

Nebraska Nursing NEWS

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It's Not Just a
"Piece of Paper"

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What is the
Nursing Passport?

Department of Health & Human Services

DHHS

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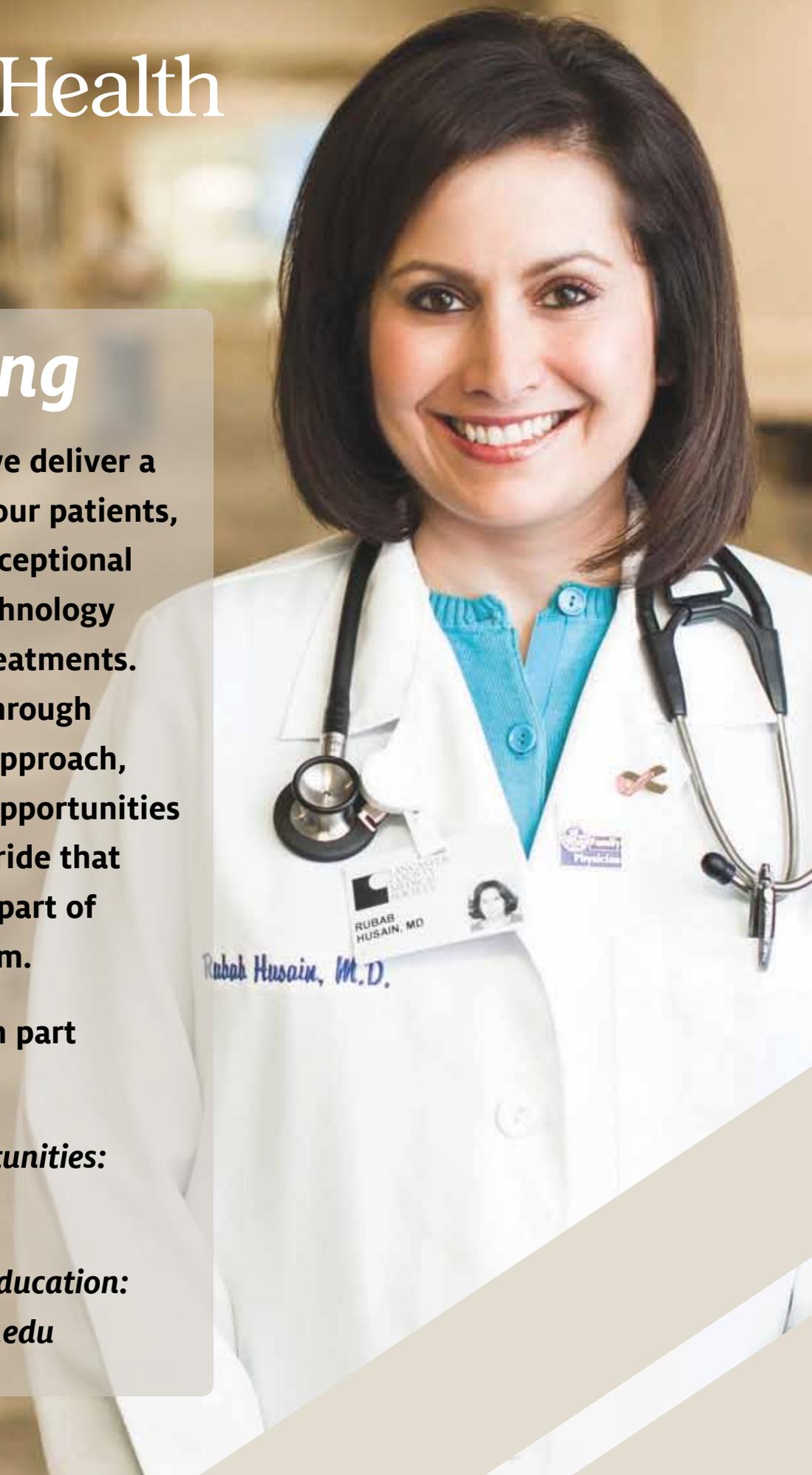
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Executive Director's Message

Karen Bowen



The Board of Nursing has many statutory responsibilities that include providing for the health, safety and welfare of the citizens; ensure that nurses meet minimum standards of proficiency and competency; ensure that nursing programs meet the educational needs of students and prepare them to serve the public safely; and, regulate the field of nursing in the interest of consumer protection in the state.

The Board recently held a strategic planning meeting. We met the evening before the regular board meeting. It was a good opportunity

for the members to review the board's strategic plan, as well as other documents that guide the board in their statutory charges.

One of the documents reviewed by the board at their strategic planning meeting was the Board's Philosophy of Discipline. This document was originally written and adopted by the board in 1995. It has had a couple of minor revisions since then, but continues to be very relevant. The Philosophy of Discipline is the foundation of the board's recommendations and decisions in the discipline process.

