

Nebraska Nursing News

Volume 22 • Number 3 / Summer 2005



**When Disaster
Strikes,
Nebraska's
Nurses
Respond**

**LPN License
Renewal Begins
August 1st**

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2005 Nebraska State Board of Nursing

Joyce Bunger, BA
Mary Bunger, RN, BSN
Marcy Echternacht, RN, MSN
Valeria Frederickson, RN, BSN
Nancy Gondringer, RN, MA, CRNA
Deanna Lloyd, LPN
Sandra Mann, MS
Mary Megel, RN, PhD
Jacqueline Ross, RN, BSN
Iris Winkelhake, RN, MS

Nursing and Nursing Support Professional Staff

Charlene Kelly, RN, PhD
Executive Director
Sheila Exstrom, RN, PhD
Nursing Education Consultant
Karen Bowen, RN, MS
Nursing Practice Consultant
Ruth Schudt, RN, BS
Compliance Monitor
Nancy Holmgren, RN, BSN
Nurse Aide and Medication Aide Program Manager

CREATED BY:

Virginia Robertson, President
vrobertson@pcipublishing.com
Publishing Concepts, Inc.
14109 Taylor Loop Road
Little Rock, AR 72223

FOR ADVERTISING INFORMATION:



Adrienne Freeman
adrienne@pcipublishing.com
501.221.9986 • 800.561.4686

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Nebraska **Nursing** NEWS

contents

summer 2005

features

- 7** LPNS ENCOURAGED TO RENEW LICENSES ONLINE *All Nebraska LPN licenses expire October 31, 2005. Renewal notices will be mailed by August 1...*
- 13** CHANGES TO REGULATIONS GOVERNING THE APPROVAL OF NURSING PROGRAMS IN NEBRASKA: *Title 172, Chapter 92*
- 14** WHEN DISASTER STRIKES NEBRASKA'S NURSES RESPOND *The emergency room nurse has always intrigued me. Those special nurses thrive on the adrenaline rush that accompanies disaster and urgency. However, at the end of the shift, they return to their families and the comforts of their home...*
- 23** SEVERAL BILLS IMPACTING NURSING REGULATION PASS IN 2005 LEGISLATIVE SESSION *This is a summary of the bills impacting nursing regulation that passed in the recently completed legislative session...*

departments

- 4** Executive Director Message
- 5** President's Message
- 5** Board Meeting Schedule
- 8** Featured Hospital: *University of Nebraska at Lincoln*
- 11** I Remember When...
- 12** Registry Action
- 16** FAQ's for Nurse Aides
- 16** FAQ's about Mandatory Reporting
- 18** Disciplinary Actions
- 24** For More Information
- 26** FAQ's about Continued Competency Requirements for License Renewal
- 28** Nebraska Nursing History
- 30** Nursing Employment Opportunities

on the COVER

Nurses with Omaha Rapid Response Team
Clockwise from lower left: Deb Laughlin, RN; Kris Donlan, RN; Leslie Hogberg, RN; and Norma Jean Hackett, RN.



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Executive Director's Message



Last issue's feature article on the youngest and oldest practicing nurses in Nebraska stirred a little debate. Nobody contacted us to challenge being younger than Eric Lawyer, but a couple of nurses contacted us believing they are older than Gladys Dickson. We did some checking. In both cases the nurse who contacted us had graduated from a nursing program before Dickson did, but neither of them were older than Dickson. The intent of the article was to identify the oldest and the youngest nurses in terms of chronological age. Our licensure database contains date of birth. It does not contain work history so we have no way of knowing who has practiced nursing the longest. Thank you to those of you who challenged our information. You keep us on our toes and also get us to thinking about topics for future articles.

This was a very active year for legislation impacting nursing. The Center for Nursing was given an additional five years to address the nursing shortage in Nebraska. Their activities will now be funded from the Credentialing cash fund. No increase in nursing licensure fees will be needed for us to be able to fund the Center's activities. A loan fund to support graduate level nursing education for nurses who agree to teach in nursing education programs was also established. The legislature did add a one-dollar additional fee to nursing license renewal fees to provide start-up funds for this loan program. This is a one-time fee. Each nurse who renews his/her license in 2006 or 2007 will be required to pay an additional dollar. The shortage of nursing faculty is one of the primary deterrents to increasing enrollment in Nebraska's nursing education programs. Many of the faculty members are nearing retirement age and there are not enough nurses educated at the graduate level to replace them when they retire or to enable the schools to increase their number of faculty. It is hoped that this loan program will stimulate interest in graduate education to become a faculty member.

Another important bill created an "umbrella" structure for all advanced practice nursing in Nebraska and provides for the licensure of Clinical Nurse Specialists. According to this legislation all advanced practice nurses will be licensed as APRNs (Advanced Practice Registered Nurses). This includes nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists. A new board composed of advanced practice nurses, physicians and public members will be established to provide oversight of these professions.

Other changes with the potential to impact nursing regulation are also underway. The Nebraska Credentialing Reform (NCR) Task Force has been working for a number of years to streamline and coordinate the way health related professions are regulated. Current activities are revolving around the rewrite of the Uniform Licensing Law (ULL). The intended purpose of ULL is to set forth regulatory provisions that are the same for all professions. Over the years changes to the ULL have resulted in duplication, disorganization, and conflicting provisions in the law. Provisions that are specific to a particular profession have also crept into the Act resulting in it no longer being uniform. With the changes being proposed all health care related professions would be included in ULL. The name of the law would be changed to Uniform Credentialing Act (UCA). In addition to the much-needed clean up of the Act, some substantive changes are also being suggested. Currently nursing is only under ULL for disciplinary provisions, so some of the changes being proposed are already in place for nursing. Changes that would impact nursing include: 1) Lapsed license status would be replaced with expired status; 2) Licensees would only receive one notice of renewal. Second notices would be eliminated; 3) Only one hearing before the department would be held on applications for reinstatement. The hearing before the board would be eliminated, but the board would advise the department on reinstatement requests; 4) An additional public member would be added to the board; and 5) Disruptive behavior and compulsive or problem gambling that interferes with or affects practice would become grounds for discipline of a license.

Public forums and hearings will be held on the proposed changes before they are introduced as legislation. Watch for announcement of these opportunities for you to express your opinions.

Charlene Kelly

Charlene Kelly

President's Message

In April, I promised to describe some opportunities, experiences, and challenges encountered while serving on the board. This month's focus is on some of the incredible opportunities associated with board membership. One opportunity is involvement with other nurses at the national level. State boards of nursing are members of the National Council of State Boards of Nursing (NCSBN). Nebraska is well represented by board and staff members at NCSBN mid-year and annual meetings.

I have been afforded the opportunity to attend each annual meeting--known as the "Delegate Assembly" meeting--since being appointed to the board. Annual meetings take place in August in different geographical locations such as Long Beach, California in 2002, Washington, DC in 2003, Kansas City in 2004, and again in Washington, DC this summer. I also have attended two mid-year meetings for the past two years, both in Chicago.

