            |                |                                                   |                                     |
| Wednesday, Nov. 17  | 3:00 – 5:00 p.m.| Practice Committee  
Education Committee          | Gold’s Room 530  
Gold’s Room 531    |
| Thursday, Nov. 18   | 8:30 a.m.      | Board meeting  
(Discipline case review-most of meeting in closed session) | Gold’s Room 531                    |
| December            |                |                                                   |                                     |
| Thursday, Dec. 9    | 8:30 a.m.      | Board meeting                                    | Gold’s, Room 531                  |

**Gold’s Building** 1050 N Street, Lincoln, Nebraska 68508  
**NSOB** 301 Centennial Mall South, Lincoln, Nebraska 68509
The Center for Nursing Continues

The Center for Nursing was created in 2000 when the Nebraska Unicameral passed LB1025. The purpose of the Center for Nursing was identified as:

“The Legislature finds that it is imperative that the State of Nebraska protect its investment and the progress made in its efforts to alleviate the nursing shortage which exists. The Legislature also finds that the Nebraska Center for Nursing will provide the appropriate means to do so. It is the intent of the Legislature to appropriate funds necessary for the Center to carry out the Nebraska Center for Nursing Act.”

The Center for Nursing was established as a sixteen member board which is appointed by the Governor. The purpose of the Center is:

“The Nebraska Center for Nursing is established. The Center shall address issues of supply and demand for nurses, including issues of recruitment, retention, and utilization of nurses. The Legislature finds that the Center will repay the state’s investment by providing an ongoing strategy for the allocation of the state’s resources directed towards nursing.”

The primary goals of the Center were listed in the last issue of Nursing News.

The Unicameral originally allocated money for the Center and also authorized the utilization of up to 15% of the licensure fees of RNs and LPNs to support the activities of the Center. Nurse licensure fees continue to finance the activities of the Center.

The Center was originally established for a five-year time period. At the end of the five-years, with LB243, passed in 2005, the Unicameral extended the Center for another five years.

This past legislative session, 2010, the Unicameral, with the passage of LB849, continued the Center and its activities again. This time there is no sunset date, so the Center will continue without a time limit.

A picture of and the names of the current members of the Center for Nursing were included in the last issue of the Nursing News. The Center meets every other month, usually in Lincoln. Some of the activities and priorities of the Center continue to be:

1. Maintaining the data base of the nursing supply and demand in Nebraska.
2. Providing information/presentations regarding the Center’s activities and data as invited by organizations, conventions, workshops, etc.
3. Establishing a Clinical Placement System that can be used by all nursing programs and all clinical facilities to get the best use of clinical agencies as the enrollments increase in the programs.
4. Developing a student passport in conjunction with the Clinical Placement System so that students do not have to repeat certain requirements such as CPR, HIPAA regulations, infection precautions, etc., with each clinical agency change. This would also allow for clinical agencies to do some of their specific orientation on-line prior to the student arriving, such as parking and locker directions, or some specific student policies and procedures.
5. Members of the Center participate as members of the Nebraska Team for Center to Champion Nursing in America, which is a national organization of state teams that is sponsored by the Robert Wood Johnson Foundation and the American Association of Retired Persons. This organization was established as a sharing and helping mechanism for states as they address the nursing shortage.

6. The Center also participates in an annual meeting of all state Centers for Nursing and again shares ideas, concerns and solutions with each other.
7. The Center is establishing a foundation arm (501c3) so that they can accept philanthropic donations for such things as student and faculty loans.


Did You Know?

NCSBN Raises Passing Standard

After consideration of the opinion of an expert panel of nine nurses who performed a criterion-referenced standard setting procedure, and results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute settings and administrators of long-term care facilities, the National Council of State Boards of Nursing (NCSBN) voted on December 10, 2009, to raise the passing standard for the NCLEX-RN. This new passing standard will take effect on April 1, 2010, in conjunction with the 2010 NCLEX-RN Test Plan.
Time for License Renewal

All Nebraska RN and APRN licenses expire October 31, 2010. Renewal notices will be mailed on or about August 1, 2010. The renewal postcards will be mailed to the address we currently have on our Licensing Information System. RNs who have moved and the postal forwarding order has expired may not receive a notice. Each year hundreds of pieces of mail are returned to the Department as undeliverable because licensees have neglected to keep their mailing address current with the Department. When a licensee fails to maintain a current address with the Department, it results in delayed or non-delivery of the renewal notice, extra cost to the Department for printing, paper, and postage, and staff time. It may also result in you not renewing your license prior to the expiration date, having to pay an administrative fine for practicing nursing without a current license, and possible discipline on your nursing license.

With the passage of the new Uniform Credentialing Act that became effective December 2008, there were some changes in the renewal processes. There have been articles in previous issues of the Nursing News outlining these changes. Most importantly, there is no longer a second renewal notice and there is no longer a late fee. If a license is not renewed before the expiration date it must be reinstated and the licensee is required to pay the reinstatement fee.