While the Philosophy of Discipline is available on our web site, I believe it is an important document that is worth highlighting and perhaps bring awareness to some that may not have known of its existence. Below is the Board of Nursing's Philosophy of Discipline.

The Nebraska Board of Nursing recognizes and accepts its obligation to protect the consumers of nursing services from unsafe, incompetent or substandard nursing care.

The Board believes that the discipline of nurses should be fair, prompt and based on facts. The Board carefully considers the facts and circumstances presented in each individual case, with the safety of the public being paramount. The Board will recommend remedial measures such as probation and/or limitation of a license if evidence exists that the nurse has, or can acquire under supervision, the

knowledge, skills and abilities to practice safely. The Board will recommend denial, suspension or revocation of a license when there is evidence that the public's health, safety, or welfare continues to be in danger or when probation and/or limitation would serve no remedial purpose.

The Board believes that nurses who acknowledge they are chemically dependent or have other disabilities that could impair safe nursing practice and who actively practice recognized recovery methods, do not represent a threat to the public and should be allowed to continue practicing nursing. However, in order to assure the public safety, such nurses should be carefully monitored. Monitoring provision should be designed to support recovery methods and prevention of relapse. Individuals are responsible for their own choices and behavior. Consequences should be applied to relapsing behavior.

Nurses, as health care professionals, have a code of ethics and standards of care that guide their practice. Evidence that a nurse has failed to conform to accepted ethical and practice standards should result in disciplinary sanctions on the nurse's license to practice.

Karen Bowen, MS, RN

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President's Message

Crystal Higgins, RN MSN



Spring greetings! When I think of Spring I think of new beginnings. High school graduates are beginning their education programs or applying for jobs. Many nurses are beginning their careers after graduating from their nursing programs and some nurses are thinking about returning to school to further their nursing career. Some are continuing in the job they love.

I attended the Nurses' Day at the Legislature and it made me think about how we should look at health care reform. Stephene Moore RN, Senior Advisor to the Director of Intergovernmental and External Affairs Office provided information on the Affordable Care Act. She outlined how it will affect nursing and nursing practice.

Some of the topics she discussed were increased access to health care, increasing nurse managed community health centers, utilizing the medical home model, making Medicare preventive care not fee for visit, fixing the pharmacy "doughnut hole," and the insurance market place. She also noted that how the act is implemented is continually changing. The web site for more information is www.HealthCare.gov.

She felt that nurses play a very important role in health care reform. Nurses are able to meet diverse needs of patients, function as leaders, and advance science through research. Nursing education is also looking at what needs to be done to reform how we educate nurses in today's health care environment. Much of this information is included in the IOM's Future of Nursing report. Ms. Moore reminded us that

nurses are still the most trusted and respected profession. People listen to nurses so we must be informed and provide assistance to our patients in understanding the Health Care Reform Act.

Julie Sundermeier APRN shared her experience of introducing a bill in the Nebraska Legislature. Her work on this bill involved research, discussion with Senators, and testifying at the committee hearing. The bill passed successfully! Her advice was that it takes action to bring change.

Teresa Anderson, Nebraska Nurses Association President presented on the importance of Nursing Advocacy. She was very energetic and gave a history of

nursing in Nebraska. She emphasized the importance of belonging to your professional organization and gave examples of what NNA has done in the past for nursing and health care in Nebraska.

As you can see it was a very informative day. There were over 300 nurses and student nurses in attendance for the day.

Health care is changing all the time. Keep up on the changes. Keep up on providing the best care to your patients in our ever changing environment. Think of it as a new beginning!

Crystal R. Higgins



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Nebraska Board of Nursing

Meeting Schedule 2013

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	Meetings	Location
April			
Thursday, April 11	8:30 a.m.	Board meeting	Gold's Room 531
May			
Wednesday, May 8	2:00 – 5:00 p.m. 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 Gold's Room 534
Thursday, May 9	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 531
June			
Thursday, June 13	8:30 a.m.	Board meeting	Gold's Room 531
July			
Wednesday, July 10	2:00 – 5:00 p.m. 12:00 – 5:00pm	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 Gold's Room 534
Thursday, July 11	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 531
August			
Thursday, August 8	8:30 a.m.	Board meeting	Gold's Room 531

All meetings will be held in the

Gold's Building 1050 N Street, Lincoln Nebraska 68508

What is Nursing— it is more than bedside, hands on patients.

By Sheila Exstrom, PhD, RN Nursing Education Consultant

We have recently completed a renewal period for RNs. For us in the office that means a lot of interesting questions. Because Nebraska requires nursing practice and nursing continuing education to renew, many of the questions are about what is nursing practice and what is continuing education.

