Public Health Nursing

Nursing Regulations To Be Revised
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Nebraska Nursing News' circulation includes over 26,000 licensed nurses and student nurses in Nebraska.

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Virginia Robertson, President
vrobertson@pcipublishing.com
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For advertising information contact: Greg Jones
501.221.9986 or 800.561.4686
gjones@pcipublishing.com
Edition 16
As I write the message for this issue, I find myself in unusual circumstances. After a lifetime of excellent health and over 37 years of being on the nurse’s side of nursing care, I find myself on the patient’s side. After a series of tests and procedures in late January and early February, I was diagnosed with metastatic colon cancer, underwent exploratory surgery and have now launched into what is projected to be a year of biweekly chemotherapy sessions.

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

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

“Who are you? Oo-ooo-o-ooo.” That recognizable theme song (by The Who) to the TV crime drama CSI was all I could think of...
“Nursing is a rewarding career”—this message popped out as I read an article in the previous issue of Nursing News about the Nebraska Center for Nursing meeting with stakeholders. That article pointed out an important recruitment and retention strategy is focusing on nursing as a rewarding career rather than on a nursing shortage. This approach makes sense—we are more likely to attract individuals to nursing and keep them in the field by emphasizing the rewarding nature of a nursing career instead of merely focusing on a shortage of nurses in the workforce. I definitely agree that nursing has been and continues to be a rewarding career. Efforts of individual nurses in the field make it a rewarding career.

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

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

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

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

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

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<td>Thursday, November 20</td>
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<td>Meeting – Most of meeting in closed session)</td>
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<tr>
<td></td>
<td>2:00 p.m.</td>
<td>Practice Committee</td>
<td>TBA</td>
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The Nebraska Nursing Leadership Coalition (five member organization, Nebraska Board of Nursing, Nebraska Assembly of Nursing Deans and Directors, Licensed Practical Nurses Association of Nebraska, Nebraska Nurses Association and the Nebraska Organization of Nursing Leaders) sponsored the annual Nursing Summit in Kearney, Nebraska on March 6, 2008. The summit leaders were Pam Williams and Marci Moore from Innergized of Florida. The topic of the summit was “Energizing your Daily Practice,” and the morning was devoted to improved communication: how to identify and overcome barriers to effective communication, how to listen and communicate without judgments or stories, how to seek to understand the points of view of others, and how to approach relationships and conversations from an appreciative perspective. The afternoon session was developed around the Superman theme and focused on how to take off the cape and soar. Topics included: how to know and live your values, how to own your superpowers, how to get rid of energy busters, and how to implement energy boosters.

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

Inspirational Stories Sought for Book

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

She is seeking true inspirational stories of nursing practice from nurses themselves. Nurses who have submitted stories chosen for the book will be contacted for consent prior to publication. The requirements are that stories be five paragraphs or less, humorous and/or inspirational, and exhibit the heart of nursing. The author must include his/her name, practicing city/state, and an e-mail address for future contact.

Stories can be e-mailed to Sue at jmsueh@yahoo.com. She can also be contacted at 704-433-0464.
Continued Competency Requirements for License Renewal

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

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

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

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Check our website at www.dhhs.ne.gov and click Job Opportunities
recognized certifying organization; OR

6. Have developed and maintained a portfolio that includes the licensee’s current continuing competency goals and evidence/verification of professional activities to meet those goals.

Along with the continued competency information, each applicant for renewal is required to report any conviction for a misdemeanor or felony since the last renewal. Applicants are also required to report any discipline against any health care professional license in this state (other than nursing) or discipline against any health care professional license in any other state since the last renewal period. If Nebraska took a disciplinary action against your nursing license, you do not need to report it. We have that information.

