

# Nebraska Nursing NEWS

Volume 29 • Number 4 / Winter 2013

*Gastric Band Adjustments*

**New Advisory Opinion**

*A Refresher for Nurses*

**Documenting Patient Care**

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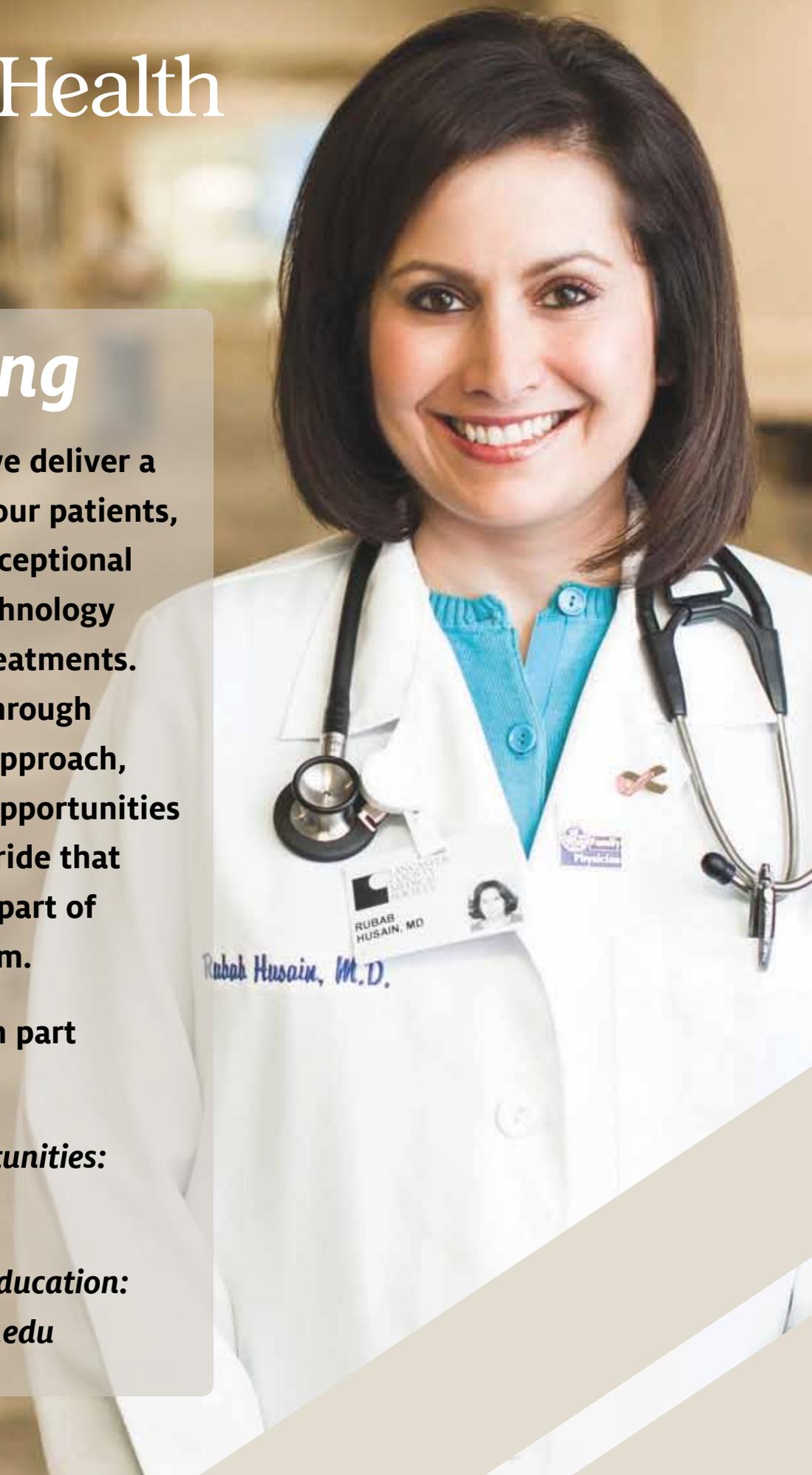
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# Nebraska Nursing NEWS

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# Executive Director's Message

*Karen Bowen*



As we concluded this last RN and APRN license renewal period, several thoughts came to mind. First, I think back many years, when all renewals were paper. Oh my, I can't imagine processing all those paper applications today with the over 26,600 nurses that we renewed this year. I am so pleased that about 90% of you chose to renew online, and hopefully that will increase next renewal.

In interacting with numerous nurses during the renewal period, I was impressed with the very different attitudes regarding one's nursing license. There were many nurses retired from full time nursing positions that were practicing in volunteer positions in order to maintain their

licenses. There were also those that were unable to practice in any capacity due to physical limitations or other reasons, and were not able to renew their licenses. For them, it was devastating. A very common comment was "I've been a nurse so long. My nursing license means so much to me; I just don't want to give it up."

On the other hand, there were the nurses that seemed to feel inconvenienced by having to renew their licenses and having to meet the continuing competency requirements. Often, they were among the numbers that waited until the last minute to renew. Some didn't seem to feel much importance in having a nursing license, and renewing their license wasn't a priority. Thankfully, it was a small number of nurses, comparatively speaking.