From the nurse practice act—38-2210—“Practice of nursing means the performance for compensation or gratuitously of any act expressing judgment or skill based upon a systematized body of nursing knowledge. Such acts include the identification of and intervention in actual or potential health problems of individuals, families, or groups, which acts are directed toward maintaining health status, preventing illness, injury, or infirmity, improving health status, and providing care supportive to or restorative of life and well-being through nursing assessment and through the execution of nursing care and of diagnostic or therapeutic regimens prescribed by any person lawfully authorized to prescribe. Each nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered. Licensed nurses may use the services of unlicensed individuals to provide assistance with personal care activities of daily living.”

So, let’s look at three of the most common questions about “practice of nursing.” “Can I count my practice of nursing if I’m not at the bedside giving direct patient care?”

Yes, you can, there are many positions where you are practicing nursing, and therefore are required

to have a nursing license that does not require you to give direct, hands on patient care. Examples might include: dean of a nursing program, nursing administrator/director, nursing classroom instructor, nurse researcher, nurse consultant, computer nurse, nurse case manager, insurance reviewer, nurse researcher, nursing textbook author or editor, nurse legislator/regulator to name only a few.

“Am I practicing nursing if I’m not getting paid for it?”

Yes, as long as it falls within the definition as listed above. Examples of this would include volunteer school nurse, parish nurse, volunteer nurse at free clinics, unpaid respite nurse, nurse representative on a board. You must remember if you are doing volunteer

nursing that you maintain an accurate record of your hours. You also cannot count nursing services/cares that you do for family members as the practice of nursing. Even though you are practicing nursing you are doing it as a family member, not as a nurse.

“Can I renew on continuing education alone?”

No, you need to meet the requirements for both practice and continuing education. The six different ways to do this can be found in section 101-004 of the Regulations Governing the Practice of Nursing.

The Statutes and Regulations are both available on the nursing website. SME RN



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What is the Nursing Passport?

The Nebraska Hospital Association very graciously donated \$20,000 dollars to help the center for nursing get started. The Center for Nursing designated that money to be used to finance the first year of the Nursing Passport project. The nursing passport is an orientation program for student nurses to complete each year prior to participating in their clinical experiences. The facilities that the students use for clinical experiences have agreed to accept this orientation so that students do not have to repeat the orientation at each facility, but could instead use that time for actual patient contact clinical experience. The nursing programs pay (per student) for the passport project each year following the initial year of implementation. In addition to reducing redundancy, the students can take the course and pass a

test on their computer prior to their first clinical experience. The orientation is reviewed annually and kept current with any changes from CDC, JCAHO, OSHA, federal requirements such as HIPAA and EMTALA, patient diversity, etc. To be specific the program includes five modules with online testing (using simulated scenarios) for each of them. The five modules are:

I. Emergency Preparedness Response which covers environmental emergencies, fire, evacuation, infrastructure failure, weather, mass casualty, bomb, terrorist-attack, security, child/patient abduction and patient related events such as sudden changes in condition, cardiopulmonary arrests and critical diagnostic results to include rapid response teams and standardized communication between healthcare professionals.

II. Regulatory Confidentiality and Compliance which covers basic confidentiality principles for healthcare professionals, HIPAA, key security practices for both paper based and electronic information, concepts and laws that govern ethical patient care delivery, advance directives, medical power of attorney, communication practices to safeguard private health information, use of social media in healthcare, fraud and abuse, False Claims Act, anti-kickback statute, EMTALA, medical necessity and advance beneficiary notice, regulatory quality monitoring, healthcare acquired infections and incident reporting.

III. Infection Control and Blood-Borne Pathogens which includes basic infection control principles and practices, standard precautions, OSHA's Blood-borne Pathogen standard, hand hygiene requirements for healthcare professionals, latex allergies, CDC requirements, transmission precautions including MRSA, C-DIFF, use of personal protective equipment including N95 masks, sharps safety and precautions and dealing with blood spills.

IV. Safety in the Healthcare Setting which covers electrical safety, lifting and ergonomics, ergonomics and computer use, chemical safety, dealing with spills, MRI safety, basic patient safety practices, JCAHO's National Patient Safety Goals for healthcare, situations resulting in abuse or violence, techniques for diffusing a volatile situation, therapeutic relationships, reporting behavioral abuse, sexual harassment, substance abuse in the workplace and standardizing communication between healthcare professionals.

V. Dealing with Diverse Populations including physical and mental disabilities, cultural differences, spiritual differences, professional practices that respect diversity in patient populations, assistive services for patients with diverse communication needs, and language barriers.

1/3 Block AD to come

The Audit Process

Quite a few nurses asked this year how the department selects licenses for audit. These continuing competency audits are completely random. As nurses renew their licenses, whether online or paper, the license is renewed in the computer license information database. 5% of the licenses are pulled out by the computer for audit. The computer then generates a list and sends out notices to these nurses. 5% is the minimum amount to be audited, per the Regulations that Govern the Practice of Nursing.