The renewal notice postcard provides the Web site for online license renewal. All RNs are highly encouraged to renew online. The online renewal has many advantages over using a paper form. With online renewal the application is processed the next business day and if everything was completed properly, the renewed license is mailed the same day. Online renewal using a credit card decreases the time required for receiving the renewal fee. Online renewal saves postage and avoids the possibility that the application will be lost in the mail. A final advantage of online renewal is that the data on the workforce survey that accompanies the renewal application is entered electronically. Paper workforce surveys require extensive time for staff to enter manually. Because of less staff time and other related costs, online renewals make it possible to keep the renewal fees at the lowest possible amount.

Effective December 1, 2008, all applicants for licensure must be 1) a citizen of the United States, 2) an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act, or 3) a non-immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States. If you fall into category 2 or 3 above, you will need to submit evidence of lawful permanent resident and/or immigration status which may include a copy of:

1) An Alien Registration Receipt Card (Form I-551, otherwise known as a “Green Card”);
2) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
3) A document showing an Alien Registration Number (“A#”) with visa status; or
4) A Form I-94 (Arrival-Departure Record) with visa status.

Remember when you sign and submit your renewal application, you are certifying that the information provided on your renewal is accurate on that date. You are attesting that you have completed the continuing competency requirements when you sign your application. Do not attest to completion of practice hours and/or continuing education hours prior to completion. Attesting to having completed requirements that you have not completed may be falsification of an application.

Watch your mailboxes and renew early to ensure you have your renewed license prior to the expiration date. If you fail to renew your license prior to the expiration date, you will have to reinstate your license. Practicing nursing after the expiration date, if your license has not been renewed, will result in an administrative penalty fee of $10 for each day you practice up to a maximum of $1,000, and may result in discipline on your license.

Please remember to make sure we have your current mailing address. The address we have for you in our licensing system is where all communication from the Department is sent, including the Nursing News. You can call our office at (402) 471-4376 to change your address, or change your address online. To change your licensing demographics online go to www.dhls.ne.gov/lis/lsindex.htm on the Department of Health and Human Services site and follow the easy directions.

Nursing Unit Manager Position Opening

Neonatal Intensive Care and Pediatrics

A Great Place to live, an Exceptional Place to Work...
Our Level II Trauma Center in friendly mid-western town is seeking a qualified candidate for a Neonatal Intensive Care (NICU) and Pediatric Nursing Unit Manager.

About our facility...
• The NICU facility is a Level 2 Unit, licensed for eight beds.
• The Pediatric In-Patient Unit is currently licensed for 11 beds.

The qualified candidate will be a Registered Nurse...
• Available Monday though Friday and for some call coverage and occasional weekend shifts.
• BSN is preferred
• NRP and PALS are required (may be obtained within the first six months of employment if not currently certified)
• At least three years of NICU experience
• Interest and/or previous pediatric experience preferred

Visit us at www.RWHS.org, careers, or contact Brad Wiegel, 308.630.2605, for additional questions or a full job description.
The Board of Nursing staff have recently experienced an increase in the number of calls regarding Nurse Licensure Compact issues, so perhaps it is time to reinforce the basics of the statute, Neb. Rev. Stat § 71-1795.

The Nurse Licensure Compact is based on the mutual-recognition model and is similar to the model for state driver’s licenses. When we take a trip to other states we are able to legally drive in those states using a Nebraska driver’s license, but we must obey the laws as they exist in the other states. If during our trip we decided to move to a different state and become a resident there, the requirement is to get a driver’s license for that state, usually within 30 days.

Like the driver’s license model, nursing practice across compact state lines is allowed, whether, physically or electronically, unless the nurse is under discipline or an agreement that restricts practice to a single state. The nurse must learn and practice according to the statutes and regulations of the state where practice is done. Nebraska has been a member of the Nurse Licensure Compact since 2001, and with Missouri entering the compact effective June 1, 2010, there are now 24 states in the compact.

Below are a number of basic elements of the Nurse Licensure Compact:

- The nurse who lives in a compact state can hold only ONE multistate license that allows practice in all compact states. This license is issued by the state that is the nurse’s primary state of residence. The primary state of residence is where the nurse resides, holds a driver’s license, pays income taxes, and/or is registered to vote. Owning property in another compact state does not constitute a primary state of residence.
- If a licensed nurse permanently relocates from one compact state to another compact state and practices nursing, the primary state of residence becomes the new state. For example, if a nurse has a Colorado (compact state) and moves to Nebraska (compact state), practice is allowed for ONLY 30 DAYS in Nebraska. Unlicensed practice beyond the 30 days in Nebraska will result in a fine of $10 per day of practice. When the Nebraska license is issued, the Colorado license will be invalidated.
- If a nurse holds a license in a compact state, but does not reside in a compact state, the license is issued is a single state license that authorizes practice only in that compact state. For example, if a nurse resides in Kansas (non-compact state) but works in Nebraska (compact state), a single state license is issued by Nebraska. In this case, the Nebraska license does not allow practice in another compact state.
- The nurse must practice according to the laws and regulations of the state in which care is provided and where the patient is located.
- The compact does not supersede federal law. If a nurse is employed in military service or works for the federal government, an active nursing license from any state will be acceptable.
- A nurse who is under discipline may be restricted from working across state lines.

