

Nebraska Nursing NEWS

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From Nurse to State
Senator: Caring for the
Citizens of Nebraska

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2005 Nebraska State Board of Nursing

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on the
COVER

Senators Jeanne Combs and Marian Price, both nurses have 8 years of combined experience in the Nebraska legislature.



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Executive Director's Message



The Board of Nursing has been asked by the Board of Health to re-evaluate the statutory requirements for membership on the Board of Nursing. The Board of Health is responsible for appointments to all of the professional boards. It is the Board of Health's opinion that the criteria for the make-up of the Board of Nursing is so prescriptive that it creates a barrier to appointing the best qualified applicants for membership on the board. The Board of Health prides itself on appointing members from across that state to all boards and relying on the boards to tell them what type of expertise is needed in new board members.

The Board of Nursing is currently composed of twelve members – four from each of Nebraska's three congressional districts. The Nurse Practice Act stipulates that eight of the twelve members must be RNs, two must be LPNs and two must be consumers. Of the eight RNs three must be educators – one from each level of nursing education leading to licensure: baccalaureate, diploma/associate degree and practical. Two of the eight RNs are nursing administrators, two are staff nurses and one is an advanced practice nurse. The staff nurse RNs, administrator RNs and LPNs must be equally representative of acute care, long-term care and community-based care.

The law also stipulates educational and experiential requirements for some of the positions on the board. The practical nursing educator is required to have a baccalaureate degree in nursing or a related field of study and a minimum of three years' experience in administration, teaching, or consultation in practical nurse education. The associate degree or diploma educator and the baccalaureate educator must have a master's degree in nursing and a minimum of five years' experience in administration, teaching or consultation in nursing education. The staff nurses, administrators and LPNs are required to have five years of experience in those roles. All nurse members are required to be currently licensed and currently employed in the role that they are appointed to represent. The consumers must be residents of the state, be of voting age and not have been involved in providing health care services in this state for at least three years prior to his or her appointment.

All of these requirements were placed in the statute to assure that the board will possess the expertise to make sound decisions. Nebraska's population is nearly evenly split between the large metropolitan areas and the smaller more rural communities. These areas pose different challenges for nursing workforce, practice and education issues. The statutory purposes of the Board of Nursing include providing for the health, safety, and welfare of the citizens and regulating the field of nursing in the interest of consumer protection in the state. Since the population of the state is evenly distributed between the three congressional districts the framers of the statute believed that the board should also be evenly representative of the population. The writers of the statute also attempted to insure an appropriate level of education and experience for board members. When the statutes were revised in 1995 the requirement for representation from acute care, long-term care and community-based care was added. The board is asked to issue opinions and make decisions about practice issues from a variety of practice settings so having experience in those settings seemed appropriate.

The four-year appointments to the board are staggered so that one position from each congressional district comes open each year. Some years there are incumbents in the position(s) that are eligible for reappointment for a second term.

Perhaps it is time to ask ourselves, "Have we gone too far?" Are the current requirements over-restrictive or do they serve a vital purpose? These are some of the questions that the Board of Nursing will be addressing over the next few months. Do you have an opinion? Should the current requirements be maintained or should the Board of Health be given freer reign to appoint the most qualified applicants regardless of place of residence, role, etc.? If you have an opinion, we'd like to hear from you. You can contact me at (402) 471-0317 or at charlene.kelly@hhss.ne.gov. Or you can contact any current board member or staff person.

Charlene Kelly

Charlene Kelly

FAREWELLS AND NEW BEGINNINGS: Board Member Terms End and New Terms Begin



Sandra Perkins and Charles Meyer

Three Board of Nursing members' terms ended on December 1, 2004. Charles Meyer, RN from Lincoln and Sandra Perkins, LPN from Hay Springs had served two terms and were not eligible for reappointment. The Board bid Charles and Sandra farewell at a dinner in their honor at the Green Gateau Restaurant on the evening of November 17th. They were each presented with a crystal plaque in appreciation for their years of service to the Board of Nursing.

Joyce Bunger, consumer member, has served one full term and has been reappointed for a second term. New appointments to the Board include Valerie Fredericksen, RN from Kearney and Deanna Lloyd, LPN from Lincoln. Both new members attended the New Board Member Orientation held on December 2nd. The Board welcomes their new members, appreciates their willingness to serve in this public protection capacity and hopes their membership will be a rewarding professional experience.

2005 NEBRASKA BOARD OF NURSING

Judy Balka, LPN	Lincoln	Deanna Lloyd, LPN	Roca
Joyce Davis Bunger, Consumer Member	Omaha	Sandra Mann, Consumer Member	Burwell
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Marcy Echternacht, RN	Omaha	Jacqueline Ross, RN	Omaha
Valerie Fredericksen, RN	Kearney	Laura Stanek, RN	Burwell/Lincoln
Nancy Gondringer, RN, CRNA	Lincoln	Iris Winkelhake, RN	Lincoln

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
Thursday, February 10	8:30 a.m.	Board of Nursing <i>(Disciplinary Case Review Meeting – Most of meeting in closed session)</i>	Staybridge Conference Center
Thursday, March 10	9:00 a.m.	Board of Nursing	Fremont Area Medical Center
Thursday, April 14	8:30 a.m.	Board of Nursing <i>(Disciplinary Case Review Meeting – Most of meeting in closed session)</i>	Staybridge Conference Center
Thursday, May 12	9:00 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, June 9	9:00 a.m.	Board of Nursing <i>(Disciplinary Case Review Meeting – Most of meeting in closed session)</i>	Staybridge Conference Center
Thursday, July 14	9:00 a.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/>

*Fremont Area Medical Center, 450 East 23rd St, Fremont, NE 68025, (402) 721-1610.

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

Chemical Dependency in Nursing

The Credentialing Division of the Nebraska Department of Health and Human Services Regulation and Licensure in conjunction with the Nebraska Licensee Assistance Program has a Resource Guide available for the purpose of providing information about the disease of chemical dependency and healthcare professionals. You can obtain a copy of the resource guide, Chemical Dependency and Health Care Professionals online at <http://www.hhs.state.ne.us/crl/chemguide.pdf> or by contacting our office at 402-471-4376.

