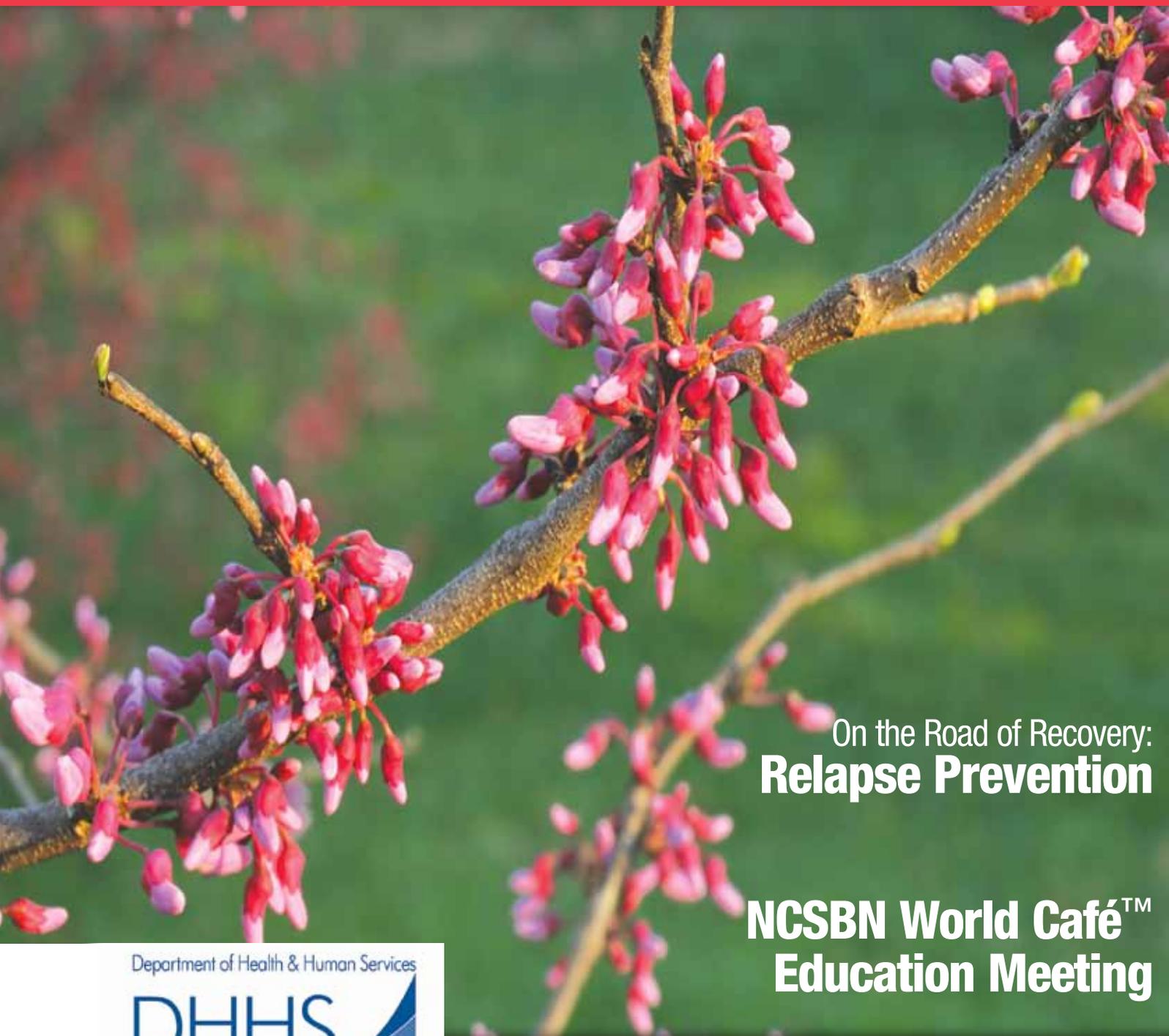


# Nebraska Nursing NEWS

Volume 29 • Number 1 / Spring 2012



On the Road of Recovery:  
**Relapse Prevention**

**NCSBN World Café™  
Education Meeting**

Department of Health & Human Services

**DHHS**

N E B R A S K A

OFFICIAL PUBLICATION OF THE NEBRASKA  
BOARD OF NURSING

# *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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Edition 31

# Nebraska Nursing NEWS

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# Executive Director's Message

*Karen Bowen*



This is my first message as Executive Director. To introduce myself, I am a Nebraska native, growing up in the western part of Nebraska and continuing to live in the state the majority of my life. My interest in nursing began as a small child with a mother who was a nurse and an educator. I obtained my nursing education at Union College in Lincoln and my Master's degree in nursing from Andrew's University in Michigan. Many years ago as a student nurse, I never envisioned myself in nursing regulation. Our career paths take many turns and twists and lead us to unexpected places. I am so grateful

my career path has taken me to this place.

While new to this position, I am not new to the Board of Nursing. I started as a nurse investigator for the Board of Nursing and have been the Nursing Practice Consultant for the board for the past nine years. In that role I also worked very closely with the APRN Board. These positions have led me to a close working relationship with both boards. Previous to this, I worked many years as a psychiatric nurse.

I have come to appreciate regulation over the years and the role we play in the protection of the public. As the practice of nursing continues to change, regulation also changes. Among the statutory charges for the Board of Nursing are adopting standards for nursing practice and nursing education. As you can imagine, this is a continuous

process as the practice of nursing changes.

My grandmother was also a nurse, graduating in 1920. I have an embroidered poem given to her as a graduation present. The poem reflects nursing practice at that time, including nurses starting their day by putting on their aprons and caps. I keep it in a visible place in my office along with a picture of her in her apron and cap, (and me in my cap) to remind me how far we've come and that we need to be prepared for the certain changes of the future.

I look forward to working with all of you as we go forward and face the changes and challenges of the future of nursing.

*Karen Bowen, MS, RN*



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## President's Message

*Crystal Higgins, RN MSN*



Happy Nurses Week! May 6 – 12

The American Nurses Association theme is Nurses – Advocating, Leading, Caring

Do you remember why you chose nursing as your profession? Was it a love for the work you do? Was it the love for helping others? Or, was it a combination of both? Reflect on your thoughts why you became a nurse.