As always, plan to renew early and plan to use the online renewal option. Renewing online is faster, simpler and eliminates the potential for the renewal application to be lost in the mail or for the check to become separated from the renewal notice.
The Nebraska Department of Health and Human Services is currently seeking individuals interested in serving on the Board of Nursing, Board of Nursing Home Administration, or the Nebraska Center for Nursing Board. Application documents for the Board of Nursing and Board of Nursing Home Administration will be available online at www.dhhs.ne.gov/crl/Board_Vacancies.htm beginning May 1, 2008.

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

- **Nursing Service**
  - Administrator Member – Statutory Requirements:
    1) Be a registered nurse currently licensed in the state, 2) Have had a minimum of five years' experience in nursing service administration, and 3) Be currently employed in such field.

- **Practical Nurse**
  - Member – Statutory Requirements:
    1) Complete at least four years of high school study, 2) Be licensed as a practical nurse in this state, 3) Have obtained a certificate or diploma from a state-approved practical nursing program, 4) Have been actively engaged in practical nursing for at least five years, and 5) Be currently employed in the provision of patient care services as a licensed practical nurse in the state.

- **Public Member**
  - Statutory Requirements:
    1) Have been a resident of this state for one year; 2) Remain a resident of Nebraska while serving as a board member; 3) Have attained the age of nineteen years; 4) Represent the interests and viewpoints of the public; 5) Not hold an active credential in any profession or business which is subject to the Uniform Credentialing Act, issued in Nebraska or in any other jurisdiction, at any time during the five years prior to appointment; 6) Not be eligible for appointment to a board which regulates a profession or business in which that person has ever held a credential; 7) Not be or not have been, at any time during the year prior to appointment, an employee of a member of a profession credentialed by the department, of a facility credentialed pursuant to the Health Care Facility Licensure Act, or of a business credentialed pursuant to the Uniform Credentialing Act; 8) Not be the parent, child, spouse, or household member of any person presently regulated by the board to which the appointment is being made; 9) Have no material financial interest in the profession or business regulated by such board; and 10) Not be a member or employee of the legislative or judicial branch of state government.

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

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

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

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

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

Monica Gissler
Health Program Manager
E-mail: Monica.Gissler@dhhs.ne.gov
DHHS, Public Health, Licensure Unit

The Nebraska Center for Nursing Board – This board is a policy-setting board for the Nebraska Center for Nursing. Appointments to this board are made by the governor. Application is available online at www.dhhs.ne.gov/crl/Board_Vacancies.htm.

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

ARJ Infusion Services

INFUSION NURSE SPECIALIST PER DIEM / PART TIME

Do you have hematology/oncology or pediatric experience? Would you like a rewarding and satisfying nursing position? One that exemplifies why you became a nurse, then we are looking for you.

ARJ Infusion Services is a regional home infusion company seeking part time and per diem nurses. ARJ specializes in the treatment of bleeding disorders, immune-deficiencies, neurological disorders and other chronic disorders. ARJ offers a flexible schedule, highly competitive salary and 401K.

Requirements:
- Hematology/oncology or pediatric experience preferred
- Nebraska and Iowa nursing licenses required

If you are interested in making a positive impact in the lives of individuals affected with chronic disorders, fax or email resume to (402) 991-3199 or careers@arjinfusion.com.
Phone (866) 451-8804. EOE
You can now make online changes to your licensing demographics in the Nebraska Department of Health and Human Services Licensing Information System. If you have moved and need to notify the department of your change of address, you can simply go to www.dhhs.ne.gov/lis/lisindex.htm and follow the easy directions. You must have an ID and a password to enter the system. If you have forgotten your ID or password, simply click on “Forgot ID and/or password,” and the system will help you restore your ID and password. You will need your license number and your social security number to establish your ID and password.

You can also correct your date of birth, correct errors in gender, and change your telephone number, fax number and e-mail address through this system. These changes can be made at any time, not just during the license renewal period. Only individual licensees can make demographic changes online. Licensed facilities must still contact the department to make changes.