Perhaps it is good to stop and remember why nurses, or any profession, are required to hold a license in order to practice and what that license means. Let's first look at a brief history of nursing regulation.

North Carolina became the first state to enact nursing regulation in 1903, followed by New Jersey, New York and Virginia. By 1923, all states had enacted nursing registration laws. Initially, states passed laws providing for licensure of nurses, but did not require nurses to be licensed.

In Nebraska, Governor Shallenberger signed a bill into law providing for permissive registration of nurses in 1909. This was a result of the efforts of the Nebraska State Association for Graduate Nurses (NSAGN) whose goal was to secure legislation for state registration of trained nurses and to raise the professional standards for nurses. As a result of this new law the Board of Nursing was created. Three members of the NSAGN, all graduate nurses, became the first Nebraska State Board of Nurse Examiners members. A large part of

their role was to examine applicants for licensure. Their other responsibilities included development of a syllabus for training schools to ensure a uniform standard throughout the state.

In 1953, mandatory licensure for all registered nurses was required in Nebraska statute. In 1955 the Nurse Practice Act was amended to provide for licensure for licensed practical nurses, although not mandatory. In 1975 licensure for licensed practical nurses became mandatory in Nebraska.

So what does this history have to do with anything and why is licensure required? Over the years, each state has enacted laws to regulate nursing with one objective in common. Bottom line is the protection of the public's health, safety and welfare. Requiring licensure ensures the public receives quality healthcare from competent individuals.

The Uniform Credentialing Act defines the duties of boards and the Nurse Practice Act further defines the specific duties of the Board of Nursing in Nebraska. The board's responsibilities include setting standards to ensure minimum competency through licensure requirements, continuing competency requirements, program approval standards and the disciplinary process. Additionally, the board adopts standards for nursing practice and education, including approval of nursing education programs, and defining scopes of practice.

A nursing license is a privilege granted to those individuals who meet the requirements for licensure and continue to meet the responsibilities of the license. What does your nursing license mean to you? What value do you place on holding a nursing license? Be proud to be a licensed nurse.

*Karen Bowen, MS, RN*

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## President's Message

*Crystal Higgins, RN MSN*



Greetings! As the New Year begins the Board of Nursing (BON) has begun working on a three year strategic plan. We reviewed the current plan and revised some tactics. Our strategic plan is divided into categories with outcomes. We then have tactics that will help us meet our outcomes. Here are some of the tactics we are working on.

### Licensure

Tactics for this category include revising the nursing regulations to be in compliance with the Uniform Credentialing Act. These regulations have been reviewed by the BON and are in the approval process. This was a very large undertaking not just for Karen Bowen (Administrator) but for the entire Department of Health and Human Services Licensure Unit to change all regulations to be in line with the new Uniform Credentialing Act statutes.

We are comparing licensure competency requirements from all states to ours (nursing hours and education hours). Niki Eisenmann (Practice Consultant) is developing a course on Nebraska nursing law that will be available on the National Council of State Boards of Nursing (NCSBN) website.

The requirement for criminal background checks for licensure is being discussed. NCSBN had a presentation at the annual meeting about criminal background checks and states that require them, so we are having some discussions.

### Discipline

The outcome for discipline is that the board's involvement in the disciplinary process is expedient, effective and efficient. We have a philosophy of discipline that we reviewed. We are also updating the worksheet we use for discipline so there is consistency in the recommendations we make.

### Education

For this tactic the Education Committee

is reviewing the NCSBN model rules for schools of nursing. They are also discussing/ reviewing the LPN-C practice act and the BSN in 10 years concept.

### Practice

The Practice Committee is reviewing the BON advisory opinions for currency and any need for new opinions.

### Governance/Regulation

This tactic is to review the data on workforce to drive regulation reform. The BON had a presentation from Juan Ramirez from the Center for Nursing on workforce data for the upcoming years at the last meeting. (Visit the site for this information [www.center4nursing.com](http://www.center4nursing.com))

### Communication

The Nursing News is published quarterly. The BON also feels participation with the

NCSBN by the Board and staff is very important to keep up with national trends.

The Center for Nursing Foundation is also up and running. Tony LaRiche is the BON representative and has been speaking to groups to help with fund raising for the Foundation to continue to support the Center for Nursing goals.

All Board members are reviewing the NCSBN online courses. These courses could be used for some discipline cases.

We are also planning several Issues Forums throughout the year. The first one will be in April on chemical dependency.

Sometimes nurses think the only task for the BON is the license discipline. It does take a large amount of our time but as you can see we do have other "duties."

*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.vaneperen@nebraska.gov](mailto:Jennifer.vaneperen@nebraska.gov).