Advocacy involves understanding a patient's point of view and supporting them. As nurses we say we advocate for our patients. Nurses advocating for their patients is essential for the care they provide. Nurses coordinate their patient's care with the multidisciplinary health care team and advocate for their wellbeing. Nurses spend the most time with patients. You get to

know them while assisting them with their cares. They communicate with you and you listen. Be an advocate for your patients.

Nurses are leaders in health care. Nursing is one of the most trusted professions. Think back in your career and identify a person you felt had leadership qualities. The future of nursing depends on our ability to learn leadership lessons from those who have gone before us. Leaders have been defined as ordinary people that accomplish extraordinary outcomes. Some qualities of leaders are scholarly, committed, responsive, courageous, thoughtful, humble, innovative, creative, resilient and visionary. Do you have these qualities? Do you know someone that does? Share your stories to inspire others and reveal the spirit of nursing leadership.

Nurses are caring people. We make a difference in our patient's lives. Nurses give

their patients support, hope and peace. You spend a lot of time communicating with patients and families. You immerse yourself in your nurse-patient relationships. This relationship cannot be replicated in any way. You as a nurse care about your patients.

Some say nursing is a "calling." I believe it is much more than a "job." I am honored to be a part of the Nursing Profession. This Nurses Week share your nursing stories with a colleague. Pass on your love for the profession to a new graduate. Take time to reflect on your profession and your career. Where do you want to be in your nursing career?

*Crystal R. Higgins*



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## Nebraska Board of Nursing

## Meeting Schedule 2012

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 an agenda by phoning (402) 471-4376 or emailing [Jennifer.vanepere@nebraska.gov](mailto:Jennifer.vanepere@nebraska.gov).

Day/Date	Time	Meeting	Location
<b>April</b>			
Thursday, April 12	8:30 a.m.	<b>Board meeting</b>	<b>Gold's Room 531</b>
<b>May</b>			
Wednesday, May 9	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	<b>Gold's Room 530</b> <b>TBA</b>
Thursday, May 10	8:30 a.m.	<b>Board meeting</b> <i>(Discipline case review-most of meeting in closed session)</i>	<b>Gold's Room 531</b>
<b>June</b>			
Thursday, June 14	8:30 a.m.	<b>Board meeting</b>	<b>Gold's Room 531</b>
<b>July</b>			
Wednesday, July 11	2:00 – 5:00pm 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	<b>Gold's Room 530</b> <b>TBA</b>
Thursday, July 12	8:30 a.m.	<b>Board meeting</b> <i>(Discipline case review-most of meeting in closed session)</i>	<b>Gold's Room 531</b>
<b>August</b>			
Tuesday, August 7- Friday, August 10		<b>NCSBN Annual Meeting</b>	<b>Dallas</b>
Thursday, August 16	8:30 a.m.	<b>Board meeting</b>	<b>Gold's Room 531</b>

Board of Nursing Liaison/Consultant

## Practice Consultant Position

The Practice Consultant position became vacant when Karen Bowen was appointed Executive Director of the Board of Nursing. The Department is currently recruiting for this position.

The person selected for this position will provide consultation and serve as the primary resource on behalf of the Department of Health and Human Services, Public Health Division to the board, individuals and groups seeking information related to nursing practice in Nebraska and provide advice and input regarding nursing practice issues. This person will also serve as the staff person for the Advanced Practice Registered Nurse Board and be a resource for APRN practice in Nebraska.

**REQUIREMENTS:** Must be a registered nurse currently licensed in the State of Nebraska, requires a graduate degree in nursing and a minimum of five years of nursing experience. Must complete a state application.

For position description and application go to <http://agency.governmentjobs.com/nebraska>. The position is listed as DHHS Nurse Consultant. If you have questions regarding the position you may contact Karen Bowen, 402-471-0317.



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School of Nursing

# One-on-One with Clarkson College Dean of Nursing Dr. Aubray Orduña



## What current developments in the Nursing profession excite you most?

I am excited about the transformational report established in 2008 by the Institute of Medicine and Robert Wood Johnson Foundation to fortify the future of nursing practice and education. The report offered the following recommendations to overcome barriers that prevent nurses from effectively responding to the rapidly changing health care systems:

- Increasing the percentage of nurses with a Bachelor's degree in Nursing to 80 percent by 2020;
- Doubling the number of nurses with a Doctoral degree by 2020; and
- Encouraging nurses to practice to the full extent of the Scope of Practice.

I am excited by the response to this report from nursing leaders in Nebraska. The Nebraska Action Coalition has been formed to address these issues throughout the state. I believe the Mission of the Clarkson College Nursing programs is aligned with this initiative. Since establishing Nebraska's first Nursing diploma program in 1888, we have emerged as competitive Bachelor's degree and Master's degree programs nationwide. Our objective is to prepare nursing students to provide the highest quality of services. We continuously enhance our program offerings and adopt our teaching methodologies to current trends and expectations within the nursing field.

## What is Clarkson College doing to meet the expected nursing shortage?

Our commitment to online delivery of programs and courses contributes to the accessibility to nursing education. Our continued communication with current and potential clinical partners allows us to develop programs and curricula to prepare practitioners with the skills necessary to meet the future demands of employers.

The implementation of new degree opportunities, such as the Doctorate of Nursing Practice programs, will assist with increasing the number of Doctorate-prepared nurses and primary care providers in many rural Nebraska areas.

## How important is ongoing career development for nurses?

Ongoing career development is essential to the delivery of quality nursing care. Currently, much of the literature supports improved outcomes of nursing care with Bachelor's degree prepared nurses. The surge in technology use, research and advanced medical procedures dictate the need for nurses to continually enhance their knowledge and skills to remain competent professionals.

To meet this expectation, Clarkson College makes a constant effort to inform practicing nurses about our refresher courses and advanced degree opportunities. By continuing their education, nurses become more versatile and marketable within the industry.

## What distinguishes Clarkson College Nursing programs from others?

I believe the Clarkson College values distinguish our Nursing programs from others. Our values of Caring, Commitment, Excellence, Integrity and Learning define the quality of interaction and level of service faculty demonstrates toward our students. This quality of education was recently validated when U.S. News & World Report ranked Clarkson College on its first ever Top Online Nursing Degree honor roll, which consists of the top five of 458 accredited online graduate nursing programs reviewed.