This year during RN and APRN renewal, 24,930 RN licenses were renewed and there were 1060 RN licenses selected for audit. 34 of the 1060 RN's did not pass the audit. There were 88 APRN licenses selected for audit of the 1684 licenses renewed. Only 2 did not meet the continuing competency requirements.

15 RN's were deficient in continuing

education, whether they were short overall or with the peer review requirement. 8 nurses were deficient in the active practice requirement and 11 nurses did not respond to the audit at all. The 2 APRN deficiencies stemmed from the pharmaceutical education requirement.

What happens if a nurse fails an audit? Well, the nurse has their license expired per regulation. A notice of expiration is mailed to the nurse, which they have 30 days to respond. If the nurse is deficient in CE they must finish the 20 hour requirement and submit a reinstatement application with the rest of the fee for reinstatement (\$35). If the nurse does not have adequate practice hours, they must apply for reinstatement to take a refresher course. These nurses may be disciplined by the board for not meeting continuing competency requirements. Per the Uniform Credentialing Act, Neb. Rev. Stat §38-178, "Disciplinary Actions; grounds... (19) Failure to maintain the requirements necessary to obtain a credential." Therefore, it is important to make sure you meet the requirements for licensure when you renew your nursing license.

TIPS TO SURVIVING AN AUDIT

Remember answering all those questions on your renewal application? You are attesting to have met the regulatory requirements for licensure. If you don't meet them, then you can't renew. If you say you have and face an audit, it makes the process very difficult and is grounds for discipline under the Uniform Credentialing Act if you do not meet these regulatory requirements. Only use the portfolio option if your portfolio shows you meet the minimum continuing competency requirements.

Respond to the audit. If you simply ignore it, your license will be expired. Make sure your address is current with the department. The Regulations Governing the Practice of Nursing, 172 NAC read, "Failure to notify the Department of a current mailing address will not absolve the licensee from the audit requirement."

Before renewal, make sure your continuing education meets the minimum requirements.

1. Read certificates and make sure they are dated within the renewal period.
2. Make sure at least 10 hours are peer reviewed. The certificate should say this.
3. Make sure your education is related to nursing practice. Coding, work orientation, on the job training to procedures and equipment, and staff meetings are not acceptable CE per regulation (please see 172 NAC 101-004.04). If you hold another license or credential, such as radiography, those CE can count for renewal of that license, but nursing requires nursing CE.
4. Keep your own records of your CE. If you get audited, it is a stressor to have to rely on others providing this information to the department.
5. Last, make sure your name is on all certificates.

Peer reviewed and approved means programs, offerings, and independent studies that are either provided by an approved/accredited provider or approved by an approved/accredited approver.

It is important to know if you graduated in more than 2 years preceding renewal, you are required to complete the CE requirement.

If you are working as an employee of a company, you will need to provide practice verification from your employer. If your nursing practice is volunteer hours, be sure to keep a detailed log of hours throughout the renewal period. Make sure your job requires a nurse. Your job description can be compared to the definition of nursing in the Nurse Practice Act, "...the performance for compensation or gratuitously of any act expressing judgment or skill based upon a systematized body of nursing knowledge..." The active practice requirement is 500 hours in 5 years, unless you graduated in the last 5 years.



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.

The Center For Nursing Foundation

Sheila Exstrom, PhD, RN

In 2010, the Center for Nursing determined a need for a foundation to help finance some of the activities to fulfill the goals of their strategic plan. The legislature provided some monies to help the center get started and the board of nursing (by legislative requirement) provides some money, from nursing renewal fees, to the center to continue its purpose of assuring that “there will be a sufficient supply of competitively compensated nurses providing leadership in care in a differentiated practice environment that consistently meets the needs of health care consumers in Nebraska.” The center has many projects that they want to do, and the existing money resources are inadequate to do so. Some of these activities include recruitment into

nursing activities targeted to junior high and high schools, producing products to recruit men or minorities into nursing, funding scholarships, sponsoring activities that highlight nurses. Basically keeping nursing as a viable profession so that there will be adequate numbers of appropriately prepared nurses to care for Nebraska citizens.

A thirteen member foundation was formed with one member from each of the following organizations; Nebraska Nurses Association, Nebraska Board of Nursing, Licensed Practical Nurse Association of Nebraska, Nebraska Assembly of Nursing Deans and Directors, Nebraska Organization of Nurse Leaders, Nebraska Health Care Association and Nebraska Hospital Association. The Nebraska Health Care

Association has since asked to withdraw from the foundation. In addition to these seven members, there are three members from the Center for Nursing and there are three unfilled positions.

