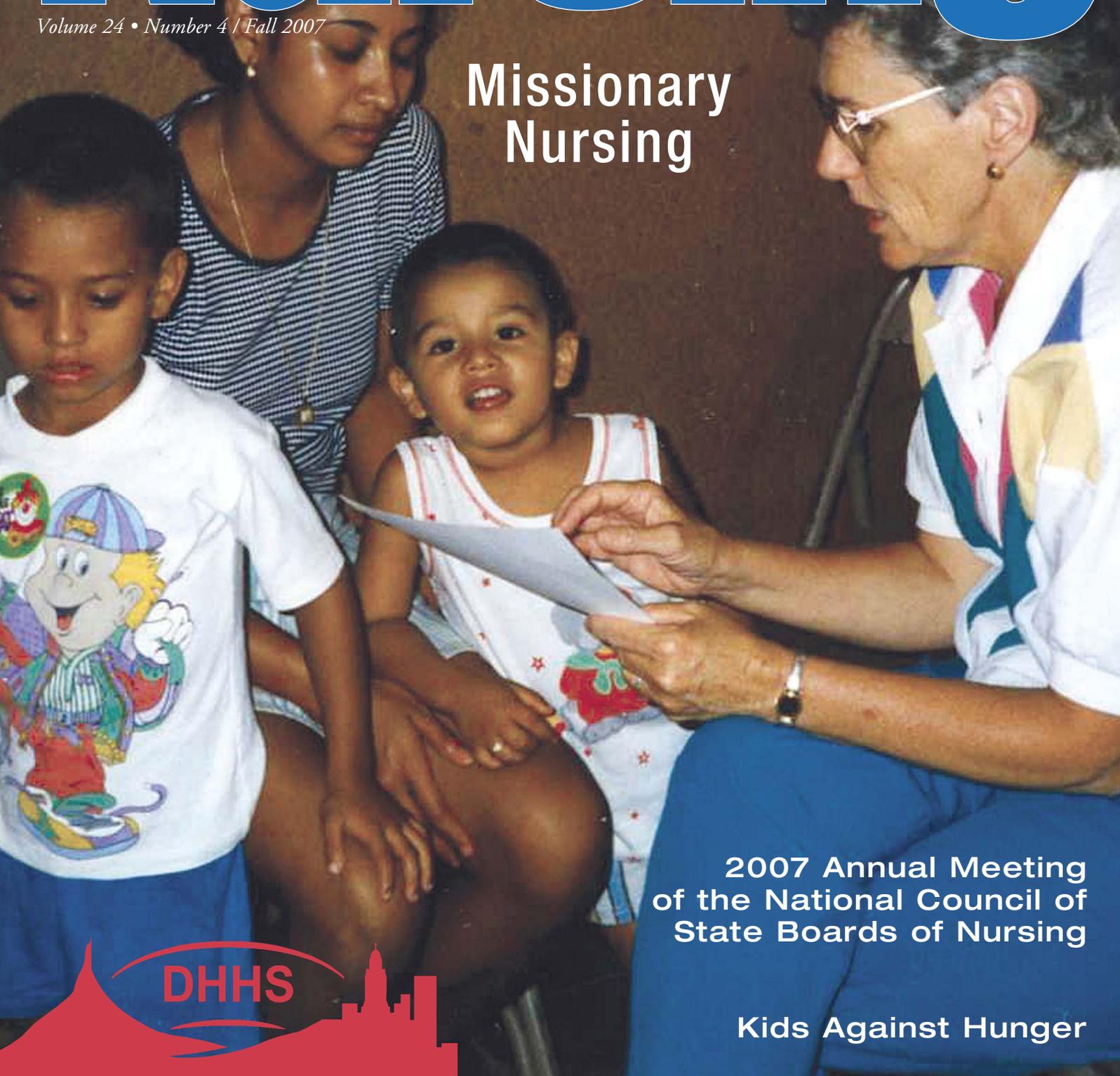


Nebraska Nursing NEWS

Volume 24 • Number 4 / Fall 2007

Missionary Nursing



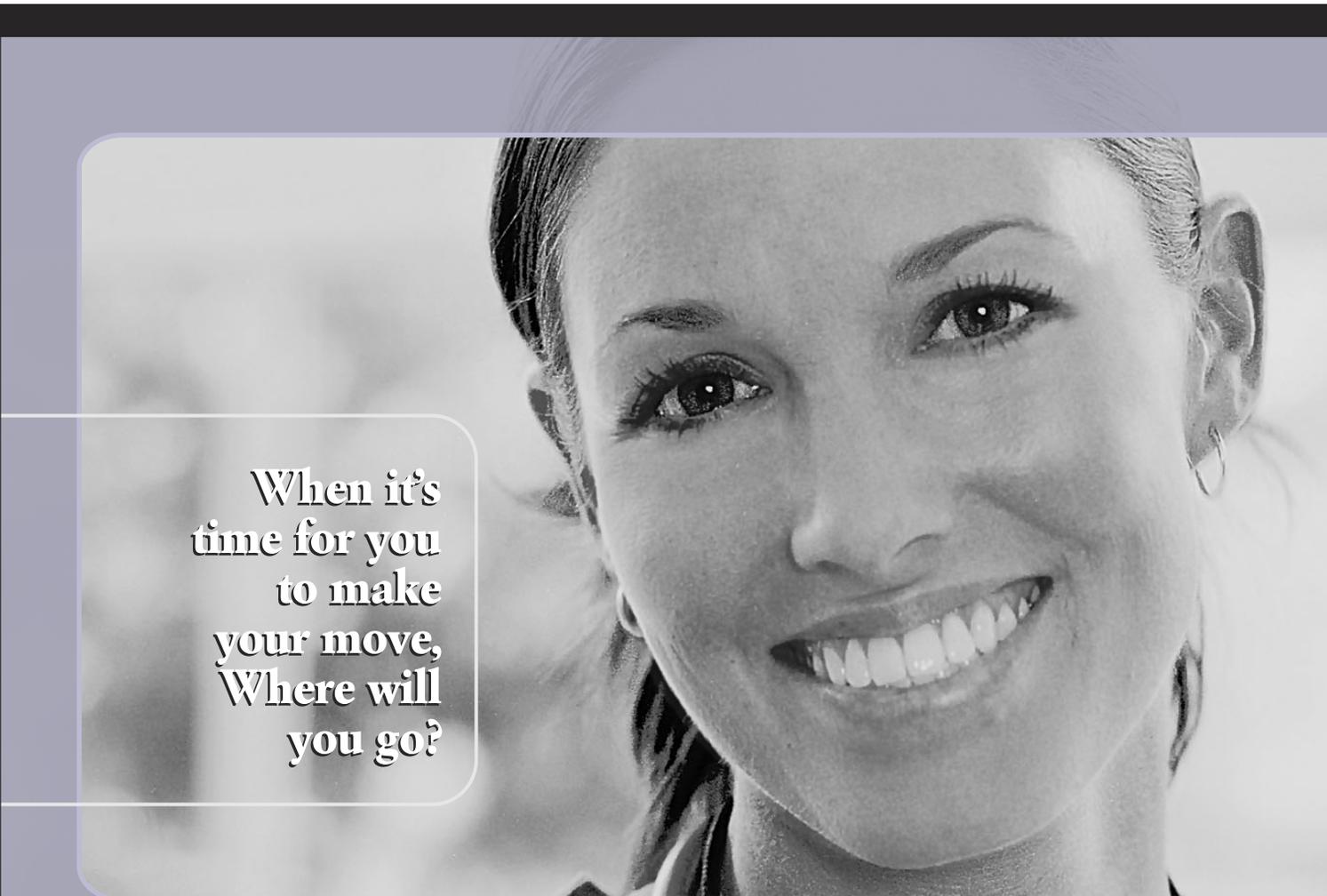
2007 Annual Meeting
of the National Council of
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Kids Against Hunger

DHHS

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on the
COVER

Sr. Mary Kay Meaghan, APRN teaches a mother
in a health clinic in El Salvador .