All of our graduates enter the workforce with a distinct set of skills and the capability to provide the high quality patient care employers expect.

### Dr. Aubray Orduña

began her Nursing career in 1970 and accepted her first position as a faculty member of the Undergraduate Nursing program at Clarkson College in 1979. She served as the Assistant Director of the program for several years and in 2010 was promoted to Dean of Nursing. Dr. Orduña played an instrumental role in developing and implementing the Gateway to Success Scholarship to provide support for minority students wishing to pursue a Nursing degree.

## On the Road of Recovery Relapse Prevention

Relapse prevention is essential to a successful recovery for alcoholics and drug addicts. Terrence Gorski, author of Staying Sober: A Guide for Relapse Prevention, states that the relapse process “has as much to do with how an individual is functioning as it does with whether or not that person is using alcohol or drugs.” Relapse is a complex process. It is not just the return to active alcohol or drug use. Relapse begins prior to the actual abuse of alcohol or drugs and is caused by unhealthy thinking and a return to unhealthy values, attitudes, choices and behavioral responses. Unhealthy thinking includes such internal thoughts as “I’m not really an alcoholic,” “I can control myself and my use;” and “I can use alcohol because I just have a problem with drugs.”

Signs of relapse thinking, attitudes and behavior include:

- Discontinuing treatment/support group attendance
- Difficulty managing feelings
- Relationship conflicts
- Denial, defensiveness and anger
- Avoidance or withdrawal
- Negativity and self-pity
- Job difficulties/practice problems
- Sadness/grief
- Other compulsive and/or impulsive behaviors

If these relapse warning signs occur during the recovery process, relapse can be averted by taking the following steps:

1. Recommitment to working the 12-step recovery program.
2. Maintaining regular aftercare/continuing care group and

12-step meeting attendance and active participation in the recovery process.

3. Obtaining counseling from a qualified professional alcohol/drug addiction relapse prevention counselor.
4. Strengthening your emotional support system and increasing the involvement of others in your recovery process.
5. Consulting with Nebraska Licensee Assistance Program staff and developing an up-to-date relapse prevention plan.

Relapse can be prevented by understanding, accepting, and recognizing the unhealthy thinking of addiction, monitoring one’s own attitude and choices, and staying actively involved in a healthy recovery program.

Health care professionals with alcoholism or drug addiction have higher than average rates of abstinence and successful recovery when compared to the general population. It is very important to return to practice and be productive at work again. There is a lot at stake and there is motivation to reestablish a healthy lifestyle. However, sound relapse prevention practices are still needed to ensure a health care professional does not succumb to the lure of using alcohol or drugs again. There is too much to lose if there is a fall off the road to recovery.

*If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction treatment, please contact the NE LAP at (800) 851-2336 or (402) 8055 or visit our website at [www.lapne.org](http://www.lapne.org). If you would like to schedule an educational presentation on alcohol/drug addiction and the health service professional, please ask for Judi Leibrock, NE LAP Coordinator.*



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307.577.2669 • [sstephens@wyomingmedicalcenter.org](mailto:sstephens@wyomingmedicalcenter.org)

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New Advisory Opinion

## *Cosmetic and Dermatologic Procedures performed by RNs and LPNs*

At their February meeting, the Board of Nursing approved the new advisory opinion, *Cosmetic and Dermatologic Procedures performed by RNs and LPNs*.

The opinion is based on the Final Report of the Joint Board Dermatologic Workgroup. The workgroup was comprised of representatives from several

boards, the Department of Health and Human Services, the Attorney General's office, and invited experts.

### **Cosmetic and Dermatologic Procedures performed by RNs and LPNs**

The Nebraska Board of Nursing endorses the Joint Board Dermatologic Workgroup Final Report and recommendations.

It is the opinion of the board that certain dermatologic procedures are within the scope of practice for an LPN and for an RN. The table on the next page summarizes the procedures and considerations for each procedure.

The decision to provide any cosmetic dermatologic procedure should be based upon self-assessment of competency, and following an assessment of the client and environment. A licensed nurse is accountable to be competent for all nursing care that he/she provides. Competence means the ability of the nurse to apply interpersonal, technical and decision-making skills at the level of knowledge consistent with the prevailing standard for the nursing activity being applied. Accountability also includes acknowledgment of personal limitations in knowledge and skills, and communicating the need for specialized instruction prior to providing any nursing activity.

All of the board's advisory opinions are available on our web site,

[http://dhhs.ne.gov/publichealth/Pages/crl\\_nursing\\_rn-lpn\\_advisory.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_nursing_rn-lpn_advisory.aspx)

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Procedure	Who May Perform	Considerations
<p><b>Mild Peels</b> (glycolics equal to or less than 30%, exclude TCA)  <b>Superficial Exfoliation</b>  <b>Microdermabrasion</b>                      (for cosmetic purposes)</p>	<p>LPN  RN</p>	<p>The LPN practices at the direction of an RN or licensed practitioner.  Must have training and be competent to perform.</p>
<p><b>Dermabrasion</b> – medium peel (removes layers of skin, very invasive, potential for complications)</p>	<p>RN</p>	<p>Must have training and be competent to perform.  May perform with supervision of physician trained to do procedure who is available (can be via telecommunication) for consultation.  Must have a written provider order after a face-to-face assessment.</p>
<p><b>Non-ablative lasers, light (IPL) devices</b>, for hair removal and skin treatment</p>	<p>RN</p>	<p>With supervision of physician trained to do procedure who is available (can be via telecommunication) for consultation.  Training – (minimum)</p> <ul style="list-style-type: none"> <li>• 4 – 8 hr. course with supervised procedures</li> <li>• Ongoing preceptorship</li> <li>• Includes didactic and hands-on</li> <li>• 10-20 procedures supervised</li> <li>• Includes laser/device safety</li> <li>• Continuing education – ongoing</li> <li>• Boards set content</li> <li>• May include certification from professional organization</li> </ul> <p>Must have a written provider order after a face-to-face assessment.</p>
<p><b>Injectables</b></p> <ul style="list-style-type: none"> <li>• Neuromodulators</li> <li>• Sclerotherapy for small varicosities</li> </ul>	<p>RN</p>	<p>May administer neuromodulators with a provider order. The prescribing provider must be available for consultation (can be via telecommunication).  Must have appropriate training (neuromodulators).</p> <ul style="list-style-type: none"> <li>• Training by a physician</li> <li>• A specific course in administration, OR</li> <li>• Training by a qualified pharmaceutical trainer (nurse or physician)</li> </ul> <p>Must have a written provider order after a face-to-face assessment.  Must have appropriate education/training to perform sclerotherapy, including supervised procedures.  For both neuromodulators and sclerotherapy, there must be ongoing continuing education.</p>