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

New and Revised Advisory Opinions

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

The two new advisory opinions are, Safety to Practice: Temporary Reassignments, Floating and Safety to Practice: Functional Ability. The board also approved a revision in the Analgesia and Moderate Sedation advisory opinion. The revisions are under the Management and Monitoring section of Analgesia, specifically what is not considered within the scope of practice for an RN.

These and all advisory opinions are available on our Web site, www.dhhs.ne.gov/crl/nursing/nursingindex.htm.
Nursing Regulations To Be Revised

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

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

The purpose of the public hearing is to seek input from practicing professionals and the public on the proposed regulations and receive suggestions for changes to the regulations. You do not have to wait for the public hearing to let us know if there is something you would like to see changed. We can consider your input now as we draft the changes to the regulations. Specific changes to the regulations will be outlined in a future issue of Nursing News.
The “Nothin’ But Baby” awareness campaign reminds parents of the risks of SIDS. It is a widespread public health concern. Most likely the inspiration for the campaign was a public health nurse.

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

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

It is estimated there are over 200 public health nurses in Nebraska. Public health nurses work with individuals, neighborhoods and communities to improve the public’s health. Quite simply, their
“patients” are “the public.” Another way of defining a public health nurse would be that public dollars (federal or state funding) pay public health nurses’ salaries.

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

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

Nightingale found that the military hospitals lacked supplies, the wounded soldiers were unwashed and filthy, and diseases such as typhus, cholera, and dysentery were rampant. Under Nightingale’s supervision, efficient nursing departments were established. Through her tireless efforts, the death rate among the sick and the wounded was greatly reduced. She identified five fundamental principals: ventilation, clean water, efficient drainage, adequate lighting and hygiene. Those same principals guide health care today.

“Public health nurses are epidemiologists,” according to Dr. Marlene Wilken, Creighton University associate professor of nursing and vice chair of the Douglas County Board of Health.

“We look for the what, when, where and why of public health issues. We keep track of the numbers; we study the distribution, identify the risk factors, and implement interventions.”

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

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

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

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

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

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

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

An ongoing public health issue is retaining Nebraska’s helmet law for motorcyclists. Finding funding to promote good public health is also a challenge. The PHAN is a leading contributor to the interdisciplinary public health team. The organization has been active in efforts to protect children from lead poisoning, leading the charge to clean up the environment and to make sure that Nebraskans don’t fall victim to HIV, STDs and other communicable diseases.

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

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

Key was the Public Health Association of Nebraska Nursing Emergency Response Team that can be mobilized immediately when disaster strikes. One word describes this team of nurses: versatile! They give immunizations, distribute prophylactic antibiotics, as well as plan and set up clinics for mass distribution. In addition, the team conducts investigations and surveillance. That means, for instance, if a small pox epidemic occurred, the team would
investigate the source of the disease and contacts and does treatment and follow-up. The surveillance aspect entails monitoring the disease within specific facilities, regions and/or populations. In rare instances, this leads to quarantines and isolation.

Ongoing funding for public health is a constant challenge.

“Currently, public health bio-preparedness programs are supported by federal bioterrorism funding,” shared Ann Tripp, MSN, nursing supervisor for the Douglas County Health Department. “A concern for us all is what will happen to public health when the funds go away.”

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

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

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

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

Cathy Rowley, LPN 11/24/07 Non-disciplinary Assurance of Compliance Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.

Kathryn Urbauer, RN 11/29/07 Suspension Unprofessional Conduct-failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.

Cease and Desist Order Issued

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

Licensee Date of Action Action Violation

Cathy Rowley, LPN 11/24/07 Non-disciplinary Assurance of Compliance Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.

Kathryn Urbauer, RN 11/29/07 Suspension Unprofessional Conduct-failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.

Nebraska Nursing News 19

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

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

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

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

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

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

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

Women with alcoholism present with a unique set of treatment factors that need to be addressed if women are to achieve and maintain sobriety. Women generally must deal with a greater social stigma than men. Attention must be given to their biological differences in metabolizing alcohol. They may have histories of physical and sexual abuse to address.