Executive Director's Message



How do you react to change? Do you panic? Do you resist? Do you relish it? Do you view it as a threat, a frustration or an opportunity? Regardless of how we react to change, we can't avoid it. Change is all around us. And those changes are occurring at a faster and faster pace as our knowledge and use of technology increase. The Department of Health and Human Services is undergoing major changes and all of us who work here are experiencing the effects of those changes.

In August 2006, Governor Heineman announced his proposal to restructure the Health and Human Services System (HHSS), which at that time operated as three distinct agencies. In March 2007, LB 296 was passed by the Legislature and signed by Governor Heineman. It reorganizes the three agencies into one single agency, headed by a Chief Executive Officer. The reorganization was effective July 1, 2007. The Nebraska Department of Health and Human Services is now one agency with six divisions.

DHHS is nearly one third of state government in terms of employees and the budget. This restructuring is part of the Governor's efforts to make DHHS more understandable, accountable, accessible, and efficient. The single agency structure put one person in charge with a single budget for the Department.

I've been in my position with the Department for nearly twenty years. When I took this position I was a Section Administrator in the Bureau of Examining Boards in the Department of Health. A few years later the name of our area became the Professional and Occupational

Licensure Division. My recall is that change was primarily a name change and did not involve changes in structure or function of the Division. The Department underwent a major reorganization in the '90s. The Department of Health and five other agencies were restructured into the Health and Human Services System with three departments within the system. Licensing functions were placed in the Department of Regulation and Licensure. The Professional and Occupational Licensure Division combined with the Health Facilities Division and we became the Credentialing Division.

With the current reorganization we are now a part of the Department of Health and Human Services. We are now located within the Division of Public Health. What was the Credentialing Division is now the Licensure Unit, and Nursing and Nursing Support Section is now the Office of Nursing and Nursing Support.

The bottom line is that we are still doing what we have always done – licensing and regulating nursing professions. We have new names and titles and letterhead and Web pages, but our mission remains unchanged. We protect the public by ensuring that nurses who become licensed and remain licensed meet the criteria established to determine that they are competent to provide safe nursing care to the citizens of Nebraska.

Charlene Kelly



President's Message



Dr. Suling Li presented transition study findings during an informative breakout session at the NCSBN Annual Meeting, August 2007, in Chicago. Her research findings on “The Impact of Transition Experience on Practice of Newly Licensed Registered Nurses” identified that new nurses experience the highest level of stress and performed less competently at the 3 to 6 months time period during their first year of employment. Of significance from a patient safety perspective, Dr. Li found that new nurses identified as being less competent and/or stressed made more practice errors. Dr. Li also found that new nurses who were more competent—especially in the areas of clinical reasoning ability, communication and interpersonal relationships—made fewer practice errors. (Contact information: Dr. Suling Li, Associate Director of Research, sli@ncsbn.org)

Our new nurses, who graduated in May, successfully passed the NCLEX exam, and started working as licensed nurses in June, are currently in the critical 3 to 6 month time period identified above. Typically, orientation is completed within the first 3 months of employment and new nurses are expected to practice more or less independently thereafter. During orientation, much time and attention is directed to tasks such as technical skill performance, accurate medication administration and clinical assessment. Once the new nurse has demonstrated the ability to perform essential tasks, emphasis can shift from tasks to relationship building.

An effective working relationship with a primary preceptor during orientation facilitates the transition to practice as a new nurse. In addition, communication and the development of interpersonal relationships with other individuals in the work setting is extremely important to job performance, satisfaction, and retention.

While waiting in the airport on my return trip after the NCSBN Annual Meeting, I had the opportunity to talk with traveling companions from the Nebraska Board of Nursing about the importance of social relations that keep us in work positions. They identified several relationship building activities that contributed to a sense of comradeship and cohesiveness in their work settings. Participating in unit pot luck meals, celebrating birthdays once a month, and establishing a courtesy fund for cards or flowers to recognize important events that occur to members of our work family, are examples of relationship building activities.

New nurses may need a special invitation to participate in such unit activities so they feel included in social networks at work. I challenge all experienced nurses to seek out one new nurse in your work setting. Take a coffee or lunch break with that new nurse to begin to get acquainted with each other and to find out how the new job is really going.

Marcy Echternacht

Marcy Echternacht

Nebraska Board of Nursing Meeting Schedule 2007

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at <http://www.hhs.state.ne.us/crl/brdmtgs.htm#Nursing> or you may obtain an agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
Thursday, November 8	8:30 a.m.	Board of Nursing	GeorgetownClub
Friday, November 9		Nebraska Nursing Leadership Coalition Forum and annual meeting	GeorgetownClub
Thursday, December 20	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing <i>Education Committee</i> <i>Practice Committee</i>	Staybridge Conference Center

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***Georgetown Club**, 2440 S 144st Circle, Omaha, NE

Nebraska Board of Nursing, Left to Right, Dawn Nickel, Sandra Mann, Jacqualine Ross, Nancy Gondsinger, Joyce Burger, Deanna Lloyd, Crystal Higgins, Julie Brauer, Mary Megel, Mary Burger, Marcy Echternacht



Reminder: All LPN And LPN-C Licenses Expire 10/31/2007

All LPNs and LPN-Cs who wish to renew their Nebraska license and have not yet done so, must renew online prior to midnight on October 31, 2007, or have their renewal postmarked on or before midnight on October 31, 2007, to avoid the \$25 penalty fee for late renewal.

To determine if your license has been renewed, go to <http://www.dhhs.ne.gov/lis/lisindex.htm> and enter your name. When your name and license number come up, it will show the expiration date. If your license has been renewed, the expiration date will be 10/31/2009.

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.

If the Web site indicates that your license has been renewed and more than two weeks have passed since you submitted your renewal application, but you have not yet received your renewed license, please call our office at (402)471-0317.

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ATTENTION ALL CLINICAL NURSE SPECIALISTS

The law requiring all Clinical Nurse Specialists practicing in Nebraska to hold a license as an Advanced Practice Registered Nurse – Clinical Nurse Specialist went into effect July 1, 2007. All currently practicing Clinical Nurse Specialists should have made application for licensure by this time.