# NCSBN World Café™ Education Meeting

Hyatt Regency Hotel, Chicago, Illinois • December 8-9, 2011

Linda L. Lazure, PhD, RN

Board of Nursing members Crystal Higgins, Karen Weidner and Linda Lazure represented Nebraska at the NCSBN Education meeting in Chicago, December 8-9, 2011. The theme of the education meeting was having “conversation that matters.” The World Café™ format, in which four participants at a time sit at small café tables covered with large sheets of butcher block paper, provides an environment conducive to having intimate conversations with a wide variety of individuals. As the program agenda stated, the format is a “powerful opportunity to foster conversation and draw from the wisdom and creativity of those present.”

Facilitator Joanne Disch, PhD, RN, FAAN, oriented the participants to six key principles of a World Café™ before we even arrived via an introductory letter.

- Create hospitable space
- Explore questions that matter
- Encourage everyone to contribute
- Connect diverse people and ideas
- Listen together for insights, patterns and deeper questions, and
- Make collective knowledge visible.

To learn more about the World Café™, check out this link <http://www.theworldcafe.com/>. Juanita Brown, with David Isaacs, is the author of *The World Café: Shaping Our Futures through Conversations That Matter*. Learn more about Dr. Brown at (<http://www.bkconnection.com/ProdDetails.asp?ID=1576752585>).

Participants were coded for area assignments and told to switch tables every half hour for three rounds. One person at each table stayed at that table to serve as a host, of sorts, and bring each new group up to speed. The question posed to us was “What could nursing be when education, approval, and accreditation are fully aligned?” As the conversations flowed, participants listened and wrote down (on the paper-covered table) the ideas that were verbalized to make our knowledge visible. A “conversation of the whole” followed each World Café™ session.

Participants were cautioned not to do what comes naturally for nurses – jump to a solution and try to develop an action plan upon which all would agree. Instead, we were encouraged

to embrace a “VUCA environment” – an environment that was “volatile, uncertain, chaotic, and ambiguous” all at once. Dr. Disch called it “structured chaos.” We were also cautioned not to do what our students do in class – practice “continuous partial attention” (CPA) – so we had to put away our electronic devices.

Participants were given iPads to summarize the table discussions. Those notes will be analyzed for themes, insights, and ideas and a monograph of the meeting will be developed.

Michael Bleich, PhD, RN, FAAN, in crafting his response to the written and verbal comments, challenged the group with another question, “What could nursing contribute to

of Nursing Report as a blueprint for action?

- What could nursing be if we tested new models of LACE (Licensure, Accreditation, Certification & Education) and care that were scalable?
- What could nursing be if we loosened elements and focused on key functions; ergo, less regimented solutions?

The participants had an opportunity to read and discuss what all the groups had created during the World Café™. We were asked what surprised us.

Current Reality = Protect the Public	Future Needs = Protect and Advance Public Interests
<ul style="list-style-type: none"> <li>• Practice is predominantly within pre-defined geographic boundaries</li> </ul>	<ul style="list-style-type: none"> <li>• Practice has permeable geographic boundaries</li> </ul>
<ul style="list-style-type: none"> <li>• Practice acts guide individual practices</li> </ul>	<ul style="list-style-type: none"> <li>• Regulatory model aligns with practice and reimbursement models</li> </ul>
<ul style="list-style-type: none"> <li>• Regulatory model is based on state-based limitations on scope of practice and payment or reimbursement policies</li> </ul>	<ul style="list-style-type: none"> <li>• Create space for innovation across new care continuums</li> </ul>
	<ul style="list-style-type: none"> <li>• Practice Acts accommodate team care</li> </ul>

the public’s understanding and acceptance when (not if) education, approval and accreditation are (fully, not partially) aligned?” Prefacing his remarks with “it’s a great time to be a leader,” he encouraged the group to think beyond the current reality (to protect the public) and be open to future needs (to protect and advance public interests) as depicted in his PowerPoint slide above.

Dr. Bleich posited some observations about the need to revitalize the academic culture for the needs of the future, including online access to education, testing new models of education and practice, and the need to embrace interprofessional education. He asked thorny questions like:

- How are we teaching and modeling risk-taking behavior?
- What could nursing be if we continued to use the IOM Future

Lazure cited two things:

- Consideration of state boards not approving nursing programs within the state but relying on national standards for monitoring of quality.
- The number of participants who represented proprietary programs.

Higgins commented:

- As an educator I must change my way of thinking about how I teach nursing. Also, as a group we need to make changes and collect data on how it works! There is little Nursing Education Research published. I feel using the “unfolding case study” to teach students is an excellent idea. The methods of teaching clinical

*continued on next page*

*continued from last page*

and many of our theory methods are “hangovers” from the 50s and 60s. This is a big challenge but a necessary one.

- Regulators and accreditors must get on the same page for reports, gathering information from schools of nursing, and putting that information in one place would be a big step. The profession of nursing is changing and the experience of the “World Café” made it very apparent there are different issues for each area (education, regulation, accreditation) but they must all come together to move to excellence in nursing.

Weidner responded:

- I was surprised by the number of schools that do not have national accreditation.
- We need a national data base in which reporting needed to be consistent so that it had meaning versus developing a different report for the State Board of Nursing and two different national accreditation bodies.

Weidner also reflected, “I would also add that nursing needs to move forward, otherwise some other health career (e.g. social work) will move us aside. Other health occupations are requiring advanced degrees as an entry level.”

The second day featured Christine Tanner, PhD, RN, FAAN, and her topic, “Toward a New Way of Thinking.” Beginning with an African proverb about partnerships, “If you want to go quickly, go alone; If you want to go far, go together.” she challenged the participants to build trust and deal directly with the elephants in the room. To that end, she began to talk about some of the elephants and challenge some sacred assumptions (my notes are included):

- Generalist Practice
  - What is it anyway?
  - Students “rotate” through specialties – is that like being on a rotisserie and going around enough times until we are cooked?
- Fundamentals of Nursing
  - What is fundamental to all nursing practice?
  - If fundamentals included QSEN (quality and safety education for

nurses), it would be fantastic.