The Department currently monitors 41 Registered Nurses and 24 Licensed Practical Nurses due to violations of the Uniform Controlled Substances Act and the Uniform Licensing Law related to chemical abuse/dependency. The terms and length of probation vary dependant on the reason for the disciplinary action. Typically the nurse will be placed on probation for a period of 5 years with conditions that include, random body fluid screen testing, submitting verification from the treating practitioner of all medications prescribed for them, complying with all recommendations of the chemical dependency treatment provider, attendance at 12-step support group meetings, direct or indirect Registered Nurse supervision, limitation on access to controlled substances, employer reports and limitation of not working in home health care or temporary staffing.

A nurse in recovery who successfully completed the terms of her licensure probation shares the following story.

It took me a long time to accept that I have a progressive lifelong disease. My disease cannot be measured by lab tests or diagnosed with x-rays. The signs of my disease are emotional pain, hopelessness and behaviors that are not explainable. The disease that I have is alcohol addiction.

I won't go into years of detail, but at age forty I entered my last (I hope) treatment center. I had finally given up fighting and thinking there was nothing wrong with what I had been doing. It was the turning point in my life.

I graduated from LPN school in 1978 and began working in the medical/surgical unit in a hospital. I then moved into family practice where I remained for 15 years. I had always been around alcohol and drank, but somewhere I crossed the line and it wasn't fun anymore. It was a necessity to

get me through the day, every day. I had no choice. Drinking at any time of the day, anywhere, lying, hiding bottles, lying to the people I love.

I was encouraged into a treatment center by my family and friends. Even with the best of intentions, I could not quit. Struggling to hide my drinking, I accepted some methamphetamine (crank) from a co-worker. Meth took all my alcohol cravings away. At first, I was given energy and thought I could do anything. This quickly ruined

my life. Being a nurse, it never crossed my mind that I was addicted, but this is the disease. The disease tells you that there is nothing wrong with you. My employer of 15 years avoided and overlooked a lot through the years. The best thing they ever did was fire me. Before that, I always thought that I wasn't that bad or I wouldn't have been able to work as a nurse. Also, part of alcoholism can be that the people around you don't want to see or believe that there is a problem.

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Following a divorce, bankruptcy, emotional turmoil and the loss of my job after 15 years, I went to live at St. Monica's, a women's halfway house for the second time. But this time, I had hit "bottom" and wanted to change my life. I became willing and honest. I took five months off of work and focused on my recovery and getting better.

My counselors did not want me to go back to nursing (which they had previously recommended). They felt that my chances of relapse were too high. But part of rebuilding my life was returning to nursing and being a better nurse in sobriety.

I had five months of sobriety when I started looking for a job. Most employers won't take a chance hiring someone after just five months of sobriety, but I was given an opportunity by an office manager and two physicians in a sub-specialty office. I will always be grateful to those three people.

At the same time the Board of Nursing came to me. It had not even dawned on me that "they" cared about what I did with my life. Now I believe that health care professionals should be held at high standards both personally and professionally. The board did an investigation into my life and years of alcohol and drug abuse. My nursing license was put on probation for five years. The first year was hard and full of shame. It felt like punishment for a while.

I was subject to as many as four random urine screens a month. Although expensive, it was proof that I was clean. I was assigned a color and called

every day to see if it (my color) would come up. My color changed throughout my probationary period and my color became part of my life. I incorporated my color into my other life events. In other words, what some people consider negative, I used in a positive and interesting way.

I had a compliance monitor who I had to report to. She was always respectful. But I think she knew I was always honest. I still occasionally communicate with her and know her phone number by heart.

"Because of my sobriety, people believe in me and trust me as a nurse."

The board recommended that I attend meetings three times a week in a 12-step program. This was easy. I stayed in aftercare for over a year and attended four to five meetings a week. I had to have a paper signed for the entire five years that my license was on probation, but I was determined to stay sober.

Basically, when you are on nursing probation, you must report everything that you do to the board. My employer had to file reports quarterly on me. I had to file monthly reports of any medication – even over the counter – and of course, no alcohol or drugs. At first I thought, "I can never do this for five years," but it went very fast. The board

requirements weren't anything that I wasn't already doing, but they just required documentation.

After I was off probation, I went before the board to thank them. I have formed some differing opinions on monitoring health care professionals. I believe that with strict, long-term monitoring, a health care professional can achieve long-term sobriety. It is hard to change something if you sincerely do it for five years.

Alcoholics Anonymous has been the key to my continuous sobriety. I follow a few simple suggestions. I still go to the same meetings that I did in the beginning, including a support group for health care professionals in recovery. I have a sponsor that knows me well. My life is full of family and friends. I have people that understand and support my recovery.

I have been off probation for over a year. It was scary at first, but I didn't want to make it a big deal or feel that I wasn't staying sober for the right reasons. I don't take my sobriety for granted. I know I only have my sobriety for today.

In July, I had the opportunity to change jobs. Being off probation, I was able to go into a new nursing career with a lot of freedom. Those same people that took a chance on me years ago asked me to join them in their new business. Because of my sobriety, people believe in me and trust me as a nurse.

I am honored to write my story for the nursing magazine. In AA, it's called sharing your experience, strength and hope.



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The Nebraska Medical Center's New Center For Clinical Excellence Building Brings Extraordinary Efficiencies to the Hospital

The Nebraska Medical Center's skyline is changing once more as the new Center For Clinical Excellence (CCE) building nears completion slated for early fall. The 165,000 square foot addition will be located between Clarkson Tower and University Tower and will house the hospital's Emergency Department, Radiology Interventional and CT/MRI Department, Neonatal Intensive Care Unit (NICU) and 20 surgery operating rooms.

Joining medical services that are presently found across the campus will lead to greater operating efficiencies and advances in clinical care and patient services. The new \$56.5 million center will enhance the delivery of care, plus provide an attractive garden terrace for patients and families to enjoy.

Setting new Standards in Emergency Services

Consolidating the hospital's emergency care will provide an optimal continuum of care for emergency patients. The ER will be much larger than before and more patient friendly. There will be separate fast-track exam rooms from the critical care and trauma areas.

