

# Nursing

Nebraska NEWS

Volume 24 • Number 3 / Summer 2007

## Nursing in Rural Nebraska




Center for Nursing  
Recognizes “Nurses Who  
Make a Difference”

LPN License Renewal  
Begins August 1

DHHS

Nebraska Department of Health  
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# Nebraska Nursing NEWS

## contents s u m m e r 2 0 0 7

### f e a t u r e s

- 8** LPN License Renewal Begins August 1
- 9** Advisory Opinion Update
- 10** Center for Nursing Recognizes  
"Nurses Who Make a Difference"
- 12** 2007 Legislature Enacts Changes in  
Uniform Licensing Law: Implications for  
Nursing
- 13** Changes to the Laws Governing  
Nurse Aides and Medication Aides
- 14** Nursing in Rural Nebraska:  
Meeting Needs and Facing  
Challenges
- 20** A Word of Caution About Combining  
Alcohol and Medications
- 22** Mandatory Reporting Q&A  
Licensure Q&A

### d e p a r t m e n t s

- 4** Executive Director's Message
- 5** President's Message
- 6** Board Meeting Schedule
- 18** Licensure Actions
- 26** Registry Action on Nurse & Medication Aides
- 29** 20 Years Ago in Nursing News
- 30** For More Information

on the  
**COVER**

Kearney County Health Services is one  
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## Executive Director's Message



**I've recently had the pleasure of participating in several memorable events.**

On April 25, I was pleased to be a guest at the Dorothy Vossen Lectureship and dinner

at Creighton University. The most memorable aspects of this evening were the persons in attendance. Amy Haddad, RN, PhD, and Winifred Pinch, RN, EdD, FAAN of the Center for Health Policy and Ethics at Creighton, convened a group of 23 nationally and internationally recognized nurse scholars from around the country and the world at an invited seminar entitled "Nursing and Health Care Ethics: A Legacy and A Vision." The evening lecture and dinner were the "kick off" for this historic event. The goal of the seminar was to document and memorialize the contributions of nurse ethicists to nursing and bioethics, and look at the future implications of this body of work in health care ethics for nurses and other health professionals. Nurse ethicists attending were: Mila Aroskar, Anne Bishop, Leah Curtin, Anne Davis, Judith Erlen, Marsha Fowler, Sara T. Fry, Shaké Ketefian, Joan Liaschenko, Beverly McElmurry, Pamela Miya, Catherine Murphy, Joy Penticuff, Simone Roach, Cynda Rushton, Colleen Scanlon, Sarah Shannon, Mary Silva, Anita Tarzian, Carol Taylor, Joyce Thompson, Gladys White, and Mary Ellen Wurzbach. Nurse historian, Dr. Patricia O'Brien D'Antonio, and sociologist, Dr. Shireen Rajaram, also participated in the seminar. I was honored to be present at a small part of this historical event and to meet some of the attendees and to hear comments from this amazing group of nurse ethicists.

In early May, the Nebraska Center for Nursing, along with the Nebraska Hospital Association and the Nebraska Health Care Association, sponsored a conference on retaining health care workers. Even though our nursing education programs are bursting at the seams with students, we can't lose focus on the importance of retaining those nurses who are already in the workforce. For more information on this conference, see the article by Dr. Sheila Exstrom in this issue.

In June, I attended the 5th Annual Conference of Nursing Workforce Centers. The focus of this year's meeting was increasing capacity in our education programs and anticipation of a heightening shortage of faculty, as existing faculty reach retire-

ment. Many innovative approaches were presented and will be discussed and considered by our Center for Nursing Board for applicability in Nebraska.

Finally, I was struck by the article in the May issue of *American Nurse Today*, the official publication of the American Nurses Association, on *The Image of Nursing*. The article, written by Shelley Cohen, included information on the both public and nursing perceptions of nursing's image. It was suggested that nurse's behavior 24/7 – not just at work – impacts on our image. The author suggested a number of actions on the part of nurse leaders that will foster a positive image of nursing. Among them were:

- Cultivating a professional image by the way they represent the profession;
- Defining unacceptable workplace behaviors and holding the staff accountable;
- Teaching nurses the benefits of scripting such as, "My name is \_\_\_\_\_, and I am your registered/licensed practical nurse today;"
- Defining the appearance of the nursing staff in written guidelines;
- Posting, circulating, and advertising nursing's accomplishments;
- Listening to patients' and caregivers' perceptions of nursing;
- Teaching and mentoring staff on how to validate all that they do with appropriate documentation; and
- Teaching communication skills, so staff nurses feel empowered to respond to negative colleagues in a manner that confronts and stops behaviors that affect our image.

Image does matter. If we want to continue to attract and retain qualified individuals in nursing, and if we want to continue to be respected by the public for our honesty and professionalism, we need to critically examine how we look, how we behave, and how we portray nursing.

Charlene Kelly



## President's Message



**I was bursting with pride** at the National Council of State Boards of Nursing (NCSBN) Midyear Meeting in April. The first wave of pride hit during the President's Report that opened the meeting. President Faith Fields acknowledged Sheila Exstrom's involvement in strategic decisions related to her role as Chairperson of the Examination Committee. Specifically, Sheila was recognized for her involvement in discussions which resulted in Manila being approved as an NCLEX international testing site. The President also identified plans to include Sheila in strategic discussions involving NCLEX contract negotiations in the near future.

Charlene Kelly was next on the agenda, immediately following the President's Report. As Bylaws Committee Chairperson, Charlene introduced proposed revisions to NCSBN Bylaws, which will be debated at the Delegate Assembly meeting in August. This was when the second wave of pride hit me. There are only a handful of NCSBN committees—and yet, two of the committee chairpersons are from Nebraska!

Sheila is originally from Holdrege, and Charlene grew up close by in Bertrand. Central Nebraska can be proud to claim Sheila and Charlene as native daughters. True to their rural Nebraska heritage, both Sheila and Charlene are humble and unassuming. Although each certainly has ample cause, neither would be inclined to brag about their professional accomplishments. Sheila and Charlene are clearly recognized for their contributions to the regulation

of the nursing profession at national and state levels.

While few nurses rise to the level of receiving national recognition, most of us work each day with dedicated individuals who deserve recognition for their accomplishments. Too often, we take each other for granted. Giving credit where credit is due takes so little time, yet means so much to the nurse who has gone that extra mile meeting the needs of clients and co-workers, who has done an exceptional job completing a special project or serving on a committee, who has written a professional article, or who volunteers nursing services in the community.

As I reflect on professional colleagues and co-workers through the years, I realize how incredibly fortunate I am to be in the nursing profession. In my career, I have had the privilege of working with many very talented individuals. Most are unsung heroes who make differences every day in the lives of patients for whom they provide care. These individuals have also made a difference in my life. I look forward to my work each day because of special co-workers. I appreciate the successes of my nursing colleagues. Trusted colleagues make burdensome situations and challenges seem more manageable.

The tongue-in-cheek adage, "An expert is somebody who is more than 50 miles from home," brings home the important point of acknowledging local talent and the expertise of those in our own backyard. Let us resolve to improve our ability to recognize the great and small accomplishments of our esteemed colleagues and friends.