A Clinical Nurse Specialist (CNS) is an RN who has a master’s or doctoral degree in a nursing clinical specialty area or master’s degree in nursing and has success-

fully completed a graduate-level clinical nurse specialist education program. All CNSs must have passed an approved national certification examination, or if such an examination is not available, may meet an alternative method of competency assessment as determined by the Board of Advanced Practice Registered Nurses.

CNS practice includes health promotion, health supervision, illness prevention, and disease management, including assessing

patients, synthesizing and analyzing data, and applying advanced nursing practice. A CNS conducts and applies research, advocates, serves as an agent of change, engages in systems management, and assesses and intervenes in complex health care problems within the selected clinical specialty.

No one may use the title Clinical Nurse Specialist or abbreviation CNS unless they hold a APRN-CNS license issued by the Department.

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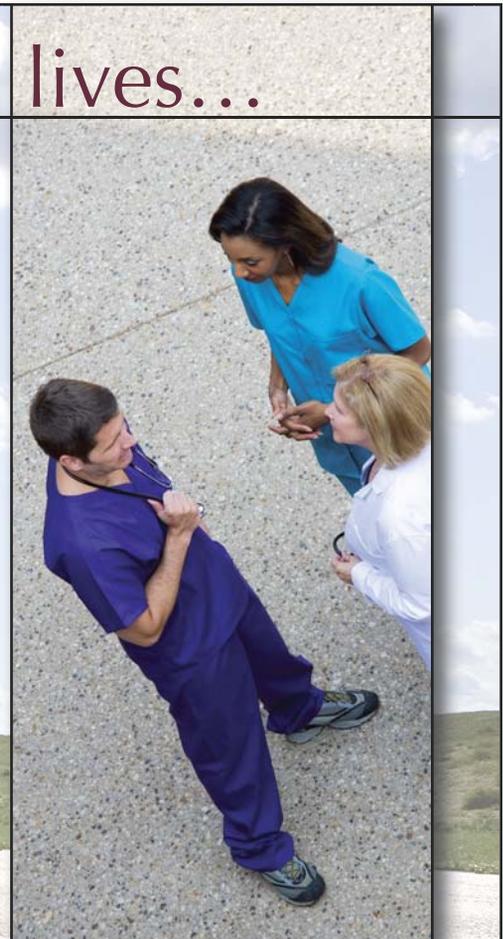
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National Board Certification in Hospice and Palliative Care

The Nebraska Hospice and Palliative Care Partnership supports certification exams conducted by the National Board for Certification of Hospice and Palliative Nurses. Certification is available for APRNs, RNs, LP/VNs and NAs. The next exam in Nebraska is scheduled for March 15, 2008. For exam details go to www.nehospice.org or call Jennifer Eurek at 402/477-0204.



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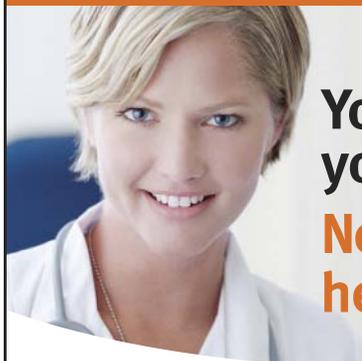
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Kids Against Hunger

In the year 2005, twenty million people died of malnutrition, starvation, and associated diseases. Today, one child dies of starvation and malnutrition every two seconds; that's 30 children every minute, 43,200 every day. It is estimated thirteen million children in America go to bed hungry every night. Sound daunting? Here's something you can do to help!

Three Nebraska nurses have joined together with Feeding Children International to start a Kids Against Hunger satellite in Norfolk, Nebraska. It is a non-profit organization whose mis-

sion is to provide fully nutritious meals to starving children both locally and internationally.



Larry Keller RN, Eddie Noffke, LPN, and Nordbues, CRNA, with Kids Against Hunger, Norfolk.

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Sun.	Miami		4:00 PM
Mon.	Nassau	7:00 AM	2:00 PM
Tues.	"Fun Day" at Sea		
Wed.	St. Thomas/St. John*	9:00 AM	8:00 PM
Thurs.	St. Maarten	7:00 AM	6:00 PM
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
Sun.	Miami	8:00 AM	

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Kids Against Hunger Norfolk (KAHN) is one of thirty satellites across America and Canada started in association with Richard Proudfit from New Hope, Minnesota.

Thirty years ago, Proudfit was part of a medical mission team who traveled to Honduras volunteering as disaster relief following a devastating hurricane. While there, he saw a woman in deep grief carrying around her child, a child that had died of starvation. He was profoundly moved. He also heard an audible voice say to him, "Feed My starving children." He felt that God was speaking to him. When he returned to America, he sold his business and dedicated his life and finances to feed starving children through out the world. Since that time, he has fed millions of children through this program. The first three years, he said he failed. He was sending them granola bars and boxed food, and the people did not know what to do with it. Realizing he needed to find a better way to feed them, he asked a friend who worked for Pillsbury for help. Food scientists from Pillsbury, Archer Daniel, General Mills, and Cargill looked at world hunger to find a solution. They realized that children in Asia, Africa, South America, and Haiti, all had different deficiencies in their diets. They wanted to produce one food that they could send anywhere in the world that would meet those deficiencies. The product they came up with has four ingredients: white rice, because it is recognized and accepted all over the world, textured soy for its protein content, dehydrated vegetables, and a chicken flavoring that has 21 essential vitamins and minerals. When cooked for twenty minutes in boiling water, it turns into a nutritious chicken and rice casserole.



Eric Rogat, RN, during the week-long hunger on the roof event that raised community awareness and over \$10,000 for Kids Against Hunger.

When Proudfit was trying to decide how to package this lifesaving product, the youth of his church asked, "Why not let us help you?" and Kids Against Hunger was born.

Volunteers fight hunger one scoop at a time as they take turns scooping one of the four ingredients through a funnel into a bag which is measured, then sealed shut. Each bag contains six servings at a cost of twenty-three cents each. The bags are boxed and shipped all over the world, as well as to local food pantries.

In the five months since KAHN has been in operation, they have packaged over 84,000 meals which have been delivered by The Orphan Grain Train. The first seven pallets were sent for disaster relief to Piedras Negras Mexico, where 21,000 children were without food after two tornadoes swept through the area, killing ten people. Food has also been delivered to Bangalore and Hyderabad, India, Nicaragua, and to the Navaho Indians in America. Over 2,150 meals have been delivered to the local food pantry. If you would like to help, contact Kids Against Hunger, Norfolk at (402) 371-3195 or schedule a group to volunteer and start helping children around the world today. To get more information, visit our Web site at www.kidsagainsthungernorfolk.org or e-mail us at info@kidsagainsthungernorfolk.org.

Department of Health and Human Services Web Site Offers a Wealth of Information

What's the latest news from the Department of Health and Human Services? What's included in the department's disaster preparedness plan? How can I get a copy of my birth certificate? Need information for a grant on special populations in the state? This and much more information on all aspects related to health and human services in Nebraska can be accessed from the home page of the department's Web site. At www.dhhs.ne.gov. From the home page specific information for each of the six divisions in the department – Behavioral Health, Children & Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veterans' Homes – can be accessed. On July 1, 2007, when the department reorganization went into effect our Web site changed so you need to delete our former Web site URLs from your "favorites" and add the new Web site addresses.