According to Suzanne Watson, R.N., and manager of Emergency Service, the pediatric rooms and waiting rooms will be much more kid-friendly and esthetically pleasing. When it comes to working in a trauma center, this department will set new standards and provide the emergency nurse with state of the art facilities. An enhanced communication system will enable referring physicians to communicate more readily with caregivers.



Minimally Invasive Operating Room

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Technologically Advanced Surgical Suites

The new building will provide 20 large, state-of-the-art surgical units which will be located on the second floor. Perioperative Services will experience several phases as it moves through new construction and renovation time frames over the next few months.

According to Shelley Schwedhelm, R.N., and director of Perioperative Services, a new service team concept will be implemented to provide surgeons and patients with a team of highly skilled nurses and surgical technologists to support their needs based upon patient care processes, equipment and technology requirements. The surgical suites of the future will be fitted for all minimally invasive applications in a computerized, ergonomic environment.

New NICU Provides Family Support

The new NICU will comfortably accommodate the most critical patients and their families in 32 patient rooms equipped with the latest technology. It will expand from its current 5,600 square feet to 20,000 square feet. Included in the patient suites are two isolation rooms, two twin rooms and two ECMO rooms.



“Joining medical services that are presently found across the campus will lead to greater operating efficiencies and advances in clinical care and patient services.”

“We are doing all we can to support the family as a unit and to create a warm environment for healing support and hope in which infants thrive and parents take an active role in the baby’s care,” says Susan Adams, R.N., and director of Women’s & Infants Services.

New Radiology Department Upgrades Technology

The Radiology Department will be housed on parts of the first and second floor. “This is truly a center of excellence from a medical imaging perspective,” says John Loveridge, director of Radiology. Upon completion of the facility, the new center will include the very best in 3.0T and 1.5T MRI technology, 64-slice CT imaging technology, 3D rotational angiography, as well as digital radiography.

“All this new technology will be connected and interfaced to our existing picture archive and communication system (PAC), allowing for the quickest, most efficient disbursement of medical imaging information possible,” Loveridge says.

New Building Result of Clinical Staff Input

The CCE building is one of the most complex projects imaginable and some said it couldn’t be done. Linking two existing buildings together is difficult and making the

most use of the space is a daunting task. “It just amazes me the amount of professionalism and the thought process that clinicians have provided in the planning of this building,” says John Lehning, director of Facilities and Management Planning. “We can’t wait until it’s finished to see how wonderful it will be for patients, their families and our clinicians.”

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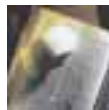
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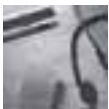
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Disciplinary Actions



Nurse Practice Acts



Documentation



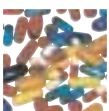
Professional Accountability & Legal Liability



Ethics of Nursing Practice



Sharpening Critical Thinking Skills



Medication Errors

New Continuing Competency Requirements Implemented

On July 21, 2004, the revision to Title 172 Chapter 101 Regulations Governing the Practice of Nursing went into effect. The major changes to the regulations related to continued competency for license renewal are listed below. You can access the new regulations online at <http://www.hhs.state.ne.us/crl/nursing/rn-lpn/rules.htm> or <http://www.hhs.state.ne.us/crl/nursing/rn-lpn/rules.htm>.



- There is no longer a limit on the number of contact hours that can be obtained via home study or the Internet.
- The limitation on life support courses now only pertains to CPR and BLS. Other life support courses (ACLS, PALS, NALS, etc.) can be used for the full number of contact hours allotted for the course.
- If you maintain a current certification in a nursing specialty granted by a nationally recognized certifying organization, that certification will satisfy the continuing competency requirements for license renewal.
- If you developed and maintain a portfolio that includes your current continuing competency goals and evidence/verification of professional activities to meet those goals, the portfolio will satisfy the continuing competency requirements for license renewal.
- Additional courses that are now acceptable for license renewal courses include alternative therapies, foreign language courses and sign language courses.



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Great Plains Regional Medical Center, a 116-bed hospital located in North Platte, NE invites you to apply for the opportunity to become a member of a dynamic team of qualified employees as a Medical Oncology Nurse Practitioner.

Responsibilities: *The Medical Oncology Nurse Practitioner is responsible for providing medical care to patients seeking services at Great Plains Regional Medical Center Callahan Cancer Clinic including, but not limited to evaluation, diagnosis, and treatment. The Medical Oncology Nurse Practitioner formulates findings into a working diagnosis and treatment recommendations and communicates regularly with treatment teams on treatment planning and clinical observations. The Medical Oncology Nurse Practitioner remains responsible for the patient throughout the course of treatment, provides physical exam, the diagnosis and the health care plan, determines when the patient has recovered and releases the patient. The Medical Oncology Nurse Practitioner also submits an integrated practice agreement with a collaborating physician with a current member(s) of the active or provisional active medical staff whom have an appropriate level of clinical privileges in the pertinent clinical area.*

Qualifications: *This job requires a current Nebraska license to practice as a Registered Nurse and as an Advance Practice Registered Nurse with a minimum of one year experience in clinical practice. Experience in medical oncology as a nurse practitioner and a minimum of 6 years of oncology nursing experience is preferred for this position.*

GREAT PLAINS REGIONAL MEDICAL CENTER (GPRMC) is an acute care facility that offers competitive salaries, tuition reimbursement and an excellent benefit package. Interview assistance and relocation allowance available. GPRMC is centrally located between Denver, CO and Omaha, NE; North Platte offers a unique blend of rural and urban living with a pleasant climate, abundant outdoor recreation and community activities to provide a family-oriented lifestyle. Enjoy a low cost of living while maintaining a high quality lifestyle. For immediate consideration in joining our team please send your resume to:

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Registry Action on Nurse Aides and Medication Aides

From 08/01/04 to 10/31/04, 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
Bankole-Farrow, Mobolanle	48102	Moral Character	09/10/04
Condreay, Mandy	47776	Moral Character	09/22/04
Darwin, Brian	50349	Competency Violation	09/17/04
Ebert (Rhoades), Jessie	48510	Moral Character	09/21/04
Edwards, Christina	49203	Competency Violation	10/20/04
Hubers, Shelley	759	Competency Violation	10/20/04
Mann, LaVerne	48898	Moral Character	09/17/04
Marshall, Cynthia	12861	Moral Character	10/18/04
Nealeigh, Kristin	44397	Moral Character	09/22/04