*Marcy Echternacht*

Marcy Echternacht

# Nebraska Board of Nursing Meeting Schedule 2007

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

Day/Date	Time	Meetings	Location
Wednesday, July 18	1:30 p.m.	Board of Nursing Issues Discussion <i>LB 463 Changes to The Uniform Credentialing Act: Implications for Nursing</i>	The Sandstore Grill 416 Grand Ave. Burnell, Nebraska
Thursday, July 19	8:30 a.m.	Board of Nursing	
Tuesday, August 7- Friday, August 10		NCSBN Annual Meeting	Chicago, IL
Thursday, August 16	8:30 a.m. 1:30 p.m. 1:30 p.m.	Board of Nursing <i>Education Committee Practice Committee Joint Board Discussion on Dermatological Procedures</i>	Doubletree Hotel
Thursday, September 20	8:30 a.m.	Board of Nursing	Staybridge Conference Center
Wednesday, October 17	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Conference Center
Thursday, October 18	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing <i>Education Committee Practice Committee</i>	
Friday, November 9	All Day	<i>Nebraska Leadership Coalition Forum on Humane Care ( a.m.) and annual business meeting (p.m.)</i>	Georgetown Club 2440 S 141st Circle Omaha, NE
Thursday, November 15	8:30 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, December 20	8:30 a.m. 2:00 p.m. 2:00 p.m.	Board of Nursing <i>Education Committee Practice Committee</i>	Staybridge Conference Center

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# LPN License Renewal Begins August 1

All Nebraska licensed LPN's licenses expire October 31, 2007. Renewal notices will be mailed on or about August 1, 2007. The postcard will be mailed to the address we currently have on our Licensing Information System. LPNs who have moved and the postal forwarding order has expired may not receive a notice. If you have LPN coworkers who have moved in the last two years, please remind them that it is time to renew their licenses. The notice consists of a pastel green postcard. A sample of what the postcard will look like is printed at the right. Watch your mailboxes and renew early to ensure you have your renewed license prior to the expiration date.

The renewal notice postcard provides the Web site for online license renewal. All LPNs are highly encouraged to renew online. Using online renewal is convenient, much faster and decreases the chance that renewal materials will be lost in the mail or in processing.

Any LPN who does not wish to renew



online  
 can download a renewal form from our Web site <http://www.dhhs.ne.gov/crl/crlindex.htm> or call (402)471-4376 to request that a form be mailed to you.

The renewal notice post card also has a tear off section that can be put into the mail to request forms via mail.

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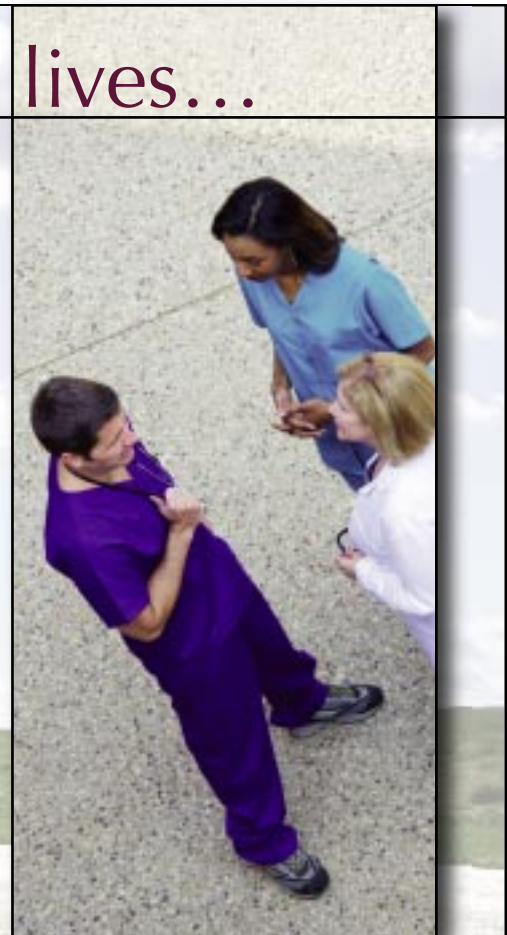
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# Advisory Opinion Update

Revisions to the advisory opinion, *Analgesial/Moderate Sedation*, were approved at the May meeting of the Board of Nursing.

Some of the changes in the opinion include clarification of the conditions an RN may administer Propofol. In the Analgesia section of the opinion, revisions have been made in the RN's role in managing and monitoring a patient receiving analgesic medication via an epidural catheter.

Please refer to our web site for the newly revised opinion. These and all opinions are available on our web site, [www.hhs.state.ne.us/crl/nursing/Rn-Lpn/rn-lpn.htm](http://www.hhs.state.ne.us/crl/nursing/Rn-Lpn/rn-lpn.htm).

# Errata

The spring issue of *Nursing News* article on Faith Community Nursing, it was stated that Yvonne Stock directs the Center for Health Aging and Ministry Programs and Services. Stock is a parish nurse with this ministry. Tom Adams is the director for the Center.

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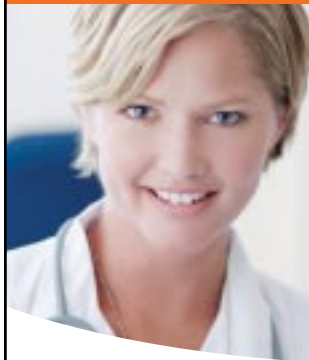
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# Center for Nursing Recognizes “Nurses Who Make a Difference”

In March the Nebraska Center for Nursing sent out a press release seeking nominations from the public for nurses who have made a difference in their lives or the lives of their family or loved ones. 128 nominations were received. During National Nurses Week in early May each nurse who was nominated received a letter recognizing them for making a difference in the lives of those for whom they provide care and including some of the comments made by the person who nominated them. The nominee also received a certificate acknowledging their nomination. The person who submitted the nomination also received a copy of the letter that was sent to the nurse receiving the recognition.

Following is a list of names of the nurses receiving this recognition, their city of residence and their employer.