During the first annual meeting, I learned that membership in NCSBN consists of the boards of nursing in the 50 states, the District of Columbia, and five United States territories--American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands. Networking opportunities at NCSBN annual meetings are unbelievable. During the first few meetings, I felt like a wide-eyed novice in the presence of nursing leaders who have made great contributions to the nursing profession. One such national leader, Laura Poe, M.S., R.N., from the Utah Division of Occupational and Professional Licensing, is the driving force behind the Mutual Recognition Model of nurse licensure and Nurse Licensure Compact legislation. I saw her from a distance at the first Delegate Assembly meeting, and was privileged to engage in a small group discussion with her when we happened to be assigned to the same table at the mid-year meeting this past March.

In addition to mid-year and annual meetings, Nebraska is well represented on NCSBN Committees. Charlene Kelly chairs the Resolutions Committee and is a member of the Bylaws Committee, Sheila Exstrom is a member of the Examination Committee, Karen Bowen serves on the Practice Breakdown Committee and I serve on the Practice, Regulation and Education (PR&E) Committee. Our past board president, Charles Meyer, served on the Finance Committee until his board term expired this past December. Appointment to a NCSBN committee is a wonderful honor and great learning experience.

Participation at the national level has opened my eyes to how fortunate we are in Nebraska to have such a cooperative, collegial relationship between board staff, board members, investigators and attorneys from the state Attorney General's office. I also appreciate the positive working relationships between the Board of Nursing, the Nebraska Nurses Association and other nursing and health care leadership groups in the state. Many boards have strained relationships with these entities, which impede their work. I am fortunate to live in a state in which nursing and other health care groups strive to work together for the common good of our clients.



Marcy Echternacht

Nebraska Board of Nursing 2005 Meeting Schedule

Meetings of the Nebraska Board of Nursing convene at 9:00 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 can obtain an agenda by calling (402)471-4376.

All meetings will be held at Staybridge Suites in Lincoln unless otherwise noted.*

Day/Date	Time	Meetings	Location
Wednesday, August 10	1:00 p.m.	Board of Nursing	Staybridge Conference Center
Thursday, August 11	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, September 8	9:00 a.m.	Board of Nursing	Lied Conference Center, Nebraska City
Thursday, October 20	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, November 10	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, December 8	9:00 a.m.	Board of Nursing	TBA

*Staybridge Suites by Holiday Inn, 2701 Fletcher Avenue, (27 Street & Fletcher Avenue), Interstate-80, Exit 403, Lincoln, Nebraska 68504, (402) 438-7829/(800) 238-8000, <http://www.sbs-lincoln.com/>

*Arbor Day Farm Lied Conference Center, 2700 Sylvan Road, Nebraska City, Nebraska
(402) 873-8733/(800) 546-5433



Department of Regulation and Licensure Seeks Applications for Board of Nursing

Four openings on the Board of Nursing will be filled through appointment by the Board of Health at their November 2005 meeting. The deadline for applications is August 1, 2005.

There are two educator positions open on the board – one LPN educator and one Associate Degree or Diploma educator. The terms of Iris Winkelhake, LPN Educator, and Marcy Echternacht, Associate Degree Educator, will expire. Echternacht is eligible for reappointment. Requirements for the educator positions on the board are: RN currently licensed in Nebraska, master's degree in nursing, five years of experience in administration, teaching, or consultation in nursing education and currently employed in the field represented.

There is one LPN position open on the board. Judy Balka, LPN, has resigned her position on the board due to relocation out of the state. Requirements for the LPN position on the board are: LPN currently licensed in Nebraska, graduate of a state-approved practical nursing program, has been actively engaged in practical nursing for at least five years and be currently employed in the provision of patient care services as an LPN in this state. Due to the current configuration on the board, this appointment must be a person employed in long-term care.

There is one RN staff nurse position open on the board. Laura Stanek, RN, has resigned her position on the board due to relocation out of the state. Requirements for the RN staff nurse position on the board are: RN currently licensed in Nebraska, a minimum of five years' experience in nursing and currently employed as a staff nurse in the provision of patient care services. Due to the current configuration on the board, this

appointment must be a person employed in long-term care.

Application forms are available online at

<http://www.hhs.state.ne.us/crl/crlindex.htm>
(click on board vacancies) or by calling (402) 471-2115.

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LPNs Encouraged to Renew Licenses Online

All Nebraska LPN licenses expire October 31, 2005. Renewal notices will be mailed by August 1. If you have moved in the last two years and have not notified us of your address change, you need to do so right away. You can change your address by calling (402) 471-4376.

LPNs will notice significant changes in renewal notice format and renewal procedures from previous years. Online renewal will be available and we encourage all LPNs to take advantage of the online option. To encourage online renewal and to save "trees" and printing costs, we will not be mailing renewal packets. Instead each LPN will receive a notice of license expiration and directions for online renewal. The notice will also include the options to download paper renewal forms from the Internet or to request a paper renewal packet. Watch for your notice in the mail around the first of August.

During last year's RN licenses renewal period 74% of the RNs renewed online. We are issuing a challenge to LPNs to try to exceed the percentage of online license renewals achieved by RNs. Renew online and encourage your LPN coworkers, friends and relatives to do the same.

Advantages of renewing online

- Faster – it only takes a few minutes and you will receive a confirmation when you finish so you will know your renewal was received. In most instances, we can mail your new license to you the day after you renew. Your renewed

license information will be available on our Web site the day after you renew.

- Convenient – you can complete your renewal 24 hours a day, seven days a week at any location with Internet access.
- No lost payments – you use a credit card to renew at no additional charge for this convenience.
- No postage required – your renewal notice won't be returned to you because you forgot to put a stamp on it.
- Saves Credentialing Division staff time – your renewal will be processed electronically. No more waiting for your application to reach the top of the heap.
- Won't get lost in the mail – the confirmation you receive will allow your renewal application to be traced should any problems arise.

Employers are encouraged to consider making a computer with Internet access available for their employees to use at the work site for the purpose of license renewal. This will accommodate early license renewal by employees and result in fewer last minute renewal problems.

Remember that renewals done online or postmarked after October 31 will be assessed a \$25 late fee in addition to \$77 renewal fee. Any nurse practicing on an expired license must also pay an administrative penalty fee of \$10 per day. Don't delay! Renew as soon as you receive the notice to avoid late fees, penalties and delays in receiving your renewed license.

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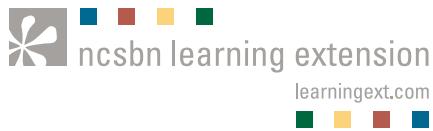
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I Remember when . . .

Stories pass from lips to ears, changing as each teller forgets things, or deliberately leaves them out, and replaces them with their own inventions. Stories are learned image by image, rather than word by word, and are retold from the heart in gatherings with friends or in public performance. Pat Moritz Nielsen, LPN from McCook, put her story in writing and now we share it with you.

