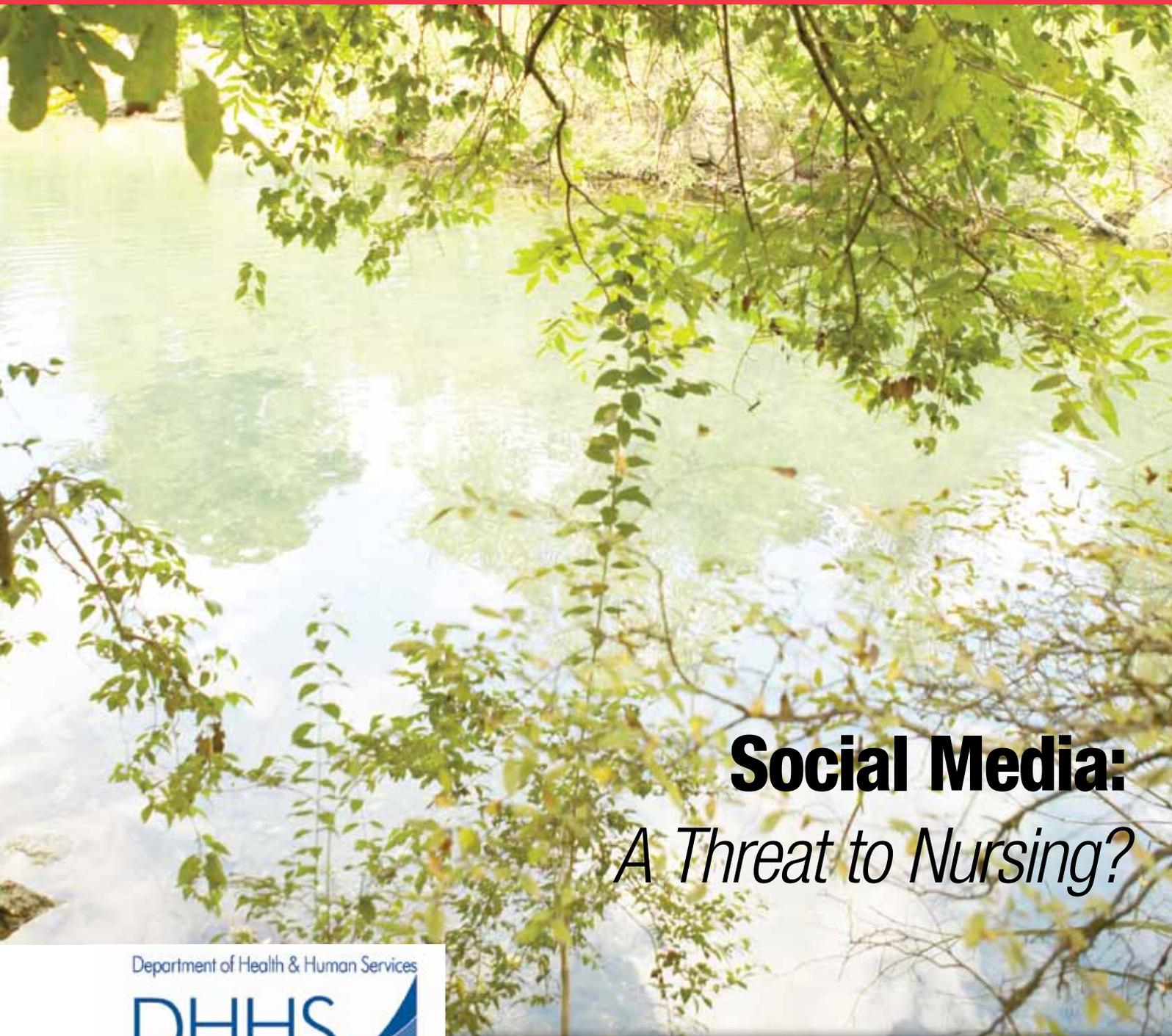


Nebraska Nursing NEWS

Volume 28 • Number 2 / Summer 2011



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PUBLISHED BY THE NEBRASKA
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Nebraska Nursing News
is published
quarterly by the

Nebraska Board of Nursing

301 Centennial Mall South

Lincoln, NE 68509

402.471.4376

fax 402.471.1066

<http://www.dhhs.ne.gov/crl/newsletters.htm>

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Edition 28

Nebraska Nursing NEWS

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Executive Director's Message

Diana Baker



I was recently sent a list of comments made by Nebraska licensees in conjunction with the Commitment to Ongoing Regulatory Excellence (CORE) which is a project of the National Council of State Boards of Nursing. CORE provides an ongoing performance measurement system for nursing regulators and utilizes data collected periodically from boards of nursing and licensees to identify best practices. I found some very positive comments about the Nebraska Board of Nursing; however, the portion of the CORE data that I would like to address is a selection of comments from Nebraska licensees in an effort to help clarify some of these questions and concerns as they relate to the function of the Nebraska Board of Nursing.

1. Keep members on the Board that are actually practicing. This was an interesting comment primarily since the 10 members of the Board are required by statute to be actively practicing in nursing. The Nurse Practice Act, §38-2214(1), delineates Board member qualifications and states: The Board shall consist of eight registered nurse members, two licensed practical nurse members, and two public members. The registered nurses on the board shall be from the following areas: (a) one practical nurse educator (Crystal Higgins); (b) one associate degree nurse educator (Karen Weidner); (c) one Baccalaureate nurse educator (Linda Lazure); (d) two nurse administrators (Pam Carlson and Lori Smith); (e) two staff nurses (Kathy Yost and Francie McNeil); and one advanced practice nurse (Nancy Gondringer). Both LPNs are currently practicing in acute care.