First Name	Last Name	City	Employer (Place)
Helen	Weber	Lincoln	Retired from Bryan Hospital, Public School Nurse
Darlene	Beran	Fremont	Fremont Family Care
Michelle	Calvin	Grand Island	Saint Francis Medical Center
Cathy	Ferguson	Grand Island	Saint Francis Medical Center Home Care Services
Cy	Xayarath	Grand Island	Saint Francis Medical Center
Janell	Lentz	Grand Island	Saint Francis Medical Center
Maxine	Beckler	Grand Island	Saint Francis Medical Center Home Care Services
Debby	Shoup	Grand Island	Saint Francis Medical Center Home Care Services
Rosie	Dinan	Grand Island	Saint Francis Medical Center Home Care Services
Darlene	Wetovick	Grand Island	Saint Francis Medical Center Home Care Services
Jeannie	Linder	Stromsburg	Midwest Covenant Home
Krista	Osmond	Broken Bow	Melham Medical Center Home Health and Hospice
Adrienne	Walz	Broken Bow	Melham Medical Center Home Health and Hospice
Monica	Linn	Broken Bow	Melham Medical Center Home Health and Hospice
Arlene	Clements	Broken Bow	Melham Medical Center Home Health and Hospice
Barbara	Cramer	Broken Bow	Melham Medical Center Home Health and Hospice
Claudia	Kitchin	Omaha	Hospice House - The Josie Harper Residence
Connie	Wolfe	Alma	Colonial Villa & Hillcrest Terrace
Kris	Smith	Lincoln	BryanLGH East
Kimberlee	Jackson	Omaha	Bergan Mercy Procedure Center Pre-Op/PACU
Mary	Sundberg	Omaha	Bergan Mercy Procedure Center Secondary Recovery
Nadine	Frerichs	Lincoln	LPS - Roper Elementary School
Jan	Branting	Lincoln	Aseracare Hospice
Linda	Terrano	Lincoln	Saint Elizabeth Regional Medical Center
Linda	Glenn	Lincoln	Saint Elizabeth Regional Medical Center
Cheryl	Willis	Omaha	Alegent Health Immanuel Hospital
Barb	Thaler	Omaha	Alegent Health Immanuel Hospital
Chris	Hoebelheinrich	Omaha	The Salvation Army
Torri	Merten	Omaha	Alegent Health Clinic - Electronic Medical Record
Debbie	LaBenz	Omaha	Physicians Clinic Women's Center
Sue	Birkel	David City	Butler County Health Care Center
Christine	Sommer	North Platte	All About Caring
Elaine	VanValkenburg	Lincoln	Gateway Senior Living
Linda	Jensen	Kearney	UNMC Internet Services
Ione	Beavers	Scottsbluff	Regional West Medical Center - Cancer Treatment Center
Colleen	Gnewuch	Grand Island	Saint Francis Medical Center Educational Services
Leann	Weich	Norfolk	Norfolk Regional Center
Lora	Rutt	Franklin	Franklin County Memorial Hospital
Maureen	Bausch	Holland	Saint Elizabeth Regional Medical Center
Jessica	Carr	Lincoln	Saint Elizabeth Regional Medical Center
Janice	Chramosta	Lincoln	Saint Elizabeth Regional Medical Center
Peggy	Cline	Lincoln	Saint Elizabeth Regional Medical Center
Susan	Gibler	Lincoln	Saint Elizabeth Regional Medical Center
Dan	Gillen	Lincoln	Saint Elizabeth Regional Medical Center
Christy	King	Pickrell	Saint Elizabeth Regional Medical Center
Elsa	Larson	Lincoln	Saint Elizabeth Regional Medical Center
Nicole	Livermore	Lincoln	Saint Elizabeth Regional Medical Center
Stacy	Oakley	Auburn	Saint Elizabeth Regional Medical Center
Pat	Prentice	Lincoln	Saint Elizabeth Regional Medical Center
Nichole	Wiener	Lincoln	Saint Elizabeth Regional Medical Center
Zech	Williams	Dorchester	Saint Elizabeth Regional Medical Center
Mary	Travernicht	Lincoln	Saint Elizabeth Regional Medical Center
Kathy	Lierman	Grand Island	Saint Francis Medical Center
Galen	Madsen	Lincoln	Saint Elizabeth Regional Medical Center
Jan	Madsen	Lincoln	Saint Elizabeth Regional Medical Center
Suzanne	Baier	Omaha	Alegent Health - Medical Informatics
Katie	Baldwin	Omaha	Alegent Health - Medical Informatics

First Name	Last Name	City	Employer (Place)
Bill	Estey	Omaha	Alegent Health - Medical Informatics
Dani	Ganesh	Omaha	Alegent Health - Medical Informatics
Chris	Guenther	Omaha	Alegent Health - Medical Informatics
Michelle	Huber	Omaha	Alegent Health - Medical Informatics
Colleen	Jones	Omaha	Alegent Health - Medical Informatics
Sherri	Larkin	Omaha	Alegent Health - Medical Informatics
Ruth	Wormley	Omaha	Alegent Health - Medical Informatics
Bob	Anderson	Omaha	Alegent Health - Medical Informatics
Tim	Bader	Omaha	Alegent Health - Medical Informatics
Craig	Formanek	Omaha	Alegent Health - Medical Informatics
Sherri	Kolli	Omaha	Alegent Health - Medical Informatics
Wendy	McMinn	Omaha	Alegent Health - Medical Informatics
Ace	Backer	Scottsbluff	Regional West Medical Center
Carol	McGill	Fremont	Fremont Area Medical Center
Dot	Gould	Scottsbluff	Western Surgical Group
Cindy	Slone	Lincoln	BryanLGH School of Nursing
Janet	Husman	Grand Island	Saint Francis Medical Center
Tina	Kyle	Grand Island	Saint Francis Medical Center
Kim	McLaughlin	Lincoln	Nebraska Wesleyan University
Kathy	Karsting	Lincoln	Department of Health & Human Services/School and Child Health Coordinator
Cindy	Larson	Lincoln	Fourth Presbyterian Church
Janet	Soule	Gering	Panhandle Community Services Health Center
Darlene	Beran	Fremont	Fremont Family Care
Jean	Mink	Lincoln	Saint Elizabeth Regional Medical Center
Barbara	Lebruska	Morrill	Horizons West Medical Group, P.C.
Cindy	Koziol	Genoa	Saint Francis Home Healthcare Program
Wendy	Keezer	Grand Island	Central Community College
Tysha	Bryant	Grand Island	Saint Francis Medical Center
Jennifer	Galvan	Grand Island	Saint Francis Medical Center
Sarah	Einspahr	Grand Island	Saint Francis Medical Center
Barb	Nickel	Grand Island	Saint Francis Medical Center
Cheryl	Klausen	Rockville	Nebraska Heart Institute
Beth	Bartlett	Grand Island	Saint Francis Medical Center
Jan	Spale	Grand Island	Saint Francis Medical Center
Jeri	Erickson	Grand Island	Saint Francis Medical Center
Terry	Avery	Grand Island	Saint Francis Medical Center
Wendy	Denman	Grand Island	Saint Francis Medical Center
Sandra	Krolikowski	Grand Island	Saint Francis Medical Center
Jami	Kennedy	Grand Island	Saint Francis Medical Center
Lisa	Crouch	Grand Island	Saint Francis Medical Center
Virginia	Hill	Lexington	Tri County Hospital
Nelda	Jonas	Gordon	Pine View Good Samaritan Center
Mary Jane	Osborne	Norfolk	The Meadows
Mary	Atha	Papillion	Alegent Health Midlands Hospital
Janice	Bright	Papillion	Alegent Health Midlands Hospital
Lynn	Madsen	Papillion	Alegent Health Midlands Hospital
Sandy	Oreder	North Platte	Great Plains Regional Medical Center
Acute Care Staff		Fairbury	Jefferson Community Health Center
Home Health Staff		Fairbury	Jefferson Community Health Center
Patient Safety/Risk Manager		Fairbury	Jefferson Community Health Center
Disease Management/Community Wellness Staff		Fairbury	Jefferson Community Health Center
Surgery Staff		Fairbury	Jefferson Community Health Center
Outpatient Clinics Staff		Fairbury	Jefferson Community Health Center
Cardiac and Pulmonary Rehab Staff		Fairbury	Jefferson Community Health Center
Nancy	Cook	Lexington	Lexington Public Schools
Cynthia	Jaeger	Lexington	Lexington Public Schools
Boni	Muzzey	Lexington	Lexington Public Schools
Linda	Mins	Lexington	Lexington Public Schools
Laurie	Baumert	Norfolk	Northeast Nebraska Child Advocacy Center - Faith Regional Health Services
Cindi	Deveney	Grand Island	Saint Francis Medical Center
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Iris	Winkelhake	Lincoln	Retired from SCC PN Program
Julie	Nelson	Omaha	Nebraska Methodist Hospital
Carey	Sliva	Omaha	Nebraska Methodist Hospital
Katherine	Sanders	Tecumseh	Gold Crest Retirement Center

# 2007 Legislature Enacts Changes in Uniform Licensing Law: Implications for Nursing

By Charlene Kelly

On May 10, the Nebraska Legislature passed LB 463. The bill was signed into law by the governor on May 15. LB 463 made major changes to what was previously referred to as The Uniform Licensing Law (ULL), and will now be called the Uniform Credentialing Act (UCA). The purpose of the UCA is to have one location in the statutes where everything that is common to all professions is located. Over the years, the previous ULL had been amended and changed, and things that are not common to all professions had crept into this section of the statutes. The ULL applied to many of the professions regulated by the department, but many of the provisions did not previously apply to nursing. Nursing will now be included in the provisions of the UCA. Committees and task forces coordinated by the department have been working for several years to revise the provisions of the UCA and to draft the proposed legislation that would accomplish the goals including comprehensiveness, currency and uniformity. The passage of LB 463 is the culmination of that work.