With staggering terms, the first two positions have rotated. Linda Lazure was on the foundation representing the Nebraska Nurses Association and Linda Hruza was on the foundation representing the Licensed Practical Nurse Association of Nebraska. Leota Rolls has replaced Linda Lazure and the Center for Nursing will be appointing a replacement for Linda Hruza. Connie Wagner who was representing the Nebraska Health Care Association has resigned as the Nebraska Health Care Association has resigned their membership on the foundation.

One of the first activities that the foundation is helping to implement is the nursing passport project. See passport article.

Other activities that the foundation plans to fund are listed above.

As nurses in Nebraska, you can assist the foundation in a number of ways. You can donate (tax deductible) to the foundation, you can suggest sources of money to the foundation and you could suggest members to sit on the foundation board. We are particularly looking for philanthropic members.

If the foundation is to help the Center fulfill its Strategic Plan, it needs money. Because the money received from the licensing fees of nurses is not enough, your support to the foundation is appreciated.

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Nebraska Licensee Assistance Program (NE LAP)

2013 New Year's Resolutions for Healthcare Professionals

Please read the 2013 resolutions below to see if one of them might help you have a better 2013.

Resolution #1: Help a colleague overcome alcohol or drug abuse or addiction.

You can –

- Offer your support and assistance
- Encourage him or her to seek NE LAP assistance with treatment needs
- Assure them abuse or addiction is not a character flaw, but it is a disease process
- Reassure them that, in 2013, he or she can make the changes necessary to overcome alcohol

or drug abuse or addiction

- Call NE LAP or go to the website to get information about the program to help a colleague

Resolution #2: Determine what you need to do to stop abusing alcohol or drugs, especially if –

- You have concerns about your use of alcohol or drugs
- Others who love you or care for you express concerns to you about your use of alcohol or drugs
- Your alcohol or drug use is

putting you at risk for legal/criminal charges, loss of driver's license, job or healthcare license, and/or of your marriage and family relationships

- You are using alcohol or drugs while taking prescription medications
- You cannot stop using as desired or intended
- You have had to use more and more to get the desired improvement in mood or to avoid withdrawal symptoms

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Resolution #3: Continue to strengthen your sobriety and recovery if you are a recovering healthcare professional.

You can –

- Monitor your relapse triggers and prevent relapse
- Commit to working your recovery program, including regular attendance at 12-Step meetings
- Surround yourself with people, including a sponsor, who are supportive of your sobriety and recovery, and hold you accountable

- Take care of yourself spiritually, physical and emotionally
- Keep stress to a minimum by pacing yourself
- Socialize with people who, or at event where, there will not be temptation or pressure to drink or use drugs
- Set boundaries and keep them
- Keep your attitude toward sobriety and recovery from becoming complacent

If you would like to make one of these NE LAP 2013 New Year's resolutions for healthcare professionals your 2013 resolution, please contact the NE LAP if we can assist you with accomplishing your resolution.

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)354-8055 or visit our web site at www.lapne.org. If you would like to consult with the NE LAP or schedule an assessment or an educational presentation, please ask for Judi Leibrock, NE LAP Coordinator or Michelle Hruska, NE LAP Counselor. From the NE LAP December 2012 newsletter

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New Advisory Opinion: Standing Orders

Chances are most nurses have or will, in some form, work with a standing order, protocols or both. There is significant merit to using standing orders and protocols in various care settings. They improve patient care by standardizing care with evidence-based practice, expedite and simplify nursing care, improve patient outcomes and decrease costs. On the other hand, there is great concern surrounding standing orders and protocols. Specifically, they may not provide adequate parameters to guide registered nurses in carrying out a medical regimen. Essentially, they may require a nurse to make medical decisions outside their scope of practice.

The new advisory opinion issued by the board provides definitions of standing orders, protocols, and pre-printed order sets. It also provides guidance on establishing and following orders set up in this way to

allow the nurse to provide care within the parameters of his/her scope.

Standing Orders and Protocols

This Nebraska Board of Nursing advisory opinion is issued in accordance with [Nebraska Revised Statute 38-2216 \(2\)](#). As such, this advisory opinion is for informational purposes only and is non-binding.