Practicing nurses and employers of nurses need to be aware of the Nurse Licensure Compact and how it functions. Further information can be found at the DHHS, Board of Nursing website at http://www.dhhs.ne.gov/crl/statutes/compactstat.pdf or by logging in to the National Council of State Boards of Nursing at https://www.ncsbn.org.
The National Council of State Boards of Nursing (NCSBN) released on January 2010 the results of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) based on the national statistics of the year 2008 (Kenward et al., 2010). At the national level, NCLEX-RN pass rate for first-time U.S.-educated candidates was 86.7%. In the Continental United States, the State of New Mexico has the lowest percentage of NCLEX pass exam (78%), in comparison to the State of Oregon which has the highest pass rate (92.7%). The State of Nebraska ranks 26th (86.8% pass rate) among all states, 0.1% higher than the overall national average. The map above (Figure 1) depicts the NCLEX-RN pass rate for first-time U.S. educated candidates for each state. Pass rates have been grouped into five categories (see legend in the map for details). States with the lowest pass rates are identified in red, and those with the highest pass rates are identified in blue. The states with the lowest pass rates (in descending order) are: 1) New Mexico (78%), 2) Hawaii (80.5%), 3) Iowa (80.7%), 4) District of Columbia (81.4%), 5) Utah (82.6%), 6) New York (82.7%), and 7) Indiana (82.8%).

Since 2003, Nebraska NCLEX-RN pass rate results have been higher than the national average, with the exception of the year 2006, when the state pass rate was lower than the national average (87.3% vs. 88.1%, respectively). Overall, Nebraska pass rates have shown a decrease similar to the national data when analyzing the overall trend, starting at 89.3% in 2003, and falling to 86.8% in 2008, a 2.5% decrease, although this difference is not statistically significant (p >.05). These decreases in pass rates might be related to changes in the passing standard for the NCLEX-RN examination, which has continuously increased since the year 1998 (Kenword et. al, 2010). See chart below (Figure 2) which compares the pass rates from 2003 to 2008 between the State of Nebraska and the U.S.

When comparing Nebraska to its neighbor states, the states of South Dakota and Missouri show a NCLEX-RN pass rate higher than Nebraska (88.8% pass rate in SD and 87.9% in MO), differences that are not statistically significant in comparison to Nebraska pass rates (p > .05).

The NCLEX-RN statistical results report data by degree type: RN-Diploma, RN-Associate Degree, RN-Baccalaureate, and RN-Special Program Codes. The pie chart to the left shows the national distribution of candidates into these categories. As it can be seen from the chart (Figure 3), 97% of all candidates hold a RN-Associate Degree (58.5%) or a RN-Baccalaureate Degree (38.5%).
When comparing Nebraska NCLEX-RN results by degree type (i.e., Baccalaureate and Associate Degree) with the national statistics, it shows that Nebraska RN-Associate degree obtains a lower pass rate than the national pass rate (82.2% vs. 86.2%, respectively); however, Nebraska RN-Baccalaureate degree obtains a higher pass rate than the national pass rate (89.2% vs. 87.6%, respectively). Therefore, the challenge for Nebraska Registered Nurses holding an Associate Degree is to increase pass rates to at least equal the national average pass rate. The above table summarizes these results.

First time, U.S. Educated Candidates Taking the NCLEX-RN Examination by Degree Type: U.S. vs. Nebraska

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>U.S.</th>
<th>Nebraska</th>
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<td>75,541</td>
<td>365</td>
<td>49,736</td>
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<tr>
<td>Pass rate</td>
<td>86.2%</td>
<td>82.2%</td>
<td>87.6%</td>
<td>89%</td>
</tr>
</tbody>
</table>

(a) Differences were statistically significant (p < .05)

References


Registered Nurses holding an Associate Degree is to increase pass rates to at least equal the national average pass rate. The above table summarizes these results.

RN to BSN Completion Option

This program offers many advantages:

- Hybrid format increases flexibility.
- Weekend classes three times
- Credit for prior learning and work experience.
- High quality faculty and facilities.

Graduate Certificate in Simulation Education

Online certificate program (3 courses, 9 credit hours) offers:

- Online educational strategies.
- Intensive application of simulation concepts.
- A 10-week format that avoids the busiest times in academic schedules.

