

Nebraska Nursing NEWS

Volume 29 • Number 3 / Fall 2012

**Nebraska Nurses Show
a High Job Satisfaction
with Career**

**What Can a Medical
Assistant Do?**

**Adaptation of a Transition to Practice
Program for New Nursing Graduates in
Acute and Long-term Care Facilities in
Rural and Urban Nebraska**

Department of Health & Human Services

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With energy that goes above and beyond, sitting behind a desk wasn't for Molle

Spend just a few minutes with Molle, and you soon get caught up in the excitement she has for helping people and her enthusiasm for nursing. Molle started her college career in a different direction, but it did not take her long to realize sitting behind a desk was not for her.

Even after 9 years of being an RN, Molle still loves getting to care for patients, putting a smile on their face and just being with people during both the ups and downs during their stay. But according to Molle, the best part is working with such wonderful people. "Physicians, co-workers, managers – they are all wonderful. And having worked for a couple of other medical centers in other cities, I feel that I can say that BryanLGH Medical Center has the best group of people to work with."

Molle appreciates everyone's hard work, but most of all, knowing that she never has to go through something alone. The closeness of the staff and physicians, working with patients, and all pulling together to do what is best for the patients and families is what makes BryanLGH Medical Center the place Molle wants to be.

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Executive Director's Message

Karen Bowen

We are pleased to announce the completion of the Transition to Practice grant study funded by the National Council of State Boards of Nursing (NCSBN). In this issue you will find the final report of the study, *Adaptation of a Transition to Practice Program for New Nursing Graduates in Acute and Long-term Care Facilities in Rural and Urban Nebraska* by Peggy Hawkins.

There are a number of people that contributed to this project, too many to recognize by name. But I do want to recognize some of the people that were instrumental in the early creation of the grant project.

In the early 1990s the Board of Nursing and the Nebraska Nurses Association conducted a statewide survey on transition to practice. The boards from the organization

that would become Nebraska Nurse Leadership Coalition (NNLC) met to respond to the results of the study and to develop a plan to implement a transition program. The Nebraska Nurse Leadership Coalition was comprised of the following five organizations: Nebraska Board of Nursing, Nebraska Nurses Association, Nebraska Assembly of Nursing Deans and Directors, Licensed Practical Nurses Association of Nebraska, and Nebraska Organization of Nursing Leadership.

The NNLC continued to meet to actively address issues of common concern, and issues related to transition to practice. The group conducted several activities, but limited resources hampered the implementation of a transition program that prompted the beginning of the organization. In 2007 the NNLC discussed the submission of a grant proposal to the NCSBN's Center for Regulatory Excellence to conduct a transition to practice study.

Charlene Kelly, PhD, RN, FRE, Executive Director of the Board of Nursing, and Eleanor

Howell, PhD, RN, Dean of Creighton University College of Nursing wrote the grant that was initially submitted to NCSBN with letters of support from the five organizations. The initial grant proposal included Charlene Kelly as Principal Investigator. The grant proposed to study issues associated with transition to practice for both LPNs and RNs, in rural and urban areas, and acute and long term care settings.

Shortly after word that the Grant Panel of NCSBN's Center for Regulatory Excellence had reviewed the grant application and recommended funding the proposal, Charlene Kelly became ill and began her battle with cancer. She, unfortunately, lost that battle in February 2009. I do wish to acknowledge everyone that had a role in this project, and especially Charlene for her vision and work to have made it possible.

Karen Bowen, MS, RN

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President's Message

Crystal Higgins, RN MSN

Get ready for fall! Fall brings numerous conferences and workshops for nurses. The nursing professional organizations have their annual conferences. Finding members to take offices and carry out the goals of the organization seems to get more difficult each year. How do you get new members? How do you get members to participate in the organization? I am sure that all organizations have had those questions. I don't have any answers for you but if you do not belong to your professional organization now is a good time to check it out. Attend the state conference and see if the organization meets your needs as a nurse. Find out the benefits of belonging to the organization. In this age of social media and instant information organizations have to be prepared to

provide what the members need.

I just returned from Dallas attending the National Council of State Boards of Nursing Annual meeting. Jane Carmody and I represented the Nebraska RN/LPN board as delegates. We voted on the issues brought to the membership. Of the 60 boards that are members 59 were in attendance. There are more boards than states because several states have separate boards for RNs and LPNs. Nebraska is the only state that has a board for Advanced Practice Nurses. Senator Birdwell from Texas welcomed the members. He brought tears to many nurse's eyes when he shared his experience. He was in the Pentagon on September 11 and was burned very badly. He shared why he has such respect for nurses.

Presentations on Just Culture, the Criminal History Task Force, and the Health Workforce Study were shared with the membership to keep states up to date on

what is happening in the nation. The delegates voted on the Model Practice Act and Rules and the changes in the NCLEX-RN test plan. Regulatory bodies from other countries are allowed to join NCSBN as associate members. The assembly voted to approve as associate members the Saskatchewan Registered Nurses' Association, College of Licensed Practical Nurses of Nova Scotia and the Nursing Council of New Zealand.