I remember I always wanted to be a nurse. The story goes that in the second grade I must have done something unlady-like because the teacher said, "Don't you want to act like a lady?" and my reply was, "No, I want to be a nurse."

When I got into high school, I worked at the old Lutheran Hospital across the street from where I lived in Norfolk, Nebraska. I was a nurse's aide, making 85 cents an hour. My paychecks were about \$100. Of course, I just worked vacations, summers, and every weekend.

Going into LPN school wasn't just an option, it was a deep desire! I was admitted to the third class of the LPN program in Norfolk. The school was located in the basement of what was then the old Junior High School, just a half block from Norfolk Junior College.

I started my nursing career working on the obstetric floor of Our Lady of Lourdes

Hospital (now Faith Regional East) in Norfolk. My first job was working in the nursery. It was usually a happy floor but also unpredictable with labor and delivery. I remember how much I learned about obstetrics and how nervous I was when one of my former instructors was in labor.

It was the custom to stand and fold our hands together if a doctor entered the nurse's station to chart. We were to stand and offer him our chair! We wore our nursing pins proudly, along with our nurse's caps. Due to my height of 6'2", I would usually knock my cap off on the orthopedic equipment, or it would slide off and land in a bedpan. My nurse's cap never looked quite the same after that! We wore white dresses that covered our knees, white hose, and polished nurse's shoes. I always hated to polish my shoes. Pant suits weren't "in" yet.

As students we had to write two pages of care plans about patients we didn't know and carry recipe boxes of medication cards and know all of them before we could pass medications.

I have had a colorful career having worked in hospitals, home health, in a surgeon's office, a retirement home, travel nursing and presently in a nursing home. I have sat with many patients in their last few hours here on earth, gotten close to families and attended more funerals of patients than I can count. The hardest funeral I attended was of a student nurse ahead of me in school. We were friends. She had cancer. Beth was always upbeat. "How are you?" I'd say. "I'm up a quart, 8.6" was her reply. The funeral was the largest I'd seen at age 22. People aren't supposed to die this young. There were about 30 nurses all wearing white uniforms, I cried.

I remember paying \$2.00 to renew my LPN license in 1970. We all renewed by mail. I remember that going to lunch meant finally getting to tell the charge nurse all the details she wanted to know . . . the Gomco output, color, and consistency; color and amount of urine output. While it was the facts of life, we were all eating and not even noticing that it might be gross to somebody else. It just never seems to bother nurses.



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Now, having been in nursing for 34 years, I still have a slight spring in my step, although I walk a little slower and my knees are stiff. Sometimes my feet swell after a long shift on the floor. I've seen it all, laughed and cried. I know not to take any applesauce as there might be a crushed medication in it, and to be careful drinking any juices as there might be Milk of Magnesia or Metamucil added. Nursing is the only profession I know and the one I hold most dear to my heart. I plan to work as long as I can. I hope someone will hold my hand and tell me my hair looks lovely today. I hope my nurse will sit a spell and be interested in my tales of yesteryear. In a changing profession it has been quite a journey. I became a nurse because I love people, and caring for them has become my goal. I'm a better nurse for the people I have met along the way. The memories I have, I will cherish for a lifetime.

Registry Action on Nurse Aides and Medication Aides

From 02/01/05 to 05/31/05, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Bankole-Farrow,	48102	Moral Character	09/10/04
Buckius, Shena	53607	Moral Character	04/25/05
Hernadndez, Rhonda	53102	Moral Character	03/21/05
Rima, Karla	46064	Moral Character	05/06/05
Slocum, Linda	50069	Competency Violation	04/19/05
Waters, Prudence	49779	Moral Character	04/08/05
White, Rebecca	48524	Moral Character	04/07/05

From 02/01/05 to 05/31/05, 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
Blodgett, Sarah	57949	Finding of Abuse	02/25/05
Cooper, Linda	27093	Finding of Conviction	05/12/05
Deyo, Ann	25852	Finding of Neglect	03/14/05
Evans, Carla	32238	Finding of Conviction	04/20/05
Gilman, Travis	493 ICR-MR only	Finding of Conviction	05/03/05
Hinman, Deanna	61999	Finding of Conviction	03/04/05
May, Cheryl	64093	Finding of Conviction	05/03/05
Mills, Tara	36042	Finding of Conviction	02/26/05
Pickering, Cara	57401	Finding of Neglect	05/09/05
Piontkowski, Randal	33521	Finding of Abuse	03/21/05
Rima, Karla	16540	Finding of Conviction	05/06/05
Tyler, Tashauna	45755	Finding of Conviction	02/28/05
Waters, Prudence	16738	Finding of Conviction	04/08/05

ad

CHANGES TO REGULATIONS GOVERNING THE APPROVAL OF NURSING PROGRAMS IN NEBRASKA

TITLE 172, CHAPTER 97

The Regulations Governing the Approval of Nursing Programs in Nebraska have been revised. The proposed changes originated from the Education Committee of the Nebraska Board of Nursing, include input from the Nebraska Assembly of Nursing Deans and Directors, include input from a public hearing, have been approved by the Board of Nursing, the Board of Health, the Attorney General's office and are now awaiting the last step of the process, a signature from the Governor.

The major changes include:

- Requiring a graduate degree in nursing for all faculty teaching in a PN program
- Requiring that adjunct faculty meet the educational qualifications of faculty
- Limiting the amount of clinical experience that can be obtained through observation to no more than 20% per course
- Requiring that at least 75% of faculty be full-time
- Defining a faculty to student ratio in the clinical area to one to ten with a preference of one to eight
- Lessening the required clinical experience to be an instructor from 3 to 1 year
- Requiring a Master's prepared instructor for Community Health for all Baccalaureate programs
- Requiring that all clinical instructors meet the same academic and clinical experience as other faculty
- Requiring an orientation plan for new faculty
- Including the Institute of Medicine's suggested educational content for health care providers as a curriculum requirement to include;
 1. Using informatics to communicate, manage knowledge, mitigate errors and support decision making
 2. Employing evidence-based practice to integrate best research with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care
 3. Providing client-centered, culturally competent care by
 - a. Respecting client differences, values, preferences and expressed needs;
 - b. Involving clients in decision-making and care management
 - c. Coordinating and managing contin-

- uous client care
- d. Promoting healthy lifestyles for clients and populations
- 4. Working in interdisciplinary teams to cooperate, collaborate, communicate and integrate client care and health promotion;
- 5. Participating in quality improvement

processes to measure client outcomes, identify hazards and errors, and develop changes in processes of client care.

- Adding "student retention and attrition" as a criteria in determining frequency of site visits

Other minor, editorial, explanatory and clarifying changes were also made.

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When Disaster Strikes, Nebraska's Nurses Respond

by Joyce Davis Bunger

The emergency room nurse has always intrigued me. Those special nurses thrive on the adrenaline rush that accompanies disaster and urgency. However, at the end of the shift, they return to their families and the comforts of their home.