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The Quest to locate “scope of practice” for Nebraska Nurses

By Annette Schnell MSN, APRN-PCNS-BC, CPN; Joan Batenhorst BSN, RN, CPN; and Kay Ryan RN, Ph.D., CPN

In the Spring 2010 edition of Nebraska Nursing News, our State Board of Nursing Executive Director Diana Baker shared some real life issues around many Nebraska nurses’ lack of familiarity with the Nurse Practice Act. We wholeheartedly agree with Diana’s findings. Nurses are busy “doing” and may not take the time or may lack skills or direction to navigate the technology in order to find or understand the regulations that define the scope of our nursing practice in the state of Nebraska.

For example, when we asked several Nebraska nurses about their scope of practice, they indicated they understood what scope of practice is but don’t know where to find it, who defines it, or where to go for specific information regarding appropriate and inappropriate nursing interventions. So, for the sake of the “average bear,” we want to walk through an exploration of how to find information regarding a Nebraska nurse’s scope of practice. We bring you two Nebraska nurses’ experiences in their quest to answer a sample scope of practice question: “Is it within our nursing scope of practice to replace a gastrostomy tube on a patient?”

Our first nurse would qualify herself somewhere in the middle range of being technologically savvy. She takes us through her journey of Internet wandering in search of the Nebraska nursing scope of practice and makes note that the first time around, it was not a direct path to the desired information.

So… let’s get started:

Go to Google Home Page and type in “Nebraska RN” — seems obvious, but when she tried other versions they did not provide the top choice of the website that she was seeking. This entry directed her to provide the top choice of the website that when she tried other versions they did not desired information.

She was seeking. This entry directed her to provide the top choice of the website that when she tried other versions they did not.

Our second nurse is considered a technologically savvy individual. When she first started on the quest to find out what was included in her scope of practice as a Nebraska nurse, she went to Google and typed in “Nebraska nurse scope of practice”. The first website displayed was the following address within the Nebraska Department of Health and Human Services website: www.hhs.state.ne.us/crl/nursing/rn-lpn/rn-lpn.htm. This link took her to the RN/LPN home page which she hoped would lead to a document that explicitly stated what acts Nebraska nurses can/cannot perform. Instead, she found multiple choices along the left side of the home page. Among these options was the “scope of practice decision tree”. This title caught her interest since it was the only choice that mentioned “scope.” When she clicked on this option, she found an algorithm that was developed to guide a Nebraska nurse’s decision about whether a certain act was within their scope. The decision tree displayed an organized, step-wise approach to guide nurses.

In an effort to understand the process by which a nurse determines if a practice is within their scope, she returned to the topic of replacing an abdominal gastrostomy tube and worked her way through the decision tree. According to the decision tree, after defining the act to be performed, the next step is to determine if the act is “expressly permitted or prohibited by the Nursing statues.” This may be the last step necessary to determine if the act is within a nurse’s scope.

Referencing the nursing statues (particularly 172 NAC 99- Provision of Nursing Care) provides an overview of standards pertaining to delegation, direction, assignment and the minimum standards within the framework of the nursing process. The only specific actions that are mentioned are intravenous cares by LPNs. No mention is made of gastrostomy tube replacement. At this point, our “techie” nurse got stuck, so she navigated down the decision tree to step three, which addresses if substantial specialized education or training is necessary to perform the act. Specialized education or training includes education beyond basic education for licensure and independent judgment. When considering the act of replacing an abdominal gastrostomy tube, she determined that specialized training is necessary for this action, which would limit the act to RNs and APRNs, according to the decision tree.

Step four further helps to determine if the act is appropriate for an RN to
perform. This step contains five concepts to guide the nurse to an answer. These include whether the act was:

1) taught in a basic nursing education program;
2) included in a national nursing organization’s standards of practice;
3) supported by nursing literature and research;
4) appropriately established policy and procedure is in place in the employing facility and;
5) addressed by a Nebraska Board of Nursing advisory opinion. If the answer is “no” to any of these questions, then the act is prohibited.

However, if the answer is “yes,” the nurse must progress on to additional steps. While exploring these 5 questions to determine if abdominal gastrostomy tube replacement was within a nurse’s scope, she found the advisory opinions to be the most helpful “list” available. While nursing literature, research and national standards of practice are thorough and timely, they are time consuming and potentially expensive for the average nurse to locate, especially for those that are less comfortable with technology. In addition, they rarely contain a “list” of appropriate nursing acts that a nurse can conveniently locate.