- Critical reasoning and evidence-based practice needs to mature over time.
- Nursing Process
  - Using as a centerpiece to nursing education may blind us to other possibilities.
  - Nursing process has actually deterred nursing.
  - The linear model is not how nurses think; there are 3-4 thinking processes that nurses use when reasoning.
- Nursing Education
  - So much is “death by PowerPoint”; students need active learning.
    - The more they are engaged, the more they will learn.
    - Perhaps students should earn a “ticket” to classes validating that they are prepared and ready to engage in the class.
  - What does “cover the content” really mean?
    - We need to teach health care management and cover the most prevalent health conditions rather than the universe.
    - We need to teach students how to *use* the content to make judgments.
    - We need to teach students to know what they don’t know and how to get it.
  - Referring to her work with Benner:
    - Neophyte students are anxious all the time.
    - How can they distinguish between this anxiety and their developing “gut feelings” that something is wrong?
  - Clinical education has remained fundamentally unchanged since the 1930s when we practiced “total care.” We need to design clinical differently.
    - What are the purposes of clinical?
    - Do theory and clinical have to be simultaneous?
    - Students need to learn transitional care – where do they learn that?
    - Students need to learn to make clinical judgments via case-based teaching (of which simulation is a subset).
    - Clinicals give students a sense of identity as a nurse and we need to recognize individual gifts and

strengths.

- Innovation
  - How will we support innovation while holding to standards?
  - Innovation should be grounded in the theoretical understanding of practice.
  - Interesting thought: If it’s evidence-based practice, is it really innovation?
- Assessing outcomes
  - There are no good measures of clinical reasoning, ethical reasoning, etc.
  - How do we measure outcomes? We hope that what we do in education has an impact on patient care.

As Dr. Disch summarized the proceedings, she called for development of nursing leaders, particularly in the context of health care paradoxes:

- Do more with less
- Improve quality and reduce cost
- Operate the business successfully and ethically
- Be competitive yet collegial
- Promote your own profession and create strong interprofessional teams
- Expend a lot of energy staying calm

Since change begins with the individual, Dr. Disch asked “What competency/KSA (Knowledge, Skills, Attitudes) will you work on? She urged participants to become familiar with professional issues. I have supplemented her list with the websites:

- Quality and Safety Education for Nurses (QSEN) – [http://www.qsen.org/about\\_qsen.php](http://www.qsen.org/about_qsen.php)
- Interprofessional Education Consortium (IPEC) <http://hhspp.csuumb.edu/community/stuart/manuals/Vol%20II.%20Front%20Matter.pdf>
- Future of Nursing report <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx> and <http://championnursing.org/>
- Carnegie report: Educating Nurses: A Call for Radical Transformation <http://www.carnegiefoundation.org/print/7186>

Dr. Disch closed with a quote from Darwin, “It is not the strongest of the species that survives. ....nor the most intelligent...but the one most responsive to change.”

## The Center for Nursing Corner

The Center for Nursing Board has updated their Strategic Plan and it is available on the website at [www.center4nursing.com](http://www.center4nursing.com)

Their Annual Report for 2011 is also on the same website.

The Center has elected new officers. The new officers are Linda Stones as chair, Nolan Gurnsey, Vice Chair and Mary Wendl as Secretary.

One of the most exciting happenings is that the Center for Nursing Foundation has received tax exemption from the IRS (Internal Revenue Service) and the exemption is retroactive to the date of the Foundation's incorporation, September 13, 2010 meaning that any contributions received by the Foundation since that date are considered tax deductible. The IRS did require a change to the bylaws so that the Foundation Board is appointed by the Center for Nursing from suggested names from the organizations represented on the board and the members of the foundation are to have staggering three year terms with each appointment (other than those from the Center for Nursing) being limited to two terms. The Center for Nursing did make the following appointments to the Center for Nursing Foundation:

Linda Lazure—Nebraska Nurses Association—1 year—end December, 2012

Anthony LaRiche—Nebraska Board of Nursing—3 year—end December, 2014

Linda Hruza—1 year—Licensed Practical Nurse Association of Nebraska—end December, 2012

Nancy Pares—Nebraska Assembly of Nursing Deans and Directors—2 year—end December, 2013

Kermit Moore—Nebraska Organization of Nurse Leaders—3 year—end December, 2014

Connie Wagner—Nebraska Health Care Association—2 year—end December, 2013

Monica Seeland—Nebraska Hospital Association—3 year—end December, 2014

Noland Gurnsey—Nebraska Center for Nursing—indefinite term

Mary Wendl—Nebraska Center for Nursing—indefinite term

Alice Kindschuh—Nebraska Center for Nursing—indefinite term

The Center expressed their appreciation to the Nebraska Hospital Association for their assistance in the establishment of the Center for Nursing Foundation.

The Governor appoints the sixteen member Center for Nursing. The Center for Nursing currently has an open position which is a member selected by the Governor, so if anyone is interested in that position (s)he should contact the Governor's office. In June there will be two additional openings, one recommended by the State Board of Health to replace Pam List and one nurse educator recommended by the Board of Regents of the University of Nebraska to replace Steve Pitkin. Please make these respective organizations aware of someone, including yourself, that would be interested in serving on the Center for Nursing.

## Nursing in Assisted Living Facilities

In both the Nursing and Facilities areas of the Licensure Unit, we receive many questions regarding the role of an RN or LPN in an assisted living facility. We have collaborated in this article to address the most commonly asked questions and clarify the role of nurses in assisted living facilities (ALF).

**Q: What is the difference between an ALF and a nursing home?**

**A:** In a nursing home, the care of the resident is directed by doctors, healthcare providers, and nurses. In an assisted living facility the care is resident directed. ALFs may not provide any complex nursing interventions. ALFs are required to maintain sufficient staff to assist with or provide personal care, activities of daily living, health maintenance activities, supervision and other supportive services. This

level of care is provided by nurse aides, medication aides, or other unlicensed personnel and does not require oversight by a licensed nurse. Each ALF is also required to have an RN consultant.