Meeting members from other boards of nursing is important to keep up with what is happening in nursing. Meetings are held for Area Boards, Presidents, Executive Officers and Regulation members.

I learn so much when I attend these meetings. I hope you can join your professional organization and receive the benefits that you can use to be the best nurse you can be.

Crystal R. Higgins

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Nebraska Board of Nursing

Meeting Schedule 2012-13

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 website at <http://www.dhhs.ne.gov/crl/brdmtgs.htm> or you may obtain an agenda by phoning (402) 471-4376 or emailing Jennifer.vanepere@nebraska.gov.

Day/Date	Time	Meeting	Location
November			
Wednesday, November 7	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 TBA
Thursday, November 8	8:30 a.m.	Board meeting <i>(Discipline case review-most of meeting in closed session)</i>	Gold's Room 531
December			
Thursday, December 13	8:30 a.m.	Board meeting	Gold's Room 531
January			
Wednesday, January 9	2:00 – 5:00 p.m. 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	TBA
Thursday, January 10	8:30 a.m.	Board meeting <i>(Discipline case review-most of meeting in closed session)</i>	TBA
February			
Thursday, February 14	8:30 a.m.	Board meeting	

All meetings will be held in the

Gold's Building 1050 N Street, Lincoln Nebraska 68508

Did You Receive Your Renewal Notice?

If not, it could be because we don't have your current address on file. Pictured on right is the first batch of Renewal Postcards returned to the Department with invalid addresses. Each of these was returned because a nurse moved and did not update their current address with us. For each of these returned notices, it requires staff to go into the licensing database, input the correct address and reissue a renewal notice to be mailed to the nurse with the current address. Or in some cases, the current address is unavailable so it is not possible to update. Those nurses will not receive renewal notices. Thank you to those of you that keep your current address on file with us!

Remember, the address we have for you in our licensing system is where **all**

communication from the Department is sent, including renewal notices, audit notices and the Nursing News. Changing your address is as easy as going online at <https://nebraska.mylicense.com>, the Department of Health and Human Services site and following the easy directions. You may also call our office at (402) 471-4376 to change your address.



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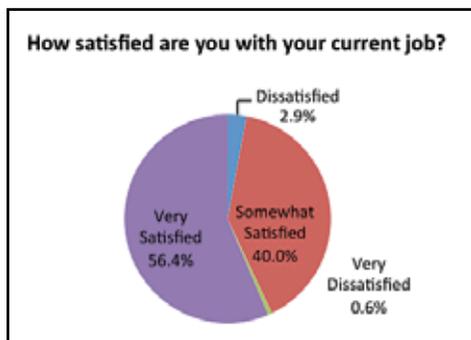
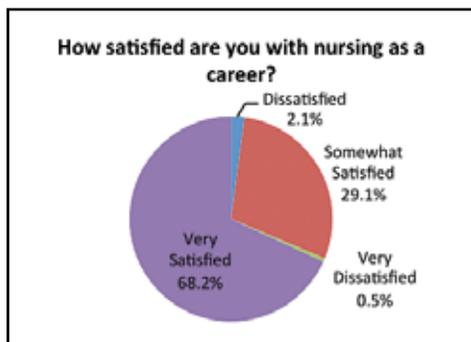
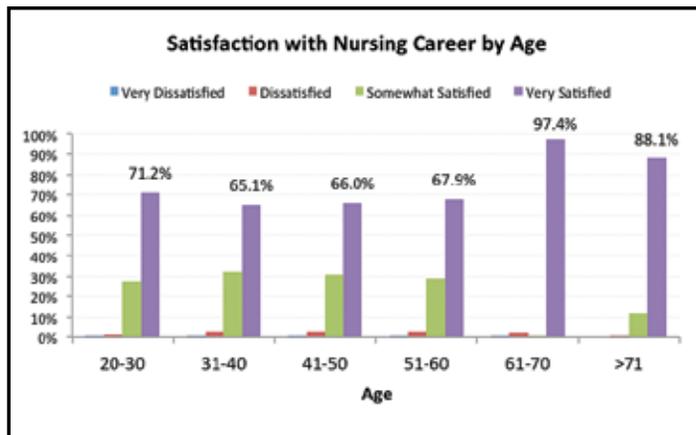
Nebraska Nurses Show High Job Satisfaction with Career

By Juan P. Ramirez PhD

The nursing renewal surveys of LPNs and RNs in the State of Nebraska contain a number of questions related to the nursing career. Some of these questions ask about whether nurses are satisfied with their current job or nursing as a career. Job

recession started, this phenomenon is cyclical and acute nursing shortages can arise again.