Thus, our second nurse located the advisory opinions from the Board of Nursing on the RN/LPN homepage of the NDHHS website. Jackpot! Gastrostomy tube replacement is included in the list! The following is what was found on the website:

"It is the opinion of the Nebraska Board of Nursing that it is acceptable practice for licensed nurses to replace gastrostomy tubes, jejunostomy tubes and suprapubic catheters for those clients whose stoma conditions are stable and well established. LPNs must do so under the direction of a licensed practitioner or RN. The decision to provide tube replacement should be based upon self-assessment of competency, and following an assessment of the client and environment. A licensed nurse is accountable to be competent for all nursing care that he/she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgment of personal limitations in knowledge and skills, and communicating the need for specialized instruction prior to providing any nursing activity."

After reviewing the opinion, it is the responsibility of the nurse to perform a self-assessment of knowledge and competence to perform the skill.

After navigating the website and the Decision Tree, the Decision Tree was found to be a helpful tool in determining if gastrostomy tube replacement was within the scope of practice for a Nebraska nurse. As technology improves and advancements are made, it is obviously more prudent to have a Decision Tree and Advisory Opinions than “a list.” These tools allow nursing professionals to refer back to those entities that practice within the current health care environment and provide direction for the Nursing Scope of Practice. The Decision Tree is also an incentive to become more technologically savvy, as researching the other options outside of the Advisory Opinions require more investigation in defining the Nursing Scope of Practice.

Happy Navigating!

---

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Several nursing organizations, comprised of the Licensed Practical Nursing Association of Nebraska (LPNAN), Nebraska Nurses Association (NNA), Nebraska Organization of Nurse Leaders (NONL), Nebraska Assembly of Nursing Deans and Directors (NANDD), and the Nebraska Board of Nursing (BON) obtained a grant from the National Council of State Boards of Nursing Center for Regulatory Excellence. The purpose of the two-year grant is to study new nursing graduates’ transition to practice.

The transition from new graduate to practicing nurse is a critical time. Numerous studies have identified the orientation period as crucial to patient safety, job satisfaction, and nursing effectiveness. Yet it is unclear how best to further develop new nursing graduates. Several studies have been done in urban, acute care areas with registered nurses, but few studies have investigated new graduates of practical nursing programs, new graduates in long-term care facilities, or new graduates in rural areas.

Nebraska’s project will investigate orientation needs of new LPNs and RNs in urban and rural areas and include acute and long-term care facilities. Several phases of the project are planned. In Phase One, graduates during 2009 will complete a survey to determine their orientation experiences. Also in Phase one, preceptors, first managers and all new graduates working in urban and rural acute and long-term care facilities will review new graduate educational needs. Recruitment of rural and urban, as well as acute care and long-term care facilities will be completed in Phase One. Once facilities are selected during summer 2010, Phase Two will begin and include grant-funded preceptor development and provision of new graduate educational modules. Preceptors and new graduates will be surveyed during 2010 and 2011. Phase Three will analyze data generated by the project and make recommendations.

The project is seeking individuals to participate in the selection and review of educational modules and seeking facilities interested in participating. Please consider participating. Contact the project director, Peggy Hawkins, RN, for additional details at Peggy.Hawkins@nebraska.gov or call 402.334.7136. An update of the project is planned for future Nursing News issues.


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Registro Action on Nurse Aides
& Medication Aides
From 02/01/2010 through 04/30/2010, the following nurse aides became ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nurse Aide Registry #</th>
<th>Action</th>
<th>Date Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie Rose Anderson</td>
<td>68254</td>
<td>Finding of Conviction</td>
<td>04/07/10</td>
</tr>
<tr>
<td>Amy Elizabeth Hofstetter</td>
<td>68258</td>
<td>Finding of Conviction</td>
<td>03/31/10</td>
</tr>
<tr>
<td>Anita Jo Mackins</td>
<td>66690</td>
<td>Finding of Abuse</td>
<td>03/25/10</td>
</tr>
</tbody>
</table>

Did You Know?

Verifying a Nursing License Free of Charge
Employers and public members can verify a nurse license status and check for any discipline status for employment decisions by using the National Council of State Boards of Nursing secure, online verification system, NURSYS located at www.nursys.com. The nursys.com website contains data directly from the licensure systems of multiple boards of nursing through frequent, secured updates.

Employers and the general public can receive a detailed report within minutes, free of charge. This report will contain the name, jurisdiction(s), license type, license number(s), compact status (multistate or single state), discipline against license and discipline against privilege to practice (PTP) of the nurse being verified.
Licensure Actions

The following is a list of licensure actions taken between Nov. 1, 2009, and Jan. 31, 2009. Additional information is available on our Web site at www.nebraska.gov/LISSearch/search.cgi or by e-mail at karen.jones@nebraska.gov.