This article is about another kind of nurse that thrives on disaster and urgency—disaster relief volunteers who just happen to be nurses. These women leave the security of their homes and jobs to provide disaster relief in areas hit by tornados, terrorists, hurricanes and earthquakes. At the end of the day, they return to makeshift housing to grab a few hours of sleep (and a cold shower, if they are lucky) before returning to the site.

Here is a story about four women who were motivated by a simple plea in their church bulletin to join a disaster relief team. The Omaha Rapid Response Team was looking for volunteers. Coincidentally, these four just happened to be nurses, too. Kristin Donlan is a patient safety nurse at the Nebraska Medical Center; Norma Jean Hackett is a nurse at Methodist; Deb Laughlin works in critical care at Alegent Lakeside, and Leslie Hogberg is affiliated with the Visiting Nurses Association.

At the time of this interview, Hackett and Donlan were preparing to leave for Iraq. Laughlin had hoped to go, but she was unable to get coverage at work.

They have traveled as far as war torn Iraq and the areas struck by the tsunami, and they have stayed close to home. Hogberg worked closely with the townspeople of Hallam, Nebraska, after the May 2004 tornado. She also volunteered her time to the victims of Hurricanes Isabel, Charlie and Jean in Florida in the fall of 2004.

"You didn't have to be a nurse to volunteer—but it was probably my 'nursing instinct' that drew me," said Hogberg, "It is a nurse's nature to respond to disaster and to be able to quickly assess a situation and provide help."

When they go they abroad they usually have about two weeks notice. The "point team" leaves immediately. The "point team" is usually comprised of volunteers that are retired or not working full time jobs and can leave quickly with little notice. Others with full-time jobs and young families follow about two weeks later, allowing them the time to make arrangements at home. Those working usually

**NURSES WITH OMAHA RAPID RESPONSE TEAM
CLOCKWISE FROM LOWER LEFT: DEB LAUGHLIN,RN;
KRIS DONLAN, RN; LESLIE HOGBERG, RN; AND
NORMA JEAN HACKETT,RN.**



Above: Kris Donlan, RN (L) and Deb Laughlin, RN (R) and Iraqi physician staff medical clinic in Baghdad.

take "paid time off" or vacation time. These nurses said their employers have been wonderful. Their tour of duty usually ranges from 10 days to three weeks. They pay their own expenses and airfare, yet often these expenses are underwritten or money is donated.

Hogberg is one of the trainers for the Omaha Rapid Response Team. In October 2000, she completed extensive Community Emergency Response Training to enable her to train others in the community.

"Many people don't consider volunteering because they don't think they will know what to do," Hogberg said. After training, volunteers are confident (yet still uncertain until they actually get there and see their surroundings) in their abilities to do a "search and rescue" and provide first aid. They also receive training on how to provide emotional, psychological and spiritual support to the victims.

While working at tornado stricken Hallam, Nebraska, Hogberg worked with a young married couple that had lost everything. Through her emergency training and her nursing education, she realized that the couple was experiencing extreme and detrimental signs of stress. She sat down with them and talked about coping skills. Months later, they emailed her and thanked her for "holding their marriage together" and helping them work together to rebuild their

home and their family.

"Our faith is very important to us," said Laughlin. "We were drawn to disaster to help others and be a service to mankind." Hackett remarked that knowing you can show God's love regardless of religion, nationality and color is the most rewarding aspect.

Being a nurse helps—knowing how to communicate helps even more. Donlan worked in medical clinics in Iraq. She had taken medications with her and helped dispense them free of



Ceb Laughlin, RN (L) and Kris Donlan, RN (R) sort donated medicine and supplies in Iraq.

"Laughlin had been away from nursing quite awhile. After caring for the people in Iraq, she realized her heart was in nursing and joined Alegent Lakeside as a critical care nurse."



Norma Jean Hackett, RN (L) and Kris Donlan, RN (R) care for patient in Iraq.

They were so grateful for the supplies donated by Omaha physicians, clinics and hospitals. She said Iraqi doctors, due to their culture, do not touch their patients. Diagnosis is made based on what they can "see," not "hands on" like American doctors. As result, they often don't diagnose accurately. Nebraska Medical Center supplied Kristin with supplies and medications for the victims.

Each woman has her own memories. Hackett recalled the devastation in Sri Lanka when she traveled there last winter. The tsunami was the first natural disaster in the history of Sri Lanka.

"It must have been awful knowing that somebody had to pick up all of the bodies before we arrived. The people not only lost loved ones and their homes, but many of them work from their homes (sewing, carpentry, shoemaking) so they lost their businesses and equipment as well. The government has decreed that nobody can rebuild within 300 feet of the ocean. There is a

charge to the people who needed them. There were no American MDs on her team—so they worked with Iraqi doctors. They all spoke English so there wasn't a language barrier. She related an experience when their team met up with a Korean relief team. The Koreans didn't have a physician on their team so they also worked with the Iraqi doctors. The Iraqi doctors examined Iraqi women and wrote prescriptions in English. But the Korean "pharmacists" did not speak or read English so we had to have the prescriptions translated so they could dispense the medications.

Laughlin recalled the Iraqi physicians working under such incredibly poor conditions. Yet the physicians worked tirelessly for less than a \$200 monthly wage. IVs were hung on nails on the wall. Cots were scattered around the room



Norma Jean Hackett, RN (R) in Sri Lanka following the tsunami.

FAQ's for Nurse Aides

Q

Is it a requirement for nurse aides to have 12 hours of in-service training every year to maintain an active status on the nurse aide registry?

A

No, in-service training is not a requirement for maintaining an active status on the nurse aide registry. A nurse aide must have provided nursing or nursing-related services for monetary compensation or have completed a competency evaluation within the previous 24 months in order to remain active on the nurse aide registry. Nurse aides can also lose their active status if they have a substantiated finding of abuse, neglect or misappropriation of resident property that occurred in a Medicare/Medicaid certified nursing home, or they have been convicted of a crime of moral turpitude that is rationally related to the practice of a nurse aide.

In-service training is a licensure and/or certification requirement for facilities. Facilities are to provide in-service training and to ensure their employees attend this training. If a facility is not providing and ensuring attendance at in-service training, the facility could be issued a citation with resulting remedial or disciplinary action. If a nurse aide is not employed by a licensed facility or has a gap in employment as a nurse aide, they would not have to have in-service training during that time.

highway that runs along the ocean. Many people had their homes on the strip of land between the highway and ocean. They cannot rebuild there. Sri Lanka is a crowded country so land is not available close to where they lived. This forces many of the people to relocate before they can rebuild."

Wherever they served, it is the children they remember. In Sri Lanka, the children, even though they were Buddhist, would bow their heads and make the sign of the cross to indicate their parents had died in the tsunami. Hackett recalled delivering armloads of Beanie Babies to orphanages. They also recalled, with sadness and regret, the many children badly injured or so sick that they could not help them. Seeing the children's smiles "made it all worthwhile," according to Donlan.