The specific questions asked in the 2010 RN renewal survey regarding job satisfaction are: 1) **How satisfied are you with nursing as a career?** (Four-point scale, from 'Very satisfied' to 'Very Dissatisfied'). 2) **How satisfied are you with your current job?** (Four-point scale, from 'Very satisfied' to 'Very Dissatisfied'). 3) **If you had to do it over, would you choose nursing as a career?** (Yes or no answer). 4) **Would you encourage others to choose nursing as a career?** (Yes or no answer). Results related to job satisfaction show that Nebraska nurses are highly satisfied with their choice to be a nurse. Lower levels of satisfaction were found when asked about their current job, although levels of satisfaction were still quite high, 68.2% vs. 56.4%, respectively (respondents who answered 'Very Satisfied'). Only 2.6% of nurses responded that they were "Very Dissatisfied" or "Dissatisfied" with nursing as a career, and 3.5% showed levels of dissatisfaction with their current job.

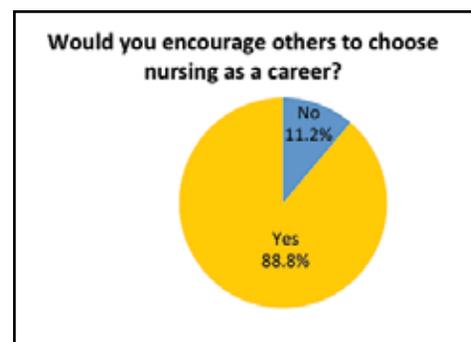
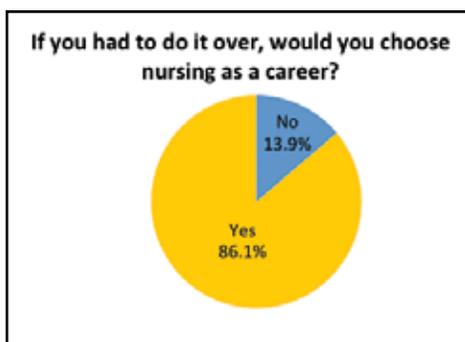


satisfaction is an important proxy of the retention rate of the workforce; thus, a low job satisfaction in the workforce could mean that employers are experiencing a high turnover and there may not be enough supply of professionals. On the contrary, high levels of job satisfaction means that the workforce environment is healthy and high levels of retention rates can be expected. This is also a positive sign for new applicants who are considering entering into a particular professional career. This is relevant in the nursing profession as it is known that despite the surge in employment in the health care industry since the

When analyzing career satisfaction results by age, it reveals that at least two-thirds of nurses at any age-range are 'Very Satisfied' with their nursing career (bars in purple). Results also show that nurses over 60 years of age have the highest satisfaction rates with their profession.

When asked if they had to do it over, would they choose nursing as a career, 86.1% of nurses indicated that they would choose nursing again, and 88.8% responded that they would motivate others to choose nursing. These results show that nurses are highly satisfied with their profession, which is an excellent indicator for a high quality of health care services provided to the citizens of Nebraska.

Dr. Ramirez is a research consultant who works with the Nebraska Center



National Council of State Boards of Nursing News

Annual Meeting

The National Council of State Boards of Nursing (NCSBN) held its annual meeting August 8-10 in Dallas. There were 59 member boards represented by delegates. Some of the significant actions approved by the member boards included:

- Adoption of revisions to the NCSBN Model Practice Act and Rules;
- Approval of the 2013 NCLEX-RN Test Plan;
- Approval to conduct an analysis of the issues surrounding regulation of APRN students, faculty and programs, which are practicing across state lines or jurisdictional boundaries;
- Election of officers for the NCSBN Board of Directors and Leadership Succession Committee; and
- Acceptance of the Saskatchewan Registered Nurses' Association, Nursing Council of New Zealand and College of Licensed Practical Nurses of Nova Scotia as associate members.

Research Briefs

In July NCSBN announced the publication of new research briefs, *Report of Findings from the 2011 RN Nursing Knowledge Survey* and *2011 Knowledge Survey of Medication Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings*.

Report of Findings from the 2011 RN Nursing Knowledge Survey identifies the knowledge needed by newly licensed registered nurses. The results of this study (i.e., the important knowledge statements) will be used to inform item development for the NCLEX-RN Examination.

2011 Knowledge Survey of Medication Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings identifies the knowledge needed by certified entry-level medication aides/assistants. The results of this study (i.e., the important knowledge statements) will

also be used to assist item development for the MACE Examination.

NCSBN offers more than 55 volumes of research that include practice analyses and national surveys of the profession, covering such topics as nursing education and professional issues. The Research Library can be found on NCSBN's website, NCSBN.org.

Brochures

NCSBN has published a number of brochures that are available upon request. Some of the brochures include *A Health Care Consumer's Guide to Advanced Practice Registered Nursing*, *A Nurse's Guide to Professional Boundaries*, *A Nurse's Guide to the Use of Social Media*, *State and Territorial Boards of Nursing: What Every Nurse Needs to Know* and many others. For a complete list and information on how to receive the brochures, visit <https://www.ncsbn.org/2551.htm>.