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

Sources:
gettingthemosher.com, alcoholism.about.com and The National Center on Addiction and Substance Abuse (CASA) Columbia University

If you are a licensed health service professional and would like to take advantage of the NE LAP services, please contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our website at www.lapne.org.
Some Questions and Answers regarding Mandatory Reporting

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

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

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

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

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

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

A3: No, you are not required to report only those situations where you have first-hand knowledge, but you may report it if you feel an ethical duty to do so.
<table>
<thead>
<tr>
<th>Q4: I am a nurse. I have received a ticket for a DUI, do I have to report that?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A4:</strong> You do not have to report the receipt of the ticket, but if there is a conviction, you must report the conviction within 30 days of receiving it.</td>
</tr>
<tr>
<td>Q5: I am a nurse and I have been notified that my insurance company is no longer going to provide liability insurance as part of their product line, do I have to report that?</td>
</tr>
<tr>
<td><strong>5A:</strong> No, if they are discontinuing it as a product line, you do not need to report it. If they cancelled your coverage because of an adverse action, you would be required to report it.</td>
</tr>
<tr>
<td>Q6: I am a nurse and I received a misdemeanor conviction, can I wait and report it on my next renewal date?</td>
</tr>
<tr>
<td><strong>6A:</strong> No, the conviction must be reported within thirty days of the action.</td>
</tr>
<tr>
<td>Q7: I work as a nurse in a drug and alcohol rehabilitation unit, and we have admitted a physician who was working while under the influence of drugs, do I need to report that?</td>
</tr>
<tr>
<td><strong>7A:</strong> No, if you are providing treatment, which means the information is protected by a practitioner-patient relationship (unless a danger to the public), you do not have to report it.</td>
</tr>
</tbody>
</table>
Mandatory Reporting Q & A

Some Questions and Answers regarding Mandatory Reporting

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

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

Practice Q & A

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

A: The scope of practice for a nurse does not vary by practice setting. The scope of practice is defined in the statutes and does not change with a change in practice settings. The nurse may have different job responsibilities in different settings. But their scope of practice does not change. Even though the statutes and regulations guide the nurse’s practice, facilities may always have policies that are more restrictive. It is the responsibility of each nurse to know their scope of practice and to practice within that scope. All nursing statutes and regulations are available on our Web site, www.dhhs.ne.gov/crl/nursing/nursingindex.htm.
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NEBRASKA NURSING NEWS 25
Registry Action on Nurse Aides & Medication Aides

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Nurse Aide Registry #</th>
<th>Action</th>
<th>Date Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casey, Stephone</td>
<td>48201</td>
<td>Suspension of RN/LPN License</td>
<td>01/11/08</td>
</tr>
<tr>
<td>Hoit, Latisha</td>
<td>71604</td>
<td>Finding of Conviction</td>
<td>01/29/08</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Medication Aide Reg #</th>
<th>Action</th>
<th>Date Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desoe, Velva</td>
<td>23614</td>
<td>Finding of Conviction</td>
<td>06/25/07</td>
</tr>
</tbody>
</table>

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

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

CONTINUING EDUCATION COURSES AT LEARNINGEXT.COM

Disciplinary Actions:

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Contact Hours</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Every Nurse Should Know</td>
<td>4.8</td>
<td>$29</td>
</tr>
<tr>
<td>Diversity: Building Cultural Competence</td>
<td>6.0</td>
<td>$36</td>
</tr>
<tr>
<td>Documentation: A Critical Aspect of Client Care</td>
<td>5.4</td>
<td>$32</td>
</tr>
<tr>
<td>End-of-Life Care and Pain Management</td>
<td>3.0</td>
<td>$18</td>
</tr>
<tr>
<td>Ethics of Nursing Practice</td>
<td>4.8</td>
<td>$29</td>
</tr>
<tr>
<td>Medication Errors: Detection &amp; Prevention</td>
<td>6.9</td>
<td>$41</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Course Title</th>
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<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acclimation of International Nurses into US Nursing Practice</td>
<td>6.6</td>
<td>$40</td>
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<tr>
<td>Confronting Colleague Chemical Dependency</td>
<td>3.3</td>
<td>$20</td>
</tr>
<tr>
<td>Delegating Effectively</td>
<td>4.2</td>
<td>$25</td>
</tr>
<tr>
<td>Respecting Professional Boundaries</td>
<td>3.9</td>
<td>$23</td>
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<tr>
<td>Disciplinary Actions: What Every Nurse Should Know</td>
<td>4.8</td>
<td>$29</td>
</tr>
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<td>6.9</td>
<td>$41</td>
</tr>
<tr>
<td>Nurse Practice Acts CE Courses</td>
<td>6.9</td>
<td>$41</td>
</tr>
</tbody>
</table>

Nurse Practice Acts CE Courses Participants: IA, ID, KY, MA, MN, MO, NC, ND, NM, NV, OH, VA, WV-PN/RN

2.0 Contact Hours | $12

Patient Privacy

5.4 Contact Hours | $32

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<tbody>
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<td>Omaha</td>
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<td><a href="mailto:mgarvey@farmersagent.com">mgarvey@farmersagent.com</a></td>
</tr>
<tr>
<td>Wayne Barry</td>
<td>14235 S St</td>
<td>Omaha</td>
<td>(302) 951-6444</td>
<td><a href="mailto:wbarray@farmersagent.com">wbarray@farmersagent.com</a></td>
</tr>
<tr>
<td>Michael Kidd</td>
<td>11315 P St</td>
<td>Omaha</td>
<td>(302) 330-9218</td>
<td><a href="mailto:mkidd@farmersagent.com">mkidd@farmersagent.com</a></td>
</tr>
<tr>
<td>Rob Kuhl</td>
<td>10749 Mockingbird Dr</td>
<td>Omaha</td>
<td>(302) 884-1055</td>
<td><a href="mailto:rkuhl@farmersagent.com">rkuhl@farmersagent.com</a></td>
</tr>
<tr>
<td>Pat Lemmers</td>
<td>11720 W Dodge Rd</td>
<td>Omaha</td>
<td>(302) 493-3033</td>
<td><a href="mailto:plemmers@farmersagent.com">plemmers@farmersagent.com</a></td>
</tr>
<tr>
<td>Gerene Ridpath</td>
<td>4848 S 120th St #210</td>
<td>Omaha</td>
<td>(302) 895-0885</td>
<td><a href="mailto:gridpath@farmersagent.com">gridpath@farmersagent.com</a></td>
</tr>
<tr>
<td>Mary Sladek</td>
<td>5332 S 138th St #203</td>
<td>Omaha</td>
<td>(302) 991-9229</td>
<td><a href="mailto:msladek@farmersagent.com">msladek@farmersagent.com</a></td>
</tr>
<tr>
<td>Jerry Stone</td>
<td>2707 S 134th Ave #2</td>
<td>Omaha</td>
<td>(302) 333-9090</td>
<td><a href="mailto:jstone@farmersagent.com">jstone@farmersagent.com</a></td>
</tr>
<tr>
<td>Kevin Sulley</td>
<td>2608 S 158th Plz</td>
<td>Omaha</td>
<td>(302) 697-1010</td>
<td><a href="mailto:ksslley@farmersagent.com">ksslley@farmersagent.com</a></td>
</tr>
<tr>
<td>Heather Holland</td>
<td>13906 Gold Cir #102</td>
<td>Omaha</td>
<td>(302) 679-3676</td>
<td><a href="mailto:hholland@farmersagent.com">hholland@farmersagent.com</a></td>
</tr>
<tr>
<td>Jeremey Christensen</td>
<td>13906 Gold Cir #102</td>
<td>Omaha</td>
<td>(302) 896-3170</td>
<td><a href="mailto:jchristensen1@farmersagent.com">jchristensen1@farmersagent.com</a></td>
</tr>
<tr>
<td>Doug Finley</td>
<td>2210 N 91st Plz</td>
<td>Omaha</td>
<td>(302) 390-0340</td>
<td><a href="mailto:dfinley@farmersagent.com">dfinley@farmersagent.com</a></td>
</tr>
<tr>
<td>Kevin Capece</td>
<td>16910 Frances St</td>
<td>Omaha</td>
<td>(302) 212-9131</td>
<td><a href="mailto:kcapece@farmersagent.com">kcapece@farmersagent.com</a></td>
</tr>
<tr>
<td>Jordan Asmus</td>
<td>1921 Delta Dr</td>
<td>Scottsbluff</td>
<td>(308) 632-2054</td>
<td><a href="mailto:jasmus@farmersagent.com">jasmus@farmersagent.com</a></td>
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</tbody>
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*Available only for Nebraska physicians and registered nurses
Board of Nursing Centennial Planning Committee Being Formed