2. Develop an advertising campaign regarding impaired nursing. Limited resources prevent the development of an advertising campaign; however, every quarter this magazine features an article submitted from the Nebraska Licensee Assistance Program (NE LAP) related to some element of substance abuse or addiction treatment to help in educating nurses about substance impairment. The NE LAP provides a toll-free telephone number and a web address at the end of each article to contact a health professional. The LAP is an assessment, education, referral, case management, and monitoring service designed to help licensees of the State of Nebraska work through substance abuse/addiction problems. The LAP services are free and the LAP Coordinator will help refer the licensee to the most appropriate agency if continuing treatment is necessary. When a treatment referral is made, those expenses become the responsibility of the licensee.

3. Nebraska is the worst Board of Nursing anyone could imagine. They have worked actively against RNs. There is often confusion regarding the function of the Board of Nursing. The primary function of the Board of Nursing (and Medicine and Surgery, Pharmacy, Dentistry, etc.) is to **protect the public**. The Nebraska Nurses Association (NNA) or LPN Association of Nebraska are organizations that promote the nursing profession and advocate for nurses. The statutes and regulations that are written for healthcare

professionals are directed towards the protection of the public by setting minimum requirements for licensure and renewal, scope of practice, continuing competency, as well as defining unprofessional practice, and disciplinary actions or limitations. The Board of Nursing is an advisory board that recommends disciplinary action or limitations based on violation of the statutes and regulation. These recommendations are sent to the Chief Medical Officer for a final legal decision based on the facts of a particular case.

4. When a complaint is filed it should not take months to act on the complaint when patient care is at issue. Comments related to the complaint process were numerous. The complaint process can be very confusing, but the complaint is the first step to an entire legal procedure. When a complaint is made against a health care licensee, the complaint is reviewed to determine if a statute or regulation has been violated. If an actual violation has been committed, an investigator is assigned to the case who makes contact with all of the parties involved. Sometimes this can be very time-consuming because of missed phone calls, individual schedules, inability to find people, etc. Records must often be obtained and then read. When the investigation is completed, a report is sent to the Board of Nursing for a recommendation. Legal documents are then filed by an assistant Attorney General based on the recommendations that outline the facts of the case, and the person who committed the violation

then has an opportunity to sign an Agreed Settlement or take the case to hearing. This procedure affords the "due process" rights afforded by the Constitution. It is strongly advised that anyone who is involved in this legal procedure be represented by an attorney. Many nurses say they cannot afford an attorney, but my answer to them is they cannot afford NOT to hire an attorney. These same people would never consider going to a criminal trial without an attorney; yet they potentially sacrifice the license that provides a means to earn a living when unrepresented by legal counsel.

It is true that while this lengthy process is taking place, the licensee can continue to practice. In some cases the person who has violated the Nurse Practice Act has been terminated by an employer and, therefore, must look for another job. Additionally, the Mandatory Reporting law requires that each

licensee that has first-hand knowledge of a violation must report that violation within 30 days to the Investigations Unit. (See the article on Mandatory Reporting in this issue) So, the procedure does get lengthy. The burden of proof is on the state to show there has been a violation of state statutes or regulations.

5. **The Nursing Newsletter should concentrate more on providing education on regulations and less space on lists of names of violators with various degrees of conduct.** I have heard many people say that they first look at the "list of names of violators" and then, if time permits, they will read the articles. There are many interesting and informative articles in the newsletter, so I often wonder just how many people read the entire magazine.

I would like to point out that **every issue** of *Nebraska Nursing News* has a message from the Executive Director and

the President of the Board that contain information relative to licensure or current trends affecting nursing. **Every issue** has a "Practice Q&A" that addresses some aspect of care; an article relative to nursing education and a message from NE LAP about substance abuse. Twice a year, continuing competency articles appear prior to renewal of licenses in even years for RNs and APRNs and odd years for LPNs. Over the past year, the newsletter has printed articles written by actively practicing nurses about professionalism, accountability, scope of practice, and certification.

I encourage everyone to read all or part of the newsletter for content rather than just who has been disciplined. Also, anyone is invited to submit articles to be considered for the Newsletter. You may either send these to me by email at diana.baker@nebraska.gov or mail them to the office in Lincoln.

Diana Baker RN MSN



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NEBRASKA BOARD OF NURSING

Meeting Schedule 2011

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 agendas by phoning (402) 471-4376 or e-mailing diana.baker@nebraska.gov.

Day/Date	Time	Meeting	Location
July			
Wednesday, July 13	3:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 NSOB Room 1Y
Thursday, July 14	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 531
August			
Tuesday, August 2- Friday, August 5		NCSBN Annual Meeting	Indianapolis
Thursday, August 11	8:30 a.m.	Board meeting	Gold's Room 531
September			
Wednesday, September 7	3:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 NSOB Room 1Y
Thursday, September 8	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 531
October			
Thursday, October 13	8:30 a.m.	Board meeting	Gold's Room 531
November			
Wednesday, November 9	3:00 – 5:00 pm	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 NSOB Room 1Y



President's Message

Crystal Higgins, RN MSN

For years the nursing community has been debating the appropriate level of education that “makes

a nurse,” – Practical, Associate, Baccalaureate, Master or Doctorate. Many articles and books are being published that support each level of education. The Institute of Medicine Report (IOM) on the Future of Nursing is suggesting that 80% of nurses should be educated at the Baccalaureate level. This is a lofty goal, but is it reasonable?