1 / 2 H a d t o c o m e

Adaptation of a Transition to Practice Program for New Nursing Graduates in Acute and Long-term Care Facilities in Rural and Urban Nebraska

Peggy Hawkins, PhD, RN

There is a nation wide interest in new nursing graduates' transition to practice. Numerous studies have identified the orientation period as a time of careful mentoring for the sake of patient safety, job satisfaction, employer costs, and nursing effectiveness (Boyer, 2008; Crimlisk, 2002; del Bueno, 2005; Hickey, 2009; Olson, 2009; Vance, 2000; & Wojnar, 2002). 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. The Center for Regulatory Excellence of the National Council of State Boards of

Nursing sought applications in 2007 from states interested in studying new graduates' transition to practice.

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) applied for and were funded to study new graduates' transition to practice in Nebraska. Nebraska's application was unique in that it planned to study not only new RNs in urban areas, but to also study LPN new graduates, long-term care settings, and rural settings. The study launched in March 2010 and concluded in March 2012 with Sheila Exstrom, PhD, RN, as the principal investigator, and Peggy Hawkins, PhD, RN, as

the project director. Susan Sandstrom, MSN, RN was the research assistant.

Nebraska's project investigated orientation needs of new LPNs and RNs in urban and rural areas and included acute and long-term care facilities. Several phases of the project were planned. In Phase One, graduates during 2009 completed a survey to determine their orientation experiences. Also in Phase One, preceptors, first line managers, and new graduates in urban and rural areas as well as acute and long-term care facilities were surveyed about new graduate educational needs. Recruitment of rural and urban as well as acute care and long-term care facilities was completed in Phase One. There were 22 facilities enrolled in the study from all areas of Nebraska.

Phase Two began in October 2010 and included eight grant-funded two-day preceptor development programs in which 239 nurses attended. Phase Two also provided 16 new graduate online educational modules to be used in addition to a facility's typical orientation. Preceptors and managers of new nursing graduates were surveyed about their perceptions of new nursing graduates before and after the preceptor development programs and implementation of the online modules. Surveys and observations of new nursing graduates were also conducted before and after implementation. The *before* time frame was designated the control period and the *after* time frame was designated the treatment period.

Significant findings ($p < .05$) of satisfaction, preparedness, errors, and costs before and after the implementation of the preceptor development programs and the online modules were determined. These results are summarized in Table 1.

Respondents in both the control groups and treatment groups reported how satisfied they were with the orientation and transition of new graduates. The new graduates, preceptors, and managers were more satisfied at the end of the treatment period than at the end of the control period ($p < .05$).

...continued on next page



What's in Your Wound Care Toolbox?

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The percentage of new graduates who indicated they were prepared to make patient care decisions changed from 76% in the control group to 93% in the treatment group. Only 43% of preceptors thought that new graduates were prepared at the end of the control period, but 75% of preceptors thought new graduates were prepared at the end of the treatment period. When asked whether preceptors were prepared to develop critical thinking in new graduates, 54% in the control group indicated they were prepared but 78% in the treatment group felt prepared to develop critical thinking in new graduates. Treatment group preceptors felt more prepared to assure that new graduates gave safe care (Control 88%; Treatment 92%).

Although no errors causing any harm to any patient were noted during the observational portions of the study, there were breaches in

Table 1: Comparison of variables between control and treatment periods

Variable	Control	Treatment
New graduates prepared to make patient care decisions	76%	93%
Preceptors who thought new graduates were prepared	43%	75%
Preceptors prepared to develop new graduate critical thinking	54%	78%
Preceptors prepared to assure new graduate gave safe care	88%	92%
Observed breaches in practice	Mean= 12	Mean= 8
Reported errors by new graduates	97	88
Reported new graduate errors by preceptors	258	120
Reported new graduate errors by managers	206	144
Estimated costs	\$7028	\$4961

nursing practice, such as lack of hand hygiene, incorrect medication preparation, and lack of patient identification. In the control period, there were 86 breaches in seven observational sessions with a mean of 12 breaches per observation and in the treatment period there were 80 breaches in ten observational sessions with a mean of 8 breaches per observation. New graduates, preceptors, and managers reported by anonymous surveys the number of errors new graduates made. In the control period, new graduates reported making 97 errors, preceptors

reported that new graduates made 258 errors, and managers reported 206. In the treatment period, new graduates reported 88 errors, while the preceptors in the treatment group reported new graduates made 120 errors, and managers reported 144. The most commonly reported errors were medication errors and falls.

Managers were asked to estimate costs between the control and treatment periods. Estimated costs were significantly reduced from

...continued on next page

1 / 2 H a d t o c o m e



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the control phase of \$7028 per new graduate to the treatment phase of \$4961 per new graduate.