From 08/01/04 to 10/31/04, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Bonnett, Jamie	64699	Finding of Conviction	09/17/04
Combs, Candy	14905	Finding of Neglect	10/19/04
Dunagan, Matthew	64754	Finding of Conviction	10/18/04
Durham, Melinda	54281	Finding of Neglect	10/21/04
Elznic, Jessica	25617	Finding of Conviction	09/13/04
Henderson, Darnell	49925	Finding of Conviction	10/20/04
Ivy, Juanetta	57986	Finding of Conviction	10/20/04
Johnson, Etta	5373	Finding of Conviction	09/24/04
Johnson, Linda	5775	Finding of Conviction	09/28/04
Lopez, Laura	47414	Finding of Conviction	09/26/04
Marshall, Cynthia	12861	Finding of Conviction	10/26/04
Murphy, Kathleen	63957	Finding of Conviction	09/13/04
Simpson, Kay	22060	Finding of Conviction	10/08/04
Stombaugh, Angela	64212	Finding of Conviction	10/18/04
Taylor, Christy	15124	Finding of Abuse	09/01/04

STATE BOARD OF HEALTH

The State Board of Health is a 17-member board appointed by the Governor. By statute, the members are from 13 specific professions, including two nurses: Linda Lazure, PhD, RN, from Omaha, and Pam List, APRN, from Beemer. Dr. Lazure was just re-elected to another term as Vice Chair of the Board. All Board of Health members are global representatives for all Nebraskans: those who are health care professionals, or are treated by one; those who work, reside, or are treated in a health care facility; and those who just travel through or live in our state. They also look out for animals and the environment in which we live. Jim Schiefen, an osteopathic surgeon from Imperial, is the Chair of the Board. He practices out of hospitals in Grant, Benkelman, Imperial, and Holyoke, CO.

The entire Board of Health meets a minimum of 6 times per year – 5 meetings in Lincoln and one elsewhere. In recent years the Board has met in Broken Bow, McCook, Columbus, Scottsbluff, and Omaha, and in September 2005 they will meet in North Platte. Committees meet in the mornings, and the public meeting is held in the afternoons. Access agendas, minutes and the membership roster at: <http://www.hhs.state.ne.us/reg/bdhealth.htm> or link to it from the Credentialing Division web page.

There are four standing committees:

Rules and Regulations. The Board of Health supports the work of the professional boards and HHS staff regarding regulations and statutory changes. A lot of work has gone into the development process before the regulations get to the Board of Health, and the Board really functions as a “last check” performed by the entire health community. Any HHS regulations affecting the various nursing professions must be approved by the Board of Health prior to going to the Attorney General’s office for review.

Credentialing Review. Formerly known as 407, this committee works with technical review committees addressing requests to changes in scopes of practice or with applicant groups seeking initial credentialing. The Board receives the Technical

Committee Report, then issues their own independent report of findings and conclusions to the director of Regulation and Licensure. **The director issues a report and all these – are sent to the Legislature for its consideration.**

Public Health, Education and Legislation. This is a diverse committee. This month Dr. Schiefen wrote an article

on melanoma for the Nebraska School Nurses Newsletter. Members held a legislative luncheon in January with senators from the HHS Legislative Committee in the Board’s ongoing efforts to partner with policymakers. They also formally recognized the efforts of Nebraska CARES – a statewide partnership dealing with cancer awareness.

continued on Page 24

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Mark Your CALENDAR

It's that time of year again—time to plan for the next annual Nursing Summit sponsored by the Nebraska Nursing Leadership Coalition.

This year's presenter is Donna Wright, RN, MS. Donna is from Minneapolis, Minnesota. Donna works as a staff nurse and as a nursing educator. She is a recognized national speaker and has presented programs at numerous national nursing meetings.

Donna does her presentations through Creative HealthCare Management. She has also developed a Video Series entitled "The Moments of Excellence".

Donna's dynamic approach to the delivery of care and focus on healthy relationships will have you once again energized about the joys and satisfactions of being a nurse.

No more hints—just come prepared to participate in an invigorating learning experience.

The date is March 8, 2005. The place is Kearney, Nebraska, and a registration form is included in this issue of Nursing News

see page 23 for registration info

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@bestcareep.org.

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

From Nurse to State Senator: Caring for the Citizens of Nebraska

by Joyce Bunger

A good state senator is a lot like a nurse. Both stop and listen before reacting. Both use critical thinking skills when making decisions. Both are good listeners. They are often quiet and thoughtful in order to study all aspects of a situation. They need to know what resources are available—and how to navigate the many stakeholders involved. And they must be advocates, showing compassion and empathy and truly want to help people.

The citizens of Nebraska are doubly blessed—two members of the Nebraska Legislature are nurses.

Raised in Paige, Nebraska, Senator Marian Price was the “barnyard vet,” taking care of all the animals. To her becoming a nurse was a natural career choice. (She really wanted to be an airline stewardess—but she was too tall—much to the relief of her parents!) She graduated from the Bryan School of Nursing in 1959. She worked four years as a general duty nurse at Lincoln’s Bryan Memorial Hospital. She left the profession to raise her family and to serve 14 years on the Lincoln Public School Board. Several years ago, Price went back to nursing school to re-instate her nursing license—she intended to become a hospice nurse.

Her life was on track. Then out of the blue she received a phone call asking her to run for the Legislature.

“It has been the greatest adventure I never planned to take,” said Senator Price.

Senator Jeanne Combs graduated from Miami of Ohio University in 1976. Since then she has mastered a broad spectrum of nursing positions. Her first job as a nurse was in acute care. A move to California found her transitioning to long-term care. While there, she was approached to become the director of nursing. That meant going back to school to learn the human resource business. Her life and her profession went through a dramatic change when she moved to the Appalachian Mountains of Kentucky. Her parents were living there and she wanted to be nearer to them. She worked as a home health nurse.

“I traveled high into the hollers—crossing swinging bridges, climbing rope ladders, visiting patients without heat and water,” Senator Combs reminisced.