The Nebraska Board of Nursing will celebrate their 100th anniversary in 2009. The board was formed and the first licenses were issued in 1909. A committee is being formed to make plans to commemorate the centennial. If you are interested in being a part of the planning team for this momentous occasion, contact Charlene Kelly by telephone at (402) 471-0317 or by e-mail at Charlene.kelly@dhhs.ne.gov. Also, if you have ideas for the celebration, we would like to hear those also.

Advanced Practice Registered Nurse Board

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

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

The minutes and meeting schedule for the APRN Board can be found on our Web site, www.dhhs.ne.gov/crl/nursing/nursingindex.htm.

The new board membership includes one nurse practitioner, one certified nurse midwife, one certified registered nurse anesthetist, one clinical nurse specialist, three physicians and two public members. Current members of the new APRN Board are:
- Brenda Bergman-Evans, president (nurse practitioner)
- Steve Wooden, vice president (certified registered nurse anesthetist)
- Ruth VanGerpen, Secretary (clinical nurse specialist)
- Anita Jaynes (certified nurse midwife)
- Michelle Knolla (physician)
- George Adams (physician)
- Terry Gee (physician)
- Steve Jackson (public member)
- Josh White (public member)

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There were 14,423 RNs, 5,616 LPNs, 23 Nurse Practitioners and 224 CRNAs licensed in Nebraska. (There are currently 22,230 RNs, 6,782 LPNs, 809 LPN-Cs, 721 Nurse Practitioners, 23 Certified Nurse Midwives, 482 CRNAs and 81 CNSs licensed in Nebraska.)

- Ann Van Hoff, RN, member of the Nebraska Board of Nursing, wrote an article on Considering Accountability, Autonomy, and Judgment. In summary, Ann wrote, "It is the profession composed of its individual members that exerts pressure for quality judgments. It is only when we, the professionals, appear to fail, that society steps in. We can no longer look to someone else to support our judgments and actions if we are to survive as a profession."

- Definitions for supervising and accountability were provided. Supervising includes: 1) Personally observing a function or activity. 2) Providing leadership in the assessment, planning, implementation, and evaluation of nursing care. 3) Delegating functions or activities while retaining accountability. And 4) Determining that nursing care being provided is adequate and delivered appropriately. Accountability means being obligated to answer for one’s acts, including the act of supervision.

- The Board of Nursing officers elected for 1988 were Mary Lou Holmberg, RN, President; Karen Smith, RN, Vice President; and Martha Brown, RN, Secretary.