We have heard for years “the nursing shortage is coming,” but new graduates from 2010 have had difficulty finding positions in Nebraska as well as across the nation. One report suggested that as many as 45% of new graduates in 2010 could not find a nursing position. So where is the shortage? Most sources say it is still coming, and that the economic downturn caused many nurses of retirement age to stay in practice because of lost pension monies, many spouses have lost jobs in

occupations other than health care, or fear of losing benefits such as health insurance. Whatever the delay, it is in the best interest of the profession to be prepared for the future. With another year of graduates unable to find nursing jobs, is it feasible that younger people may lose interest in nursing as a profession and seek other options?

As our profession evolves and is reworked, is it important to address all levels of nursing practice? Each educational level of nurses play important roles in the future health care needs of our society, and it is necessary to view all nursing education levels as essential to patient care. Meetings are being held across the nation and the state of Nebraska to discuss the future of nursing but it seems that the focus is too directly pointed to the 2020 desire of 80% to be BSNs. There is little discussion of the currently licensed LPN and ADN. The remaining 20% for 2020 must be that the LPN and/or ADN still have a place in the health care structure.

Many nurses start as a nurse aide and progress in their nursing education to Practical

Nurse then Associate Nurse, then Baccalaureate, Masters and Doctorate. There are many factors that prohibit them from going directly to an advanced level of nursing education. Many are single parents, first generation college students, or have other responsibilities. Sometimes just finding out they can be successful in their education is all they need to take that next step. We need focus on the seamless education for nurses who still have other life commitments. If we do not plan an educational structure to fit all of these needs, it is possible that students will search in other areas besides nursing.

As we plan the future of nursing we must respect and support all levels of nursing. We need all levels of nursing to care for our changing and aging population. Our practice settings are also changing and need all levels of nursing expertise and care.

I have posed many questions and I'm not sure who has the answers. Make sure YOU are part of the solutions no matter where you started or ended in your nursing education. You are a nurse. Be involved in planning the future of nursing.

Crystal R. Higgins

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Advisory Opinion Update

The following advisory opinion, *Patient Abandonment*, has been revised and approved by the Board of Nursing. Other advisory opinions that have been reviewed and reaffirmed by the board include *Wound Drains, Epicardial Pacing Wires, and Use of Dermabond and Other Topical Skin Adhesives*. The advisory opinion, *Chronic Peritoneal Dialysis* has been retired by the board.

PATIENT ABANDONMENT

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

The Nebraska Board of Nursing believes that the term patient abandonment must be defined and differentiated from employment abandonment. The Nebraska Board of

Nursing further believes the definition of patient abandonment should be consistent throughout the health care delivery system.

This opinion is meant to provide general guidelines as to what may or may not constitute patient abandonment. It is the opinion of the Nebraska Board of Nursing that for patient abandonment to occur, the nurse must:

1. Have first ACCEPTED the patient assignment, thus establishing a nurse-patient relationship. Accepting a patient assignment varies from setting to setting and requires a clear understanding of workload and agreement to provide care, AND then
2. DISENGAGED the nurse-patient relationship without giving reasonable notice and report to the qualified person (supervisor, nurse, etc.) so that others can make arrangements for continuation of nursing care.

Examples of patient abandonment include, but are not limited to:

1. Leaving without giving the supervisor or qualified person adequate notice.
2. Leaving without giving a report to a qualified person.
3. Accepting an assignment of patient care and then leaving the nursing unit or patient care setting without notifying the qualified person.
4. Sleeping while on duty, thus being unavailable to assigned patients.
5. Leaving a facility or workplace if the nurse is the only licensed individual on duty (if required by the facility to be present the entire shift).
6. Not reporting for an assignment where the nurse is the sole provider of care (e.g., private duty/home health/hospice care).

Situations **NOT** considered to be patient abandonment, but are examples of employer-employee issues (salary, work conditions, hiring and termination policies) include:

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4. Refusal to work additional hours or shifts.
5. Ending the employer-employee relationship without providing the employer the amount of notice required by the facility, or without providing the employer a period of time to obtain replacement for that specific position (e.g., resigning without notice).
6. Refusal to work in an unfamiliar, specialized, or "high tech" area when there has been no orientation, no educational preparation or employment experiences. (Refer to Nebraska Board of Nursing Advisory Opinion, *Safety to Practice: Temporary Assignments, Floating.*)
7. Resigning from a position and not fulfilling the remaining posted work schedule.
8. Failure to return to work from a scheduled leave.

The Nebraska Board of Nursing believes that both nurse managers and nurses in direct patient/client care positions are accountable for providing safe nursing care to their patients/clients. During periods of understaffing or limited numbers of well-qualified staff, it is essential that nurse managers and nursing staff work together to provide safe care to all clients in a manner consistent with the Nurse Practice Act.

On occasion, patient abandonment has been used as a means of intimidation in order to ensure continued staffing at facilities. If the employer makes threats to "take a nurse's license away for abandonment," it must be stated that the employer has no authority to take any type of disciplinary action against a license, including revocation of the license. In order for any license to be disciplined, the license holder must go through the disciplinary process defined in statute that includes a

review and recommendation by the board. That recommendation is not based on the supervisor's recommendation. While a supervisor/employer may file a complaint against the nurse, each case is considered on an individual basis.

Adopted March, 1994
Revised November 1995
Affirmed May 2000; Reaffirmed July 2001
Revised April 2011

These advisory opinions and all of the advisory opinions can be found on our web site at, <http://www.hhs.state.ne.us/crl/nursing/rn-lpn/advisoryops.htm>. For more information contact Karen Bowen, MS, RN, Nursing Practice Consultant, karen.bowen@nebraska.gov or 402-471-6443.