Senator Combs met her future husband in Kentucky and together made the decision to move to his home state, Nebraska. She wanted to resume home health nursing, but there were no jobs available. What was available was a position as an occupational nurse at Farmland Industries. Once again, she changed gears and mastered yet another aspect of nursing. She remains at Farmland, working flexible hours so she can

devote the time necessary to the Legislature.

“Actually it was my husband that got approached first to run for the Legislature,” laughed Senator Combs. “But he quickly said, ‘Jeanne would be better!’ So I got some books on how to run a campaign, and I traveled all over my district talking with people—and I won!”

Both senators are pleased with their successes in the Legislature. Senator Combs’ priority bill passed her first year. Her bill required that state agencies evaluated their efforts and built their management objectives on outcomes, not just on numbers served. Senator Price navigated an animal rights bill through the Legislature. She wanted commercial animal breeders to be licensed and regulated. Nebraska was only one of five states that did not have regulation on “puppy mills.” She was shocked and saddened at the outcry from some that she cared more about animals than people.

The senators’ greatest frustrations have been in the process of making law. Neither was prepared for the heated and negative reactions from constituents when she did not support their opinions.

“I wanted them to see the whole picture...not just how it impacts them,” said Senator Price. “It is frustrating when I lis-



Senator Jeanne Combs

And they (a good senator and nurse) must be advocates, showing compassion and empathy and truly want to help people.

ten to them, yet they don't think they need to listen to my point of view."

Getting hung up on parliamentary procedure is what frustrates Senator Combs—who would like to see the process move much quicker.

Their agendas for 2005 are full. Both women are jockeying for key positions on legislative committees. Senator Price will continue her mission to secure funding to enable nurses to return to school and become masters prepared.

"Nursing schools in Nebraska need faculty members! We will never meet the nursing shortage unless we can find the faculty to prepare them," Price said.

Senator Price will concentrate on passage of her "Morbid Obesity Bill" (nicknamed "Common Sense Consumption Bill"). This bill ensures that overweight people cannot sue food companies and restaurants because they are overweight.

Both women are mothers—adding yet another dimension to their legislative agendas. Senator Combs has one daughter and Senator Price has four children. As women



Senator Marian Price

"Nursing schools in Nebraska need faculty members! We will never meet the nursing shortage unless we can find the faculty to prepare them." - Senator Price

they are dedicated to carrying bills that influence the health and well-being of women and their families.

What can nurses do to advance the legislative agenda?

Both senators encourage nurses to get more involved with their professional associations: the Nebraska Nurses Association and the Licensed Practical Nurses Association of Nebraska. They agree these are powerful organizations and, together, the nurses in Nebraska can make a difference.

Both women are anxious to work with three newly elected women senators to the Legislature, Deb Fischer of Valentine, Gwen Howard of Omaha and Abbie Cornett of Bellevue.

Senator Combs says, "Show up! Be there when the bills are discussed. Attend meetings and inform fellow nurses on why this issue is important."

Senator Price goes a step further.

"Become a State Senator! With term limits, there will

be only nine women senators in the Legislature. Women and nurses bring a unique perspective—and it is critical that Senator Combs and I find our replacements before we leave."

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.

What can nurses do to advance the legislative agenda?

...get more involved with their professional associations.

ONLINE RN RENEWAL A HUGE SUCCESS

The option to renew licenses online is available to RNs for the first time this year. The first week in August all RNs were sent a renewal notice. Instead of the traditional renewal packet, each RN received a postcard with directions for renewing online, downloading the form for mailing or requesting that a packet of information be mailed to him/her. Hundreds of postcards were returned to our office because the individual's address has changed, and in most cases the forwarding order had expired. If you did not receive a renewal notice you can renew your license online at www.mylicense.com. If your address is incorrect in our database you can correct it online. All you will need to renew is your license number, the last six digits of your social security number and a credit card (Visa or Mastercard). If you do not wish to renew online you can download a renewal form at <http://www.hhs.state.ne.us/crl/nursing/Rn-Lpn/rn-lpn.htm#Applications> or you can call or write our office and we will send you a form.

Telephone:(402) 471-4376

Address: Nursing, PO Box 94986,
Lincoln, NE 68509.

Through the first month of the renewal period over 5,000 RNs had renewed online. When you renew online your renewal is processed and mailed the next business day. Most RNs receive their renewed licenses in two to three days after renewing.

RN licenses expire October 31, 2004. If you haven't yet renewed your license you need to do so immediately. Please allow at least two weeks for processing mailed renewals. You can deliver your renewal application to our office in person, but your license will not be issued the same day. Your application will be placed with those waiting to be processed. The most efficient way to renew at this time and ensure that your application will be processed before the expiration date is to renew online.

Reminder: If your renewal application is submitted after the expiration date, you will be required to pay a \$25 late fee in addition to the \$77 renewal fee. If you continue to practice after the expiration date, you will be subject to an administrative penalty fee of \$10 per day up to a maximum of \$1,000.



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Licensure Actions

The following is a list of licensure actions taken between August 1, 2004 and October 30, 2004. Additional information on any of these actions is available by calling (402) 471-4923.