All four of these remarkable women share a strong belief in God and are dedicated to serving mankind. The fact they are

nurses makes them all the more valuable as members of disaster relief teams. When each of them was asked what advice they would have for others considering volunteering, they echoed "Just go for it...there is nothing like it!"

Leslie Hogberg, RN does drive-up assessments in Creswell, North Carolina following Hurricane Isabel.



FAQ's about Mandatory Reporting

Q

What constitutes a misdemeanor?

A

Many violations of criminal and traffic laws are classified as misdemeanors. Examples of violations many people do not realize could be classified as misdemeanors are:

1. Dog Running at Large
2. Driving Under Suspension or Revocation
3. Issue Bad or Insufficient Fund Check
4. No Valid Registration

This is not an all-inclusive list. If you have questions regarding the classification of a violation, contact the court in the county where the violation occurred.

One requirement of mandatory reporting is the requirement of each licensee to self-report any misdemeanor or felony conviction within 30 days of the conviction.

Licensees who fail to self-report in compliance with the regulations, including convictions, or who fail to report within the mandatory thirty days, are subject to disciplinary or non-disciplinary action on their license.

A summary of the mandatory reporting requirements can be found on our Web site at www.hhs.state.ne.us/crl/SMRRequire.pdf



Norma Jean Hackett, RN (third from left) checks supplies for relief effort in Sri Lanka following the tsunami.

For one of the volunteers, the experience of serving on a disaster relief team had a positive effect on the nursing shortage in Nebraska. Laughlin had been away from nursing quite awhile. After caring for the people in Iraq, she realized her heart was in nursing and joined Alegent Lakeside as a critical care nurse.

For more information about disaster relief teams in Omaha, contact the Metro Omaha CERT at JRcert@cox.net. Or, Rapid Response is rapidresponseomaha@hotmail.com. Rapid Response Omaha is a 501(3) (c) organization. The American Red Cross and Homeland Security also have information on joining a volunteer effort. All types of volunteers, not just health care professionals are needed.

Joyce Davis Bunger is an Assistant Dean for Community Relations at Creighton University in Omaha, Nebraska and a consumer member on the Nebraska Board of Nursing.

Nebraska Center for Nursing Moves Forward

The Nebraska Center for Nursing has been given ongoing "life" with the passage of LB 243. This bill extended the Center for Nursing through 2010. The Center had been funded with general funds since its inception in 2000. The Center's activities will now be funded through nursing licensure fees. The 2004 increase in renewal fees for nursing will be sufficient to provide funding to support the operation of the Center. The new law states, "The Board of Nursing will recommend annually to the Director of Regulations and Licensure the percentage of all nursing fees collected during the year that are to be used to cover the cost of the Nebraska Center for Nursing, except that the percentage shall not be greater than fifteen percent of the biennial revenue derived from the fees."

Several original Board members' terms expired in June. The Board said farewell to Diana Stevens, Maxine Guy, Lois Sietsema and Chuck Stepanek.

The Center for Nursing Board will be reviewing and revising their strategic plan when they meet August 18, 2005. Priorities for the board include: 1) the development of models for ongoing analysis of the projected supply, demand and shortages of registered nurses and licensed practical nurses in Nebraska; 2) exploration of the feasibility of developing a program to recognize Nurse Friendly Facilities in Nebraska; 3) exploration of leadership development opportunities and recognition for outstanding Nebraska nurses; 4) funding of the Nursing Faculty Loan Program; and 5) ongoing support for recruitment and retention of nurses.

The Center conducted a media-campaign during Nurses' Week in May. A press release on the nursing shortage was issued, staff and board members provided interviews on the nursing shortage for several television and radio programs and a 60-second radio announcement was produced and aired during the week.

Representatives from the board attended a national recruitment and retention conference in Las Vegas, Nevada, and the annual meeting of centers for nursing

from across the country in Portland, Oregon. Dr. Gloria Gross, Nebraska Center for Nursing Chairperson, gave a presentation on Nebraska's recruitment and retention activities at the Portland conference. Attendees returned with several fresh and creative strategies being implemented in other states. They will be sharing these strategies with appropriate groups and encouraging implementation of these ideas.



Dr. Gloria Gross speaks to conference participants.

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Licensure Actions

The following is a list of licensure actions taken between March 1, 2005 and April 30, 2005. Additional information on any of these actions is available by calling (402) 471-4923.

Licensee	Date of Action	Action	Violation
Heather Kilpatrick RN	03/03/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing for which individual is licensed; Failure to maintain an accurate patient record
Lisa Pivonka RN	03/10/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Kathleen Boos RN	03/13/05	Non-Disciplinary Assurance of Compliance	Violation of the Uniform Controlled Substances Act
Orin Yung RN	03/14/05	Non-Disciplinary Assurance of Compliance	Violation of the Uniform Controlled Substances Act-Storing patient prescribed controlled substances in his home
Adrienne Baumfalk LPN	03/15/05	Censure, Civil Penalty	Unprofessional Conduct-Falsification of patient records Failure to file a report with the Department within thirty days of loss of employment due to unprofessional conduct in compliance with mandatory reporting requirements.
Laura Fuller LPN	03/15/05	Censure	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice; Committing any act which endangers patient safety or welfare; Failure to maintain an accurate patient record.
Felicia Horton LPN	03/15/05	Censure, Civil Penalty	Practice of the profession beyond authorized scope by calling in own refill prescriptions without physician authorization
Christina Ledbetter LPN	03/15/05	Suspension, Probation	Habitual dependence upon a controlled substance; Violation of the Uniform Controlled Substances Act-Misappropriating medications and ingesting controlled substance without prescription authorization.
Heather Rutan LPN	03/15/05	Probation	Habitual dependence upon a controlled substance; Practice of the profession while ability to practice impaired by controlled substances
Rebecca Case RN	03/15/05	Censure, Civil Penalty	Licensure Probation Violation- Violation of the terms and conditions of an Order previously imposing probation by failure to report for random body fluid screening
Marilyn Anderson RN	03/15/05	Application for Reinstatement Denied	
Phyllis Glarborg LPN	03/15/05	Privilege to Practice in NE under Nurse License Compact Voluntary Surrender in Lieu of Discipline	
Catherine Sanders LPN	03/15/05	Voluntary Surrender in Lieu of Discipline	
Edward Reising RN	03/17/05	30 day Suspension	Disciplinary action taken in another State; Failure to file a report within thirty days of disciplinary action in another state in accordance with the Mandatory Reporting Law
Robert Holmes LPN	03/21/05	License reinstated on probation	Disciplinary action taken in another state
Joelyn Eilers RN	03/24/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Paula Joiner RN	03/24/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing for which individual is licensed
Larry Troshynski CRNA, RN	03/24/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Laurel Williams RN	03/24/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Justin Peters RN	03/25/05	Censure	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice; Failure to exercise technical competence; Failure to seek consultation, collaboration or direction; Misappropriation of medication