Day/Date	Time	Meeting
<b>February</b>		
Thursday, February 14	8:30 a.m.	<b>Board meeting</b>
<b>March</b>		
Wednesday, March 6	2:00 – 5:00 p.m. 12:00 – 5:00pm	<b>Practice Committee Education Committee</b>
Thursday, March 7	8:30 a.m.	<b>Board meeting</b>
<b>April</b>		
Thursday, April 11	8:30 a.m.	<b>Board meeting</b>
<b>May</b>		
Wednesday, May 8	2:00 – 5:00 p.m. 12:00 – 5:00pm	<b>Practice Committee Education Committee</b>
Thursday, May 9	8:30 a.m.	<b>Board meeting</b>
<b>June</b>		
Thursday, June 13	8:30 a.m.	<b>Board meeting</b>

All meetings will be held in the

**Gold's Building** 1050 N Street, Lincoln Nebraska 68508

## RN/APRN Renewal 2012 Summary

The RN and APRN license renewal period concluded October 31. There were 24,930 RNs that renewed their licenses this year. And, a total of 1,684 APRNs that renewed. A huge thanks goes out to all our staff that worked very hard to process all the renewals during this time.

The online renewals have increased each renewal period since we began offering online renewal. We continue to receive many positive comments on the ease of using the online renewal and promptness in receiving licenses after renewing. RN online renewal increased from 92% to 93%. APRN online renewals increased from 89% to 90%. Even with so many online renewals, staff still processed almost 1,900 paper applications.

This year set another record. For the first time, we had 56% of RNs wait until October to renew; 35% waiting until the last two weeks of October. That translates to 9,315 renewals (online and paper) staff processed in two weeks. Even the online renewals require staff to process the renewal and if it is not complete, send a deficiency letter.

There were 936 nurses that either renewed online the night of October 31 or mailed their application so it was postmarked by October 31. However, their license automatically expired on November 1. As a result, they were without an active license until their renewal was processed. The paper applications (depending on where they were mailed from) took one to four days to reach us.

To date, staff have processed over 90 reinstatement applications of nurses that did not renew by the deadline. They either did not renew online before the online renewal terminated at midnight, didn't get their paper application mailed until after October 31, or submitted last minute renewal applications that were not complete and could not be processed.

We send renewal postcards around

the first of August to allow nurses three months to renew. We encourage everyone to use the online renewal and to renew early to avoid any potential last minute problems.

Thanks again to the staff, not only in

the Nursing and Nursing Support Office, but the many others in the Licensure Unit who helped us during this very busy time and made it possible to complete this year's renewal!

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# A New Look for the Nebraska Center for Nursing Website: [www.center4nursing.com](http://www.center4nursing.com)

By Juan P. Ramirez, Ph.D.  
Contractor, Nebraska Center  
for Nursing

The Nebraska Center for Nursing's website has updated its look. The original front-page of the website was developed in 2007, and it was time for the Center to make much needed changes to make it easier for users to navigate it and search for information. The Center also wanted to have more capacity to make changes to the contents of the website, especially the front page, which was preventing our ability to update and deliver information in a timely manner to the Nebraska nursing community. The main goal of the website is to offer a number of online resources to nurses, decision makers, stakeholders and the general public that will help them make informed decisions about nursing capacity, employment, and professional development.

Some of these online resources available on the website are historical



and current RN and LPN workforce data, annual reports, workforce projections, nursing scholarship opportunities, and recruitment and retention resources. You can access these resources by navigating on the left panel of the front page.

One of the new features available on the website is a donation button for the Nebraska Center for Nursing Foundation. The **"Make a Donation"** button will automatically direct users to a PayPal account to make a donation to the Foundation. The donations will strengthen the mission of the Foundation and leverage the importance of the nursing profession as a fundamental pillar in the health care of our citizens.

A feature recently added to the website is an interactive online mapping application that shows the distribution of nurses across the state of Nebraska and displays their basic demographic information. The data is available by county, and the user can access it by hovering the mouse over any county in Nebraska. The application will show a pop-up window with the name of the county being selected, the total number of RNs, and the average age for nurses in that particular county. A pie chart below the interactive map will display the number of female



and male nurses in the selected county. As you select a new county on the map, the pie chart automatically will refresh itself to reflect that change. Additional demographic information will be added to the online mapping application, such as salaries, job opportunities, and nurse specialties by county.

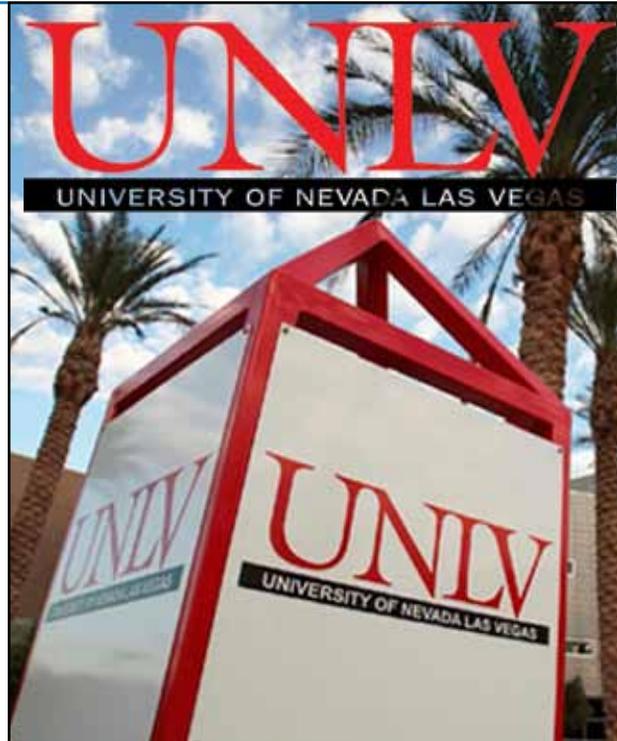
Please let us know what you think about the website, its contents and new features. Your comments are welcome and we look forward to hearing from the nursing community on how to improve our efforts to keep the nursing profession an attractive inspiration for



the coming generations. If you want to contact us, you can use the upper right tab available on our website and we will respond to your requests shortly!