Licensee	Date of Action	Action	Violation
Rachel Bennett RN	8/11/04	Initial License Issued on Probation	Misdemeanor conviction having a rational connection with fitness to practice nursing.
John Furman RN	8/11/04	Initial License Issued on Probation	Misdemeanor conviction having a rational connection with fitness to practice nursing. Habitual intoxication or dependence on alcohol.
Beverly Bloyd LPN	8/13/04	Nondisciplinary Letter of Concern	Failure to maintain an accurate patient record and committing any act which endangers patient welfare and safety.
Courtney Parry LPN	8/13/04	Nondisciplinary Letter of Concern	Failure to inform employer in advance that she would not work an assigned shift.
Stormie Schumacher RN	8/16/04	Initial License Issued on Probation	Disciplinary action taken by another state
Robert Stanton RN	8/16/04	Initial License Issued on Probation	Misdemeanor conviction having a rational connection with fitness to practice nursing.
Jayna Conley LPN	8/19/04	Initial License Issued on Probation	Misdemeanor convictions having a rational connection with fitness to practice nursing. Habitual intoxication or dependence on alcohol.
Candance Dempsey LPN	8/31/04	Initial License Issued on Probation	Conviction of a felony that has a rational connection with fitness to practice nursing. Falsification of material facts on an application for nursing licensure.
Pamela Barker RN	9/22/04	Voluntary Surrender in Lieu of Discipline	
Cynthia Blankenhau RN	9/22/04	Voluntary Surrender in Lieu of Discipline	
Carol Deslauriers RN, CRNA	9/22/04	Censure Civil Penalty	Failure to report adverse medical malpractice settlement in accordance with mandatory reporting law.
Martha Ayala LPN	9/22/04	Censure	Practice of the profession of nursing without a current active license.
Jami Grabouski LPN	9/22/04	Suspension/Censure	Misdemeanor conviction having a rational connection with fitness to practice nursing. Dishonorable conduct
Lisa Hook LPN	9/22/04	Censure/Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Kari John LPN	9/22/04	Probation/Civil Penalty	Failure to report misdemeanor convictions and loss of employment due to unprofessional conduct in accordance with mandatory reporting law. Falsification or misrepresentation of material facts on licensure renewal application and when attempting to procure nursing employment. Alcohol dependence.
Sandra Nevitt LPN	9/22/04	Censure/Civil Penalty	Failure to report loss of employment due to unethical or unprofessional conduct in accordance with the mandatory reporting law.
Ardith Peterson LPN	9/22/04	Suspension	Unprofessional Conduct Failure to report employment suspension due to unprofessional conduct in accordance with the mandatory reporting law.
Alex Bullock RN	9/22/04	Revocation	Licensure Probation Violation-Violation of the Uniformed Controlled Substances Act by testing positive on two occasions for a controlled substance, denied ingestion of the controlled substance and could not provide a valid prescription for the drug.
Janice Haneborg RN	9/22/04	Censure/Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
MaryHupp RN	9/22/04	Censure/Civil Penalty	Licensure Limitation Violation-Violation of Limitation by working in an out-patient clinic setting
Deanna Kaup RN	9/22/04	Censure/Civil Penalty	Failure to utilize appropriate judgement. Failure to exercise technical competence, failure to seek collaboration or direction from another health care provider.

Licensee	Date of Action	Action	Violation
Siobhan Martinez RN	9/22/04	Censure Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Jane Sundell RN	9/22/04	Revocation	Licensure Probation Violation- Violation of the Uniformed Controlled Substances Act by testing positive for a controlled substance, denied ingestion of the controlled substance and could not provide a valid prescription for the drug. Failed to consistently comply with the requirement to report to the Department all controlled substance and prescription medications that had been prescribed for her.
Nancy Wray LPN	9/22/04	Permanent and Voluntary Surrender	
Sandra Kotlarz LPN	9/22/04	Voluntary Surrender in Lieu of Discipline	
Rhea Johnson LPN	9/22/04	Voluntary Surrender in Lieu of Discipline	
Benjamin Alderman RN	10/22/04	Revocation	Licensure Probation Violation-Failed to abstain from the consumption of alcohol. Failure to report for random body fluid screen testing as directed by the Department.
Karen Brown LPN	9/30/04	Nondisciplinary Letter of Concern	Committing any act which endangers patient safety or welfare-sleeping while on duty.
Robert TonackRN	9/30/04	Cease and Desist	Practice of the profession of nursing without a current active license or temporary permit.
Anne Hamill RN	10/8/04	Revocation	Licensure Probation Violation-Failed to abstain from the consumption of alcohol. Failed to submit verification of attendance at 12-step support group meetings.
Shannon Jenkins RN	10/14/04	Nondisciplinary Assurance of Compliance	Departure from or failure to conform to the standard of acceptable and prevailing practice of the profession.
Virginia Carter LPN	10/14/04	Nondisciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Stephanie Myrberg RN	10/14/04	Nondisciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Cynthia Marshall RN	10/18/04	Probation	Habitual intoxication or dependence. Violation of the Uniform Controlled Substances Act by knowingly or intentionally ingesting a controlled substance when not authorized to do so.
Arlene Hammond RN	10/18/04	Voluntary Surrender in Lieu of Discipline	
Judy Moeller RN	10/18/04	Suspension for 30 days followed by Probation	Practice of the profession beyond authorized scope. Failure to utilize appropriate judgement. Failure to exercise technical competence. Falsification of patient records.
Cynthia Roberts RN	10/18/04	Censure/Civil Penalty	Failure to report misdemeanor conviction in accordance with mandatory reporting law.
Jay Spilker RN	10/18/04	Suspension for 90 days. If meets requirements of suspension then license will be reinstated on Probation. Civil Penalty	Failure to utilize appropriate judgement in administering safe nursing practice. Failure to exercise technical competence. Failure to follow policies and procedures. Committing any act which endangers patient safety.
Rhonda Stander RN	10/18/04	Voluntary Surrender in Lieu of Discipline	
Brenda Nichols LPN	10/18/04	Voluntary Surrender in Lieu of Discipline	
Dorothy Andersen RN	10/19/04	Censure/Civil Penalty	Licensure Limitation Violation-Violation of the Uniform Controlled Substances Act by ingesting a controlled substance prescribed for a relative.
Lynette Kubik LPN	10/25/04	Voluntary Surrender in Lieu of Discipline	
Christine Williams LPN	10/27/04	Nondisciplinary Assurance of Compliance	Leaving patient care nursing assignment without giving proper notification or securing a replacement for the assigned area.
Carolyn Wolgamott RN	10/27/04	Nondisciplinary Assurance of Compliance	Practice of the profession beyond authorized scope
Tracy Pickens LPN	10/28/04	Nondisciplinary Assurance of Compliance	Failure to utilize appropriate judgement in administering safe nursing practice. Failure to report termination of employment due to unprofessional conduct in accordance with mandatory reporting law.
Lonnisha Sayles LPN	10/28/04	Nondisciplinary Assurance of Compliance	Failure to inform employer in advance that she would not work assigned shifts.
Jacqueline Engdahl RN	10/29/04	Nondisciplinary Assurance of Compliance	Failure to exercise technical competence by failing to follow proper procedure when wasting or destroying narcotic medications.