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License Renewal Reminder

All Nebraska LPN and LPN-C licenses expire October 31, 2011. Renewal notices will be mailed on or about August 1, 2011. **The renewal postcards will be mailed to the address we currently have on our Licensing Information System.** Licensees who have moved and the postal forwarding order has expired may not receive a notice. Each year hundreds of pieces of mail are returned to the department as undeliverable because licensees have neglected to keep their mailing address current with the department, and results in delayed or non-delivery of the renewal notice, extra cost to the department for printing, paper, postage, and staff time.

Please remember that there is no longer a second renewal notice or a late fee. If a license is not renewed before the expiration date it must be reinstated and the licensee is **required to pay the reinstatement fee.** Practicing nursing after the expiration

date, if your license has not been renewed, will result in an administrative penalty fee of \$10 for each day you practice up to a maximum of \$1,000, and may result in discipline on your license.

The renewal notice postcard provides the web site for online license renewal. All LPNs are strongly encouraged to renew online. The online renewal has many advantages over using a paper form. With online renewal the application is processed the next business day and if everything was completed properly, the renewed license is mailed the same day. Online renewal using a credit card decreases the time required for receiving the renewal fee. Online renewal saves postage and avoids the possibility that the application will be lost in the mail. A final advantage of online renewal is that the data on the workforce survey that accompanies the renewal application is entered electronically. Because of less staff time and other related costs, online

renewals make it possible to keep the renewal fees at the lowest possible amount.

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

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

Remember when you sign and submit your renewal application, you are certifying that the information provided on your renewal is true and accurate. Last year's audit revealed over 100 people who falsified their documents by attesting to having completed the continuing competency requirements when in reality they did not. Don't risk a fine and possible discipline!

Watch your mailboxes and renew early to ensure you have your renewed license prior to the expiration date. If you fail to renew your license prior to the expiration date, you will have to reinstate your license.

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

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Did you know...

The Nebraska Licensee Assistance Program (NE LAP) services include informational presentations on the services of the program and educational presentations on alcohol/drug abuse and addiction and the health professional? These presentations can be made to licensees, certificate holders, and registrants, professional organizations and associations representing health professionals, college or university students enrolled in classes for health professionals and employers of health professionals regulated by the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit.

The focus of the informational session, *Nebraska Licensee Assistance Program Services*, is on the availability of, and services provided by, the NE LAP. Educational sessions focus on chemical impairment and alcohol/drug use, abuse and addiction and on the alcohol/drug treatment and recovery process and available treatment services. These sessions are titled *Alcohol/Drug Addiction and the Health Service Professional* and *Understanding the Symptoms of*

Alcohol/Drug Addiction.

The presentations are provided by the NE LAP Coordinator, Judi Leibrock, throughout the rural and urban areas of Nebraska. These areas have included Lincoln, Omaha, Hastings, Alliance, Scottsbluff, Grand Island, O'Neill and Mahoney State Park. Presentations can also be provided via a video conference where these technological capabilities are available.

The NE LAP presentations have generally been well received and appreciated by the audience participants as reflected by the following session coordinator comments.

“Thank you Judi for your presentation to our graduating dental hygiene class. I appreciate your expertise in this area and all that you can teach the students. Very good info for them all – especially since there is the likelihood that they will either work with someone who is addicted or

they themselves may have to deal with it personally.”

“This presentation was not only beneficial, it was and is essential for our student nurses. It’s very well done and so important!”

“I don’t like to give all “10s” on surveys but I was extremely pleased with Judi’s presentation, as well as the interaction with her to get this set up. She is always professional and extremely cooperative. It is very comforting to know that Judi is the coordinator for such an important program.”

NE LAP informational or educational presentations can be scheduled by contacting the NE LAP at (800) 851-2336 or (402) 354-8055. Information on these presentations and other NE LAP services is also available on our website at www.lapne.org.



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Associate Degree Education Programs in Nebraska

By Sheila Exstrom, Nursing Education Consultant

This is the fourth article regarding nursing education in Nebraska. The initial article “Nursing Education in Nebraska” was in the Winter 2010 newsletter, as was the article regarding practical nursing education programs. In the Spring 2011 newsletter was the article about baccalaureate nursing education programs. This article will highlight the associate degree nursing programs in Nebraska.

First, here’s a little history about associate degree nursing, the most recent level of nursing education. After World War II there was a nursing shortage and in response to it Mildred Montag, RN, from Columbia University Teachers College, developed her doctoral dissertation in 1951 entitled “The Education of Nursing Technicians” which suggested one solution to the nursing shortage might be to educate technical nurses in community colleges in a shorter time frame than the three-year

diploma nurse or the four-year baccalaureate nurse.. This would shorten the time needed to become a nurse; it would also make nursing education more available to men, older students, minorities and married persons. The W.K. Kellogg Foundation funded the initial experiments: seven pilot sites in four states. Success was immediate as the graduates had pass rates on the licensure examination comparable to hospital and BSN graduates. Other findings from her study showed that the associate degree graduates performed quite well as evaluated by their head nurses, that students were attracted to the programs, that nursing became fully integrated into the community colleges, and that schools were able to finance programs just like other academic departments. The use of the terms “nursing technician” or “technical nurse” as opposed to the BSN “professional” nurse ignited a firestorm within

the nursing community so her final report was entitled “Community College Education for Nursing.”

Today, many students attend and graduate from a two-year associate degree nursing program and work as registered nurses while continuing their education toward a baccalaureate degree in nursing.

Nebraska was later than most states to offer associate degree nursing programs. One reason for this was a state law that limited the only public institution that was authorized to provide associate degrees in nursing was the University of Nebraska College of Nursing. This law was then changed to allow for community colleges to offer associate degree programs in nursing.