Do you need information on communicable disease reporting? Need to know how to deal with potentially hazardous materials? Looking for information on emergency medical services? Need current general health information to develop patient teaching materials? Want to look up information on individual or facility license? All of this information can be accessed from the Public Health Division home page at www.dhhs.ne.gov/Public_Health.

From the Public Health home page click on Licensing and Regulatory Affairs or go directly to www.dhhs.ne.gov/crl/crlindex.htm to find information related to the licensure and regulation of health care professionals and facilities. From this

site you can look up a license, order lists and labels of licensed professionals and facilities. You can also obtain monthly disciplinary reports, access membership lists for the various boards, find out when a board is scheduled to meet and review meeting agendas and minutes. Clicking on Professions and Occupations and then Nursing or by going directly to www.dhhs.ne.gov/crl/nursing/Nursingindex.htm you can find all types of information related to nursing practice and regulation including forms to apply for a license, reinstate a license or renew license. Also available are nursing practice advisory opinions, back issues of *Nursing News*, information on the Nurse Licensure Compact and the current statutes and regulations for each profession. If you can't find what you need, click on Contact Us and send one of the staff an email with your specific questions.

Using our Web site to obtain information can save you the time spent trying to reach us by telephone. The Web site is available to you all of the time, not just during business hours. We strive to ensure that the information posted on the Web site is always the most current and comprehensive information available. Your comments on our Web site are always welcome. We realize that the Department of Health and Human Services is a huge agency and navigating the Web site to find the specific information you need can sometimes be a challenge. If there is information you cannot find that would be helpful to you, let us know. The Web site is under constant refinement, update and revision. We want to make it as user-friendly and post the type of information you need, so your comments are always welcome.

National Council of State Boards of Nursing to Attend Nebraska Board of Nursing Meeting

Kathy Apple, CEO, and Mary Ann Alexander, Associate Executive Director of Regulatory Programs, of the National Council of State Boards of Nursing (NCSBN) will be in attendance at the Nebraska Board of Nursing meeting on January 16-17, 2008. The Board's Issues Forum on January 16 will focus on the mission, purposes and activities of NCSBN.

NCSBN staff visit a number of boards each year to help them better understand how regulation works in the various states, how the business of protecting the public is conducted, learn more about the challenges boards face, and how boards develop regulatory policy.

Objectives for NCSBN Staff to build better working relationships with Member Boards:

1. Increase understanding on how regulation works including operations governance, and policy development.
2. Obtain information on what we do that helps related to current services, products & resources.
3. Obtain feedback on what services, products & resources NCSBN could provide in the future.
4. Identify current regulatory challenges for Member Boards.

What NCSBN hopes Member Boards will gain:

1. Receive an update on current NCSBN activities.
2. Obtain current information on NCSBN services, products & resources.
3. Share current regulatory

challenges to better inform the NCSBN Board of Directors and staff.

4. Opportunity to ask questions of NCSBN staff.

The Forum begins at 1:30 p.m. All interested persons are welcome to attend the Board's Forums and the other open session portions of the Board's meetings. The location for the meeting has not yet been determined. Go to <http://www.dhhs.ne.gov/crl/brdmtgs.htm#Nursing> two weeks prior to a meeting date for the Board meeting location and agenda.

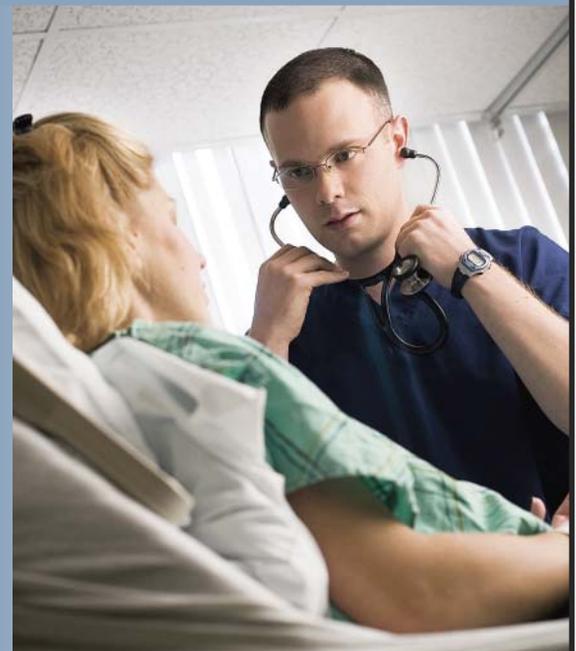
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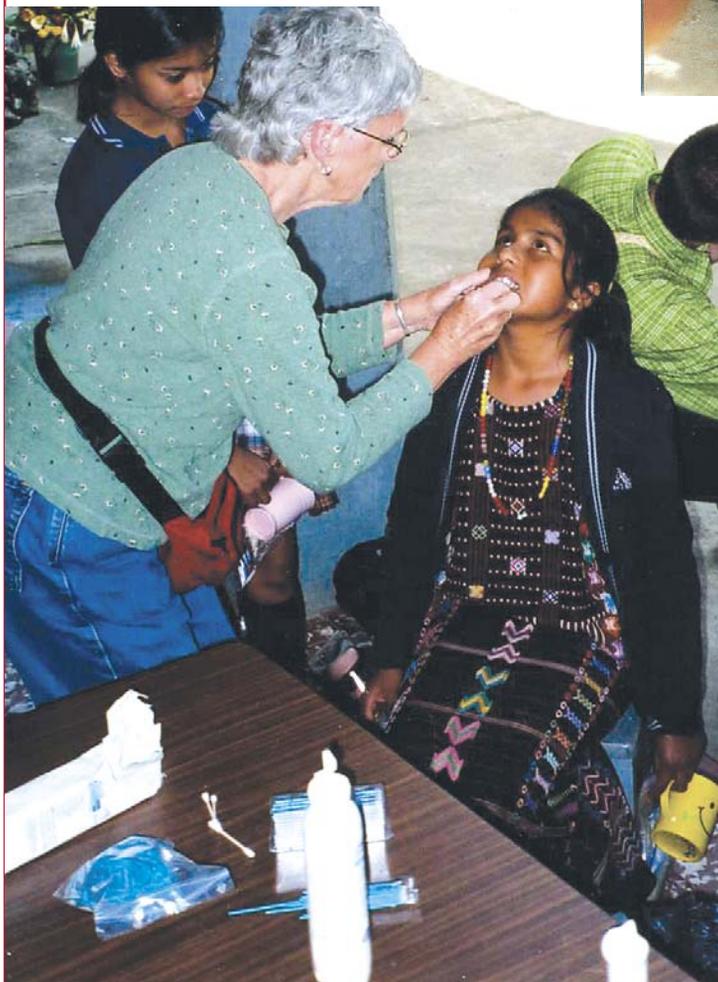
STRONG ACADEMICS
ARE ONLY THE BEGINNING.

By Joyce Davis Bunger

Missionary Nursing



Jo Kostka reading to children in the Dominican Republic.



Sr. Mary Kay Meagber examining the health of a young girl in Guatemala.