The Birth of Associate Degree Nursing

by Sheila Exstrom

This is third in a series of articles on the different types of nursing education programs.

A project aimed at developing nursing education programs in junior and community colleges was announced in January of 1952 by Louise McManus, director of the Division of Nursing Education at Teacher's College, Columbia University. The purpose of the experiment was to determine if a two-year program which would prepare bedside nurses for beginning general-duty positions was feasible. Such an approach would help reduce the critical shortage of nurses throughout the nation by producing more nurses faster and it would also help move nursing education into the overall system of American higher education.

At the time 90 percent of the nation's nursing schools were owned and operated by hospitals, were apprentice type and directed primarily at the immediate care of patients without regard for the community and academic experiences that the modern nurse should receive. Mildred Montag, assistant professor of nursing education at Teacher's College was appointed project coordinator.

Seven community/junior colleges were

selected for inclusion in the five year research project to develop and evaluate associate degree nursing education, representing different sections of the country, varying in size, having different sources of support and different curriculum patterns. General education courses were one third of the program and nursing courses were the other two thirds. The nursing courses were 75% clinical practice.

807 students were admitted to the program. They qualified for an associate degree and were eligible to sit for the licensing examination. The drop out rate was 20%, which is similar to other college education. In 1958, the five-year study indicated that a two-year curriculum could prepare a registered nurse and could become an integral part of a total college, financed as any other college program. By then 192 associate degree graduates had taken the state board licensing examination and 91.7% passed the first time as compared to a 90.5% passing rate for nursing programs of all types.

(*Note below).

In 1955 there were 16 schools and by 1964 there were 130 schools. The number of associate degree programs continues to increase. In the 2003 National League for Nursing Accrediting Commission, Inc. Directory of Accredited Nursing Programs there are over 600 accredited associate degree programs. In some instances, the programs replaced hospital based diploma programs. In some situations, baccalaureate nursing programs designed a curriculum so that after completion of the first two years, the student was awarded an associate degree and was eligible to sit for the RN licensing examination. In most cases the associate degree programs were totally new programs.

Nebraska has six associate degree nursing programs, one program is located in a private college and five are located in community colleges.

**Note: The historical information was obtained from various editions of the nursing textbook *The Advance of American Nursing* by Philip A. Kalisch and Beatrice J. Kalisch.*

FAQ's Regarding the Advanced Practice

Q

Sue in Norfolk asks, "Can an APRN prescribe Ritalin?"

A

No. The APRN statutes are specific regarding the Schedule II medications an APRN can prescribe. Neb.Rev.Stat. §71-1721 states, "Advanced practice registered nurse practice means health promotion, health supervision, illness prevention and diagnosis, treatment, and management of common health problems and chronic conditions, including: . . .

(3) Prescribing therapeutic measures and medications, except controlled substances listed in Schedule II of section 28-405. . . An advanced practice registered nurse may prescribe controlled substances listed in Schedule II of section 28-405 used for pain control for a maximum seventy-two hour supply if any subsequent renewal of such prescription is by a licensed physician".

Since Ritalin is a schedule II medication, but is not used for pain control, it cannot be prescribed by an APRN.

Neb.Rev.Stat. §28-405 referred to in the APRN statutes above is the portion of the Pharmacy statutes that lists the Schedule II drugs.

For further information on APRNs or any of the other advanced practice roles, visit our web site www.hhs.state.ne.us/crl/nursing/nursingindex.htm.

NCSBN Corner

The National Council of State Boards of Nursing (NCSBN) is an organization whose membership is comprised of the boards of nursing in the 50 states, the District of Columbia, and five United State territories; American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the Virgin Islands.

The purpose of NCSBN is to provide an organization through which boards of nursing act and council together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing.

NCSBN has several standing committees as well as special committees. Committee and special committee activity is monitored throughout the year by the Board of Directors and reported to the membership at its annual Delegate Assembly. Several Nebraska board members and board staff are members of various NCSBN committees:

Charles Meyer – Finance Committee (term just completed)

Marcy Echternacht – Practice, Regulation and Education Committee

Charlene Kelly – Bylaws Committee

Sheila Exstrom – Education Committee

Karen Bowen – Practice Breakdown Research Advisory Panel

The NCSBN Web site (www.NCSBN.org) is a very useful site. From this site you can access information including links to Boards of Nursing, links to nursing organizations, printed resources (Practice Analyses, NCLEX® Examination, Nursing Practice and Education, Regulation, Research Briefs), item writer/reviewer applications, Nurse Licensure Compact information, NURSISYS® license verification, and NCSBN Learning Extension. NCSBN Learning Extension provides online courses for students, nurses, and faculty.



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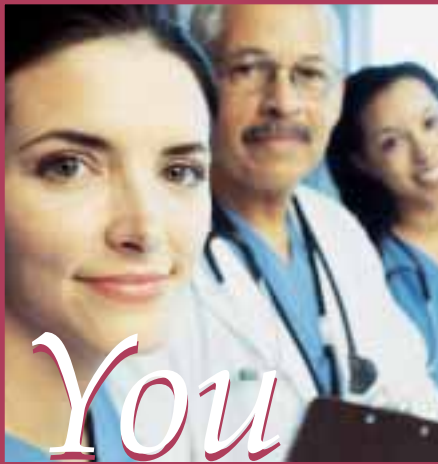
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coalition
Summit

Guest Presenter - Donna Wright, RN, MS

MARCH 8, 2005

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9:00 a.m. - 4:30 p.m.

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3. Discover ways to deal with negativity, attitudes and resistance that interfere with nurses' daily work.
4. Examine creative ways to boost the morale of the nursing staff.
5. Identify ways to promote accountability in all nursing team members.
6. Discuss leadership strategies that are being used that can

get in the way of employee success.

7. Discover ways to motivate your teams and put the energy back into the everyday work situations.

For information on the program contact LPNAN at 402-435-3551.

Registration Info

Registration fee - \$30 (includes lunch and breaks, handout materials)

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A block of rooms is reserved through February 8 at a rate of \$67.95 for 1-4 people in a room.