<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Bopp RN #29894</td>
<td>2/11/10</td>
<td>Censure</td>
<td>Unprofessional Conduct-Committing any act which endangers patient safety or welfare</td>
</tr>
<tr>
<td>Lisa Deuel RN #60639</td>
<td>2/11/10</td>
<td>Voluntary Surrender in Lieu of Disciplinary Proceedings</td>
<td>Violation of previously imposed disciplinary conditions</td>
</tr>
<tr>
<td>Bryce Miller RN #54528</td>
<td>2/11/10</td>
<td>Voluntary Surrender in Lieu of Disciplinary Proceedings</td>
<td>Violation of previously imposed disciplinary conditions</td>
</tr>
<tr>
<td>Teresa Millio RN #44800</td>
<td>2/11/10</td>
<td>Civil Penalty Suspension</td>
<td>Dishonorable Conduct</td>
</tr>
<tr>
<td>Patricia Jirs LPN #19146</td>
<td>2/14/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Committing any act which endangers patient safety or welfare</td>
</tr>
<tr>
<td>Monte Middleton APRN-Nurse Practitioner #111116</td>
<td>2/18/10</td>
<td>License Issued on Probation</td>
<td>Previous disciplinary action</td>
</tr>
<tr>
<td>Louise Fisette LPN #5297</td>
<td>2/18/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed</td>
</tr>
<tr>
<td>Matthew Jurgensen LPN #226111</td>
<td>2/24/10</td>
<td>License Issued on Probation</td>
<td>Misdemeanor convictions having a rational connection with fitness to practice the profession Abuse of, dependence on, or active addiction to alcohol, any controlled substance or mind altering substance</td>
</tr>
<tr>
<td>Lindsey Lewis RN #68176</td>
<td>2/25/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Failure to safeguard patient’s dignity or right to privacy</td>
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<tr>
<td>Sarah McManigal RN #62039</td>
<td>2/25/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Failure to report loss of nursing employment in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td>Frances Leflore LPN #20044</td>
<td>2/25/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed</td>
</tr>
<tr>
<td>Stacie Schaecker LPN #15257 LPN-C #691</td>
<td>2/27/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Committing any act which endangers patient safety or welfare</td>
</tr>
<tr>
<td>Chandra Cooney LPN #20959</td>
<td>2/27/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Committing any act which endangers patient safety or welfare</td>
</tr>
<tr>
<td>Timothy Valdez RN #51846</td>
<td>2/28/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Disruptive behavior … which interferes with consumer care or could reasonably be expected to interfere with such care</td>
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<tr>
<td>Joyce Porter RN #49241</td>
<td>3/3/10</td>
<td>Censure Suspension</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Committing any act which endangers patient safety and welfare. Failure to report loss of employment due to alleged unprofessional conduct in accordance with state mandatory reporting law</td>
</tr>
<tr>
<td>Kelley Boyles RN #50288</td>
<td>3/3/10</td>
<td>Censure</td>
<td>Failure to report misdemeanor conviction in accordance with the state mandatory reporting law</td>
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<tr>
<td>Meghan Camp RN #67873</td>
<td>3/3/10</td>
<td>Probation</td>
<td>Practice of the profession in a pattern of negligent conduct. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to maintain an accurate patient record. Committing any act which endangers patient safety and welfare</td>
</tr>
<tr>
<td>Licensee</td>
<td>Date of Action</td>
<td>Action</td>
<td>Violation</td>
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<tr>
<td>Frankie Garren</td>
<td>3/3/10</td>
<td>Revocation</td>
<td>Dishonorable Conduct: Violation of the Uniform Controlled Substances Act-Theft of controlled substances. Unprofessional Conduct-Dishonorable Conduct</td>
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<tr>
<td>RN Compact Privilege IA-113019</td>
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<td>Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession or the ethics of the profession</td>
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<td>Lisa Hullinger</td>
<td>3/3/10</td>
<td>Probation</td>
<td>Dishonorable Conduct. Violation of the Uniform Controlled Substances Act-Theft of controlled substances. Unprofessional Conduct-Dishonorable Conduct</td>
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<td>RN #46602</td>
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<td>Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession or the ethics of the profession</td>
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<tr>
<td>Jolynn Lardy</td>
<td>3/3/10</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action</td>
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<tr>
<td>RN #54138</td>
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<tr>
<td>Chantill Dunn</td>
<td>3/3/10</td>
<td>Censure</td>
<td>Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to report loss of nursing employment in accordance with the state mandatory reporting law</td>
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<tr>
<td>LPN #21511</td>
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<tr>
<td>Linda Farr Eastman</td>
<td>3/3/10</td>
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<td>Unprofessional Conduct - … failure to conform to the standards of acceptable and prevailing practice of a profession or the ethics of the profession. Failure to report loss of employment in accordance with the state mandatory reporting law</td>
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<td>LPN #18261</td>
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<tr>
<td>Michelle Heydon</td>
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<td>Violation of previously imposed disciplinary conditions</td>
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<tr>
<td>LPN #14972</td>
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<tr>
<td>Deanna Timothy</td>
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<tr>
<td>LPN #17172</td>
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<tr>
<td>Bambinina Suckstorf</td>
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<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Committing any act which endangers patient safety or welfare</td>
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<tr>
<td>LPN #19545</td>
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<tr>
<td>Karen Vivian</td>
<td>3/10/10</td>
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<tr>
<td>RN #46650</td>
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<tr>
<td>Lisa Beason</td>
<td>3/17/10</td>
<td>Revocation</td>
<td>Violation of previously imposed disciplinary conditions</td>
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<tr>
<td>LPN 20259</td>
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<tr>
<td>Alicia Cain</td>
<td>3/17/10</td>
<td>Revocation</td>
<td>Dishonorable Conduct-Lying to Department investigator during the course of an investigation</td>
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<tr>
<td>LPN #20258</td>
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<tr>
<td>Dana Mauger</td>
<td>3/17/10</td>
<td>Censure</td>
<td>Violation of previously imposed disciplinary conditions</td>
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<tr>
<td>LPN #22308</td>
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<tr>
<td>Shelly Alm</td>
<td>3/31/10</td>
<td>Suspension</td>
<td>Failure to report misdemeanor convictions in accordance with state mandatory reporting law. Alcohol Dependence. Misdemeanor convictions which have a rational connection with fitness to practice the profession</td>
</tr>
<tr>
<td>RN #65499</td>
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<tr>
<td>Leslie Eisenmann</td>
<td>3/31/10</td>
<td>Censure</td>
<td>Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession; Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Committing any act which endangers patient safety and welfare</td>
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<tr>
<td>RN #53479</td>
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<tr>
<td>Carol Ludwigwick</td>
<td>3/31/10</td>
<td>Censure</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice</td>
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<tr>
<td>RN #44855</td>
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<tr>
<td>Kelly Nekola</td>
<td>3/31/10</td>
<td>Probation</td>
<td>Unprofessional Conduct. Practice of the profession while ability to practice is impaired. Abuse of, dependence on, or active addition to...controlled substance, or any mind-altering substance</td>
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<tr>
<td>RN #69616</td>
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<td>Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance under circumstances when she was not authorized to do so. Failure to report loss of nursing employment in accordance with the state mandatory reporting law</td>
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<tr>
<td>Kellie Wulf</td>
<td>3/31/10</td>
<td>Voluntary Surrender in Lieu of Disciplinary Proceedings</td>
<td>Dishonorable Conduct-Practice of the profession beyond authorized scope. Violation of the Uniform Controlled Substances Act. Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care; Failure to safeguard patient’s dignity and right to privacy; Violating confidentiality of information or knowledge concerning the patient; theft of funds from employer Failure to report employment termination in accordance with the state mandatory reporting law</td>
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<tr>
<td>RN #56464</td>
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<tr>
<td>Angela Carlson</td>
<td>3/31/10</td>
<td>Revocation</td>
<td>Failure to report employment termination in accordance with the state mandatory reporting law. Unprofessional Conduct-Failure to cooperate with Department investigator during the course of an investigation</td>
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<tr>
<td>LPN #18788</td>
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<tr>
<td>Darcy Kapke</td>
<td>3/31/10</td>
<td>Revocation</td>
<td>Practice of the profession in a pattern of negligent conduct. Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession. Failure to report nursing employment termination in accordance with the state mandatory reporting law</td>
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<tr>
<td>LPN #20187</td>
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<tr>
<td>LeAnne Klotz</td>
<td>3/31/10</td>
<td>Revocation</td>
<td>Violation of previously imposed disciplinary conditions</td>
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<tr>
<td>LPN #21001</td>
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</table>
**Table: Disciplinary Actions**