So what will these changes in UCA mean to nursing? Many of the provisions that are currently in the Nurse Practice Act will now be found in the UCA. For example:

- Definition of terms that are not specific to nursing
- Process for Board of Health appointments to the Board of Nursing
- Purposes of the Board
- Authority to promulgate rules and regulations including continued competency requirements
- Authority to make recommendations about licensure and disciplinary actions
- Board member per diem payments
- General licensure/examination requirements (requirements specific to nursing will be retained in the Nurse Practice Act)
- Renewal and reinstatement requirements and procedures
- Administrative penalty fee for practicing without an active license

Changes to the UCA that will readily be noticed by nurses include, but are not limited to:

- Only one license renewal notice will be sent to licensees.

- There will no longer be a 30-day extension of the renewal period.
- After the expiration date, the licensee's license status will be "expired." The "lapsed" category will cease to exist.
- The licensee will have to apply for reinstatement and meet the renewal requirement to regain active status.
- The licensee will still have the option to request that his/her license be placed on inactive status.
- There will be no fee for renewal for active duty members of the military.
- The board will be authorized to appoint advisory committees for specific purposes. At least one board member must serve on the advisory committee. Other members may be appointed from outside the board.
- Board terms will change from four to five years.

In addition, the following changes were made to the Nurse Practice Act:

- The requirement for the nursing administrators, staff nurses, and LPNs on the board to be evenly distributed between acute care, long term care, and community was replaced with "The Board of Health shall attempt to ensure that the board is representative of acute care, long-term care, and community-based care."
- The current requirement for the board to be evenly representative of each congressional district in the state was changed to requiring a minimum of three and a maximum of five from each congressional district.
- The LPN educator on the board will be required to have a graduate degree in nursing (current requirement is baccalaureate requirement) and five years of experience in education (current requirement is three years).

Most of the provisions of the bill go into effect on December 1, 2008. Between now and then regulations will be revised to reflect the changes in the statutes.

The July Board of Nursing Forum topic will be a discussion of changes to the Uniform Credentialing Act and the Nurse Practice Act. The forum will be held on Wednesday, July 18, 2007, in Burwell at the Sandstone Grill. The public is invited to attend the forum and participate in the discussion.

# Changes to the Laws Governing Nurse Aides and Medication Aides

During the recent Legislative Session, two bills were passed that will affect the medication aide and nurse aide programs.

LB 185 which will become **effective 9-1-07**, contains the following changes to the medication aide program:

1. If an individual whose name is on the nurse aide registry or the medication aide registry becomes licensed as a registered nurse or licensed practical nurse, the individual's status will become null and void on the medication aide registry effective the date the professional license is issued.
2. An application for a nurse aide or medication aide registration or renewal will be denied if the individual has had a Registered Nurse or Licensed Practical Nurse license disciplined, revoked, suspended, or voluntarily surrendered in lieu of discipline.
3. An individual who has been denied registration, refused renewal, or whose registration has been removed from the nurse aide or medication aide registry may not reapply for the medication aide registry until one year has elapsed since the denial and/or removal was effective.

LB 283, which will become **effective 9-1-07**, changes medication aide renewals from three (3) years to two (2) years. Any registration that expires after 8-31-07, or those that have been allowed to expire prior to 9-1-07, will be reissued with a two-year expiration date. This means that all renewal notices sent after 8-31-07 will be for the two year renewal period.

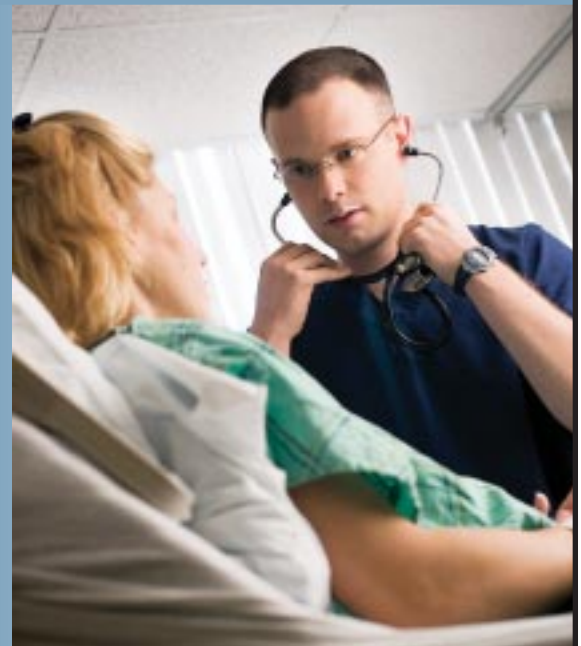
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By Charlene Kelly

# Nursing in Rural Nebraska: *Meeting Needs and Facing Challenges*

It's 7:00 a.m. on Monday and both of the nurses scheduled to work today arrive for duty. Two nurses are what it typically takes to staff this small rural critical access hospital. This setting is very different from the bustling metropolitan hospitals that we see on television and that are the frequent basis for stories on health care. But the patient's needs and the focus on providing quality nursing care are very much the same. To better understand what nursing is like in a rural setting, I visited one of these small hospitals. I watched, listened and heard from the nurses who work there.

The Kearney County Hospital in Minden, Nebraska has been in its current location since 1954. In 1999 they became a critical access hospital at the same time as many other small community hospitals took on this designation. Like most critical access hospitals their daily census is typically only a few patients, but they provide a variety of other services that make their presence in the community essential. In addition to providing care to in-patients or swing bed patients, the nurses provide care through the emergency room and provide treatment room care such as daily IV therapy or weekly injections. Kearney County Health Services has an active cardiac rehab, physical therapy and occupational therapy programs. They also have a 32-bed nursing home, a 20-bed assisted living facility and a rural health clinic attached to the hospital. The clinic is open 5 ½ days a week. Patients are seen there by the two physicians, one physician assistant and two nurse practitioners. Consulting specialty physicians from outside the community also use the clinic to see patients.

These units are generally staffed separately from the hospital. Keeping these facilities together under one roof allows sharing of facilities such as dietary, laundry, housekeeping, maintenance, etc., which results in cost savings.