Don't be surprised. When a fellow nurse asks, "Do you want to go to Jamaica?" they may be inviting you to a clinic to help patients desperately needing health care.

In a recent *TIME* article, Nebraska was listed as one of the top five states with the best volunteers. For many, volunteering means giving up a few hours a month to coach a ball team, work at church or your child's school. But for others, volunteering is a "calling." These volunteers are leaving their families and comforts of home to care for the very poor and the very sick people living beyond our borders.

Jim Defreece, "retired, but still practicing," and his wife, Donna, have gone to Jamaica for years. Instead of bringing home a suntan, they bring home a heart full of memories.

In Jamaica, there are doctors and clinics because of socialized medicine, but they may see 60 to 100 patients a day. People must wait for hours and hours to be seen. While the treatment is free, the cost of medications is exorbitant. Diabetes and arthritis are the primary health care concerns there.

Defreece is a CRNA, but doesn't do anesthesia work in Jamaica because the Jamaican doctors won't allow it. They don't want the missionaries to take away their business.

They do allow the missionary nurses to do health assessments, tooth extractions, and some minor surgeries.

Missionary nurses often take donated medications with them. In addition, they take school books, supplies, and whatever is needed.

Defreece and his wife estimate they have shipped close to 15 tons of books to Jamaica. He shared the story of a woman that came into the clinic. Her daughter was ravaged with fever. Defreece noticed when she laid her heavy bag down that there were two large books in the bags. And both books were marked to indicate they were a part of shipment of books he and his wife had sent to Jamaica years before. The books were precious treasures.

Deb Rinne, RN, traveled to Guatemala with a team of health professionals affiliated with Servantsministry.



Jim Defreece, CRNA with a child in a Jamaican clinic.

While on vacation to Costa Rica in 2006, Rinne encountered the founder of Servantsministry and learned about the incredible needs of those very poor people of Guatemala. At her own expense and taking vacation time from her job as assistant director of nursing with the Beatrice State Developmental Center, she spent nine days in Guatemala.

“In America, we are so blessed to have health care that is affordable and a phone call away,” Rinne remarked. “In the remote villages, health care is still provided by ‘witch doctors.’ The village midwife delivers the babies. Many mothers and infants do not survive childbirth.”

The greatest problem, according to Rinne, is malnutrition. Mothers often have very large families. Babies are

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breastfed until the second or third baby arrives, then the child is weaned. Rarely is there enough food for the toddler. The water is contaminated and undrinkable. As a result, babies go from being breastfed to drinking coffee, made with boiled water that may kill some of the parasites in the water.

Rinne recalls a young Guatemalan mother with two small children. The young woman's husband had left her to work in the coffee fields and never returned. The older child was three

Sensitivity toward the underserved is mentioned as the primary motivation. Most say they do this for the incredible sense of satisfaction they feel when they look into the eyes of those they have helped.

Like most nurses, they need to be resourceful. Rinne told of a little girl who had a terrible scalp condition. They needed a medium that would cover the little girl's head and keep the medicine in place. She found just the trick. A hotel had sent down boxes of

national crisis, thousands of displaced, hungry, and poor people.

"It was a war zone. It was nothing like I expected. Incredibly primitive," she recalled.

"I remember a little seven-year-old boy. He weighed 17 pounds. They called him Baby Bones. To many, it would have been a waste of time to try to heal him. I knew if we could hydrate him with formula he would survive. We all tried giving him the formula provided by UNICEF and he would spit it up. It finally occurred to the 'nurse in me' that maybe he didn't like the taste of the formula. So we asked him what he was hungry for...and he said 'bananas!' So I smuggled in some bananas and mixed it with the formula and he ate every bit. Six weeks later, he was stronger."



Deb Rinne, RN in Guatemala.

years old. He weighed 13 pounds. His name was Marvin. He was infested with parasites. Rinne took immediate action and found baby formula for the child through the Guatemalan Health Department (she compared it to our WIC program). She agreed to sponsor the family. At a cost less than \$30 a month, the family of four receives food and health care. Rinne's church has sponsored Marvin and his family ever since.

It takes a special person to become a missionary nurse. Most travel using personal vacation time and pay their own airfare. Vanity is thrown out the door—no electricity for hair dryers and don't even think of a daily hot shower. Drinking water is at a premium.

little sample bottles of shampoo and conditioner. She mixed the medicine with hair conditioner and it worked very well.

"Missionary nursing opens up your eyes to the disparities that exist in the world. These people walk for miles and wait for hours to see us," said Sr. Mary Kay Meagher, a nurse practitioner and faculty member at Creighton University.

Sr. Meagher talked about the "Camelot of her life." In 1980, she took her first mission trip to a refugee camp on the Thailand border. Catholic Relief Services asked for Sisters to serve. Her initial reaction was "I like to travel. It will be an adventure!" But once she arrived, she was immersed into an inter-



She had found her passion. She went on several more mission trips—to Bolivia, El Salvador, and the Dominican Republic. As a nun, she never felt more touched by the Holy Spirit than when she was working and living with people. In Guatemala, she lived with a family who had a beautiful sense of family and of God. While very poor, they were very rich in their faith.

"No matter where you go, people want the same things—food, water, shel-

ter, the love of family, and to be respected and heard. To be a part of their families was such a gift to me.”

Nurses are known for health promotion. While those interviewed for this article did a great deal of patient care, they all mentioned ways they could have a long term impact.

Sr. Meagher and Rinne both took toothbrushes and taught the people how to brush their teeth. They taught the people the importance of washing their hands.

Not everyone hears the same “Call to Serve!” Jo Kostka was in high school history class in Denver and she promised her history instructor if he would help her pass history, she would go to Africa someday and help people. She kept her promise. In 1994, she read about a mission trip to Kenya in the Rocky Mountain Methodist Conference newsletter and she answered the call.

Kostka spent two months in Kenya as a nurse in a prison camp taking care of children with polio. She went with the attitude of being their savior and became very humbled instead. She saw evidence of AIDS, but with no treatment in sight. She returned to Kenya six more times. Each time, she became more troubled. AIDS was killing more and more people and there were no drugs or facilities to treat them.

“I was struck by my change in attitude. Instead of taking my needs to them, we needed to listen to what their needs were,” Kostka noted. Her mission nursing continues. As a faculty member at Creighton, she has traveled to the Dominican Republic with Creighton’s Institute for Latin American Concern (ILAC). As an instructor, she accompanies teams of student nurses, doctors, and health professionals as they learn and prac-

tice among the people of the Dominican Republic.

She recalled a little girl who was an encephalic and she could only screech. Using the skills she had learned as a massage therapist, Kostka began to massage the little girl’s legs. After a while, the little girl could recognize Kostka’s voice and would begin to screech louder and louder to welcome her. One day, Kostka

carried her to the warm springs and gave her a soothing bath.

“What joy we both felt that day,” Kostka said.

That beats a pretty suntan any day.