## 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](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](mailto:nancy.stava@nebraska.gov) or telephone at 402-471-0537 for additional information. The Medication Aide Registry may be contacted by e-mail at [shane.bailey@nebraska.gov](mailto:shane.bailey@nebraska.gov) or by telephone at 402-471-4364 for additional information.



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# THE CENTER FOR NURSING FOUNDATION

Sheila Exstrom, PhD, RN, Nursing Education Consultant

To set the stage a bit—as you may all remember, the Nebraska Legislature established the Center for Nursing in 2000. The center was authorized for five years. It is a 16 member board with the members to be appointed by the Governor. The legislature provided some general funds for the early activities of the center. The purposes of the center were to alleviate the nursing shortage using a number of activities, such as data collection and analysis of the supply and demand of nurses in Nebraska, promotion of a positive image of nursing, etc. The Center for Nursing was renewed by the Legislature for an additional five years in 2005 and then again it was renewed in 2010 with no specific time or ending

date. In 2005 the legislature provided for funding recommendations from the Board of Nursing. The board recommends annually a percentage of nursing fees collected during the year to be used to cover the cost of the center.

The center has been involved in numerous activities during these twelve years, the most notable being the collection and analysis of nursing workforce data which is obtained annually from the nursing programs and with each RN and LPN renewal period. The center has established a website [www.center4nursing.com](http://www.center4nursing.com) where all of the workforce reports are found in addition to other information. The center was instrumental in the Legislature establishing and initially financing a student nurse loan fund and a nurse faculty loan

fund. The laws are still in place, but not currently being funded. The center has sponsored many recruitment and retention activities, including coloring books for small children, book covers for school-aged students, advertising at college sports events and on TV regarding nursing as a career, co-sponsoring a nursing expo and nursing retention workshops. The center also set goals for the nursing programs for increasing enrollments of male and minority students. The initial goals were met and exceeded. Members of the center have also attended, interacted and presented at the annual meeting of the nursing workforce centers from other states.

As the center has identified additional activities to be conducted and with the legislature no longer providing general funds and the department not able to replace and/or hire additional positions, it became evident that if the center was to continue to grow, that an alternate source of funding was needed.

Thus—the Center for Nursing Foundation was formed and has received its status as a 501(c)(3) organization able to accept donations to help finance the activities of the center. The Center for Nursing Foundation is a seven to thirteen member board, appointed by the Center for Nursing with one representative from five nursing organizations in the state, the Nebraska Board of Nursing, the Nebraska Nurses Association, the Licensed Practical Nurses Association of Nebraska, the Nebraska Association of Nursing Deans and Directors, and the Nebraska Organization of Nurse Leaders, one representative each from the Nebraska Hospital Association and the Nebraska Health Care Association, and three representatives from the Center for Nursing board. That leaves three positions to be filled from the general public, hopefully with persons with philanthropic or foundation experience.

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All members can serve three, three year terms. The current members of the Center Foundation are:

Linda Lazure, Nebraska Nurses Association—first term ends December, 2012

Linda Hruza, Licensed Practical Nurse Association of Nebraska—first term ends 2012

Nancy Pares, Nebraska Assembly of Nursing Deans and Directors—first term ends 2013

Connie Wagner, Nebraska Health Care Association—first term ends 2013

Anthony LaRiche, Nebraska Board of Nursing—first term ends 2014

Kermit Moore, Nebraska Organization of Nurse Leaders—first term ends 2014

Monica Seeland, Nebraska Hospital Association—first term ends 2014

Nolan Gurnsey, Nebraska Center for Nursing—depends on center membership

Mary Wendl, Nebraska Center for Nursing—depends on center

membership  
Alilce Kindschuh, Nebraska Center for Nursing—depends on center membership

Three positions are currently unfilled.

When the Center for Nursing was just beginning, the Nebraska Hospital Association donated money to them. The association also assisted with the expenses to establish the Foundation. The Center for Nursing subsequently designated that money to be used for the Student Passport. The Student Passport was paid for and initiated in 2011. It has been renewed for 2012. The cost of the passport is \$20,000 per year. The purpose of the passport is to have uniform education and testing for all student nurses that will be accepted by all clinical facilities. The content areas of the passport include:

1) emergency preparedness, 2) infection control, 3) safety, 4) confidentiality, and 5) diversity. There is also a quiz and an evaluation. Using the passport allows the students to have more clinical time as they will not have to repeat the orientation at

each of their clinical facilities. Individual clinical facilities may also (for a fee) use the passport for use with other affiliating health care students and their own staff to assure currency and competency in the areas listed above.