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Nebraska Nursing Leadership Coalition

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Address: _____

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Circle: RN LPN student Nurse License Number: _____

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Registration must be received by/or postmarked March 1.

Late Fee: Any registrations after March 1 will be charged an additional \$10 late fee.

Refunds for cancellations in full prior to March 1 only. No refunds after March 1.

If a facility is paying for your attendance please include the Tax ID no: _____

continued from Page 13

Professional Boards. This committee does the initial screening of professional board applicants, conducts the interviews, and makes recommendations to the full Board of Health for appointment. In 2004, this committee reviewed over 200 applications, conducted over 130 interviews in 3 different cities on 7 different days, and made 60 appointments to 21 different professional boards.

The Board of Health's involvement with the professional boards doesn't end when new member appointments are made. They have an ongoing effort to maintain open communication with each of the 24 boards.

NEBRASKA



They present an annual report to the Governor, and send a copy to each professional board chair. Agendas and minutes of the various professional board meetings are shared with each Board of

Health member. Their goal is to have each of their members attend at least one professional board meeting each year to hear what issues each board is dealing with. This helps Board of Health members to better understand when the professional boards have new regulations going through the process, and it helps them to make better appointments to the professional board. There are two very active members from the nursing profession serving on the Board of Health. Between them, they bring information from a variety of organizations, including the Nebraska Center for Nursing, the professional nursing boards, and their professional associations.

The Board of Health has authority to help mediate issues related to health care professions, with the exception of issues related to discipline. The Board also has the responsibility to remove for cause members of health-related professional boards.

The Board of Health has broad professional and geographic representation and is an excellent resource to for Nebraskans.

For More Information...

Nursing and Nursing Support

General Issues

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(402) 471-0317

charlene.kelly@hhss.ne.gov

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(CRNA, CNM, APRN)

Licensure Issues Staff

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RN or LPN

Licensure Based on Examination (NCLEX®)

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Reinstatement of Licensure Staff

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Nursing Statutes

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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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Medication Aide Role and Practice Standards

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Medication Aide Testing

Kathy Eberly

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Nurse Aide

Nurse Aide Role and Practice Standards

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Nurse Aide Registry

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Wanda Wiese at (402) 471-0537

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

Nancy Stava

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e-mail: nancy.stava@hhss.ne.gov

Nurse Aide Testing

Kathy Eberly

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A Moment in Nebraska Nursing History

When Nebraska's first Board of Nursing was appointed in 1909 it was composed of three members: Anna E. Hardwick, Lincoln, graduate of New York's City Hospital and superintendent of the Nebraska Orthopedic Hospital; Catherine Wollgast, graduate of Good Samaritan Hospital, Sioux City; and Victoria Anderson, graduate of Methodist Hospital, Brooklyn, New York, superintendent of Omaha's Methodist Hospital and the Nebraska State Association of Graduate Nurses (the forerunner of the Nebraska Nurses Association) second president. It is interesting to note that all three of the first board members were educated outside of the state of Nebraska.

In July 1910 Nan Dorsey was appointed President of the board and Lillian Stuff

was appointed secretary. Even though the board had been in existence since 1909, the earliest minutes are from the July, 1910 meeting. One of the early priorities of the board was establishing criteria for approving training programs. The hospitals initiated the request for state approval, submitted a report to the board using a standardized report form and were visited by a board member. Both the registration of nurses and the approval of training programs were voluntary.

In May 1909, the American Journal of Nursing reported that the nurses association was not satisfied with the legislation that had created the board and licensure for registered nurses. The board members had no real authority. They could only assist and advise the Board of Health. They also had no authority to inspect

schools, a power deemed essential if standardized nursing education was to develop. This defect was addressed by 1915 legislation that created the State Board of Registration of Nurses consisting of the Governor, Attorney General, Superintendent of Public Instruction and five Governor-appointed assistants to be selected from names supplied by the Nebraska State Nurses Association. The new board had the authority to "outline and establish a course of instruction to be followed by accredited schools for nurses, and a system of inspection of such accredited schools." Licensed nurses were required to be twenty-two years of age, have one year of high school or its equivalent, and be a graduate of an accredited school "requiring a systematic course of three years training."

FAQ's Regarding the Medication Aide Act



In licensed facilities, who can work with oxygen, including removing and replacing nasal prongs or masks, switching the oxygen source (example: moving from wall oxygen to portable tank), or just taking someone off oxygen for a period of time (example to go take a shower, to go have a test done, and/or to transport the person to the dining room)?



According to the FDA, oxygen is considered a legend drug, requires a prescription and is a medication. Therefore the act of giving oxygen, including starting or stopping the flow of oxygen by either removing or applying nasal prongs or mask or turning oxygen tanks/ concentrators on and off, or actually adjusting the flow rate is administering a medication. Medication administration is a regulated activity and is limited to only those licensed individuals who have medication administration in their scope of practice, competent individuals and/or caretakers.

The Medication Aide Act does allow for unlicensed individuals who have met certain requirements to participate in the provision of medications when directed and monitored by a competent individual, a caretaker or a licensed health care professional that has medication administration in their scope of practice.

Therefore, the only individuals who can legally administer or provide oxygen are competent individuals, caretakers, licensed health care professionals with medication administration in their scope of practice, (this includes any category of licensed nurses, physicians and physician assistants, pharmacists and respiratory therapists, who are limited to only respiratory medications) and individuals who are on the Medication Aide Registry.

The primary source of information for this series on the history of nursing regulation in Nebraska is a 1988 University of Nebraska doctoral dissertation by Wendell Oderkirk entitled "Organize or Perish: The Transformation of Nebraska Nursing Education, 1888-1941"

The board's power rested in its authority to accept or deny applications to take the state board examination. In 1915 the board rejected all applications from graduates of six hospitals because of the hospital size, because the school hadn't been visited or because the hospital superintendent was not a registered nurse. The Attorney General determined that the board had exceeded its authority and ordered the board to accept the applicants. In response to this incident the board discussed ways to educate high school and other students about the importance of selecting the right kind of hospital for their training.

The early laws governing nursing varied greatly from state to state and not all of the states had achieved legislation to require licensure. It would be decades before the state laws began to resemble each other.

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