The practice of nursing is defined in the Nebraska Nurse Practice Act: "Practice of nursing means the performance for compensation or gratuitously of any act expressing judgment or skill based upon a systematized body of nursing knowledge. Such acts include the identification of and intervention in actual or potential health problems of individuals, families, or groups, which acts are directed toward maintaining health status, preventing illness, injury, or infirmity, improving health status, and

providing care supportive to or restorative of life and well-being through nursing assessment and through the execution of nursing care and of diagnostic or therapeutic regimens prescribed by any person lawfully authorized to prescribe. Each nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered. Licensed nurses may use the services of unlicensed individuals to provide assistance with personal care and activities of daily living." Neb. Rev. Stat. 38-2210

The scope of practice for both the RN and LPN does not include making a medical diagnosis or prescribing medical treatments or medications. The RN and LPN practice does include the execution of diagnostic or therapeutic regimens ordered by a licensed

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BRYAN COLLEGE 1/2 HORZ TO COME

practitioner, defined in the act as “a person lawfully authorized to prescribe medications or treatments.” Neb. Rev. Stat. 38-2209 An RN may only make a nursing assessment, nursing diagnosis and implement nursing interventions. The LPN may contribute to the nursing assessment, nursing diagnosis, and may implement nursing interventions. A nurse may not practice under standing orders or protocols that require the nurse to make medical judgments outside the nurse’s scope of practice. The Nurse Practice Act confers no authority to practice medicine or surgery. Neb. Rev. Stat. 38-2218

Standing orders: means medical treatment orders generated by a licensed practitioner who identifies an action or medication that must be implemented or administered. The use of standing orders must be documented as an order in the patient’s medical record and signed by the licensed practitioner responsible for the care of the patient, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.

Protocol: means a series of actions (which may include a number of medications) that may be implemented to manage a patient’s clinical status. A protocol allows the application of specific interventions to be decided by the nurse based on the patient meeting certain criteria outlined in the protocol as long as the intervention is within the scope of practice of the nurse. A protocol includes alternative actions or “exceptions” to the prescriptive orders which allow for individual patient circumstance as assessed by the nurse. These “exceptions” are addressed by application of an algorithm that is a step-by-step procedure for solving a problem or accomplishing the intervention. An agency may, if it chooses, have protocols which are developed by licensed practitioners and are designed to standardize and optimize patient care in accordance with current clinical guidelines or standards of practice.

Registered nurses may implement a protocol issued by a licensed practitioner for a specific group of patients when a patient meets the criteria for initiating the protocol.

Protocols may include both independent nursing activities and nursing activities requiring a health care provider order and collaboration. Nursing protocols should include the following content:

1. Title
2. Definition or Purpose
3. Specific population to whom the protocol applies
4. Assessment data to be obtained
5. Collaboration parameters when appropriate
6. Interventions to be implemented
7. Anticipated outcome
8. Signature of the licensed authorized prescriber who authorized implementation of the guideline

The nurse is responsible for documenting the implementation of the protocol and the nursing care provided under the protocol.

Preprinted order set: refers to a tool generally designed to assist licensed practitioners as they write orders. Order sets may include computerized programs that are the functional equivalent of hard copy preprinted order sets. Such tools may include a menu of medications or actions from which the authorized prescriber makes selections to be applied to a particular patient. They sometimes include a standard combination of medications and actions to be followed without amendment whenever the practitioner selects that order. All orders, preprinted or otherwise, in the medical record must be dated, timed, and authenticated by the person responsible for providing or evaluating the service provided.

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.

Adopted December 2012

1/3 VERT AD to come

Licensure Actions

The following is a list of licensure actions taken between November 1, 2012 and January 31, 2013.

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.vanepere@nebraska.gov

Licensee	Date of Action	Action	Violation
Christine C. Kaczmarczyk RN 59398	11/7/12	Voluntary Surrender	Violation of terms of probation
Mandie M. Johnson LPN 20886	11/20/12	Reinstatement on Probation	Previous disciplinary action
Debora L. Pebley LPN 7681	11/20/12	Reinstatement on Probation	Previous disciplinary action
Jill A. Nesladek LPN 18279	12/6/12	Revocation	Conviction of a crime which has a rational connection to fitness to practice Unprofessional Conduct-Practice of the profession beyond authorized scope Violation of the Uniform Controlled Substances Act
Lynn A. Whitten LPN 6331	12/6/12	Suspension	Practice of the profession while ability to practice is impaired . . . Unprofessional Conduct Failure to report loss of nursing employment in accordance with state mandatory reporting law
Angela Y. Cearley LPN 20237	12/7/12	Revocation	Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Amy J. Furlong RN 63133	12/13/12	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession Diagnosis of alcohol dependence Practicing while impaired
Vanessa J. Klingelhofer RN 71102	12/13/12	Voluntary Surrender	Dishonorable Conduct Diagnosis of opioid dependence Failure to comply with a treatment program or an aftercare program
Sarah M. Linsenmeyer RN 62962	12/13/12	Voluntary Surrender	Diagnosis of alcohol dependence Unprofessional Conduct
Ricardo R. Martinez RN 70397	12/13/12	Censure	Failure to report loss of nursing employment and licensure disciplinary action in another state in accordance with state mandatory reporting law
Nancy A. Moravec RN 68608	12/13/12	Voluntary Surrender	Dishonorable Conduct Diagnosis of opioid dependence Violation of the Uniform Controlled Substances Act Failure to comply with treatment recommendations
Theresa L. Kremer RN 56440	12/29/12	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with state mandatory reporting law