Each year the Center for Nursing will provide a list of projects that they would like the foundation to support/finance. Sample projects may include recruitment to nursing activities, such as advertisements at sports events, retention activities, such as an awards activity, scholarships for advanced nursing education, etc.

To learn more about the Foundation and how to contribute to it, there will be information on the website [www.center4nursing.com](http://www.center4nursing.com). Please consider a donation and encourage others to donate also.

The goal of the foundation is to support those activities that allow for the Center for Nursing to fulfill its charge of having a well-educated, geographically located nursing workforce to provide for the health and well-being of Nebraska citizens.

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## Nebraska Licensee Assistance Program A Nurse's Personal Story of Recovery

We all have our own story to tell and this is mine. I admit that I had to look at my past mistakes in order to learn from them and to ensure I did not make the same ones again. I have moved on with my life and, as a healthcare professional, I know that the substance "alcohol" is a depressant, but it was not for me, or so I thought in the beginning. Alcohol made me feel happy, confident and relaxed. It was my "magic." However, unknowingly to me, after a period of time, "it" stopped working. I wanted to return to that magic feeling again. Instead, I became more and more depressed. On the outside, I always tried to portray a happy appearance while on the inside I was miserable. I

was no longer living but existing. Truly, I wished I would not wake up in the morning. My life, even my job, revolved around my alcohol. I was preoccupied with when I could have my next drink. I was secretly hiding my drinking from my family and friends. My drinking consumed my life and I could see no way out!

My drinking had taken over my life. I was depressed and in despair. I could not even cry. I asked myself, "Who am I?" In hindsight, I believe the worst part of my life and the best part of my life occurred at the same time. At my lowest point, I felt I was discovered when I became involved with the Nebraska Licensee Assistance Program (LAP). I

initially believed the LAP was punitive, my punishment. However, in reality, it was my "savior" and my best advocate in my time of need. The LAP "saved my life and my career!"

Today I continue in my 12-Step recovery activities. I have found it to be a "fantastic" way of life. I am alive and so happy. I found out I do not need substances and medications to get through my days. I wake up each morning smiling and looking forward to starting a new day. I am the happiest I have been my entire life. I have contentment and joy inside. This is the way "I" now choose to live my life. I am happy and I have hope.

I try each day to do something kind

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for someone else to make their day and life better. I have discovered that an addiction does not have to be a dead end. We can choose our own destiny and I have chosen to be “free and sober.” I was in a “black hole” with a bottle of alcohol and with the assistance of my 12-Step recovery program and the LAP, I was able to climb out of that hole and bury the bottle.

I believe acceptance of your addiction is the first step to getting into recovery along with being totally honest with yourself. I wanted recovery for myself because I discovered I was worth it. Today, I am engaged in living a happy and healthy life. As a result of my sobriety, I choose my actions and feelings each and every day “One Day At A Time.”

From the NE LAP March 2010 newsletter

*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](http://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.*



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# Documenting Patient Care: A Refresher

Niki Eisenmann, MSN, RN, Nursing Practice Consultant

The practice of nursing is constantly changing and evolving. Nurses are advancing in their practice, doing new exciting things, and using technology in many new ways. As things change there are things which remain constant. The patient is the central focus of nursing care and we must document the care provided to these patients. Documentation is one of the most important things a nurse does in taking care of the patient. This is the only “proof” of all the great work we do. As nursing advances and changes, our documentation must adapt to new processes and technology. Documentation may be an unexciting subject, however many nurses continue to find trouble with their documentation,

usually after the fact. Sometimes it is good to go back to the basics and brush up on these things to make ourselves better nurses and avoid problems.

When you look back at the patient records of those you take care of, does it accurately reflect the nursing care you provided? Is it hurried and quick? Are there big gaps of time left out? Many times it is not what is documented, it is what is *not* documented that may cause problems for a nurse. Whether it is a negligence case going to trial, an administrative discipline case, or quality review, a nurse’s documentation is central to the case. If there is no proof in the documentation at the time of care that the standard of care was met, then it is extremely hard to prove after the fact. Therefore, it is important for nurses to maintain a timely, complete, accurate, and concise patient record. Here are a few reasons why.

## It is the standard of professional practice

Documentation is a key concept throughout the standards of professional nursing practice by the American Nurses Association. Documentation throughout the nursing process details the heart of patient care. It provides assessment data, nursing diagnosis, planning, the implementation of the plan of care, including all interventions done by the nurse, and outcomes evaluation. Missing part of this would be considered sub-standard nursing care.

## Documentation is part of the legal patient record

The patient record of the care provided is a communication tool for all healthcare providers taking care of the patient. It

...continued on next page



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tells the patient's story. If there are gaps in nursing documentation, it may cause gaps in communication between care providers. Other patient care providers on the health care team rely on the nurse's assessment data as well as their evaluations of medical and nursing interventions. Breakdown or barriers in this communication can ultimately affect patient care.

The patient record is also used for reimbursement purposes. A clear concise record of all the nursing care may help determine payment to the facility, and assist in appeals. Nursing care, while not billable, is important in the assessment of the patient status to support the determination of payment to the facility. The care given by the nurse, especially medical interventions, are important evidence the care billed was rendered to the patient.