When comparing rural and urban facilities, the control phase found that rural facilities were significantly less satisfied with transition programs than urban facilities but that those differences dissipated in the treatment phase. When comparing acute care and long-term care facilities, the control phase found that long-term care facilities indicated less satisfaction with the development of preceptors but those differences also dissipated in the treatment phase. Although LPNs responded to the control phase surveys, there were not enough LPN respondents in the treatment phase to conduct an analysis.

The findings of the study concluded that new nursing graduates were more satisfied, were more prepared, and had fewer errors when provided additional educational modules and had preceptors who had attended a program on mentoring new graduates.

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Alert From Family and Friends – You Are Not Alone!

Alcohol/drug addiction is said to be a disease of isolation and loneliness. Health care professionals also try to fight the battle of addiction alone - without the help of family, friends or the counseling and treatment professionals who also care about them as human beings behind the addiction. The untreated addiction progressively creates more problems until a pivotal crisis occurs. This “get help or else” crisis will almost always result in a mandate by an employer, an ultimatum by a spouse, or a request by the State Division of Public Health Investigations for the health care professional to obtain an alcohol/drug assessment and treatment referral assistance from the Nebraska Licensee Assistance Program (NE LAP).

NE LAP services are available to any health or health-related service provider who is actively licensed, registered or certified by the State of Nebraska. We provide education, alcohol/drug assessments, referrals to treatment and ongoing support to help health care professionals achieve a healthy recovery from addiction. Our professional, confidential, free services are available before, during, or after personal, job/career or licensure crises.

The NE LAP works with alcohol/drug professionals and programs throughout Nebraska who can provide health care professionals counseling and treatment. Community support groups, such as Alcoholics Anonymous, Narcotics Anonymous and Licensee Support Groups, are also important resources available to help professionals understand and overcome addiction. In these groups, members share their experience, strength, hope and wisdom with each other to achieve and maintain recovery from addiction. Those who work with health care professionals can also provide valuable support when they understand the disease process of addiction and how to help their colleagues who are working on overcoming an addiction.

It is very good news that addicted health care professionals, with proper treatment and support, can arrest addiction and continue their health care career. However, overcoming an alcohol/drug addiction is a challenging process and one that cannot usually be done alone. Family, friends and others who care about health care professionals need to help them complete this process. Providing a supportive environment for the recovering professional

creates a “win-win” situation for everyone involved. There are many practicing health care professionals who have successfully arrested their addictions. They are a valuable testament to the human spirit that can overcome alcohol or drug addiction and safely and successfully practice professional health care, when they were not left alone in their battle against addiction.

If you are a licensed health or health-related

service professional wanting more information about alcohol/drug abuse or addiction, please contact the NE LAP at (800) 851-2336 or (402) 8055 or visit our web site at www.lapne.org. If you would like to schedule an educational presentation on alcohol/drug addiction and the health care professional, please ask for Judi Leibrock, NE LAP Coordinator or Michelle Hruska, NE LAP Counselor.

What Can a Medical Assistant Do?

We receive many inquiries in the Department regarding the role of the medical assistant in various settings. In Nebraska, medical assistants are not regulated; they do not have a statutory or regulatory authorized scope of practice; they are not licensed, certified or registered by the State of Nebraska. Some medical assistants hold a voluntary national certification, but that certification does not authorize them to do anything beyond what any other unlicensed person may do. Therefore the medical assistant must have the proper authority to provide nursing or medical tasks.

Even though medical assistants are not regulated in Nebraska, the provision of healthcare is regulated, including medication administration. Medication Administration is limited to:

- 1) individuals with capability and capacity to make an informed decision about medications;
- 2) caretakers; and
- 3) licensed health care professionals that have medication administration in their scope of practice.

Since the medical assistant is not licensed and does not have a scope of practice, in order to provide medications, they must be on the Nebraska Medication Aide Registry, and provide medications in accordance with the Nebraska Medication Aide Act.

The Medication Aide Act states that the act applies to all settings in which medications are administered except the home, unless in-home administration of medication is provided through a

licensed home health agency or licensed or certified home and community-based provider.

The provision of other nursing tasks must be done under RN delegation. An RN may delegate selected non-complex nursing interventions to unlicensed persons under the guidelines of 172 NAC 99-004, Standards for Delegation. When making a decision to delegate to an unlicensed person, the RN must determine which nursing interventions may be delegated, which unlicensed person(s) may provide the delegated interventions, how to communicate the delegation plan, the appropriate level of supervision and how to appropriately evaluate the delegation plan. Only RNs may delegate non-complex nursing interventions to be performed on behalf of the nurse.

The RN is accountable for the care of clients/patients and the outcomes of the delegation decision. In fact, 172 NAC 101-007.03 states a nurse may have disciplinary actions taken against their nursing license for “delegating and/or assigning nursing interventions contrary to the standards set forth in 172 NAC 99.”

An example of appropriate delegation may include delegating routine vital signs to an unlicensed individual that has been trained and is competent to do the task. Inappropriate delegation would include complex nursing interventions such as starting an IV or making triage decisions.