Nebraska currently has eight associate degree nursing programs with a ninth planning to admit students this fall. The College of Saint Mary was the first AD program in the state. It admitted the first students in 1970 who then graduated in 1972. The University of Nebraska had AD students from 1972 through 1986. The community colleges then started their

1/2 horizontal ad to come

associate degree programs after that with the first community college to do so being Central Community College in Grand Island.

Below is a listing of the Nebraska associate degree nursing programs, website addresses, directors, and the number of 2009 graduates.

Name of Program	Website Address of Program	Nursing Director	# of 2009 Graduates
Central Community College	www.cccneb.edu	Jeanette Vincent, RN	70
College of Saint Mary	www.csm.edu	Dr. Kathleen Zajic	85
ITT Technical Institute	www.itt-tech.edu	Theresa Labs, RN	First grads 2012
Kaplan University, Lincoln	http://lincoln.kaplanuniversity.edu	Hope Bauman, RN	Starting Fall 2011
Metropolitan Community College	www.mccneb.edu	Nancy Pares, RN	97
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Mandatory Reporting by Health Care Professionals

Reprinted from a previous magazine

Most health care providers have become familiar with the changes when the Uniform Credentialing Act (UCA) became effective on December 1, 2008. One change was the development of the Mandatory Reporting requirements for credential holders. A copy of the UCA and the statutes for the various occupations and professions can be downloaded from the web at <http://www.hhs.state.ne.us/crl/statutes/statutes.htm>.

In order to help you better understand the requirements for mandatory reporting, the following excerpts may provide a greater understanding:

Neb. Rev. Stat. § 38-1,125 requires the reporting by a credential holder if they have first hand knowledge that any person in another profession (a) acted with gross incompetence or gross negligence or (b) had been practicing while impaired. In addition, for someone in your own profession, you must report (a) and (b) as well as (c) a pattern of incompetent or negligent conduct and (d) unprofessional conduct.

You must self-report if you have lost your privileges, voluntarily limited your privileges, resigned from the staff or lost your employment due to alleged negligence, incompetence, unethical or unprofessional conduct or impairment.

You must report professional liability claims that result in an adverse judgment, settlement or award.

You must report if your professional liability insurance coverage has been cancelled, limited or modified or if you have been refused coverage due to a professional liability claim.

You must report the denial of a credential or authorization to practice in any state or jurisdiction or the loss of membership in a professional organization due to alleged incompetence, negligence, impairment or unethical or unprofessional conduct. In

addition you must report any disciplinary action taken against your credential in another state or jurisdiction.

You must report any misdemeanor or felony conviction no matter where it occurred.

Neb. Rev. Stat. §38-1,127 requires health care facilities, peer review organizations and professional associations to report when they make a payment due to an adverse judgment, settlement or award of a professional liability claim or when they take action adversely affecting the privileges or membership of a credential holder due to alleged incompetence, professional negligence, unprofessional conduct or impairment.

Neb. Rev. Stat. §§38-1,129, &38-1,130 requires an insurer to report any violation of the UCA as well as payments made due to an adverse judgment, settlement or award from a professional liability claim.

Neb. Rev. Stat. §38-1,137 requires the Clerk of the County or District Court to report all judgments arising out of a claim of professional liability, as well as any felony or misdemeanor convictions involving controlled substances, alcohol or impairment.

Reports to the Department can be made on a form constructed by the reporting party or on the form included and made a part of the regulations. At a minimum, the report needs to include the information required by the regulations.

Mandatory reporting regulations provides the guidance for minimum reporting. They govern the manner and method in which reports of actions or conduct which may violate laws or regulations governing health care professionals are reported. They grant immunity from criminal or civil liability for filing reports or complaints and for the disclosure of documents, records or other information to the Department. Can you do more than the minimum? Of course you can although you are not required to unless you have first-hand knowledge.

For example, you were told of someone's misconduct but did not observe it, can you report it? Yes. You are not sure what kind of conviction you received. Report it. You lost your job, but you don't know why? Report it. You observe some conduct but you are not sure if it violates the regulations. Report it. The Department will review your report to determine if there is a violation of the statutes or rules and regulations. If we find no violation, you have done no harm by sending the report to us.

Provide all the information you have when submitting complaints or reports. The space provided on the forms often is not sufficient for all the needed information, so use additional paper. Do not just say, for example, "abused patient, terminated from job." If that is all you tell us, you will need to be contacted to provide additional information, before a decision can even be made that there was a violation, thus delaying our ability to initiate an investigation. Provide the Who, What, When, Where and Why for the incident. Always provide a copy of your "proof" to support your allegation. Include copies of the documents related to the incident or conduct you are reporting. Send a copy of any investigation you did as well as statements by witnesses. All reports are confidential.

All reporting to the Department must occur within thirty days of the incident.

The Web site for the Professions and Occupations Investigations Unit is located at <http://www.dhhs.ne.gov/reg/INVEST-P.HTM>. It contains the rules and regulations on mandatory reporting as well as the various forms to be used. The address to return the completed form to is also listed.

Michael J. Grutsch, PA-C, Program Manager
DHHS Division of Public Health
Office of Professional and Occupational
Investigations
1033 O Street, Suite 500, Lincoln, NE 68508
Michael.Grutsch@nebraska.gov.

Osentowski Retires

The Department has accepted the resignation of Don Osentowski, one of the public members on the Nebraska Board of Nursing. Don was originally appointed to the board on December 2, 2007 and has served as a member of the Nursing Education Committee. He is approaching his 60th year of service to health care in one form or another.

We all wish Don well and hope he has a wonderful retirement.

If you know of anyone from the public who would be interested in serving on the Board of Nursing, and who does not have an affiliation with nursing, please have them call Monica Gissler at (402) 471-2948.