Documentation also is used for quality improvement and research. A good descriptive account of patient care, especially in an adverse event, may allow those looking at the process of patient care to take necessary steps to improve it. In the long run, nurses benefit, as do patients.

The patient record is the most credible evidence in legal proceedings. This is the nurse's proof of whether or not the care given to the patient met the legal standard of care. Keep in mind the documentation you provide may be looked at months and even years down the road. The more concise it is, the easier it is to testify to the care you provided and have written proof the standard of care was met.

## Documentation and Regulation

Because proper documentation is a standard of nursing care, failure to maintain proper documentation may be grounds for discipline of nursing licenses. It may also be proof of the absence of a regulatory violation for a nurse should someone make a complaint against them to the department.

Documentation or failure to document properly can land you in front of the Board of Nursing. According to 172 NAC 101 Regulations Governing the Practice of Nursing: Grounds on which the department may deny, refuse renewal of, or discipline a license: Falsification or intentional unauthorized destruction of patient records, failure to maintain an accurate patient record, failure to seek consultation, collaboration, or direction from another licensed health care provider when warranted by patient condition, failure to exercise supervision.....over persons who are authorized to practice only under the direction of the licensed professional. These are just a few ways documentation or improper documentation may get you into trouble. Proper documentation may also prove you met the standard of care and you did not violate nursing regulations.

With the emergence of EMR, documentation is faster and easier, allowing many nurses more time for other tasks. Keep in mind the ease of some of the documentation may provide a pitfall for you down the road. Be cautious of copying previous nursing care or putting care on a chart which was not done. Charting by exception can be a time-saver, but can potentially leave important assessment documentation out which could be necessary to refer to if the patient's status changes. Make sure the patient's chart reflects what is going on, assessment data, evidence the standard of care is met, any changes, and evaluation of interventions and tells the whole story. Never document care you did not give, or "sign off" another person's documentation. It is also important for nurses to follow up on care which is delegated to unlicensed people, and nurses to document the care within their scope.

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# Licensure Actions

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

Additional information regarding the actions identified below is available on our website at [www.nebraska.gov/LISSearch/search.cgi](http://www.nebraska.gov/LISSearch/search.cgi). To view a copy of the disciplinary/non-disciplinary action click on "View Scanned Documents" once in the License Details Section of the search. The information may also be requested by e-mail at [jennifer.vanepere@nebraska.gov](mailto:jennifer.vanepere@nebraska.gov)

Licensee	Date of Action	Action	Violation
Collin D. Yoachim RN 74902	8/3/12	License Issued on Probation	Alcohol abuse diagnosis History of alcohol related offenses which have a rational connection with fitness to practice
Darcy K. Kapke LPN 20787	8/7/12	Reinstatement on Probation	Previous disciplinary action
Julie Ellisor RN 64088	8/9/12	Non-disciplinary Assurance of Compliance	Failure to report nursing employment termination in accordance with the state mandatory reporting law
Carol A. Bullard RN 64272	8/20/12	Non-disciplinary Assurance of Compliance	Failure to report loss of nursing employment in accordance with the state mandatory reporting law
Meghan M. Cassel RN 60253	8/23/12	Non-disciplinary Assurance of Compliance	Failure to comply with any federal, state, or municipal law, ordinance, rule, or regulation that pertains to the applicable profession
Madeline A. Hessheimer LPN 14842 LPN-C 775	8/28/12	Censure	Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession
Patrick D. Denton RN 58721	8/28/12	Censure \$1000 Civil Penalty	Practice of nursing beyond authorized scope Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession
Teresa M. Hadenfeldt RN 72874	8/28/12	Suspension	Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession
Kerry A Langin RN 41074	8/28/12	Probation	Conviction of a misdemeanor which has a rational connection with fitness to practice the profession
Mandy J. Valenzuela RN 63043	8/28/12	Revocation	Dishonorable Conduct-Conduct evidencing unfitness to practice the profession . . . . Dependence on, or active addiction to . . . any controlled substance, or any mind-altering substance
Jeannie R. Linder RN 51089	9/6/12	Revocation	Abuse of, dependence on or active addition to. . any controlled substance or any mind-altering substance