Joyce Davis Bunger is Assistant Dean, Creighton University School of Nursing, and Public member on the Board of Nursing

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Licensure Actions

The following is a list of licensure actions taken between December 1, 2006 and February 28, 2007 additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Shon Peterson, RN	6/1/07	Probation	Alcohol Dependency Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession.
Daniel Sorgenfrei, RN	6/12/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Nancy Stevens, RN	6/18/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Jeanine Yekel, RN	6/20/07	Initial License Issued on Probation	Alcohol Dependency Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession. Misrepresentation of material facts in procuring or attempting to procure a license by failing to disclose misdemeanor convictions on application for licensure.
	8/15/07	Voluntary Surrender in Lieu of Discipline	
Debora Dellutri (Majeski), LPN, LPN-C	6/21/07	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure. Committing any act which endangers patient safety or welfare.
Tina Foerster, LPN	6/21/07	Censure Civil Penalty	Unprofessional Conduct-Practice of the profession beyond authorized scope.
David Baker, RN	6/21/07	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Committing any act which endangers patient safety or welfare.
Roxanna Hall (Grim), RN	6/21/07	Civil Penalty Current Probation Extended	Violation of previously imposed conditions of probation.
Jorge Juarez, RN	6/21/07	Censure	Unprofessional Conduct-Failure to keep and maintain adequate records of treatment or service.
Theresa Birmingham, RN	6/26/07	License Reinstated on Probation	Previous Discipline
Sarah Hawthorne, LPN	7/2/07	License Reinstated on Probation	Previous Discipline
Myesha Moore, LPN	7/3/07	Initial License Issued on Probation	Misdemeanor and felony convictions which have a rational connection with fitness or capacity to practice the profession.
Michel Anderson APRN	7/08/07	Censure Civil Penalty	Unprofessional Conduct- Authorization of prescriptions for narcotics without examining the patient. Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.
Charisse DeGunia, LPN	7/9/07	Initial License Issued on Probation	Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession. Alcohol Dependence
Kenneth Hirschfeld, RN	7/9/07	License Reinstated on Probation	Previous Discipline
LeAnne Klotz, LPN	7/11/07	Initial License Issued on Probation	Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession. Violation of the Uniform Controlled Substances Act
Julie Miers, LPN	7/13/07	Initial License Issued on Probation	Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession.
Christy Umberger, RN	7/17/07	Initial License Issued on Probation	Conviction of misdemeanors that have a rational connection with fitness or capacity to practice the profession.
DeEtta Wancewicz, RN	7/18/07	Censure	Unprofessional Conduct-Failure to keep and maintain an adequate record of treatment or service.

Jessica McCollum, LPN	7/18/07	Voluntary Surrender in Lieu of Discipline	
Carol Smith, RN	7/21/07	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to maintain an accurate patient record. Falsification or misrepresentation of material facts in attempting to procure nursing employment. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Marcus Johnson, LPN	7/23/07	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness or capacity to practice the profession.
Jonathan Arias, LPN	7/25/07	Initial License Issued on Probation	Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession.
Sheryl Buss, LPN	7/26/07	License Reinstated on Probation	Previous Discipline
Richard Jay, RN	7/26/07	Initial License Issued on Probation	Misrepresentation of material facts in procuring or attempting to procure a license by failing to disclose misdemeanor convictions on application for licensure. Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession.
Sarah TanCreti, RN	7/28/07	Suspension Probation	Alcohol and Opioid Dependence and failure to comply with the Licensee Assistance Program recommendations. Unprofessional Conduct-Diversion of controlled substances. Violation of the Uniform Controlled Substances Act
Jill Currie, LPN	7/31/07	Censure	Unprofessional Conduct-Falsification or intentional unauthorized destruction of patient records.
Savitri Harrington, LPN	7/31/07	Revocation	Violation of previously imposed conditions of probation.
Tracy Loucks RN Compact	7/31/07	Privilege to Practice Revoked	Violation of the Uniformed Controlled Substances Act
Shahira Zarinkhil, RN	7/31/07	Civil Penalty Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Brenda Nichols, LPN	8/14/07	License Reinstated on Probation	Reinstatement from Voluntary Surrender in Lieu of Discipline
Linda Brown, LPN	8/15/07	Initial License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession.
Tabitha Snow, LPN	8/17/07	License Reinstated on Probation	Previous Discipline
Miriam Kirk, RN	8/21/07	Censure Civil Penalty Limitation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to recognize a change in patient's medical condition and failure to provide intervention or direction from another licensed health care provider when warranted by patient condition. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Belinda Harris, LPN	8/22/07	Censure Civil Penalty	Unprofessional Conduct-Failure to maintain an accurate patient record.
LuAnn Carter, RN	8/22/07	Censure Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Fraud, forgery, or misrepresentation of material facts in procuring or attempting to procure a certificate.
Jacqueline Hammond, RN	8/22/07	Censure Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Fraud, forgery, or misrepresentation of material facts in procuring or attempting to procure a certificate.
Mark Norris, RN	8/23/07	Temporary License Suspension	Dishonorable Conduct evidencing unfitness to meet the standards required for the practice of the profession.
Jerrad Carranza, LPN	8/30/07	Initial License Issued on Probation	Alcohol and Polysubstance Dependence. Misdemeanor and felony convictions having a rational connection with fitness to practice the profession.

Nebraska Licensee Assistance Program

Alcohol/drug abuse assistance for health service professionals licensed, certified, or registered by the State of Nebraska

YOUR NE LAP COORDINATOR - JUDI LEIBROCK

Judi has been the Nebraska LAP Coordinator since October 1, 2003. She is a Licensed Mental Health Practitioner and a Licensed Alcohol and Drug Counselor.

Judi earned her Bachelor of Arts in Psychology from the University of Nebraska at Omaha and her Master of Human Relations degree from the University of Oklahoma. She also has an Associate in Science degree in Chemical Dependency Counseling from Methodist College in Omaha.

Judi has over fifteen years of experience in the substance abuse field working with children, adolescents, and adults. She has provided professional alcohol/drug assessments, counseling, and educational presentations for dual-diagnosis, inpatient, and employee assistance programs. She was also the coordinator for a high school student assistance program.

According to Judi, "My clients are not always happy to be coming in to complete an alcohol/drug assessment. I always try to meet the client where they are emotionally, spiritually, and physically. In many cases, a professional may be concerned about losing what they have worked so hard for because of their substance abuse or dependency. They are sometimes depressed, embarrassed, and in denial of their addiction. I try to give them hope for a better future by encouraging them to keep an open mind and accept help for their problems so that they will start to feel better about themselves and

get their career back on track."

"I feel it is meaningful and very rewarding to be involved in the recovery journey of the NE LAP clients. To be a part of someone getting their life back is a responsibility that I take very seriously."



Judi Leibrock

"I really believe in the value of the NE LAP to the licensees of the State of Nebraska. The program provides support to the health service professional as they address their issues with alcohol/drug abuse. The focus is on the licensed health service professional achieving a healthy recovery through rebuilding their spiritual, emotional, and physical well-being with honesty, accountability, and responsibility."

If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction treatment or would like to schedule an educational presentation on alcohol/drug addiction and the health service professional, contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our website at www.lapne.org.

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MANDATORY REPORTING Q & A

Q

- I was just informed that my Professional Liability Insurance Carrier has paid a claim on my behalf as a result of a patient injury incident in which I was involved. Am I required to report this payment?