Critical access hospitals are intended to provide care for patients whose condition does not warrant transfer and to provide emergency services to critically ill or injured patients and to stabilize and sup-



*Mary Burger*

port these patients until they can be transferred to their hub hospital or another full-service hospital in the area. Critical access hospitals are required to have a formalized agreement with a larger hospital, or hub hospital, which in turn assists the Critical access hospital by accepting referrals, assistance with the Quality Improvement program, peer review, and other activities as needed. Critical access hospitals are limited by regulations to 25 beds. These hospitals must maintain an average length of stay for their patients that does

not exceed 96 hours. Kearney County Health Services average census is 3-4 patients a day. All of the patient rooms are private. Patients that require extended care are either transferred to another hospital or to the swing bed unit located within the hospital. Critical access hospitals are required to have an emergency room. Regulations do not require them to staff the hospital if there are no patients in the hospital that day, but they must have a plan in place to provide readily available care in their emergency room. Kearney County Health Services always maintains staff on duty. According to Mary Bunger, RN, Director of Nursing, "you never know when somebody is going to walk into the emergency room without any advanced notice, so we want to be ready to meet those needs."

Critical access hospitals grew out of a change in federal funding in the 1990s that allows Medicare reimbursement of actual costs instead of reimbursement based on DRGs (Diagnostic Related Groups) in return for the efficiencies realized by transferring the patients that need a higher level of care to a full-service hospital. This method of funding allowed many small rural hospitals to survive and continue to provide the access to care to meet the critical health care needs in the community. There are currently 65 critical access hospitals in Nebraska in rural communities.



*Amy Schmidt*

Kearney County Health Services has 15 nurses – 10 RNs and 5 LPN-Cs – and one nurse aide on staff plus three additional nurses who work PRN - "as needed." Most of the RNs work full time and most of the LPNs work part time. Typical staffing consists of two nurses on days, two nurses and a nurse aide in the evening and two nurses on nights. Because the staffing numbers are small, the nursing staff members feel as if they are a part of a family and are willing to come in on their day off and help out when things get busy. Most of the RNs work 12-hour shifts while the LPNs work eight or twelve-hour shifts. Bunger is also available to help out with patient care when needed. She has worked at this hospital since 1975 and has been Director of Nursing since 1989. She is a diploma graduate from the former Mary Lanning School of Nursing in Hastings. She later went back to school and completed her BSN at the Creighton LEAP program in Hastings. Bunger said there is not much turnover of nursing staff at the hospital. She attributes the low turnover to the family atmosphere, flexible scheduling that allows for family time, willingness of staff to help out when extra help is needed and to trade shifts when someone needs time off.

Bunger stated, "It is common to find this type of work environment in small hospitals." Most of the staff resides in Minden or the surrounding communities. A couple of nurses commute from Kearney,

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which is about 25 miles away. The age of the nursing staff pretty much mirrors that of the nursing workforce across the state with the average age in the mid-forties. A few of the staff are in their twenties or thirties and several are 55 plus.

Many of the patients served by the hospital are elderly. Common diagnoses included congestive heart failure, chronic obstructive pulmonary disease, pneumonia and urinary tract infections. The majority of

perform elective surgery. The operating room is put to use for dental surgeries and for diagnostic procedures such as colonoscopies.

Bunger said one of the current unmet needs of the hospital is a local transfer unit. The community is served by volunteer rescue services, but they do not provide transfer services. The hospital has to obtain transfer services from the paramedic unit out of Holdrege, which is over 20 miles

replace or remodel their aging facilities and help them meet the changing needs of health care.

The staff is currently working to obtain trauma certification for their Emergency Room. This effort is providing better trauma training for the staff and will enable them to better meet the needs of trauma patients. The staff has also recently participated in the UNMC medication safety program. This program has resulted in a thor-



*Sandra Becker the kindergartners*

patients receiving swing bed services have had some type of orthopedic procedure requiring physical and occupational therapy. Patients with myocardial infarcts, strokes or severe trauma are stabilized and then transferred to Good Samaritan Hospital in Kearney, which serves as the hub hospital for Kearney County Health Services, or to Mary Lanning Hospital in Hastings. Cardiac patients with chest pain who do not require transfer may be kept in the two-bed Intensive Care Unit. The hospital has once again started providing obstetrical services. They have an updated labor and delivery suite and a bright and cheery nursery. They anticipate they will have 8-10 deliveries this year. The hospital has an operating room, but currently does not have a general surgeon who comes to

west of Minden, or from Good Samaritan Hospital, 25 miles to the north. As a result patients sometimes have to wait longer than they would like for transfer services to another hospital. Kearney County Health Services is continually evaluating ways to improve health care services to the community. This includes having their own CT scanner on site, recruitment of a physician to replace a physician who recently passed away, and recruitment of additional services such as expanded surgical services. Like many other critical access hospitals, Kearney County Health Services is currently looking at remodeling the existing facility or rebuilding new. The reimbursement structure for critical access hospitals has allowed these small facilities the financial opportunity to explore these options to

ough review of the medication practices, focusing on adopting best practices for administration of medications. Changes made include adoption of standard medication times, improving the process from medication order to initial administration, and putting in place checks and balances to prevent medication errors. The hospital is served by a consulting pharmacist. Medications are ordered and stocked in unit dose or stock supply bottles. Bunger said they are looking at automated medication systems that are particularly designed for small hospitals and hope to purchase one in the near future.

Bunger said the staff never knows what will happen on any given day. We might start the day off slow with only one or two patients and then we might get two or



three admissions from the clinic, get an admission from the nursing home or swing bed admission from another hospital, and care for several patients through the ER and before the end of the day we are very busy. She said the nursing staff not only performs nursing duties, they may also be called upon to perform duties typically done by the laboratory, housekeeping, dietary, admission staff or pharmacy. "There are occasional days when we don't have any patients," Bunger commented. "On those days staff does cleaning and organization activities that they don't have time for on most days, work on quality improvement projects or help out in other departments."

Amy Schmidt, RN, is one of the newer and younger staff members at Kearney County Health Services. She graduated from high school in Franklin and then attended the LPN Program at Central Community College, graduating in 1998. She lives south of Upland. She worked in the hospital in Holdrege and the nursing home in Campbell before taking a position in the medical clinic at Kearney County Health Services. She graduated from the Associate Degree program at Central Community College in Grand Island and became an RN in 2005. When the physician she worked with left the clinic she accepted her current position in the hospital. Schmidt said, "The challenge of nursing in a small rural hospital is always stimulating and sometimes frightening since I am a relatively new RN. There isn't as much repetition of skills as there might be in a larger hospital. Sometimes weeks or months pass since I was last required to do a particular skill. It keeps me on my toes to recall and make sure I do things right. I'm still building my confidence, but I feel pretty good about being able to handle most situations. Unlike larger facilities where a nurse may specialize in one specific area of nursing such as ICU, recovery room, or neonatal care, we have to have knowledge and skills to handle any type of patient that may have come through our doors: the chest pain patient, trauma patient, OB patient in labor and then her newborn baby, or a recovering surgical patient. Nursing in a rural hospital is a rewarding career with a variety of opportunities."

Sandy Becker, RN, has worked at the hospital for 27 years. She attended nursing

education in Indiana. She came to Minden with her husband, who is a minister, over 30 years ago. She started working part time when her children were young and then went to full time. The day this writer was at the hospital Becker was giving hospital tours to the local kindergartners. They donned caps and masks for the tour. Becker's grandchild is a member of the class. When asked what she likes best about working in a small hospital Becker replied, "I like the patients. Most of them are people we know from the community. We see

some of them over and over again and we can really provide continuity in their care. I think the care the patient receives in a small community is often more personalized than it might be in a larger hospital where caregivers don't know the patients outside of the hospital."