Living Well workshops available across NE

Even health care professionals are faced with chronic health disease challenges.

For most of her adult life, Deborah didn't worry much about her health. Then at 64, she was diagnosed with diabetes and high blood pressure. She tried to follow her doctor's advice to take her medications, exercise, and eat better. But often she was tired and even a little depressed. "I figured it was just part of getting older," she recalls.

Then a friend told Deborah about the Living Well Workshop. Developed at Stanford University, the Workshop has been offered at hundreds of locations throughout the United States and around the world. It helps participants with ongoing health conditions such as arthritis, diabetes, high blood pressure, anxiety, heart disease, and others to:

- Find better ways of dealing with pain and fatigue
- Discover easy exercises to help improve or maintain strength and energy
- Learn the appropriate use of medications
- Improve nutrition
- Talk effectively with family, friends and health professionals
- Understand new treatment choices
- Feel better about life

"I now have a new sense of being in control," said Deborah, "The Workshop has really helped me feel better and more confident."

Taught by specially trained leaders, many of whom have health conditions themselves, the program covers various topics each week and provides opportunities for interaction and group problem-solving. "We are really more like coaches," says Carrie, a leader. "The answer to someone's question is usually in the room."

The Living Well Workshop supports disease-specific education but does not replace it. The program is evidence-based. It consists of a 6-session interactive workshop that

helps people who have on-going health problems learn how to take control of their health. Participants learn how to take small steps towards positive changes and healthier living. They build confidence and the ability to manage day-to-day life.

Some of the research studies have shown that participants completing the program have fewer hospitalizations, fewer visits to the ER, better partnerships with their health care providers, increased physical activity and improved mental health status.

Living Well was first brought to Nebraska in the spring of 2008. The program has been making its way across the state with the goal of being able to offer the workshop to all Nebraskans.

Thanks to funding received last year from the American Recovery and

Reinvestment Act, over 150 people have completed the program last year alone (to complete the program an individual must attend at least 4 out of the 6 sessions).

In Nebraska, most have been over the age of 70, women and living alone. The most common chronic health conditions identified are arthritis, hypertension and diabetes.

This program also provides an opportunity to participate as a leader in communities across the state to assist fellow Nebraskans self-manage chronic health challenges.

A schedule of upcoming participant workshops and leader trainings are available on the Living Well website: www.livingwellne.org.

For more information, please contact Julie Chytil at julie.chytil@nebraska.gov or 402-670-4854.

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Licensure Actions

The following is a list of licensure actions taken between Feb. 1, 2011, and April 30, 2011. Additional information is available on our website at www.nebraska.gov/LISSearch/search.cgi or by e-mail at ruth.schuldt@nebraska.gov.

Licensee	Date of Action	Action	Violation
Linda Cornell RN 37848	2/11/11	Suspension	Violation of previously imposed conditions of probation
Cristina Ellis RN 69789	2/11/11	Suspension	Dishonorable Conduct-Theft of controlled substances Opioid Dependence Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession
Merry Foyt RN 35400	2/11/11	Suspension	Dishonorable Conduct-Theft of controlled substances Opioid Dependence Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Misappropriating medications . . . of a patient or agency; committing any act which endangers patient safety or welfare
Jolynn Lardy RN 54138	2/11/11	Censure \$500.00 Civil Penalty	Violation of previously imposed conditions of probation
Linda Busch LPN 6114	2/11/11	Voluntary Surrender	Violation of previously imposed conditions of probation
Charisse Degunia LPN 20997	2/11/11	Censure \$500.00 Civil Penalty Probation Extended	Violation of previously imposed conditions of probation
Jeannie Song LPN 22673	2/11/11	Suspension	Practice of the profession while ability to practice is impaired . . . by mind-altering substances . . . Failure to report nursing termination in accordance with the state mandatory reporting law Unprofessional Conduct-Falsification or misrepresentation of material facts in attempting to procure nursing employment Failure to conform to the standards of acceptable and prevailing practice of the profession
Lauren Birkel RN 68580	2/20/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record
Sheila VanDeWalle LPN 17523 LPN-C 558	2/21/11	Censure	Unprofessional Conduct-Failure to maintain an accurate patient record
Barbara Lamb RN 43945	2/24/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record
Mary Grayson LPN 13370	2/24/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to safeguard patient dignity and right to privacy
Kelly Allison RN 51384	3/3/11	Probation	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Christine Kaczmarczyk RN 49398	3/3/11	Suspension	Violation of previously imposed conditions of probation
Kelly Kettler RN 62735	3/3/11	Suspension	Unprofessional Conduct-Departure or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Heather Kilpatrick RN Lapsed 54154	3/3/11	Revocation of Privilege to Practice	Dishonorable Conduct-Violation of the Uniform Controlled Substances act Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession Misappropriating medications. . . Committing any act which endangers patient safety or welfare
Kelly Nekola RN 69616	3/3/11	Suspension	Violation of previously imposed conditions of probation
Thomas Norman RN 39444	3/3/11	Revocation	Disciplinary action in another state Failure to report disciplinary action in another state in accordance with the state mandatory reporting law
Nicole (Dejonge) Fanning LPN 18396	3/3/11	Censure	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession Failure to report nursing employment termination in accordance with state mandatory reporting law
Sha Ion LPN 19513	3/3/11	\$250.00 Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license