Definitions from the ALF regulations, 175 NAC 4-002, (terms used in above paragraph):

Care means the exercise of concern or responsibility for the comfort, welfare, and habilitation of persons, including

*continued on next page*

*continued from last page*

a minimum amount of supervision and assistance with, or the provision of, personal care, activities of daily living, health maintenance activities, or other supportive services. For purposes of this chapter:

1. Activities of daily living means transfer, ambulation, exercise, toileting, eating, self-administration of medication, and similar activities;
2. Health maintenance activities means noncomplex interventions which can safely be performed according to exact direction, which do not require alteration of the standard procedure, and for which the results and resident responses are predictable; and
3. Personal care means bathing, hair care, nail care, shaving, dressing, oral care, and similar activities.

**Q: What is the role of the RN consultant?**

**A:** Each ALF is required to have a registered nurse to review medication administration policies and procedures and to provide or oversee the training of medication aides. The RN also performs assessments to determine suitability for admission and continued residence in the ALF.

**Q: What is a complex nursing intervention? What are some examples?**

**A:** For the purposes of ALFs, complex nursing intervention is defined in the ALF regulations. "Complex nursing interventions means interventions which require nursing judgment to safely alter standard procedures in accordance with the needs of the resident, which require nursing judgment to determine how to proceed from one step to the next, or which require a multidimensional application of the nursing process. Complex nursing interventions does not include a nursing assessment."

Complex nursing interventions include, making a decision to call a physician or other healthcare provider, nursing assessments (other than those assessments that are required to be done by the RN Consultant). Depending on the individual situation, the following may be complex nursing interventions: wound care, sliding scale insulin, tube feeding, application of steri strips.

**Q: What happens in a situation where a resident requires complex nursing interventions and a nurse doesn't perform the nursing interventions because the ALF regulations don't allow it?**

**A:** While the ALF regulations prohibit the provision of complex nursing interventions, the nurse also has an individual responsibility and accountability as a licensed nurse. Nurses have had their licenses disciplined for situations where they have failed to provide nursing care in ALFs.

**Q: Can an RN delegate non-complex nursing interventions to a nurse aide in an ALF?**

**A:** The RN delegation process is a complex intervention and may not be done in an ALF. The unlicensed personnel performing care, including health maintenance activities, activities of daily living and personal care, do so at the direction of the resident.

**Q: What if there is an emergency situation?**

**A:** An urgent/emergent situation is an exception to the restriction of performing complex nursing interventions in an ALF. In an emergency situation, a nurse would be expected to respond with appropriate nursing interventions.

**Q: Can an LPN work in an assisted living facility?**

**A:** LPNs practice dependently at the direction of a RN or licensed practitioner as defined in the LPN's scope of practice. Direction must include the provision of supervision to LPNs. Supervision may include direct, indirect, or a combination of direct and indirect methods. The RN or licensed practitioner must be available for consultation as needed. Regardless of setting, any nurse must always practice within their scope of practice.

**Q: I am an RN and an administrator in an ALF. Can I count this as nursing hours to renew my license?**

**A:** No. The position and responsibilities of the administrator are defined in the ALF regulations and do not constitute the practice of nursing. The hours worked as an administrator would not count as nursing practice hours for either an RN or an LPN.

**Q: What can I do as an RN or LPN in an ALF that would be considered nursing practice?**

**A:** You may perform those nursing functions required of the RN consultant, direction and monitoring of the medication aides, administration of medications, non-complex nursing interventions such as activities of daily living, health maintenance activities and personal care if performed by a nurse. If an LPN is employed by an ALF, they must practice at the direction of an RN or licensed practitioner.

For questions contact the following individuals:

Questions regarding ALFs, contact Eve Lewis, eve.lewis@nebraska.gov, 402-471-3324.

Questions regarding nursing practice contact Karen Bowen, karen.bowen@nebraska.gov, 402-471-0317.

Questions regarding medication aides contact Marletta Stark, marletta.stark@nebraska.gov, 402-471-4969.

# Licensure Actions

The following is a list of licensure actions taken between November 1, 2011 and January 31, 2012

Additional information regarding the actions identified below is available on our website at [www.nebraska.gov/LISSearch/search.cgi](http://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](mailto:jennifer.vaneperen@nebraska.gov)

Licensee	Date of Action	Action	Violation
Jessica Emery LPN 18666	10/12/11	Probation	Abuse of, dependence on, or active addiction to alcohol. . . Conviction of a misdemeanor which has a rational connection with fitness to practice
Michelle Cooley APRN-NP 110910	11/7/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Departure from standards of acceptable and prevailing practice of the profession
Billy Cogdill RN 69232	11/10/11	Censure	Unprofessional Conduct-Departure from standards of acceptable and prevailing practice of the profession
Erica Spenner RN 65675	11/10/11	Reinstatement on Probation	Previous disciplinary action
Lisa Anderson LPN 21573	11/10/11	Censure \$1000.00 civil penalty	Unprofessional Conduct-Failure to safeguard a patient's dignity and right to privacy
Joseph Guerrero LPN 16232	11/10/11	Censure	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Dorcas Sikananu LPN 20517	11/10/11	Censure Suspension	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Kylee Goodwin (aka Givens) RN 70164	11/11/11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Gena Vang RN 52119	11/11/11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment as required by state mandatory reporting law
Lynne Roland RN 49930	11/12/11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Melissa Espejo LPN 15313	11/18/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to safeguard patient's dignity or right to privacy
Tina Hilts RN 58462	12/1/11	Censure Suspension	Unprofessional Conduct – Departure from standards of acceptable and prevailing practice of the profession
Laurie Dale LPN 14018 LPN-C 393	12/1/11	Censure \$1000.00 civil penalty	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Jody Grabowski LPN 13044 LPN-C 564	12/1/11	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor convictions in accordance with the state mandatory reporting law
Mark Strey LPN Privilege to Practice	12/1/11	Censure \$500.00 Civil Penalty	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Pamela Wood LPN 11852	12/1/11	Censure \$1000.00 Civil Penalty	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession

Licensee	Date of Action	Action	Violation
Melissa Cherington LPN 20456 LPN-C 1241	12/2/11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment as required by state mandatory reporting law
Audra Betts RN 63213	12/8/11	Voluntary Surrender	Illness, deterioration, or disability which impairs the ability to practice
Judith Hultine RN 22248	12/8/11	Permanent and Voluntary Surrender	Failure to comply with treatment program
Heidi Thomas RN 54909	12/8/11	Censure \$500.00 civil penalty Current probation extended	Violation of terms of probation
Yasmin Demetriades-Shah LPN 22647	12/8/11	Probation upon reinstatement of license	Conviction of a misdemeanor which has a rational connection with fitness to practice Failure to comply with a treatment program Alcohol Abuse
Lori Dilocker RN 41935	12/29/11	Suspension	Failure to comply with previous disciplinary action Order
Amy Kopecky RN 70904	12/29/11	Censure \$1000.00 civil penalty	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Gina Martin LPN 13312	12/29/11	Censure \$500.00 Civil Penalty	Practice of the profession beyond authorized scope
Carla Orozco LPN 11155	12/29/11	Suspension	Unprofessional conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed; Failure to maintain an accurate patient record Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Mary Tobiassen LPN 19789	12/29/11	Revocation	Failure to report misdemeanor conviction and loss of nursing employment in accordance with state mandatory reporting law Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed; Failure to maintain an accurate patient record; Committing any act which endangers patient safety or welfare
Julie Bergen RN 61060	12/30/11	Reinstatement on Probation	Previous disciplinary action
Kinley Queen LPN 23171	1/12/12	Suspension	Dishonorable Conduct Dependence on, or active addition to any controlled substance Violation of the Uniform Controlled Substances Act Unprofessional Conduct
Lorena Taylor LPN 21571	1/12/12	Revocation	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Kathryn McMillan RN 68448	1/12/12	Probation	Alcohol abuse
Joanna Sollars LPN 20722	1/12/12	Censure Suspension	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Rosalyn Graves RN Privilege to Practice	1/12/12	Censure \$1000.00 Civil Penalty	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Timothy Kelly RN 49193	1/12/12	Censure	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Melissa Whitney RN 52204	1/12/12	Censure \$1000.00 Civil Penalty	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession

Licensee	Date of Action	Action	Violation
Nicole Mumgaard LPN 20298	1/23/12	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law
Dana Mauger LPN 22308	1/26/12	Revocation	Violation of terms of probation
Tanya Norrid LPN 14359	1/26/12	Reinstate on Probation	Previous disciplinary action
Sarah Tast LPN 19593	1/26/12	Censure	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Vicki Buchholtz RN 48433	1/26/12	Censure	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession
Rose Meraz-Brown RN 55412	1/26/12	Censure \$500.00 Civil Penalty	Unprofessional Conduct- Departure from standards of acceptable and prevailing practice of the profession Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Linda Gravert RN 56129	1/30/12	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law

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## The Future of Nursing

# Nebraska Action Coalition Seeks Collaborative Partnerships

By Victoria Vinton, MSN, RN, Director NE Action Coalition



Victoria Vinton (left) and Joy Okoruwa MSN, APRN, NNA District 2 Acting President.

Nebraska officially became an Action Coalition through the Future of Nursing's Campaign for Action in September, 2011. The Institute of Medicine's landmark 2010 report, *The Future of Nursing: Leading Change, Advancing Health*, provides a veritable blueprint to collaboratively transform healthcare in Nebraska. In keeping with this collaborative approach, the Visiting Nurse Association of Omaha and HDR Architecture, Inc. agreed to be the coalition's lead nurse and non-nurse organizations in March, 2011. On June 2, 2011, the VNA/HDR partnership was officially announced at the statewide action coalition funding partners' meeting, where Dr. Susan Hassmiller was the honored keynote speaker.

The new year has proven action packed. A director was hired the first of February to coordinate campaign efforts, develop a strategic plan, and focus on communication and fundraising efforts. Nebraska's legislative session kept the coalition engaged through writing letters to state senators in support of:

- 1) LB 1042 (authorizes nurse practitioners [NPs] to sign death certificates);
- 2) LB 788 (change respiratory care practice requirements to allow CRNAs and NPs to order treatment).

Both of these bills have moved to the consent calendar for speedy passage. The NAC opposed passage of LB 646 (to

redefine Emergency Medical Services). Unfortunately the bill passed on March 7, 2012. Amendment 1875 was added to prevent the expansion of their scope of practice.

The Nebraska Action Coalition (NAC) is comprised of three teams: Education, Practice and Leadership, which are led by co-chairs throughout the four regions of our state.

**Education Team:** Under the leadership of Marilyn Valerio PhD, RN, of Methodist College and Aubray Orduna EdD, RN, of Clarkson College, this team has made significant headway in addressing seamless progression of education from LPN to doctoral degrees. Meetings were held in Kearney with the statewide team and next with the Nebraska Assembly of Deans and Directors. One of the purposes of the recent mid-April Midwest Regional Education Meeting in Minneapolis was to address partnering with other states in transforming education.

**Practice Team:** Kathy J. Morris, DNP, APRN, Associate Professor at UNMC's College of Nursing, and Nancy Gondringer MSN, CRNA at St. Elizabeth's Hospital, are co-chairs of the practice team. The Practice team has met twice since last fall via conference call. A statewide meeting is being planned for April. Its task is to remove scope of practice barriers which currently limit the NPs ability to practice to the full extent of their education and training.

**Leadership Team:** This team was added in February to recognize the vital importance in achieving the goals of education and practice. This team is now being formed, with many nurses throughout Nebraska communicating interest in this endeavor.

The future of healthcare relies not only on the nursing profession but on public and private sectors working together to

Nebraska officially became an Action Coalition through the Future of Nursing's Campaign for Action in September, 2011.

transform our healthcare system. This approach enables the Action Coalition to bring its mission to life: to improve healthcare access, quality, and cost-effectiveness in Nebraska through nurse-led collaborative partnerships.