Just as in other critical access hospitals across the state, the Kearney County Health Services and the nurses who work there are meeting a critical need for access to health care and improving the quality of life for people in rural Nebraska.

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# Licensure Actions

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

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Joanna Hurst, LPN	3/5/07	Initial License Issued on Probation	Misrepresentation of material facts concerning convictions on initial application for licensure.
Byron Kraus, RN	3/5/07	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to keep and maintain adequate records of treatment or service.
Amber Rairigh, RN	3/5/07	License Reinstated on Probation	Previous discipline.
Charles Denson, RN	3/7/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Joyce Jefferson, RN	3/8/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Maxine Gowen, LPN	3/13/07	Censure	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Mary Jane Hammes, RN	3/13/07	Probation	Habitual dependence. Dishonorable conduct. Violation of the Uniform Controlled Substances Act. Unprofessional Conduct-Use of a controlled substance without a prescription.
	5/21/07	Revocation	Violation of previously imposed conditions of probation.
Christina Ledbetter, LPN	3/13/07	Censure	Violation of previously imposed conditions of probation.
Shawn Hobbs, RN	3/13/07	Suspension	Dishonorable conduct. Unprofessional conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice of the profession.
Yolanda Johnstone, RN	3/13/07	Revocation	Violation of previously imposed conditions of probation.
Kay Kube, RN	3/13/07	Revocation	Violation of previously imposed conditions of probation.
Ann Marie (Link) Pawlick, RN	3/13/07	Probation	Misdemeanor conviction having a rational connection with fitness to practice the profession. Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.
Kristen Matoush, RN	3/13/07	Probation	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing. Practice of the profession while ability to practice is impaired. Failure to report misdemeanor convictions in accordance with the state mandatory reporting law.
Monte Middleton, RN	3/13/07	Retroactive Suspension Probation	Habitual intoxication or dependence. Violation of the Uniform Controlled Substances Act.
Shannon Richards, RN	3/13/07	Revocation	Habitual intoxication or dependence. Unprofessional Conduct-Misappropriation of medications. Intentional falsification of material facts in a document connected with the practice of nursing.
Krista Sevening, RN	3/13/07	Revocation	Violation of previously imposed conditions of probation.
Chareze Hernandez Wells, RN	3/13/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Deborah Valentine, RN	3/13/07	Voluntary Surrender in Lieu of Discipline of License and Privilege to Practice in NE Under Nurse License Compact	
Megan Daley, RN	3/27/07	Initial license issued on probation	Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession.
Teresa Johnson, RN	4/4/07	Non-Disciplinary Assurance of Compliance	Unprofessional conduct-Committing any act which endangers a patient's safety and welfare.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Tara Erb, LPN	4/6/07	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Joseph Guerrero, LPN	4/6/07	Civil Penalty	Failure to comply with previous censure stipulations.
Tammy Schnell, LPN	4/6/07	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Judith Thomas, LPN	4/6/07	Censure	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Joan Webb, LPN	4/6/07	Probation	Habitual intoxication or dependence or failure to comply with a treatment program or aftercare program entered into under the LAP.
Sean Bachman, RN	4/6/07	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Patricia Hardt, APRN	4/6/07	Censure Civil Penalty	Unprofessional Conduct-Failure to keep and maintain an accurate patient record. Failure to seek consultation, collaboration or failure to refer a patient when warranted.
Baxter McNeal, RN	4/6/07	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Virginia Nolin, RN	4/6/07	Censure Civil Penalty	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Daniel Thomas, LPN	4/19/07	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Alesha Gardner, LPN	4/20/07	Voluntary and Permanent Surrender	
Emily Leader, LPN	4/20/07	Voluntary and Permanent Surrender	
Mandie Johnson, LPN	4/25/07	Initial License Issued on Probation	Felony and misdemeanor convictions having a rational relation to fitness to practice the profession.
Florence Brown, RN	4/30/07	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Patricia Eckleberry-Richards, RN	4/30/07	Censure Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.
Jody Streiff, RN	4/30/07	Censure Civil Penalty	Violation of previously imposed conditions of probation.
Christine Wollam, RN	4/30/07	Censure Civil Penalty	Unprofessional Conduct-Failure to cooperate with the Department's investigation. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Debra Neddenriep, LPN	5/21/07	Censure Civil Penalty Probation	Unprofessional Conduct-Committing any act which endangers patient safety and welfare. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Allene Cherek, RN	5/21/07	Revocation	Violation of previously imposed conditions of probation.
Julie Liesemeyer, RN	5/21/07	Censure Civil Penalty	Unprofessional Conduct-Falsification of material facts in a document connected with the practice of nursing. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Thomas Pollard, RN	5/21/07	Retroactive Suspension Probation	Disciplinary action in another state.

# Nebraska Licensee Assistance Program

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

## A Word of Caution About Combining Alcohol and Medications

Alcohol can cause adverse physical reactions and result in illness, injury, or even death when used with many of the available prescription and over-the-counter medications and herbal remedies. Alcohol use can also influence the effectiveness of a drug by altering its availability. In other words, the amount of the medication reaching the receptor site or area for which it was meant to help is diminished when the medication is combined with alcohol. Alcohol use may also intensify the unpleasant or difficult side effects of a medication.

Some examples of medication/alcohol interactions to be aware of:

- Antibiotics – In combination with acute alcohol consumption, some antibiotics may cause headache, nausea, vomiting, or convulsions. The effectiveness of the medication may also be reduced.
- Antidepressants – Alcohol is a depressant and when combined with an antidepressant can lead to a high potential for interaction. For example, the alcohol increases the sedative effect of the tricyclic antidepressants impairing the mental skills necessary for driving.
- Narcotic pain relievers – The combination of opiates and alcohol enhances the sedative effect of both substances, increasing the risk of loss of control of an individual's faculties and even ability to function at all, including the risk of respiratory arrest.

Anyone considering drinking alcohol while also using medication

should consult with their treating physician or their pharmacist prior to any drinking.

Health service professionals who are taking medications and drink alcohol against medical advice may exhibit an inability to cut back their alcohol use appropriately. If they continue to use alcohol and the alcohol exacerbates the physical or psychological problems the medication is treating, they are exhibiting another sign of alcohol dependence. If they know they should not use alcohol with their medications and persistently try to not use alcohol, but their efforts to control their use are unsuccessful, they have shown another sign of alcohol dependency. Health service professionals who take medications and cannot control their use of alcohol can use the services of the NE LAP to get the treatment they need to help stop their dangerous use of alcohol.

If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction treatment or other related issues, contact the Nebraska Licensee Assistance Program (NE LAP) at (800) 851-2336 or (402) 354-8055 or visit our website at [www.lapne.org](http://www.lapne.org). If you know of or are concerned about a colleague's or employee's alcohol/drug abuse, please contact the NE LAP for a consultation. Together, we may be able to help them to seek appropriate treatment and end the destructive effects of alcohol/drug abuse on their lives.

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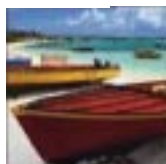
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- The law requires you to report any conviction of a felony or misdemeanor. Since you have not yet had your court date, you do not need to report this incident at this time. If you are found guilty and a conviction is
  - entered on your court record, you must report the conviction within 30 days.

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

## Licensure Q & A

- Q**
- I am an RN nursing supervisor and have an LPN on my unit who has recently completed the LPN-C course.
  - She is in the process of applying for her LPN-C certificate. In the meantime, if I supervise her, can she start IVs since she has already completed the course?