- The Board of Nursing took the following actions:
  - Granted conditional approval for Dakota Wesleyan to conduct a professional nursing program at North Platte.
  - Approved Sue Buckley, RN, as a Pediatric Nurse Practitioner.
  - Approved Dr. George McLean as a member of the CRNA Advisory Council.
  - Discussed and made recommendations on the following nursing practice questions:
    - Role of the LPN in removal of skin clips and Devol catheters
    - Role of the LPN in Chronic Ambulatory Peritoneal Dialysis
    - Role of the LPN in PCA pump
    - RN role in cardioversion
  - An application was printed for Nursing Practice Advisors being sought to assist the board with the development of advisory opinions.
  - 144 candidates took the NCLEX-PN examination in October. 133 candidates passed the exam for a passing percentage of 93 percent. The national passing percentage is 88 percent. Nebraska’s mean scaled score was 533.9. The national mean scaled score was 490.2.

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

**Nursing and Nursing Support**

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

**Advanced Practice Nursing**
(CRNA, CNM, APRN, CNS)

**Initial Licensure**
Licensure by Endorsement
Reinstatement of Licensure
License Renewal/Audit Questions
Kathy Anderson
(402) 471-2666
kathy.anderson@dhhs.ne.gov

**Nursing Practice Issues**
Karen Bowen, R.N., M.S.
(402) 471-6443
karen.bowen@dhhs.ne.gov

**Registered Nurse**

License Based on Examination (NCLEX®)
Licensure Based on Endorsement
Renewal/Audit Questions
Kelli Dalrymple
(402) 471-4375
kelli.dalrymple@dhhs.ne.gov

**Licensed Practical Nurse**

License Based on Examination (NCLEX®)
Licensure Based on Endorsement
Renewal/Audit Questions
Mary Ann Moore
(402) 471-4925
maryann.moore@dhhs.ne.gov

**Certified Nursing Assistant**

CERTIFIED
Certification by Examination
Certification Renewal/Audit Questions
Mary Ann Moore
(402) 471-4925
maryann.moore@dhhs.ne.gov

**Foreign Educated Nurses**
Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@dhhs.ne.gov

**Nursing Statutes**
Rules and Regulations
Charlene Kelly, R.N., Ph.D.
(402) 471-0317
charlene.kelly@dhhs.ne.gov

**Scope of Practice and Practice Standards**
Karen Bowen, R.N., M.S.,
(402) 471-4376
karen.bowen@dhhs.ne.gov

**Education Issues, Curriculum Revisions and Nursing Program Surveys**
Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@dhhs.ne.gov

**Refresher Course/Designing Own Review Course of Study**
Sheila Exstrom, R.N., Ph.D.
(402) 471-4917
sheila.exstrom@dhhs.ne.gov

**RN and LPN license reinstatement**

**Name and/or Address Change**
(Provide your name and Social Security number)
Teresa Luse
(402) 471-4910
teresa.luse@dhhs.ne.gov

**Certifications/Verifications**
Duplicate/Reissue Licenses
Kathy Anderson
(402) 471-2666
kathy.anderson@dhhs.ne.gov

**RN and LPN license reinstatement**

Name and/or Address Change
(Provide your name and Social Security number)
Wanda Wiese
(402) 471-0537
wanda.wiese@dhhs.ne.gov

**Nurse Aide**

Role and Practice Standards
Maretta Stark, R.N., B.S.N.
marletta.stark@dhhs.ne.gov

**Nurse Aide Registry**
Wanda Wiese
(402) 471-0537
wanda.wiese@dhhs.ne.gov

**Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses**
Nancy Stava
(402) 471-4971
nancy.stava@dhhs.ne.gov

**Nurse Aide Testing**
Kathy Eberly
(402) 471-4364
kathy.eberly@dhhs.ne.gov

**General**

Mailing Labels
Available online at: http://www.dhhs.ne.gov/crl/orders.htm

**Information on Disciplinary Actions**
Carmen Bachle
(402) 471-4923
Carmen.bachle@dhhs.ne.gov

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