Licensee	Date of Action	Action	Violation
Melissa J. Reuber RN 73268	1/3/13	Suspension	Violation of the Uniform controlled Substances Act Failure to comply with at treatment program or an aftercare program. . . .
Deanna S. Brown LPN 20550	1/7/13	Voluntary Surrender	Violation of terms of probation
Trudi M. Jacobs LPN 13387	1/7/13	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice; failure to maintain an accurate patient record and committing any act which endangers patient safety or welfare Failure to report loss of nursing employment in accordance with state mandatory reporting law
Rachel R. Tuff LPN 20245	1/7/13	Voluntary Surrender	Misdemeanor and felony convictions which have a rational connection to fitness to practice the profession Failure to report criminal convictions in accordance with state mandatory reporting law
Tina L. Pelland RN 48103	1/8/13	Censure	Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession
Lauren C. Osborne RN 68816	1/17/13	Suspension	Dishonorable Conduct-Theft of controlled substances Diagnosis of opioid dependence Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession
Jean N. Mink RN 45193	1/24/13	Reinstatement on Probation	Previous disciplinary action
Cynthia D. Bennett aka Cramer RN 69149	1/24/13	Probation	Felony Conviction Dishonorable Conduct Unprofessional Conduct-Failure to conform to standards of acceptable and prevailing practice of the profession.
Angela K. Zuroski RN 48159	1/31/13	Suspension \$1000.00 civil penalty	Misdemeanor Conviction Violation of probation condition
Ashley M. Daugherty aka Abold LPN 21785	1/31/13	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed Failure to report loss of nursing employment in accordance with state mandatory reporting law
Angela J. Werner RN 48098	1/31/13	Voluntary Surrender	Dishonorable Conduct Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Misappropriating medications, supplies or personal items of a patient or agency
Bradley H. Schell RN 62919	1/31/13	Probation	Diagnosis of alcohol dependence
Sandra L. Fitzgerald RN 47000	1/31/13	Censure \$1000.00 civil penalty	Unprofessional Conduct-Violating the confidentiality of information or knowledge concerning the patient
Heidi D. Montang LPN 20196	1/31/13	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed Failure to report loss of nursing employment in accordance with state mandatory reporting law

It's Not Just a "Piece of Paper"

By Kathryn Yost, RN-BC, BSN, Board of Nursing Member

What do we hold dear in our lives? Children? Grandkids? Our home? Our health? Most of us would say yes to all of these things and more, some rearranging the order of priority. As educated adults we hold our professional status as nurses as an important factor in our lives. Yet every August when it is time to renew an important and precious document, the priority level of our license drops considerably for many nurses.

LPNs renew every two years in the odd years, and RNs renew every two years in the even years. Written notices, on colored card stock, are mailed to the known address of each licensed nurse in Nebraska. Instructions for renewing the license per mail or through the internet are printed on the card. The credential renewal information is concise and very directional at the same time. Many nurses respond to the brightly colored card within a week or two of receiving it. Others wait for a long time, MANY wait until the due date is upon them.

"I never received a renewal notice". "I thought if I over-night the information I would get my license back the next day". "The state needs to hire more staff at renewal time, it's their fault I am late".

These comments and more are often heard in the offices of the licensing staff in Lincoln. The reality is that there are over 25,000 RNs in the state and if nurses do not wait until the last minute, there is adequate staff to process the renewals. If you did not receive your renewal card notice, does the office have your correct address? This last RN renewal, there were many, many renewal cards returned to the office due to incorrect addresses. It is your responsibility to notify the licensure office of name and address changes, no matter how often they happen.

Be sure your credit card or check is valid before using them. Know your continuing education credits are valid, complete and add up to twenty hours of continuing education before you renew.

Betting on getting the education done before the end of renewal is not always a safe bet. You "attest," meaning you swear that your information is true and accurate when you sign your name, asking for professional licensure as a nurse for the next two years.

Accountability is one of the core measures of a good nurse. Being accountable for getting your license in a timely fashion, with accurate and truthful information is part of the accountability of our profession.

In the back of each publication of the Nebraska Nursing News, sent quarterly from the licensing offices, are the names of persons who can handle nursing questions. Use this reference freely.

Remember, your license is not "just a piece of paper". It is your professional passport to practice nursing.

Kathryn Yost is an RN and holds a Staff Nurse position on the Board of Nursing

Just so you know

Here in the office we have been receiving a number of calls relating to transcripts/proof of having graduated from an approved nursing program. Some calls come from employers who indicate that their accreditors are requiring this. Some calls come from nurses asking how to get transcripts from nursing programs that have closed or merged.