A

- Yes. According to the section of the Uniform Licensing Law [Neb. Rev. Stat. § 71-168 (4)(c) (iii)], any nurse who has been subject to adverse judgments, settlements, or awards arising out of professional liability claims must report.

Reporting forms can be obtained from the Department's Web site at <http://www.dhss.ne.gov/reg/INVEST-P.HTM>. The forms should be printed and sent via US Mail. Emailed reports are not acceptable. When the report is received, the Department will make a determination if an investigation should be conducted. Not all terminations result in an investigation. Failure to report a professional liability award on your behalf is grounds for action against a license.

Practice Q & A

Q

- I am a Director of Nursing and have licensed nurses, as well as Medication Aides and Nurse Aides, working in my facility. We often receive telephone orders from physician's offices. Who can take these orders? Can they take them from someone other than the practitioner or his/her nurse?

A

- A practitioner may designate anyone as their agent to communicate their orders. The agent is not required to be a licensed individual. They are communicating information from the practitioner.

The act of writing down or taking a verbal order from a practitioner or their agent is not a regulated activity. Therefore, anyone trained to perform the task may do so. Facilities should have policies/procedures that guide the "taking" of verbal orders. The policies/procedures should be mindful of the increased risk of potential error when the person "taking" the order is not a licensed health care professional and/or there are multiple levels of communication between the practitioner and the end source of the order.

"Taking" verbal practitioner orders is not an activity authorized under the Medication Aide Act. Therefore, if medication aides "take" a practitioner's verbal order, it is not being done in their capacity as a medication aide, it is being done as an unregulated activity.

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NOTICE OF CHANGE IN 30-DAY RULE

Effective January 1, 2008, nurses licensed in another compact state who have changed residence to Nebraska will be allowed to practice in Nebraska on their previous state compact license for 30 *calendar* days.

The Regulations Governing the Practice of Nursing (172 NAC 101-003.02A1) state, “An applicant changing primary state of residence from another compact state to Nebraska may continue to practice under the former home state license and

multi-state licensure privilege during the processing of the nurse’s licensure application in Nebraska for a period not to exceed 30 days.” Since the implementation of the compact in Nebraska on January 1, 2001, we have interpreted this 30-day rule to mean 30 *working* days. The other states in the compact interpret the 30-day rule as 30 *calendar* days. The discrepancy between our interpretation and that of the other states has resulted in confusion and negative consequences for some appli-

cants. In the interest of achieving consistency with other state’s interpretation and to avoid any future negative consequences for applicants, our interpretation of 30-day rule will change effective January 1, 2008.

Please assist us with the implementation of this change by ensuring that the Human Resources Department or whoever tracks eligibility to practice for nurses new to this state in the facility where you work is aware of this change.

Save the Date: March 6, 2008

The 2008 Nursing Summit sponsored by the Nebraska Nursing Leadership Coalition is planned for March 6, 2008, at the Holiday Inn in Kearney, Nebraska.

The title of the summit is “Energizing Your Daily Practice.” The presenters will be Pam Williams and Marci Moore from Innergized, Inc., located in Seminole, Florida.

Registration forms will be in future issues of Nursing News and other Nebraska nursing newsletters, but for now, put the date on your calendar and prepare yourself for an “Innergizing” day on how to “Energize your Daily Practice.”

2007 Annual Meeting of the National Council of State Boards of Nursing

The 2007 Annual Meeting of the National Council of State Boards of Nursing was held in Chicago, Illinois, August 7-10, 2007. Nebraska Delegates to this meeting were Dr. Mary Megel from the Board of Nursing and Dr. Sheila Exstrom, staff to the board. Four other board members attended as well as one representative from the Advanced Practice Registered Nurse Board.

Educational programs, issues forums, and area meetings were provided. The keynote speaker presentation was "Transforming Nursing Practice Through Integrated Information Technology."

Actions that were taken included:

- Adoption of the revisions to the Bylaws of NCSBN, which resulted in two additional board members, some standing committee changes, and the allowance for associate memberships, and delegate assembly authority to accept additional boards of nursing (such as the Nebraska Board of Advanced Practice Registered Nurses) to hold membership in the organization.
- Adoption of the Strategic Initiatives for the organization
- Adoption of the Model Medication Aide Curriculum and authorization to proceed with the development of a national medication aide competence assessment.
- Adoption of the Statement on the Regulatory Implications of Pain Management
- Adoption of the Guiding Principle of Nursing

Regulation

- Renewal of the NCLEX Examination contract with Pearson VUE
- Adoption of the 2008 NCLEX-PN Test Plan
- Election of new board members (Area Directors and Directors at Large) and committee members for the Committee on Nominations

Many additional committee reports were presented that did not require membership action at this time. Examples include the Finance Committee, NPDB-HIPDB Updates, the Practice, Regulation and Education Committee, the APRN Advisory Panel, the Continued Competence Advisory Panel, the Commitment to Ongoing Regulatory Excellence Committee, the Member Board Leadership Development Advisory Panel, the Nursys® Advisory Panel, the Nursys® Business Design Advisory Panel, the TERCAP™ Task Force, the Resolutions Committee, and the Awards Panel.



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Registry Action on Nurse Aides & Medication Aides

From 05/01/2007 to 07/31/2007, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Christian, Herb	61881	Finding of Conviction	05/29/07
Desoe, Velve	23614	Finding of Conviction	06/25/07
Dick, Trina	9968	Finding of Conviction	07/31/07
Garner, Isaac	64472	Finding of Conviction	06/08/07
Green, LaCole	34717	Finding of Conviction	07/09/07
Hansen, Tonya	50850	Finding of Conviction	07/09/07
Harper, Jennifer	50236	Finding of Conviction	07/31/07
Hunt, Ashley	62902	Finding of Neglect	07/31/07
O'Neal, Kathryn	45452	Finding of Conviction	05/08/07
Richardson, Courtney	46709	Finding of Conviction	05/08/07
Rubek, Ginger	5937	Finding of Conviction	07/26/07
Shackleford, Shaquria	73855	Finding of Conviction	07/09/07
Snow, Tabitha	7861	Finding of Conviction	07/13/07
Svajdlenka, Mary Ann-Kristin	12856	Finding of Conviction	06/29/07
Thompson, Gary	63792	Finding of Conviction	05/08/07

From 05/01/2007 to 07/31/2007, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Atchison, Rustin	52486	Moral Character	07/19/07
Klekot, Crystal	55976	Moral Character	07/11/07
Lindsey, Thelma	55426	Competency Violation	07/11/07
Olson, Stephanie	54554	Moral Character	07/20/07
		Felony Conviction	
Pleskac, Leah	54228	Moral Character	06/14/07
		Conviction	
Prasek, Michella	55022	Moral Character	07/11/07
		Resident Abuse	
		Resident Neglect	
Pulley, Sally	54109	Moral Character	06/28/07
		Resident Abuse	
Reason, Rex	41531	Competency Violation	07/19/07
Running Bear, Roger	43703	Competency Violation	07/19/07
Noha, Keri Ann	49140	Moral Character	05/23/07
Riessland, Nicole	53827	Competency Violation	06/29/07
Schwarz, Daniel	17506	Moral Character	05/21/07
Shackleford, Shaquira	56236	Moral Character	07/09/07
		Conviction	
Stevens, Lorraine	57230	Moral Character	06/26/07
Svajdlenka, Mary Ann-Kristin	47953	Moral Character	06/29/07
		Conviction	
Tragesser, Bonnie	49547	Competency Violation	06/25/07
True, Catherine	53933	Competency Violation	06/29/07
Johnson, Whitney	58101	Competency Violation	06/20/07

The following removal from the Medication Aide Registry was erroneously omitted from the previous issue.