<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Owen LPN #21274</td>
<td>3/31/10</td>
<td>Censure Civil Penalty</td>
<td>Unprofessional Conduct—Departure from or failure to conform to the standards of acceptable and prevailing practice of a profession … Failure to report loss of nursing employment in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td>Stacy Polenske LPN #18643</td>
<td>3/31/10</td>
<td>License Reinstated on Probation</td>
<td>Previous disciplinary action</td>
</tr>
<tr>
<td>Teresa Svoboda LPN #14608</td>
<td>3/31/10</td>
<td>Non-disciplinary Voluntary Limitation</td>
<td></td>
</tr>
<tr>
<td>Lori Johnson LPN #20629</td>
<td>4/4/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Failure to report loss of nursing employment in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td>Teri Boyer RN #55108</td>
<td>4/8/10</td>
<td>Voluntary Surrender in Lieu of Disciplinary Proceedings</td>
<td>Violation of previously imposed disciplinary conditions</td>
</tr>
<tr>
<td>Cynthia Brugger RN #39671 APRN-CRNA</td>
<td>1/29/10</td>
<td>Suspension</td>
<td>Unprofessional Conduct—Committing any act which endangers patient safety or welfare. Practice of the profession while ability to practice is impaired; Violation of the Uniform Controlled Substances Act by knowingly or intentionally possessing a controlled substance under circumstances when not authorized; Failure to comply with a treatment program or an aftercare program entered into under the Licensee Assistance Program; Failure to report employment termination in accordance with state mandatory reporting law</td>
</tr>
<tr>
<td>Robert Stanton RN #62284</td>
<td>4/8/10</td>
<td>Revocation</td>
<td>Abuse of, dependence on… any controlled substance… Violation of the Uniform Controlled Substances Act—Theft of controlled substance and use of fraudulent prescriptions to obtain controlled substances. Unprofessional Conduct—Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession</td>
</tr>
<tr>
<td>Sara Collins LPN #21874</td>
<td>4/8/10</td>
<td>Suspension</td>
<td>Unprofessional Conduct—Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession or the ethics of the profession…; Falsification or misrepresentation of material facts in attempting to procure nursing employment</td>
</tr>
<tr>
<td>Kelly Covrig LPN #20770</td>
<td>4/8/10</td>
<td>Limitation</td>
<td>Unprofessional Conduct—Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Failure to maintain an accurate patient record; Committing any act which endangers patient safety and welfare; Failed to report for scheduled nursing shift</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Licensee</th>
<th>Date of Action</th>
<th>Action</th>
<th>Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saundra Swan RN #26005</td>
<td>4/19/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Failure to report loss of employment in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td>Tracy Chandler RN #67233</td>
<td>4/20/10</td>
<td>Revocation</td>
<td>Failure to report action in another state in accordance with the state mandatory reporting law</td>
</tr>
<tr>
<td></td>
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<td>Failure to respond to Department’s correspondence</td>
</tr>
<tr>
<td>Karen Brown aka Karen Hester LPN #18073</td>
<td>4/20/10</td>
<td>Revocation</td>
<td>Violation of previously imposed disciplinary conditions</td>
</tr>
<tr>
<td>Carolyn Hickman LPN #20744</td>
<td>4/20/10</td>
<td>Suspension</td>
<td>Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice; Falsification or intentional unauthorized destruction of patient records; Committing any act which endangers patient safety and welfare. Failure to report loss of nursing employment in accordance with state law</td>
</tr>
<tr>
<td>Elena Ramsey LPN #19667</td>
<td>4/20/10</td>
<td>Censure</td>
<td>Unprofessional Conduct-Failure to maintain an accurate patient record</td>
</tr>
<tr>
<td>Michael Souder LPN #21921</td>
<td>4/20/10</td>
<td>Revocation</td>
<td>Violation of previously imposed disciplinary conditions</td>
</tr>
<tr>
<td>Jennifer Czyz RN #39882</td>
<td>4/23/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Failure to maintain an accurate patient record</td>
</tr>
<tr>
<td>Laura Railsback RN #49896</td>
<td>4/26/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care</td>
</tr>
<tr>
<td>Angel Price LPN #19234</td>
<td>4/29/10</td>
<td>Non-disciplinary Assurance of Compliance</td>
<td>Failure to report employment termination in accordance with the state mandatory reporting law</td>
</tr>
</tbody>
</table>