Licensee	Date of Action	Action	Violation
Keith Trimm LPN 18731 LPN-C 1031	3/3/11	Censure	Violation of an Assurance of Compliance Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed
Kari Christensen RN 56249	3/3/11	License Reinstated on Probation	Previous disciplinary action
Jackie Heaton LPN Compact Privilege to Practice	3/10/11	Revocation of Privilege to Practice	Dishonorable Conduct Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Carrie Taulbee LPN 18408	3/13/11	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Brenda Entsminger LPN 11604 LPN-C 592	3/16/11	Revocation	Dependence on a controlled substance Failure to comply with the NE Licensee Assistance Program treatment recommendations
Robin Gordon RN Compact Privilege to Practice	3/17/11	Privilege to Practice Revoked	Unprofessional Conduct-Committing any act which endangers patient safety or welfare Failure to furnish the Board or its investigator with required information during a disciplinary investigation
Erica Spenner RN 65675	3/17/11	Suspension	Opioid Dependence and Sedative Abuse Dishonorable Conduct Violation of the Uniform Controlled Substances Act-Theft of controlled substances
Karen Macy LPN 7810	3/17/11	Voluntary Surrender	Disciplinary action taken by another state Failure to report discipline taken by another state against Nurse Licensure Compact Privilege in accordance with state mandatory reporting law
Dora Menning LPN 6023	3/17/11	Censure	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law
Mary Reisig LPN 12288	3/17/11	Censure Suspension	Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession Failure to report nursing employment termination in accordance with state mandatory reporting law
Kimberly Baker RN 36639 APRN 110373	3/31/11	Censure \$5000.00 Civil Penalty	Unprofessional Conduct-Practiced as an advanced practice registered nurse outside specialty area
Cynthia Davidson RN 69227	3/31/11	Censure Limitation	Negligent Conduct Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Diane Kerner RN 44480	3/31/11	License Reinstated on Probation	Previous disciplinary action
Pamela Curtis LPN 11388	3/31/11	\$250.00 Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license
Stacy Polenske LPN 18643	3/31/11	Revocation	Violation of previously imposed conditions of probation
John Linder RN 50292	4/14/11	Censure Suspension	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Failure to report nursing employment termination in accordance with the state mandatory reporting law
Amber Beekman LPN 22558	4/14/11	Revocation	Violation of previously imposed conditions of probation
Daresa Rohloff LPN 22458	4/14/11	Revocation	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Anthony Zuchegna RN 66667	4/14/11	Censure Probation Extended	Violation of previously imposed conditions of probation
Heather Fowler RN 67973	4/19/11	Temporary License Suspension	Violation of previously imposed conditions of probation
Paul Adekunle LPN 19767	4/19/11	Temporary License Suspension	Alcohol Dependence Failure to comply with aftercare recommendations Misdemeanor Convictions Practice of the profession while ability to practice is impaired by alcohol Unprofessional Conduct-Departure or failure to conform to the standards of acceptable and prevailing practice or ethics of the profession

Licensee	Date of Action	Action	Violation
Stephanie Blome-Weibel RN 65744 APRN 110914	4/20/11	Suspension	Alcohol Dependence Failure to report misdemeanor conviction in accordance with the state mandatory reporting law Conviction of a misdemeanor which has a rational connection with fitness to practice the profession Misrepresentation of material facts in procuring or attempting to procure a license Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Failure to have an Integrated Practice Agreement on file with the Department
Linda Adams RN 51040	4/22/11	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain accurate patient records
Ransford Dadzie LPN 22198	4/22/11	Non-disciplinary Assurance of Compliance	Failure to report nursing employment termination in accordance with the state mandatory reporting law
Jean Mink RN 45193	4/28/11	Suspension	Violation of previously imposed conditions of probation
Ann Pearson RN 41985	4/28/11	Censure	Practice beyond authorized scope Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession
Debora Pebley LPN 7681	4/28/11	Suspension	Violation of previously imposed conditions of probation
Kenneth Bruckner RN 38823	4/28/11	Censure	Practice of the profession beyond authorized scope Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession Unprofessional Conduct-Delegating and/or assigning nursing interventions contrary to standards
Mary Tobiassen LPN 19789	4/28/11	Suspension	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice or ethics of the profession
Amy Bernhardt LPN 18129	4/29/11	Non-disciplinary Assurance of Compliance	Failure to report nursing employment termination in accordance with state mandatory reporting law

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Is Social Media Use a Threat to Nursing Professionalism?

According to Wikipedia, social media is the collection of web-based and mobile technologies that turn communication into interactive dialogue. The opportunities to participate in the use of social media are everywhere. Television shows and retail vendors promote their Facebook connection. Support groups are available on-line. The neighbor's ten year old son can showcase his guitar skills on YouTube for all to see anytime. Inane comments from the rich and famous can be available to the general population through Twitter. Local politicians seek input about hot topics from the community via social media.

People of all ages have grown accustomed to information sharing around the clock through social media avenues. Social media exists in a variety of formats to include the ever popular Facebook, MySpace, Twitter, Caring Bridge, Care Pages, YouTube, LinkedIn, and message boards.

There are many positive aspects to social media use for the general public. Families and friends enjoy immediate and long distance communications easily. Support for those individuals with unique and specific needs are identified and located across the world. Organizations can and do use social media to relay vital, sometimes life-saving information to the world.

However, the use of social media by professional nurses and the healthcare organization where they are employed present challenges. While the use and extent of use of social media should be a personal choice, our patients and their families, friends and colleagues are increasingly savvy with this aspect of technology. Therefore, it is imperative that nurses understand the advantages, disadvantages, and safeguards of social media use.

One advantage of social media use is the ability of healthcare organizations to interact with the public by providing updates on sites such as Facebook and Twitter. Health notifications, flu shot reminders, schedule changes, and practice updates can be sent via these outlets to reach a large number of people in a short amount of time. Organizations can use social media for marketing purposes as well as to gather/monitor feedback from patients and families. For nurses, social media can provide a convenient venue to interact with friends, family, and nursing organizations.