Name	Medication Aide Reg #	Action	Date Entered
Greitens, Sarah	48537	Moral Character	04/19/07
Hansen, Tonya	55571	Moral Character	04/19/07
		Conviction	
Heglin, Deborah	49715	Moral Character	04/19/07
		Misappropriation of Resident Property	
Mundorf, Kayla	49002	Moral Character	04/12/07
Stephens, Tena	54927	Moral Character	03/26/07
Trampe, Tamera	53932	Moral Character	04/14/07



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Henry Hagedorn	2120 S 56 St. #202	Lincoln	(402) 486-0007	hhagedorn@farmersagent.com
Charles Hanna	4535 Normal Blvd. #232	Lincoln	(402) 488-4663	channa@farmersagent.com
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NE LAP Achieves High Ratings on Client Satisfaction with Services

Nebraska Licensee Assistance Program clients with alcohol/drug abuse or dependency problems may be embarrassed or ashamed and find it difficult to ask the NE LAP for help. Some clients are referred for services because they are in legal, practice or employment trouble and they are angry about their referral. In some cases, our clients are upset with their diagnosis or treatment recommendations. Some are just not ready to give up drinking or drugging and are resistant to receiving the NE LAP's assistance.

In each and every type of licensee situation, the NE LAP strives to provide professional and compassionate service to the licensee. A review of the satisfaction ratings from the forty-four NE LAP clients who returned our satisfaction questionnaires over the past two year period indicated the NE LAP maintained excellence in services to all licensee clients.

- 100% were able to successfully contact the NE LAP when needed.
- 98% were treated courteously, professionally, and in a timely fashion.

- 93% indicated the NE LAP staff seemed genuinely interested in providing the assistance they required.
- 93% felt their confidentiality was handled appropriately by staff.
- 88% agreed the NE LAP counselor was effective in helping them.
- 87% felt they received an appropriate referral from the NE LAP.
- 88% found the referral services helpful.
- 84% overall, were satisfied with NE LAP services.
- 88% would recommend the NE LAP to others.

Included with the satisfaction ratings were many positive comments on the NE LAP services. The following two seem to sum up the sentiments of the licensees who felt the NE LAP had been very helpful to them.

*"I would like to thank the NE LAP for their part in my sobriety. Even though I work with patients on a daily basis who are dealing with substance abuse issues, I could not abstain from alcohol abuse until the NE LAP told me that I needed to abstain. Again, thank you for your support and guidance in my recovery"**

*"I was very satisfied. I really enjoyed talking with Judi. It gave me a sense to see some things I have accomplished. And also to give a person a look at my life before my world of crimes and drugs and alcohol and the after life. I was very pleased with this program. I would definitely refer a colleague to the NE LAP."**

If you are a licensed health service professional and would like to take advantage of the NE LAP services, please contact the NE LAP at (800) 851-2336 or (402) 354-8055 or visit our website at www.lapne.org.

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Nebraska Licensee Assistance Program

Alcohol/Drug abuse assistance for health service professionals licensed, certified or registered by the State of Nebraska.

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† CATHOLIC HEALTH INITIATIVES

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Kearney, Nebraska www.gshs.org

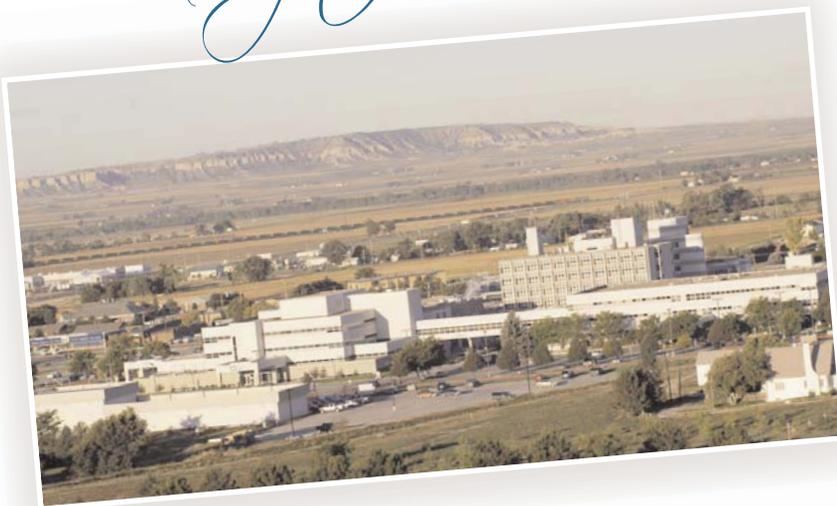
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1987 Twenty Years Ago in Nursing News

- There were 14,997 RNs, 6,774 LPNs, 22 Nurse Practitioners, and 2268 CRNAs licensed in Nebraska
- LPN renewal was underway. The fee for late renewal was \$35. [Today's fee is \$25.]
- LPN educators held a meeting on July 10. Items for discussion included proposed curriculum changes for Southeast Community College. The college received a grant to carry out these changes. The proposed changes to the Rules and Regulations related to approval of programs in practical nursing in Nebraska were also discussed.
- Work was continuing to provide assistance for chemically impaired professionals. The Bureau of Examining Boards was sponsoring an Interim Study on LB 691 – The Chemically Impaired Professional Act. The Nurses in Recovery Support Group continues to increase in numbers.
- Karen Smith wrote an article about her experiences as a board member. Her major goal as a board member was to help as many individuals as possible to understand the purposes, goals, and functions of the Board.
- Frankey Ostlund, LPN, resigned as a member of the Board of Nursing. She was retiring from the Tri-County Area Hospital in Lexington and planning to move.
- At their July 1987 meeting, the Board of Nursing discussed and made recommendations on the following nursing practice decisions:
 - Determined to further study the role of the LPN in IV therapy and infant gavage feeding.
 - Determined to further study the role of the RN in synchronized cardioversion.
 - Clarified the statement on monitoring of epidural anesthesia in the labor and delivery patient.
 - Performing of an emergency episiotomy by an RN.



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Advanced Practice Nursing

(CRNA, CNM, APRN)

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

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Nursing Practice Issues

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Licensed Practical Nurse

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Foreign Educated Nurses

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Education Issues, Curriculum Revisions and Nursing Program Surveys

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Refresher Course/Designing Own Review Course of Study

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RN and LPN license reinstatement

Name and/or Address Change

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Nurse Aide

Nurse Aide Role and Practice Standards

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

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General

Mailing Labels

Available online at: <http://www.hhs.state.ne.us/crl/orders.htm>

Information on Disciplinary Actions

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