Licensee	Date of Action	Action	Violation
Sherri Gothier RN	03/25/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Teri Sundstrom LPN	03/25/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Douglas Sessions RN	03/28/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Brenda Sessions LPN	03/28/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Jeane Arnette RN	03/29/05	Application for Reinstatement Denied	
Tina Behrends LPN	03/31/05	Non-Disciplinary Assurance of Compliance	Failure to file a report with the Department within thirty days of loss of employment due to alleged unprofessional conduct
Byron Anderson CRNA, RN	04/06/05	Censure, Civil Penalty, Limitation	Unprofessional Conduct-Failure to utilize appropriate judgement; Failure to exercise technical competence; Failure to seek consultation, collaboration or direction from another licensed health care provider
Tabitha Snow LPN	04/06/05	Revocation, Licensure Probation Violation	Violation of the terms and conditions of an Order previously imposing probation
Carol Tajouri RN	04/06/05	Censure, Civil Penalty	Fraud, forgery misrepresentation of material facts in procuring a license; Failure to file a report with the Department within thirty days of a misdemeanor conviction in compliance with mandatory reporting requirements
Jennifer Gurciullo RN	04/06/05	Retroactive Suspension, Probation	Violation of the Uniform Controlled Substances Act-Obtaining controlled substances by fraud
Dianna Collier LPN	04/06/05	Privilege to Practice in NE under Nurse License Compact Revoked	Disciplinary action taken in another State
Wakenda Duyck RN	04/08/05	Reinstatement on Probation	Previous violations of terms and conditions of a disciplinary Order
Michelle Dobrovolny RN	04/08/05	Voluntary Surrender in Lieu of Discipline	
Catherine Dougherty-Rutz LPN	04/13/05	Reinstatement on Probation	Violation of the Uniformed Controlled Substances Act
Karla Bashara RN	04/15/05	Revocation, Licensure Probation Violation	Violation of the terms and conditions of an Order previously imposing probation
Jami Marcano RN	04/15/05	Revocation	Unprofessional Conduct-Failure to maintain adequate records of treatment; Practice of the profession while ability was impaired; Failure to file a report with the Department within thirty days of loss of employment due to unprofessional conduct and misdemeanor conviction in compliance with mandatory reporting requirements; Dishonorable Conduct-Consumption of alcoholic beverage while on duty; Violation of the Uniform Controlled Substances Act-Possession and use of marijuana
Teri Boyer RN	04/16/05	Suspension	Unprofessional Conduct-Falsification of patient records; Misappropriation of medication; Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances when not authorized to do so
Joy Welk RN	04/16/05	Suspension	Habitual dependence upon a controlled substance; Violation of the Uniform Controlled Substances Act-Altered a prescription for a controlled substance prior to presenting it to a pharmacy to be filled
Elizabeth Sobotka LPN	04/21/05	Initial License Issued on Probation	Multiple misdemeanor convictions
Margaret Adams RN	04/28/05	Censure; Civil Penalty	Unprofessional Conduct-Intentional falsification of material facts in a material document connected with the practice of nursing.
Victoria Lillie RN	04/28/05	Privilege to Practice in NE under Nurse License Compact Revoked	Disciplinary action taken in another State
Kathleen Strothkamp LPN	04/28/05	Voluntary Surrender in Lieu of Discipline	
Debbie Lance RN	04/29/05	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice

Diploma Nursing Education

Hospital based Diploma Nursing

Education is the nursing education that has been around the longest, has experienced the most changes over the years and has been and will always be the beginning foundation of nursing education/training in the United States.

It is usually acknowledged that the beginning was the three training schools that were founded in New Haven, New York and Boston in 1873, modeled after the Florence Nightingale School in London. The three quickly grew into 15 and then 35 and within 30 years into over 2000. The programs varied in length from 1 to 3 years. The programs were primarily “on-the-job” training and mixed regimented living with work. Part of the curriculum was to develop proper character traits and habits and the students were the nursing service for the hospital. The hospital awarded the pins and diplomas at the conclusion of the training period. Many of the texts were physician authored and many of the lectures were given by physicians.

In the late 1800s, some national standards were developed. These standards, initiated by Isabel Hampton, included the adoption of a three-year course of study broken into academic terms, a specific curriculum plan, regular clinical rotations, library suggestions, physical facility requirements and periodic examinations. This organizing activity led eventually to the formation of the National League of Nursing Education. By 1926 there were 2,155 training schools in the US who had adopted the three-year program length. At that time, much of the instruction was given by supervisory nursing staff from the hospital. Over the years the NLNE continued to develop curriculum and other requirements which served as accreditation standards.

During World War II the Cadet Nurse Corps (CNC) was established and most hospital training schools signed on to be a part of the Corps. To do so, they were required to have separate accounting systems, to have specific faculty numbers and qualifications, to have adequate clinical facilities and to only admit high school graduates. When the CNC ended these requirements were maintained as accreditation standards.

In the 1950's baccalaureate nursing education became more common and associate degree programs were being piloted so diploma programs were beginning to become fewer in

number. After the 1965 position paper by the American Nurses Association stating that nursing education belonged in institutions of higher learning, even more diploma nursing programs closed or transitioned into either baccalaureate or associate degree programs.

In Nebraska, the diploma nursing programs followed much the same paths as was occurring nationally. The first diploma program was Bishop Clarkson Memorial Hospital School of Nursing, which was opened in 1888. It was reported to be the 35th school of nursing to be opened in the United States. Methodist Hospital in Omaha followed in 1891 and then many other hospital (both general and specialized) nursing programs came into being.

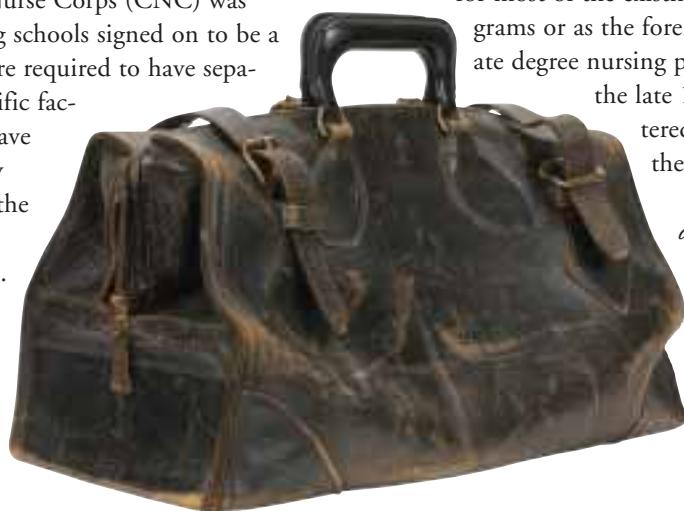
The Nebraska diploma nursing programs have served either as the foundation for most of the existing baccalaureate nursing programs or as the forerunner of some of the associate degree nursing programs.