Just as a point of information, nurses (RNs or LPNs) that are licensed in Nebraska, whether they are licensed by examination or by endorsement, we have (as a part of their application file) a copy of their transcript (provided directly from their nursing program) indicating completion/graduation from an approved nursing program.

New Program Manager for Nurse Aide and Medication Aide Program

Connie Wagner has accepted the position of Program Manager for the Nurse Aide and Medication Aide Program. Connie has been the Director of Education and Health Services and an instructor at the Nebraska Health Care Association (NHCA) for the past twenty years. In that role, she has assessed, planned, and organized continuing education offerings, reviewed regulations related to nursing and long term care, worked with medication aide and nurse aide education programs and testing. In addition while at NHCA she also served as the Lobbyist and Coordinator for the Licensed Practical Nurse Association of Nebraska (LPNAN).

She has served on various boards, advisory groups and nursing leadership groups, including the Nebraska Nurse Leadership Coalition, Nebraska Center for Nursing Foundation, Joint Commission of Health Care Organizations – Long Term Care Accreditation, Nebraska Infection Control Network, and Nebraska's Advancing Excellence LANE.

Connie can be reached at connie.wagner@nebraska.gov or 402-471-4969

Nursing Education in Nebraska

Sheila Exstrom, RN, PhD, Nursing Education Consultant

Each year the pre-licensure nursing programs in the state are required to submit an annual report of their program. Part of the report includes the number of students enrolled in the program. The programs are now in the process of submitting reports for 2012, but I thought that you might be interested in some of the figures from 2011. We had a total of 5691 undergraduate nursing students (4974 RN students and 717 PN students) enrolled in a nursing program. We had 482 RN students that were enrolled in BSN programs, either in a regular baccalaureate program (240) or in a specific RN to BSN program (242). We had 215 LPNs enrolled in RN programs. 640 of the 4974 RN students were part-time. 153 of the 717 PNs were part-time. Of the 4974 RN students, 3737 were enrolled in baccalaureate

programs and 995 were enrolled in associate degree programs. The 4974 students enrolled in RN programs compares to 3046 in 1991. Nearly 2000 more students in the twenty year time period. The 717 students enrolled in PN programs compares to 409 in 1991. More than 300 more (nearly double) in that same twenty year time frame.

We also maintain statistics on post licensure programs. We had 64 students in nurse anesthesia programs, 779 in master's programs and 115 in doctoral programs. All students in the anesthesia programs are all fulltime. 271 of the 779 students enrolled in master's programs are part-time and 74 of the 115 students in doctoral programs are part-time. The 64 nurse anesthesia students compares to 6 in 1991. The 779 master's students compares to 338 in 1991. The 115

doctoral students compares to 14 in 1991. Each of those changes is even more remarkable than the undergraduate changes in enrollment.

We have 42 nursing programs in the state: 10 PN, 7 BSN, 9 ADN, 5 RN to BSN, 7 MSN, 2 doctoral and 2 nurse anesthesia programs. These programs require graduate prepared faculty and clinical agencies of many types (hospitals, long term care facilities, community agencies, etc.) The programs and students need us to be enthusiastic supporters and mentors so that they receive the best education possible and can then provide the best of care for us and our fellow citizens. We all play an important role in the education of Nebraska nurses.

1/2 HORZ TO COME

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

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

Licensed Practical Nurse

Licensure Based on Examination (NCLEX®) Licensure Based on Endorsement, RN & LPN 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

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

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

Information on Disciplinary Actions

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

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1993 Twenty Years Ago in Nursing News

• The board actions included:

- Heard reports on:
 - costs, resource allocation and productivity related to investigative and disciplinary activities
 - the plan for revision of the Rules and Regulations related to programs of professional and practical nursing

- actions taken by the Delegate Assembly at the 1992 Annual Convention of NCSBN
- the Board of Health's intention to seek legislation to change Board of Nursing appointments from the Governor to the Board of Health
- the progress of the Licensee Assistance Program (LAP) in getting the program operational
- the problems surrounding unlicensed care givers providing nursing care in a variety of settings without benefit of RN delegation and supervision
- Determined that a request to participate in the Beta test for Computer Adaptive Testing be submitted.
- Determined it was necessary to hold a second public hearing on 172 NAC 99, Regulations defining the Appropriate Role for LPNs in Intravenous and Nasogastric Tube Therapy on October 28, 1992.
- Determined to modify 172 NAC 99 to remove the acceptability of allowing LPNs to reinsert nasogastric tubes based upon the failure of the Board of Health to approve the regulations with reinsertion as an acceptable activity.
- LB 522 was introduced. It would provide for additional IV and NG therapy beyond the activities allowed under the current regulations. It was the result of a combined effort of the Board of Nursing and the Licensed Practical Nurses Association of Nebraska.

I B C a d t o c o m e

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