Statutes relating to Medication Aides and Regulations Governing the Provision of Medications by Medication Aides can be accessed at http://dhhs.ne.gov/publichealth/Pages/crl_nursing_ma_ma.aspx.

For information pertaining to RN Delegation you may contact Niki Eisenmann, MSN, RN at nancy.eisenmann@nebraska.gov or 402-471-6443. Statutes relating to RN Delegation and Regulations Governing the Provision of Nursing Care can be accessed at http://dhhs.ne.gov/publichealth/Pages/crl_nursing_rn-lpn_rules.aspx.

1 / 3 b a d t o c o m e

Board Welcomes New Nursing Practice Consultant

We are pleased to announce that Nancy (Niki) Eisenmann started in the position of Nursing Practice Consultant in July. The position was formerly held by Karen Bowen and became vacant when she accepted the position of Executive Director.

Niki is originally from Wyoming. She came to Nebraska to attend UNMC Kearney for her BSN. After earning her BSN, she returned to Wyoming to work in a rural hospital. Her nursing experience also includes medical surgical and orthopedics. She received her master's degree in Nursing Education from Nebraska Wesleyan University in 2008. She and her husband moved to Lincoln in 2003 where they reside with their two daughters.

In addition to providing consultation and serving as a resource on the practice of nursing practice, Niki staffs the Board of Nursing's Practice Committee and the APRN Board. She

also assists in providing staff support for the Center for Nursing.

Please join us in welcoming Niki.

You may contact Niki at 402-471-6443, nancy.eisenmann@nebraska.gov.



Nancy Eisenmann

1 / 6 h a d t o c o m e

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Licensure Actions

The following is a list of licensure actions taken between June 1, 2012 and July 31, 2012.

Additional information regarding the actions identified below is available on our website at www.nebraska.gov/LISSearch/search.cgi. To view a copy of the disciplinary/non-disciplinary action click on "View Scanned Documents" once in the License Details Section of the search.

The information may also be requested by e-mail at jennifer.vaneperen@nebraska.gov.

Licensee	Date of Action	Action	Violation
Nakia Kelly LPN 21013	06/01/12	Probation	Conviction of a misdemeanor which has a rational connection with fitness or capacity to practice the profession Diagnosis of alcohol dependence
Jennifer King LPN 18308	06/01/12	Revocation	Failure to report nursing employment termination in accordance with the state mandatory reporting law Unprofessional Conduct-Failure to furnish the board or its investigators with requested information or requested documents
Passion Ross LPN 23673	06/1/12	License Issued on Probation	Disciplinary action in another state
Raymond Chase RN 71760	06/1/12	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession Alcohol abuse diagnosis
Debra Kurlmel RN 23242	06/01/12	Censure	Unprofessional Conduct
Julie Salsbury RN 67719	06/01/12	Suspension	Unprofessional Conduct-Failure to furnish the Board or its investigator with required information or requested documents
Marlene Hettinger LPN 19445	06/13/12	Suspension	Failure to comply with a disciplinary order
Michelle Schroeder LPN 18164	06/13/12	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession Diagnosis of alcohol dependence Failure to report misdemeanor convictions in accordance with the state mandatory reporting law
Lindsey Dempster RN 73149	06/13/12	Voluntary Surrender	Diversion of controlled substances Abuse of, dependence on, or active addiction to alcohol, any controlled substance, or any mind-altering substance Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Catherine Larson-Karnes RN 52214	06/13/12	Censure \$500 Civil Penalty	Violation of probationary conditions
Julia Luceri RN 67883	06/13/12	Probation	Violation of the Uniform Controlled Substances Act Dishonorable Conduct-Diversion of narcotics for personal use Abuse of, dependence on, or active addition to . . . any controlled substance or mind altering drug
Ashley Lammle LPN 23685	06/18/12	Probation	Misdemeanor convictions having a rational connection with fitness to practice Abuse of, dependence on, or active addiction to alcohol
Brandi Hurlburt LPN 17117 LPN-C 1213	06/25/12	Suspension	Dishonorable Conduct-Creation and use of fraudulent prescriptions to obtain controlled substances Diagnosis of opioid dependence
Jennifer Perry LPN 22546	06/25/12	Suspension	Abuse of or active addiction to alcohol or controlled substances Conviction which has a rational connection to the practice of the profession
Pamela Williams LPN 19187	06/25/12	Probation	Abuse of, dependence on, or active addiction to alcohol, any controlled substance . . . Conviction of a crime in any jurisdiction which , if committed within the state, would have constituted a misdemeanor or felony under NE law and which has a rational connection with fitness to practice the profession