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Two board members (Alyce Maupin and Elaine Garrison) and two board staff (Charlene Kelly and Sheila Exstrom) attended the Area II meeting of the National Council of State Boards of Nursing in St. Louis. Some of the reports and discussions included Computer Adaptive Testing and Computer Simulated Testing, report of the Nursing Practice and Education Committee, discussion of issues related to licensure of foreign educated nurses and a report of the Nurse Aide Competency Examination Project.

Governor Kay Orr appointed Anita Brenneman, R.N. and Elinor Cool, R.N. to the Board of Nursing to replace Mary Lou Holmberg, R.N. and Martha Brown, R.N.

After reviewing comments from public hearings, the board made the following changes to the proposed regulations:
- Definition of a contact hour changed from 60 to 50 minutes;
- Definitions of Registered Nurse and Licensed Practical Nurse were expanded to include educational and examination requirements for licensure;
- Limitations on home study programs for license renewal have changed from 20% to 50% of the total hours required for renewal.

The NCLEX-RN was administered February 6 & 7. There were 110 first time candidates and a pass rate of 89%, compared to 86.4% nationally.

Licensure statistics:
- Total licensed RNs: 17,611 (24,410 currently)
- Total licensed LPNs: 6,376 (7,000 currently)
- Total licensed Nurse Practitioners: 32 (898 currently)
- Total licensed CRNAs: 225 (531 currently)

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Initial Licensure
Licensure by Endorsement
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Certification by Examination
Certification Renewal/Audit Questions

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Investigations Division
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Medication Aide
Medication Aide Role and Practice Standards
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Nurse Aide
Nurse Aide Role and Practice Standards
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Nurse Aide Registry
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