<b>Licensee</b>	<b>Date of Action</b>	<b>Action</b>	<b>Violation</b>
<b>Jennifer M. Jarrett LPN 19786</b>	9/10/12	<b>Non-disciplinary Assurance of Compliance</b>	<b>Failure to report misdemeanor conviction in accordance with the state mandatory reporting requirements</b>
<b>Carolyn L. Griger LPN 17991</b>	9/16/12	<b>Voluntary Surrender</b>	<b>Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession Practice of the profession beyond authorized scope</b>
<b>Shirley K. Creps LPN 21596</b>	9/20/12	<b>Censure</b>	<b>Unprofessional Conduct-Failure to conform to the standards of prevailing practice or ethics of the profession</b>
<b>Karen Karis Compact privilege</b>	9/20/12	<b>Voluntary Surrender</b>	<b>Violation of the Uniform Controlled Substances Act Practice of the profession while ability to practice is impaired by . . . controlled substances. . .</b>
<b>Jessica M. Leach RN 70668</b>	9/20/12	<b>Voluntary Surrender</b>	<b>Alcohol and Opioid Dependence Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession Failure of a licensee who is the subject of a disciplinary investigation to furnish the Board or its investigator with requested documents</b>
<b>Laura E. Brummels LPN 23515</b>	9/24/12	<b>Non-disciplinary Assurance of Compliance</b>	<b>Unprofessional Conduct</b>
<b>Jenny L. Ambrose RN 62507</b>	9/27/12	<b>Non-disciplinary Assurance of Compliance</b>	<b>Unprofessional Conduct</b>
<b>Hope R. Norstadt (Blevins) RN 68759</b>	9/28/12	<b>Temporary Suspension</b>	<b>Methamphetamine dependence and cannabis abuse diagnosis Violation of the Uniform Controlled Substances Act Failure to comply with treatment recommendations</b>
<b>Jared D. Bogard RN 72136</b>	9/29/12	<b>Non-disciplinary Assurance of Compliance</b>	<b>Failure to report disciplinary licensure action in another state in accordance with the state mandatory reporting law</b>
<b>Vicki J. Kastler LPN 19817</b>	9/30/12	<b>Non-disciplinary Assurance of Compliance</b>	<b>Practice of the profession beyond authorized scope</b>
<b>Melissa J. Reuber (Brandt) RN 73268</b>	10/4/12	<b>Temporary Suspension</b>	<b>Methamphetamine dependence</b>
<b>Tia I. Vlieger LPN 21552</b>	10/12/12	<b>Censure</b>	<b>Unprofessional Conduct-Failure to conform to standards of prevailing practice of the profession</b>
<b>Laquita M. Willis-Stewart LPN 22604</b>	10/12/12	<b>Probation</b>	<b>Violation of an Order</b>

Licensee	Date of Action	Action	Violation
Kristin S. Bertelsen RN 66811	10/12/12	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession Alcohol Abuse Diagnosis
Lisa D. Hadley RN 57672	10/12/12	Suspension	Unprofessional Conduct-Failure to maintain an accurate patient record
Brooke A. Thiessen RN 59154	10/12/12	Probation	Dishonorable Conduct-Abuse of or dependence on, or active addiction to any controlled substance or mind altering substance
Darla J. Wilton APRN-Nurse Practitioner 110439	10/25/12	Non-disciplinary Assurance of Compliance	Violation of the Uniform Credentialing Act

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# NEW ADVISORY OPINION: GASTRIC BAND ADJUSTMENTS

The rising rates of obesity impact nursing practice in numerous and varied ways. One of the recent areas to impact nursing is bariatric surgery. Current statistics from the Centers for Disease Control and Prevention show 27.6% of Nebraska's total population to be obese, or a Body Mass Index of >30%. Because the obesity rates continue to rise, there has been an exponential rise in weight loss surgeries across the country. One of the most common weight loss surgeries is gastric banding, better known as the "Lap-Band" procedure.

The band is an FDA-approved adjustable gastric band surgically placed around the upper part of the stomach. It assists obese patients with weight loss by decreasing the size of the stomach, causing them to eat less and feel satisfied with only a small amount of food. The band is connected to a port underneath the skin, which can be accessed with a syringe and needle to adjust the band. Saline is either added or taken out of the band during these adjustments. Adjusting a Lap-Band is very patient-specific, and usually takes numerous adjustments of the band to find the ideal fill for optimal weight loss with minimal side effects.

Due to the increasing numbers of procedures of this type performed in Nebraska, it was necessary to look at nursing practice in relation to the gastric band. Thus, a new advisory opinion was issued by the board:

## Gastric Band Adjustments

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.

It is the opinion of the Nebraska Board of Nursing that gastric band adjustments are within the scope of the Registered Nurse. The RN may perform this procedure provided:

1. The RN has completed additional education and training and

has demonstrated competence in performing the procedure.

2. A licensed independent practitioner competent in bariatric medicine has assessed the patient and determined the amount of solution to add or remove from the band prior to the trained RN performing the procedure.

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.

## References:

South Dakota State Board of Nursing  
<http://www.doh.sd.gov/boards/nursing/title-opinion.aspx>

Arizona State Board of Nursing  
Advisory Opinion Laparoscopic  
Adjustable Gastric Band Fill

"All About Gastric Band Adjustment"  
<http://www.lap-band-surgery-site.com/lap-band-fill.html>

The Art of Adjustments with the  
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site. [www.lapbandcentral.com](http://www.lapbandcentral.com).