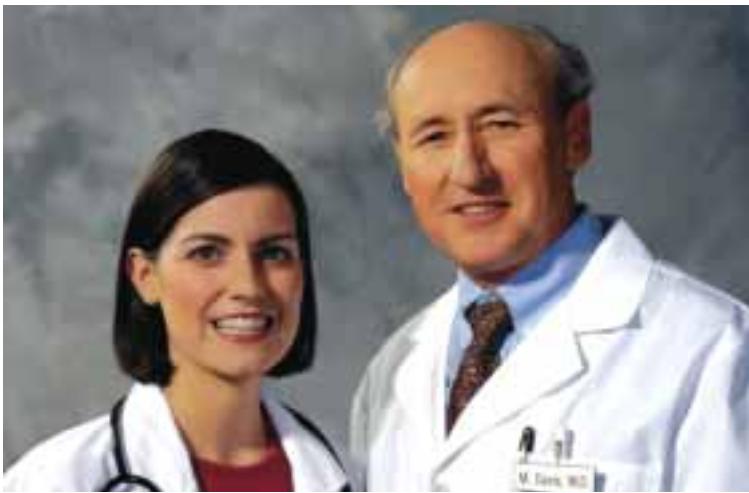
Over the years there have been 53 diploma programs in Nebraska that have opened and closed. The largest number of programs being active at the same time was 40 in the decade of 1910 –1920. There has been a steady decrease each decade since that time, until now there is only one remaining diploma program in Nebraska. That program is at the Bryan/LGH College of Health Sciences (previously the Bryan Memorial Hospital School of Nursing) in Lincoln. The College will graduate the last class from the diploma program in 2007.

As I mentioned at the forefront of the article, the Nebraska diploma nursing programs have served either as the foundation

for most of the existing baccalaureate nursing programs or as the forerunner of some of the associate degree nursing programs. From 1888 until the late 1940's, it was the only registered nurse nursing education in the state.

**Note: Some of the national data, particularly dates, were obtained from the textbook Curriculum Development and Evaluation in Nursing by Sarah B. Keating.*





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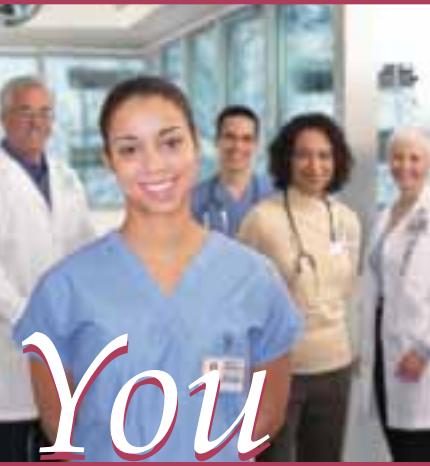
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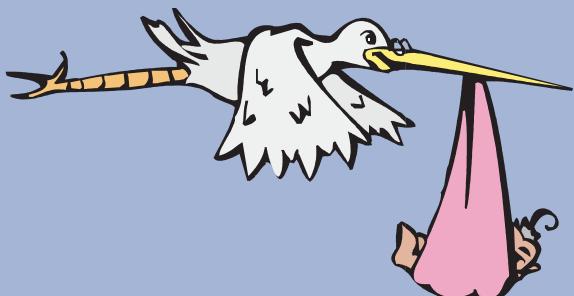
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Several Bills Impacting Nursing Regulation Pass in 2005 Legislative Session

This is a summary of the bills impacting nursing regulation that passed in the recently completed legislative session. For the complete text of any of this legislation go to www.unicam.state.ne.us.

Bill Number	Brief Description
LB 146	Creates a loan program for individuals enrolled in a masters or doctoral accredited nursing program who intend to engage in nursing instruction in an approved public or private nursing program in Nebraska. An additional fee of one dollar will be added to nursing licensure renewal fees in 2006 and 2007 to provide start-up funding for the loan program. The department will be seeking grants and/or donations to further support the loan program.
LB 243	Provides for the continuation of the Center for Nursing for an additional 5 years. Activities of the Center for Nursing will be paid from the Credentialing cash fund. No increase in nursing licensing fees will be needed to fund the Center's activities.
LB 306	Requires an applicant for an initial license that permits prescribing controlled substances to be subject to criminal background checks. Eliminates requirement for licensees to report insurance settlements provided the insurance company reports the settlement.
LB 256	Creates an "umbrella" licensure for advanced practice nurses including Nurse Practitioners, Nurse Anesthetists, Nurse Midwives and Clinical Nurse Specialists. Creates a statutory scope of practice for Clinical Nurse Specialists. Creates an Advanced Practice Registered Nurse Board with representation from each of the specialties as well as physicians and consumers. Implementation date is 2007.
LB 534	Amends the Nebraska Mental Health Commitment Act to include a licensed advanced practice registered nurse (APRN) who has a current certification in a psychiatric or mental health specialty in the definition of a Mental Health Professional.

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Watch for more details (topic, speaker and registration information) in future issues

Nebraska Licensee Assistance Program (NE LAP) <http://www.lapne.org/>

Available research indicates about one in six health care professionals in the state of Nebraska experience substance abuse or addiction problems.¹

Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to health care professionals. At the heart of the NE LAP program is help for eligible individuals with substance abuse and addiction problems. In addition to providing an opportunity for individuals seeking confidential evaluation and assessment, NE LAP offers educational programs that may be customized to differing audiences. Following is a partial list of presentation topics and their potential audiences: Introduction to the Licensee Assistance Program and Other Peer Assistance Programs (targeted to employers, human resource specialists, students, and supervisors); Chemical Dependency and the Health Care Professional (targeted for students, health care professionals and administrators); and Intervention for the Chemically Dependent Health Care Professional (targeted for administrators and supervisors).

Whether desiring to arrange for an individual contact or making arrangements for an educational program, NE LAP may be reached at (402) 354-8055 or (800) 851-2336. Judi Leibrock MHR, LPC, CADAC, licensee assistance coordinator, may be reached by e-mail at: jleibro@bestcareeap.org.

¹ May 6, 2004 NE LAP Chemical Dependency and the Health Care Professional Workshop

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Charlene Kelly, R.N., Ph.D.
Section Administrator
(402) 471-0317
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Kathy Anderson
(402) 471-2666
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Licensure Based on Endorsement

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stephanie.kasten@hhss.ne.gov

Reinstatement of Licensure Staff

Kathy Anderson
(402) 471-2666 / kathy.anderson@hhss.ne.gov

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Scope of Practice and Practice Standards

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Nursing Program Surveys

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Ruth Schuldt, R.N., B.S.
(402) 471-0313
ruth.schuldt@hhss.ne.gov

Complaint Filing Investigations Division

Investigations Division
(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N., Program Manager
(402) 471-4969
nancy.holmgren@hhss.ne.gov

Name and/or Address Change

(Please provide your name and social security number)

Ty Baskin
(402) 471-4910
tyrone.baskin@hhss.ne.gov

Medication Aide Registry and Applications

Ty Baskin
(402) 471-4910
tyrone.baskin@hhss.ne.gov

Medication Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hhss.ne.gov

Nurse Aide

Nurse Aide Role and Practice Standards

Nancy Holmgren, R.N., B.S.N.
Nancy.holmgren@hhss.ne.gov

Nurse Aide Registry

Wanda Wiese
(402) 471-0537
wanda.wiese@hhss.ne.gov

Name and/or Address Change

(Please provide your name and social security number)
Wanda Wiese at (402) 471-0537
wanda.wiese@hhss.ne.gov

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

Nancy Stava
(402) 471-4971
e-mail: nancy.stava@hhss.ne.gov

Nurse Aide Testing

Kathy Eberly
(402) 471-4364
kathy.eberly@hhss.ne.gov

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FAQ's about Continued Competency Requirements for License Renewal



At time of license renewal, nurses must meet continued competency requirements including a practice component. With this in mind, and with the upcoming LPN renewals, the following are some frequently asked questions:

Q I'm working in Medical Records as a medical transcriptionist. Can I use those hours as my LPN practice hours?