Licensee	Date of Action	Action	Violation
Cynthia Davidson RN 69227	06/25/12	Revocation	Immoral and dishonorable conduct evidencing unfitness to practice nursing
Elizabeth Bebout LPN 20782	06/28/12	Censure \$1000 Civil Penalty Suspension	Practice of the profession beyond authorized scope Unprofessional Conduct-Failure to conform to the standards of prevailing practice of the profession
Shirley Piontkowski LPN 10964	07/12/12	Probation	Conviction of a misdemeanor or felony which has a rational connection with fitness or capacity to practice the profession
Kimberly Clouatre RN 40196	07/12/12	Reinstatement on Probation	Previous disciplinary action
Alisha Gochanour RN 71391	07/12/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record
Tiara Nowden RN 73420	07/12/12	Suspension \$500 Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a credential
Kathleen Fleek LPN 4357	07/15/12	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Darla Jarmin LPN 13215	07/15/12	Non-disciplinary Assurance of Compliance	Violation of the Uniform Controlled Substances Act
Annette Janssen RN 64791	07/15/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed
Kim Shaul RN 69771	07/15/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed
Mary Else LPN 13350	07/16/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Sarah Baker RN 73261	07/19/12	Non-disciplinary Assurance of Compliance	Practice of the profession beyond authorized scope
Tamara Sterling RN 51325	07/19/12	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor convictions in accordance with the state mandatory reporting law
Julie Garrett RN 69543	07/19/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care
Donielle Finnegan LPN 22346 LPN-C 1413	07/23/12	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor convictions in accordance with the state mandatory reporting law
Kristian Rightnar LPN 22875	07/23/12	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to report employment termination in accordance with state mandatory reporting law
Scott Dutra LPN 14299	07/26/12	Suspension	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Judy Soule LPN 14822	07/26/12	Censure	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Douglas Burton RN 46971	07/26/12	Censure \$1000 Civil Penalty	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Jamie Fox RN 68652	07/26/12	Censure \$500 Civil Penalty	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Amy Halligan RN 63252	07/26/12	Suspension	Unprofessional Conduct-Falsification of material facts in a material documents connected with the practice of nursing Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Pamela Harris RN 57183	07/26/12	Suspension \$1000 Civil Penalty	Dishonorable Conduct Violation of the Uniform Controlled Substances Act
Timothy Miller RN 61869 APRN-NP 1848	07/26/12	Suspension	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession Failure to keep and maintain adequate records of treatment or service Violation of the Uniform Controlled Substances Act
Hope Norstadt RN 68759	07/26/12	Suspension Censure Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice Failure to report loss of nursing employment in accordance with the state mandatory reporting law

Licensee	Date of Action	Action	Violation
LeAnn Remmers-Hamner RN 63723	07/26/12	Reinstatement on Probation	Previous disciplinary action
Rhonda Stander RN 48964	07/26/12	Reinstatement on Probation	Previous disciplinary action
Robert Stanton RN 62284	07/26/12	Reinstatement on Probation	Previous disciplinary action
Ronda Booth LPN 13819	07/27/12	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed Falsification or intentional unauthorized destruction of patient records Failure to maintain an accurate patient record Committing any act which endangers patient safety and welfare
Bennett Burrus RN 30946	07/27/12	Censure	Practice of the profession beyond authorized scope

Cease and Desist

Cease and Desist issued to Candris Foote June 27, 2012 – Cease and desist identifying self as a nurse until such time as has a valid license to practice nursing in the State of Nebraska.

Clarification on Licensure Actions

For clarification: in the Licensure Actions reported in the last issue of the Nursing News, Laura Wolfe, RN 65046 should read Laura K. Wolfe.

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POE TRAVEL

Peer Reviewed or Not Peer Reviewed that is the question.

This subject seems to trip up most nurses as they are counting their continuing education hours for renewal. Like the game of telephone, as the information moves through the various circles of nurses it seems to change drastically. Hopefully, this will help to iron this tough subject out.

Peer reviewed education is formal, approved nursing education provided after a group of your nursing peers have reviewed it and approved it as acceptable nursing education. There are a few ways to see the education is approved or "peer reviewed:"

1. Approved by an approval body. ANCC (American Nurses Credentialing Center) is a very common one, although there are others. They approve lots of CE for nursing. The statement in which the education is peer reviewed usually reads on the explanation of the course or the certificate as "This course is approved for (number) hours of continuing nursing education by the ANCC."
2. Provided by an approved provider of nursing education. There are quite a few facilities in the state, which have gone through the process of becoming a provider. This means they have an internal group of nurses (peers) who review and approve their own education for that facility. You will generally see the statement on the certificate or the course description. This course is approved by (facility) . (facility) is an approved provider of continuing nursing education by (approval body).
3. If the education has been approved by a State Board of Nursing. These boards are

listed on the educational offering for example "This education is approved by Florida Board of Nursing, Connecticut Board of Nursing, Iowa Board of Nursing, etc.. Nebraska Board of Nursing accepts education approved by other boards of nursing. The Nebraska Board of Nursing does not approve CE.

Non-peer reviewed education is not approved by any approval body. It must be nursing related to count as education. There is a maximum of 10 hours which may be claimed in this category. For example a physician is giving an inservice related to a practice issue or ACLS and PALS recertification.