For additional information on how you can become involved in transforming healthcare in Nebraska through involvement in this important initiative, please contact Victoria Vinton, MSN, RN, Director, Nebraska Future of Nursing Action Coalition. (402) 830-7769 or [vvinton@thevnacares.org](mailto:vvinton@thevnacares.org). •

# For More Information... Visit our website at: <http://www.hhs.state.ne.us/crl/nursing/nursingindex.htm>

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  
(402) 471-0317  
[karen.bowen@nebraska.gov](mailto: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](mailto:jennifer.vanepere@nebraska.gov)

### **Nursing Practice Issues**

Karen Bowen, MS, RN  
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[karen.bowen@nebraska.gov](mailto:karen.bowen@nebraska.gov)

## **Registered Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Karen McGann  
(402) 471-4375  
[karen.mcgann@nebraska.gov](mailto:karen.mcgann@nebraska.gov)

## **Licensed Practical Nurse**

### **Licensure Based on Examination (NCLEX®)**

### **Licensure Based on Endorsement**

### **Renewal/Audit Questions**

Kim Lewis  
(402) 471-4925

## **Licensed Practical Nurse Certified**

### **Certification by Examination**

### **Certification Renewal/Audit Questions**

Kim Lewis  
(402) 471-4925

## **Nursing**

### **Foreign Educated Nurses**

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

### **Nursing Statutes**

### **Rules and Regulations**

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### **Scope of Practice and Practice Standards**

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### **Education Issues, Curriculum Revisions and Nursing Program Surveys**

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### **Refresher Course/Designing Own Review Course of Study**

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### **Name and/or Address Change**

*(Please provide your name and Social Security number)*  
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[jennifer.vanepere@nebraska.gov](mailto: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](mailto:ruth.schuldt@nebraska.gov)

### **Complaint Filing**

Investigations Division  
(402) 471-0175

## **Medication Aide**

### **Medication Aide Role and Practice Standards**

Marletta Stark, RN, BSN, Program Manager  
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[marletta.stark@nebraska.gov](mailto:marletta.stark@nebraska.gov)

## **Name and/or Address Change**

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## **Medication Aide Renewals and Applications**

Teresa Luse  
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## **Medication Aide Registry**

Shane Bailey  
(402) 471-4364  
[shane.bailey@nebraska.gov](mailto:shane.bailey@nebraska.gov)

## **Nurse Aide**

### **Nurse Aide and Paid Dining Assistant Role and Practice Standards**

Marletta Stark, RN, BSN  
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### **Nurse Aide and Paid Dining Assistant Registry**

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Nancy Stava  
(402) 471-0537  
[nancy.stava@nebraska.gov](mailto: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](mailto:wanda.vodehnal@nebraska.gov)

## **General**

### **Mailing Labels**

Available online at:  
<http://www.nebraska.gov/crl/orders.htm>

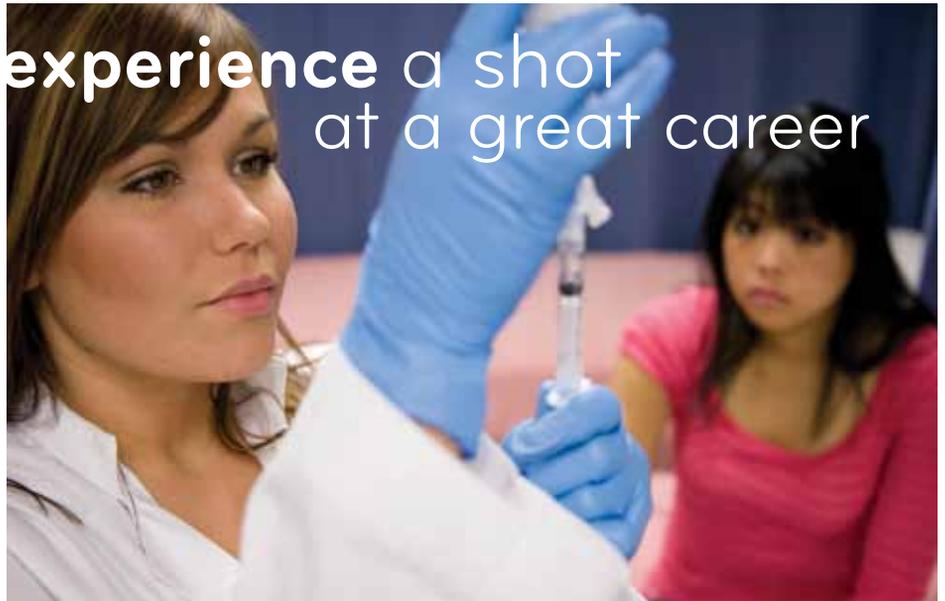
## **Information on Disciplinary Actions**

Diane Pearson  
(402) 471-4923  
[Diane.Pearson@nebraska.gov](mailto:Diane.Pearson@nebraska.gov)

# 1992 *Twenty* Years Ago in Nursing News

- The board actions included:
  - Heard updates on current legislative bills that impacted nursing
  - Provided testimony in support of the Rural Nursing Incentive Program
  - Nominated Nancy Gondringer to fill the vacancy on the CRNA Advisory Council
  - Approved Monte Schellenberger as a certified nurse midwife. Monte was the first certified nurse midwife in Nebraska. The Nebraska Certified Nurse Midwifery Practice Act became effective on July 10, 1984
  - Approved the purchase of two computers for the office
  - Gave testimony at the 407 Credentialing Review Committee regarding the change of scope of practice for the LPN related to “IV” and “NG tube” therapy. Testimony given was in support of the regulations as developed by the board.
  - Met Dr. Horton as the new Director of the State of Nebraska, Department of Health
  - Extended an invitation to the National Council to consider Nebraska as the 1995 host state for delegate assembly
  - Elected officers for 1992. The following were elected, Judy Quinn, President, Peggy Hawkins, Vice President, and Anita Brenneman, Secretary
  - Presented testimony at the legislative hearing in support of adding a Clinical Nurse Specialist definition to the nursing statutes
- Several reappointments and new appointments to the board had been made by the Governor. The board was a ten member board (currently the board has 12 members)
- The NCLEX-PN was administered October 16, 1991
  - There were 202 first time candidates
  - Nebraska pass rate was 93.6%
  - National pass rate was 89%

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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 [www.dhhs.ne.gov/lis/lisindex.htm](http://www.dhhs.ne.gov/lis/lisindex.htm) Click on License Lookup and follow the directions. You may contact the Nurse Aide Registry by e-mail at [nancy.stava@nebraska.gov](mailto: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](mailto:shane.bailey@nebraska.gov) or by telephone at 402-471-4364 for additional information.

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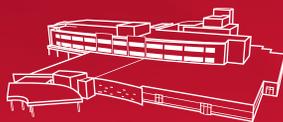
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