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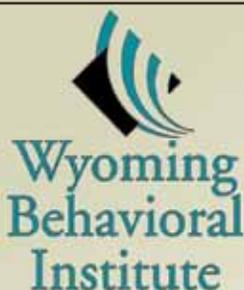
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# 1993 Twenty Years Ago in Nursing News

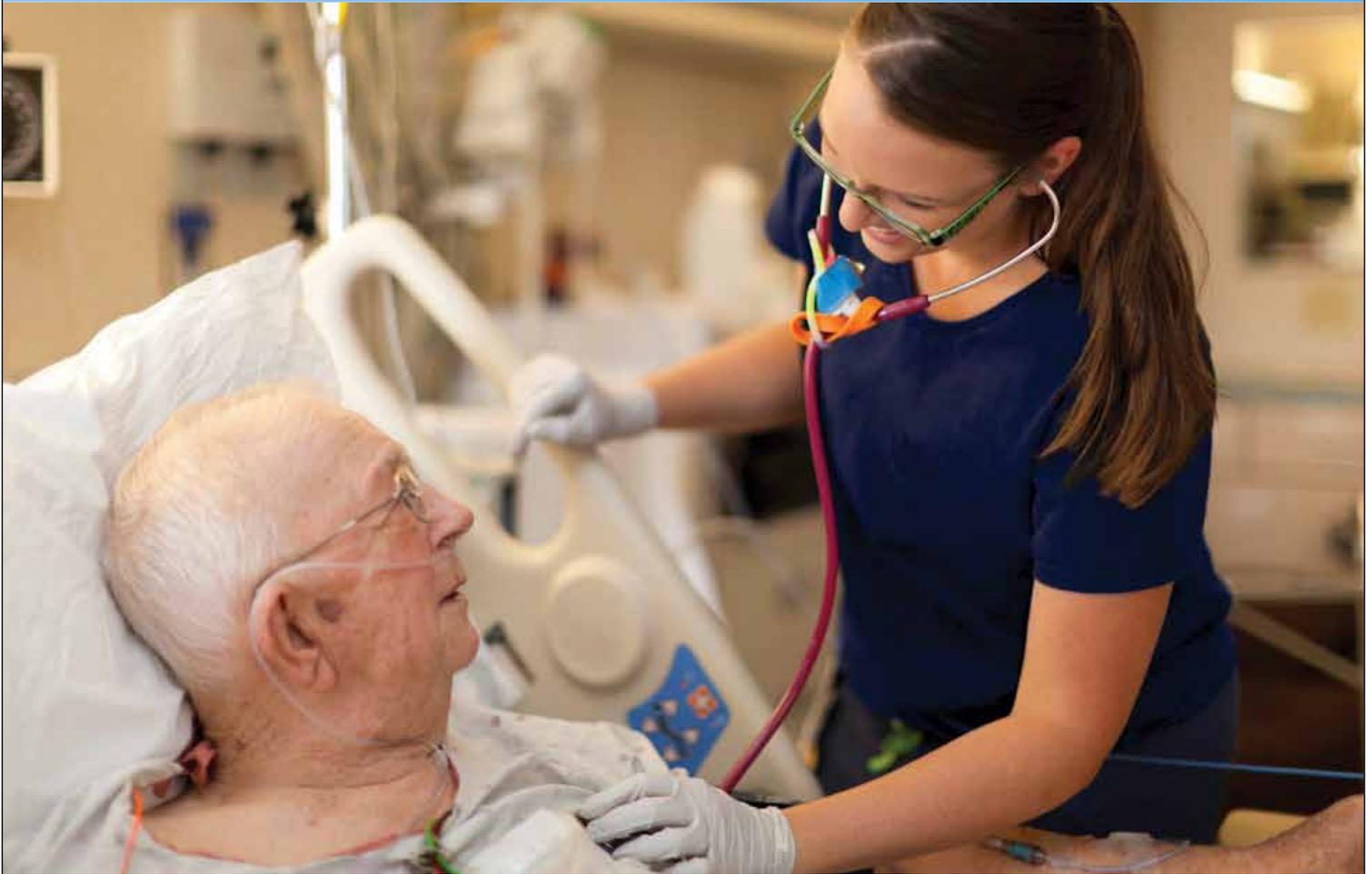
- The board highlights included:
  - Board members assistance with administering the NCLEX-PN and NCLEX-RN exams
  - Heard reports on:
    - Implementation of LB 456 which revised the disciplinary process and the formation of the Licensee Assistance Program
    - Changes provided by passage of LB 1019 to include CRNA statute

- revisions and inclusion of the clinical nurse specialist title protection in statute
  - Meetings of the Nurse Practitioner Advisory Councils
  - The NCSBN Area II meeting
- Discussed the 407 LPN Technical Review Committee with Dr. Horton, Director of Health
- Appointed Dr. Terry Bejot to the Nurse Practitioner Anesthetists Advisory Council
- Newly promulgated Regulations Governing the Practice of Nursing were mailed to all licensed nurses. Public hearing on the changes to the regulations had been held in North Platte and Lincoln. Changes in the regulations included:
  - Detailed requirements for nursing licensure
  - Examination eligibility

- Grounds for discipline
- Revocation for failure to renew
- Renewal and continuing education requirements, to include:
  - Fifty percent of continuing education could be independent study
  - Continuing education hours from CPR, BLS and all Advanced Life Support would be limited to twenty percent of the required hours
  - In service education could be used only in conjunction with nursing practice, not as the sole basis for license renewal
  - Continuing education was defined and examples of things that were not acceptable continuing education
- Nurses endorsing into Nebraska that did not meet the practice hours in the previous five years would be required to complete a refresher course

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