There can be disadvantages too. A realistic concern exists as to whether social media use could compromise a nurse's professionalism. Both common sense and guidance may be helpful

in dealing with this prospect. Employers are realizing their responsibility to provide limitations. We may look to policy, but with the rapid emergence of new technologies and accompanying issues, specific guidelines may not yet be available in all workplaces. Many institutions have recognized the need to provide limitations on social media use to protect patient privacy, adhere to HIPAA regulations, and to avoid penalties. The impact of a seemingly innocent comment on the internet can be devastating if a person does not consider or know who will have potential access to that information. The need exists to construct boundaries that protect, respect and honor.

In the face-to-face world, we as nurses can control who is able to see certain aspects of our personal lives. These aspects include the attitudes and actions that we share at work, with our friends and family, at home or on vacation. But when using social media sites, the people we are "friends" with or "follow" can "see everything" - including profiles and posts of co-workers or patients/families we choose to interact with. This ability to "see everything" carries serious implications for nurses. Each nurse should step back and take a look at how their life is portrayed on social media sites. On Facebook for example, what have you posted about your day? What pictures do you have displayed? Is the content appropriate and professional in nature? If not, who can see them? Do you want everyone to be able to see it, including your patients, and present and future employers, or just certain people?

With these questions in mind, we as nurses can look to the ANA Code of Ethics for Nurses for direction on nursing professional behavior. Several of the provisions within the Code of Ethics provide some guidance for nurses navigating the perilous waters of social media use.

Provision 1: "The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems." According to this provision, nurses must respect human dignity and maintain professional relationships with patients.

Provision 2: "The nurse's primary commitment is to the patient, whether an individual, family, group or community." This provision includes interpretations on conflict of interest and maintaining professional boundaries. Nursing, by nature, involves intimate

relationships. These close relationships can lead to a blurring of limits with respect to professional relationships with colleagues and patients. These relationships must be closely monitored. When considering this provision as it pertains to social media use, a nurse might well assume that "friending" patients and/or their families could demonstrate a conflict of interest and cross the line of professional boundaries.

Provision 3: "The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient." Inherent in the interpretation of this provision is the need to respect patients' privacy and confidentiality. Many instances of breach of patient confidentiality on social media sites have been cited by the press in recent years. A nurse should consider exactly what he/she is posting on social media sites. Any mention of patients and their care can be considered a patient confidentiality issue and lead to potential HIPAA violations and penalties.

Provisions 5 and 6 provide insight into a nurses' wholeness of character and maintenance of a moral environment. If one is to "friend" patients and co-workers, this provision would require the nurse to ensure that what is posted does not portray the nurse in an unprofessional light.

In summary, when utilizing social media, there are certain guidelines every nursing professional should remember. The first is to use common sense. It is very important to know your employer's social media policy. Some organizations do not allow workplace identification on a personal site. "Friending" patients may also be prohibited by policy. Even if policy is not the reason to avoid this practice, the "friending" of patients can be legally and ethically dangerous. In all cases, it is essential to remember who you have allowed to be part of your audience and to determine appropriate content based on audience access. While the use of social media as a frustration outlet or debriefing opportunity may be effective for an individual in the moment, it can be destructive in the future. Social Media is an innovative tool with great potential and positive prospects. As nursing professionals, it is imperative that we remain informed, intentional, and thoughtful about its use.

Reference

American Nurses Association, (2010). 2011 Code of Ethics with Interpretive Statements. *Nursing World*. File: //I/STATHOME/WEBPAGE/ethics/CODE/nwcoe1115htm.

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2001 Ten Years Ago in Nursing News

- Information was included regarding audits from renewals (most of which is still very relevant):
 - Audits were being done on 10% of RNs and LPNs that renewed
 - Licensees were selected at random
 - Licensees who did not respond were subject to discipline – most often revoked
 - Licensees who failed the audit were subject to board action since they attested at the time of renewal to having met the requirements
 - Some licensees are audited several times in a row
- This is due to the random method in which a licensee is selected
- All nurses have a one in ten chance of being audited
- An update on the Center for Nursing included:
 - The Center was formed in 2000 by the legislature to develop and implement a strategic plan to alleviate the nursing shortage in Nebraska
 - The first employer survey was conducted
 - The licensing database was changed to provide more relevant information on the nursing workforce
- A reminder that ALL nurses practicing in Nebraska were required to have a Nebraska nursing license. Nursing is not always “hands-on” and can include:
 - Faculty in education programs
 - Management consultants from out of state
- A review of Mandatory Reporting laws included those things that are required to be reported
- Licensure actions were listed (as are currently in the Nursing News)
 - There were 31 nurses that had been disciplined
 - 1 voluntary surrender in lieu of discipline
 - 3 voluntary surrenders
 - 5 license issued on probation



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. Click on License Search 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. The Medication Aide Registry may be contacted by e-mail at teresa.luse@nebraska.gov or by telephone at 402-471-4364 for additional information.

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

Nursing and Nursing Support

General Issues

Diana Baker, RN, MSN
Office Administrator
(402) 471-0317
diana.baker@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

Angela Holly
(402) 471-2666
angela.l.holly@nebraska.gov

Nursing Practice Issues

Karen Bowen, RN, MS
(402) 471-6443
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

Licensed Practical Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement Renewal/Audit Questions

Mary Ann Moore
(402) 471-4925
maryann.moore@nebraska.gov

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Nursing

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Nursing Statutes

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Available online at:
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Banner Health FP ad to come

teamwork

(team•work) /tēm wûrk/)

1. n. efforts contributed by a group of people with each doing a part to maximize the proficiency of the whole.



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