Myth: Peer reviewed has to be an in-person inservice or meeting.

False. There is a large amount of peer reviewed education on-line. All 20 hours of CE may be done on-line.

Myth: Only 4 hours of ACLS or PALS may be counted toward my CE.

False. You may count all the hours you spent in these advanced life support classes. However, usually only the first class for initial certification is peer-reviewed. If you are taking renewal classes, you may count up to 10 hours of non-peer reviewed credit. The first class is very structured and has been reviewed for competency of a nurse in advanced life support, where the renewal courses are more of a review. BLS (Basic life support and CPR) are limited to 4 hours (anyone may take these classes).

Make sure education is nursing practice or nursing related.



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

Nursing and Nursing Support

General Issues

Karen Bowen, MS, RN
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karen.bowen@nebraska.gov

Advanced Practice Nursing

(APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS)

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

Jennifer VanEperen
(402) 471-2666
jennifer.vanepere@nebraska.gov

Nursing Practice Issues

Niki Eisenmann
(402) 471-6443
nancy.eisenman@nebraska.gov

Registered Nurse

Licensure Based on Examination (NCLEX®) Renewal/Audit Questions

Karen McGann
(402) 471-4375
karen.mcgann@nebraska.gov

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Kim Lewis
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Nursing

Foreign Educated Nurses

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(402) 471-4917
sheila.exstrom@nebraska.gov

Nursing Statutes

Rules and Regulations

Karen Bowen, MS, RN
(402) 471-0317
karen.bowen@nebraska.gov

Scope of Practice and Practice Standards

Niki Eisenmann, MSN, RN
(402) 471-6443
nancy.eisenmann@nebraska.gov

Education Issues, Curriculum Revisions and Nursing Program Surveys

Sheila Exstrom, RN, Ph.D.
(402) 471-4917
sheila.exstrom@nebraska.gov

Refresher Course/Designing Own Review Course of Study

Sheila Exstrom, RN, Ph.D.
(402) 471-4917
sheila.exstrom@nebraska.gov

Name and/or Address Change

(Please provide your name and Social Security number)
Jennifer VanEperen
(402) 471-2666
jennifer.vanepere@nebraska.gov

Nursing Student Loan Program

Shirley Nave
(402) 471-0136

Probation Compliance Monitoring

Ruth Schuldt, RN, B.S.
(402) 471-0313
ruth.schuldt@nebraska.gov

Complaint Filing

Investigations Division
(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

Vacant, Program Manager
(402) 471-4969

Name and/or Address Change

(Please provide your name and Social Security number)
Teresa Luse
(402) 471-4376
teresa.luse@nebraska.gov

Medication Aide Renewals and Applications

Teresa Luse
(402) 471-4910
teresa.luse@nebraska.gov

Medication Aide Registry

Shane Bailey
(402) 471-4364
shane.bailey@nebraska.gov

Nurse Aide

Nurse Aide and Paid Dining Assistant Role and Practice Standards

Vacant, RN, BSN
(402) 471-4969

Nurse Aide and Paid Dining Assistant Registry

Nancy Stava
(402) 471-0537
nancy.stava@nebraska.gov

Name and/or Address Change

(Please provide your name and Social Security number)
Nancy Stava
(402) 471-0537
nancy.stava@nebraska.gov

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

Wanda Vodehnal
(402) 471-4971
wanda.vodehnal@nebraska.gov

General

Mailing Labels

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Information on Disciplinary Actions

Diane Pearson
(402) 471-4923
Diane.Pearson@nebraska.gov

1992 *Twenty* **Years Ago** in *Nursing News*

- Information for the Twenty Years Ago is taken from previous issued of the Nursing News. The Nursing News was not published for this quarter in 1992.



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Registry Action on Nurse Aides & Medication Aides

Actions against nurse aides and medication aides will no longer be reported in the Nursing News. Current information regarding nurse aides and medication aides can be found by accessing the License Information System at http://dhhs.ne.gov/publichealth/Pages/lis_lisindex.aspx. Click on License Lookup and follow the directions. You may contact the Nurse Aide Registry by e-mail at nancy.stava@nebraska.gov or telephone at 402-471-0537 for additional information. The Medication Aide Registry may be contacted by e-mail at shane.bailey@nebraska.gov or by telephone at 402-471-4364 for additional information.

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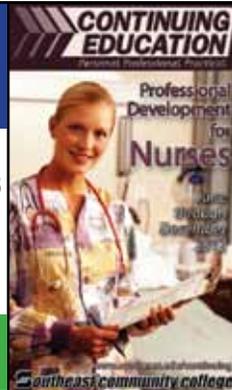
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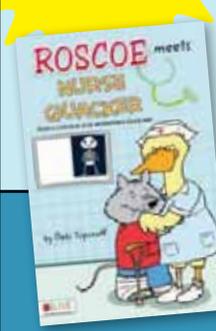
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