- A**
- No. Until she is certified as an LPN-C, she has no authority to practice as an LPN-C. It is the same as a new graduate (RN or LPN) who is not yet licensed. They are not able to practice as an RN or LPN until they have
  - been issued their license. They may have completed their educational program and may have even passed NCLEX. But, until an individual has been issued a license/certificate, they can not practice in the role. The license/certificate gives them the authority to practice.

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# Update on Implementation of the APRN Umbrella Bill

## Clinical Nurse Specialist License

July 1, 2007, was the date for the Department to start licensing Clinical Nurse Specialists (CNS). As with any new process, it has not gone without some bumps in the road. As they say, timing is everything. Indeed, that is true in this process.

Before we can issue any CNS licenses, the regulations have to be approved and in place. The regulations specify, among other things, requirements for licensure. The process for approval of the regulations is a multi-step process that involves a public hearing, the Board of Health, the APRN Board, the Attorney General's office, and the Governor.

Before the Attorney General's office and the Governor can approve the regulations, they must be reviewed and adopted by the APRN Board. Since the authority for the new board is in LB 256, which had an effective date of July 1, 2007, the board did not become effective until July 1. The first official duty of the new board was to convene on Monday, July 2, and adopt the new regulations.

We have been accepting by applications, and as soon as the regulations are approved, we will begin processing the applications. We will process applications in the order they are received. Since we have no means of predicting

how many applicants there will be, we have no way to predict how long it will take to license everyone. If the regulations are approved, we anticipate starting to issue licenses mid-July. Please check our Web site for any up-to-date news and for the application forms when they are available. [www.dhhs.ne.gov/crl/nursing/nursingindex.htm](http://www.dhhs.ne.gov/crl/nursing/nursingindex.htm).

## Current APRNs, CRNAs, and CNMs

How will the changes affect currently licensed advanced practice nurses; Advanced Practice Registered Nurses, (APRNs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Nurse Midwives (CNMs)? The title APRN will become an umbrella title to include all the advanced practice nurses on July 1. Nurse Practitioners (currently APRNs) will become APRN-NPs. The CRNAs and CNMs will become APRN-CRNAs and APRN-CNMs. All four advanced practice roles, APRN-CRNAs, APRN-CNMs, APRN-NPs, and the newly licensed APRN-CNSs, will be regulated by the new APRN Board.

New licenses will not be issued for currently licensed advanced practice nurses. In 2008, when those nurses renew, they will be issued a new license that will reflect the title changes.

## New Advanced Practice Registered Nursing Board Appointed

Appointments to the new Advanced Practice Registered Nursing (APRN) Board have been made. This new board's role will be to address regulatory issues related to all four categories of APRNs – nurse practitioner, nurse anesthetists, nurse midwives, and clinical nurse specialists. The effective date for the new board is July 1, 2007. Members of the board are:

George Adam, MD	Hastings
Brenda Bergman, Evans, APRN-NP	Omaha
Terry Gee, MD	Lincoln
Stephen Jackson, public member	Omaha
Anita Jaynes, APRN-CNM	Omaha
Michelle Knolla, MD	Omaha
Ruth Van Gerpen, APRN-CNS	Waverly
B. Joshua White, public member	Lincoln
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Vern Schmidt	602 N Hwy 6	Gretna	(402) 332-3300	vschmidt@farmersagent.com
Carla Cosier	7160 S 29 St. #F	Lincoln	(402) 423-3114	ccosier@farmersagent.com
Henry Hagedorn	2120 S 56 St. #202	Lincoln	(402) 486-0007	hhagedorn@farmersagent.com
Charles Hanna	4535 Normal Blvd. #232	Lincoln	(402) 488-4663	channa@farmersagent.com
Mike Landerfield	916 N 70 St.	Lincoln	(402) 488-5277	mlanderfield@farmersagent.com
Kim Mittelstadt	1001 S 70 #224	Lincoln	(402) 434-3993	kmittelstadt@farmersagent.com
Bob Roche	1601 Old Cheney Rd.	Lincoln	(402) 441-4330	broche@farmersagent.com
Angela Vinduska	7160 S 29 St. #F	Lincoln	(402) 423-3114	avinduska@farmersagent.com
Darwin Barker	2608 S 158th Plaza	Omaha	(402) 330-9881	dbarker@farmersagent.com
Frank Bisarek	2939 S 120th St.	Omaha	(402) 505-3414	fbisarek@farmersagent.com
Scott Edgar	405 N 115th St. #203	Omaha	(402) 933-9800	sedgar@farmersagent.com
Ryan Emerson	11605 W Dodge Rd.	Omaha	(402) 208-3164	remerson@farmersagent.com
Matt Garvey	11605 W Dodge Rd.	Omaha	(402) 330-2879	mgarvey@farmersagent.com
Mike Hokanson	11315 P St.	Omaha	(402) 896-6565	mhokanson@farmersagent.com
Rhonda Juarez	4601 S 50 St. #309	Omaha	(402) 292-1210	rjuarez@farmersagent.com
Vanessa Jurden	6324 Maple St.	Omaha	(402) 556-1373	vjurden@farmersagent.com
Michael Kidd	11315 P St.	Omaha	(402) 330-9218	mkidd@farmersagent.com
Rob Kuhl	920 S 107 Ave. #304	Omaha	(402) 884-1055	rkuhl@farmersagent.com
Pat Lemmers	11720 W Dodge Rd.	Omaha	(402) 493-3033	plemmers@farmersagent.com
Mick Manley	9001 Arbor St. #111	Omaha	(402) 391-1656	mmanley@farmersagent.com
Bill Parsons	11329 P St. #105	Omaha	(402) 597-2371	bparsons@farmersagent.com
Gerene Ridpath	4848 S 120 St. #210	Omaha	(402) 895-0885	gridpath@farmersagent.com
Larry Schmitz	2726 S 148th Ave. Cir.	Omaha	(402) 895-3663	lschmitz@farmersagent.com
Mary Sladek	5332 S 138 St. #203	Omaha	(402) 991-9229	msladek@farmersagent.com
Ron Sladek	2722 S 148 Ave. Cir.	Omaha	(402) 330-8911	rsladek@farmersagent.com
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## Registry Action on Nurse Aides & Medication Aides

From 02/01/2007 to 04/30/2007, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Arlington, Shana	49835	Finding of Conviction	03/27/2007
Brown, Amy Christine	54471	Finding of Conviction	03/08/2007
Christie, Patricia Marie	61300	Finding of Conviction	03/07/2007
Mayfield, Jean	14101	Finding of Abuse, Finding of Neglect	03/09/2007
Menkens, Ellen	34356	Finding of Conviction	03/27/2007
Stromberg, Tammy	49366	Finding of Conviction	03/27/2007

From 02/01/2007 to 04/30/2007, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Akue, Adote	54328	Competency Violation	03/07/2007
Battle, Robert Eugene, Jr.	40958	Moral Character	02/26/2007
Dennison, Michael Ira	56653	Failure to pay fees	03/09/2007
Kpokoudjo, Seithon	56699	Falsification of Application, Moral Character	03/14/2007
Menkens, Ellen	51164	Moral Character	03/27/2007
West, Christine Gayles	57715	Failure to pay fees	02/26/2007
White, Nancy S	56866	Competency Violations	03/22/2007

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

Name	Medication Aide Reg #	Action	Date Entered
Soukup, April	51629	Moral Character	01/17/2007

# Applicants for Board Positions Sought

The Nebraska Department of Health & Human Services is currently seeking individuals interested in serving on the Board of Nursing or the Nursing Home Advisory Council. Application documents are available online at [www.hhss.ne.gov/crl/Board\\_Vacancies.htm](http://www.hhss.ne.gov/crl/Board_Vacancies.htm).