A No. For renewal purposes, the required hours must be nursing practice hours, not hours worked in non-nursing roles such as medical transcription, pharmacy technician or recreation coordinator.

Q I'm working as an LPN in a dental office. Can I use those hours as my LPN practice hours?

A Yes, if you are practicing nursing. An LPN must work under the direction of a licensed practitioner or a registered nurse. A licensed practitioner means a person lawfully authorized to prescribe medications or treatments, so a dentist would meet this definition, as would a chiropractor, a podiatrist, a physician, a physician assistant, etc.

Q Our church has a Parish Nurse Program that is organized and supervised by one of the Registered Nurses in our congregation. When I volunteer as a Parish Nurse, can I use those hours for license renewal?

A Yes. Volunteer nursing hours can be used as practice hours. You must remember to maintain documentation of the hours worked.

Q My husband had a stroke and to avoid having him go to a nursing home, I quit my job and now just stay at home and care for him including the nursing care needs that he requires. Can I use those hours as practice hours for license renewal?

A No. Nursing care rendered to family members is exempted as nursing practice.

20 Years Ago in Nursing News

June 1985 The Board announced plans to review the statement "Guide to the Role, The Scope of Practice, and Utilization of the Licensed Practical Nurse in the State of Nebraska." The Nursing Practice Committee was seeking names of persons interested in serving on the task force to do this review.

Planning was underway for Nebraska's impaired nurse project. The third draft was reviewed and accepted by the Board. The major components of the project were: education, intervention, identification of the problem treatment and rehabilitation, agreement development, monitoring recovery and development of treatment support groups.

The continuing education rules were revised to require persons using enrollment in an approved nursing program for continuing education to "check a box" instead of submitted proof of course completion. Graduates from a nursing program were deemed to have met the renewal requirements for five years, rather than four years.

Work was underway to implement the nurse practitioner role. Thirteen nurses had been certified to practice. A Nebraska Nurse Practitioner Interest Group was organized. Mary Neumann was the contact person for this newly organized group.

The procedure for the Board's issuance of a practice opinion was outlined.

15,741 RNs and 5,820 LPNs were currently licensed in Nebraska.



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A Moment in Nebraska Nursing History

by Charlene Kelly, Ph.D., R.N.

For this installment in my series of Nebraska nursing history articles, I referred back to the 1988 University of Nebraska doctoral dissertation by Wendell Oderkirk entitled Organize or Perish: The Transformation of Nebraska Nursing Education, 1888-1941.

In May, 1916 the Board published the Course of Study and Rules. The standards specified that hospitals with training schools have twenty beds and a daily average of ten patients. In June of 1916, the Board held a special session for training school superintendents at the annual October meeting of the State Nurses Association, apparently the first formal meeting between the Board and training school superintendents.

The 1916 Course of Study and Rules caused small hospitals to apply for accreditation. North Platte General Hospital

applied but was refused because three of its nurses only had an eighth grade education. Beatrice Sanitarium was "reminded" that it had students below the age and educational requirements of the law. The Mennonite Hospital school was accredited but needed to provide "more theoretical work." Hebron's Blue Valley Hospital training school was asked to supply more information about the number and kind of cases admitted to the hospital. Douglas County Hospital was asked to hire a graduate nurse to assist the superintendent.

On May 11, 1917, the Attorney General made it very emphatic that the Examining Board had no right to say who should or should not take the examination. His decision was that pupils from non-accredited hospitals must be accepted for examination. Eleven days later the North Platte and Blue Valley hospitals were fully accredited.

The Attorney General's opinion did not completely stop the Board of Nursing's work, however. The Board decided it could not open a registration reciprocity agreement with Louisiana since the Nebraska law "cannot come up to the requirements of that [the Louisiana] Board." The Board decided high school credits in "Sacred History, Advanced Spelling, and a Special Course in Penmanship" could be accepted as high school equivalency courses. When a male graduate from Dr. Bailey's failed one subject on the May, 1917, state examination, the Board granted him a registration certificate anyway since he was drafted into the U.S. Army. The Board decided "that no more Sisters be taken for examination from St. Joseph's or St. Elizabeth's, Indiana, unless fully qualified according to our regulations, including obstetrics." It is unclear from the Board minutes if

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the "St. Joseph's" referred to was Omaha's Creighton St. Joseph's Hospital, although it most likely was. Through the 1930's, school inspectors found many unregistered nursing Sisters working in Nebraska's hospitals, most trained at the Franciscan's mother hospital, St. Elizabeth's, in Lafayette, Indiana. In most cases the Sisters had recently transferred to Nebraska. Creighton St. Joseph's, Omaha, was "conditionally accredited" on January 18, 1918. Religious sister nurses were specifically excluded from the provisions of the 1909 registration act so long as they did not nurse for hire. The Board, however, desired that all nurses working with students in training schools be registered in Nebraska.

American involvement in World War I led the Board to discuss lowering the age requirement for training school admission, on account of "the shortage of nurses," but it decided not to lower the admission age from 19 to 18 because eighteen-year-olds "would do more harm to the profession than good to the Red Cross or the people." The Board instead agreed to allow schools to admit students at eighteen and one-half years.

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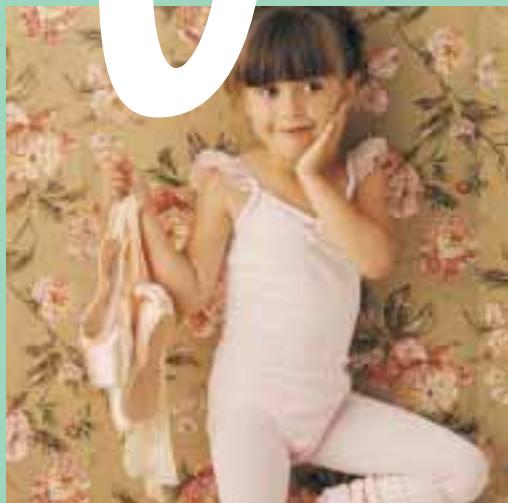


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