**BOARD OF NURSING** – The State Board of Health will make appointments to the following positions at their November 19, 2007, meeting.

- **Advanced Practice Registered Nurse Member** – Statutory Requirements: 1) Minimum of five years' experience as an advanced practice registered nurse; 2) Employed as an advanced practice registered nurse (current employment means having practiced no less than two thousand hours in the last two years); 3) Licensed as an advanced practice registered nurse in Nebraska.

- **Consumer Member** – Statutory Requirements: 1) Resident of Nebraska; 2) Voting age; 3) SHALL NOT have been involved in providing health care services in this state for the last three years.

- **Nursing Service Administrator Member** – Statutory Requirements: 1) Licensed as a registered nurse in Nebraska; 2) Minimum of five years experience in nursing service administration; 3) Employed in nursing service administration (current employment means having practiced no less than two thousand hours in the last two years).

NOTE: The nursing services administrators, staff nurses, and licensed practical nurses shall be equally representative of acute care, long-term care, and community-based care. All congressional districts shall be equally represented on the board.

*The deadline for submission of an application and supporting documentation is August 1, 2007. Personal interviews with applicants will be conducted on Sunday afternoon, September 16th, in Lincoln.*

Please send with your name and address together, with the name of the board and position of interest, if you wish to receive an application packet in the mail to:

Joyce M. Novak,  
Administrative Assistant  
Email: [Joyce.Novak@hhss.ne.gov](mailto:Joyce.Novak@hhss.ne.gov)  
HHSR&L, Credentialing Division  
Phone: (402) 471-0182  
P.O. Box 94986  
Lincoln, NE 68509

**NURSING HOME ADVISORY COUNCIL** – This Council advises and assists the department in carrying out the administration of the Health Care Facility Licensure Act and the rules, regulations, and standards as they apply to nursing homes. Appointments to this Council are made by the governor.

If you know of someone who may be interested in serving as a public member on a professional licensing board, committee, or council, please provide the Credentialing Division with their name and address. There are nine public member positions that will be filled in 2007.



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# The Center for Nursing Activities Related to the Nursing Shortage

The Center for Nursing was established by the Nebraska Legislature to develop strategies to positively impact the nursing shortage in Nebraska. The Center has been

involved in a number of activities to recruit and educate more nursing students. Additional nursing programs have been established and forgivable loans were made

There were approximately 80 nursing managers, facility administrators, and human resource personnel in attendance. Marci Bohrling, an RN consultant to



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available for nursing students and nursing faculty. In 2006, there were more nursing students and more nursing graduates in Nebraska nursing programs than in recent years.

With the supply of new nurses increasing, the next area of attention is to keep these nurses active in nursing and employed in Nebraska facilities. A defined goal to accomplish this was to identify and promote known successful strategies for retention of nurses in the workforce. With this goal in mind, the Center co-sponsored a health care retention conference with the Nebraska Hospital Association and the Nebraska Health Care Association on May 8 in Grand Island. The conference was entitled "Engaging and Retaining the Health Care Workforce: The Challenge of the Decade."

health care facilities, was the speaker. The topics for the day included: Setting the Stage: National Health Care Trends Creating Workforce Vulnerability, Creating a Workforce Plan, a Prototype for a Less Vulnerable Work Environment, and Maintaining a Healthy Work Environment When the Going Gets Tough. One of the highlights of the conference was when the attendees broke into small groups and identified and shared some recruitment/retention "pearls" that have worked for them.

The conference was well received. Participants were asked to identify additional assistance that the three organizations sponsoring the event could provide, related to the recruitment and retention of health care workers.

# 1987 Twenty Years Ago in Nursing News

- There were 14,848 RNs, 6,648 LPNs, 22 Nurse Practitioners, and 226 CRNAs licensed in Nebraska.
- Ann Van Hoff, newly appointed Board of Nursing member, wrote an article on her perceptions of the role of a board member as a “newcomer.”
- Frankey Ostlund, LPN member on the Board of Nursing since 1984, reflected on her experience as a board member and the steep learning curve to learn the laws and regulations. She commented on the enormity of the responsibility associated with board membership and the board’s accountability to protect the public from unsafe practice by nurses.
- There was one Associate Degree nursing program in the state (College of Saint Mary), seven baccalaureate programs (Bishop Clarkson, Creighton University, Kearney State College, Midland Lutheran College, Nebraska Methodist College, Union College and the University of Nebraska), four diploma programs (Bishop Clarkson College, Bryan Memorial Hospital School of Nursing, Nebraska Methodist College, and West Nebraska General Hospital School of Nursing), and eight practical nursing programs (Central Community College Columbus, Central Community College Kearney, Metropolitan Technical Community College, Mid-Plains Community College, Nebraska Western College, Northeast Technical Community College, Southeast Community College Beatrice and Southeast Community College Lincoln) leading to licensure. There were also two baccalaureate completion programs for RNs (College of Saint Mary and Wesleyan University) and two graduate nursing programs (Creighton University and the University of Nebraska).
- Mary Helen Elliott had resigned her position as the Nursing Education Consultant on staff.
- A bill for the early identification of and monitoring of professionals impaired by chemical addictions had been introduced in the legislature. LB 691 failed to get out of committee, but an interim study on the issue was planned.



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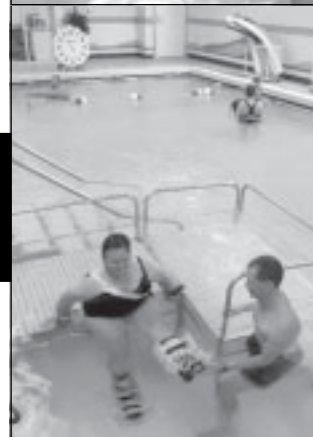
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### **Nursing Practice Issues**

Karen Bowen, R.N., M.S.  
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[karen.bowen@hss.ne.gov](mailto:karen.bowen@hss.ne.gov)

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## **Licensed Practical Nurse**

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[ruth.schuldt@hss.ne.gov](mailto:ruth.schuldt@hss.ne.gov)  
OR  
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## **Medication Aide**

### **Medication Aide Role and Practice Standards**

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## **Name and/or Address Change**

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### **Medication Aide Registry and Applications**

Teresa Luse  
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### **Medication Aide Testing**

Kathy Eberly  
(402) 471-4364  
[kathy.eberly@hss.ne.gov](mailto:kathy.eberly@hss.ne.gov)

## **Nurse Aide**

### **Nurse Aide Role and Practice Standards**

Marletta Stark, R.N., B.S.N.  
[marletta.stark@hss.ne.gov](mailto:marletta.stark@hss.ne.gov)

### **Nurse Aide Registry**

Wanda Wiese  
(402) 471-0537  
[wanda.wiese@hss.ne.gov](mailto:wanda.wiese@hss.ne.gov)

### **Name and/or Address Change**

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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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[nancy.stava@hss.ne.gov](mailto:nancy.stava@hss.ne.gov)

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