



# ASBN *Update*

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February 2012 Volume 16 Number 1



**A Nurse's Guide to  
the Use of Social Media**

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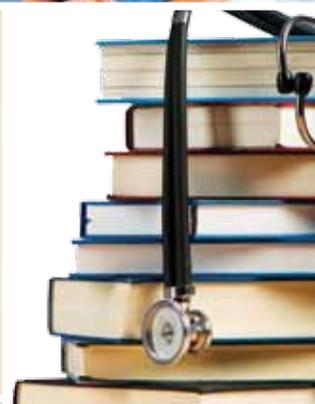
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The *ASBN Update* circulation includes over 48,000 licensed nurses and student nurses in Arkansas.





## ***What Can Nurses Learn From Wasps?***

That is an interesting question. Some Native American Indians believed the wasp to be a symbol of communication, organization and productivity. Have you ever given much thought to how wasps build their nest? The next time you see a group of wasps building their nest, watch them for awhile. They make paper from wood products and build a home that protects them and their young from the forces of nature. Their home is designed to protect them from rain and even has ventilation holes in the top of the nest to allow airflow. As nurses, what can we glean from the lessons taught by wasps? Teamwork.

For teamwork to occur and a team to be effective, there must be leadership, a common goal, clear communication and accountability. Without these building blocks, chaos will ensue. According to Webster's Dictionary, teamwork is "work done by several associates with each doing a part but all subordinating personal prominence to the efficiency of the whole." Teamwork does not mean an individual's interests and opinions are not important. It means a consensus must be reached as to which direction the team needs to take. We are all members of many teams, both professionally and personally. Sometimes, you get to choose who is on your team. But most of the time, someone else puts the team together. You must learn to work with a diverse group of people who have a variety of opinions and goals. Which teams that you are a member of work well and which ones don't? What is different about the teams that produce good outcomes and those that never seem to accomplish anything?

According to a Health Resources and Services Administration (HRSA) 2010 report, there are 3.1 million nurses in the United States. Nurses are the largest group of health care professionals, at a staggering rate of 10 nurses to every three physicians. There is so much strength in the numbers—it is time to speak out and be heard. Nurses must have confidence and work together toward a common goal. Regardless of education and level of licensure, each nurse is an essential part of the health care team and needs to voice his or her thoughts and beliefs. There are so many issues that affect the profession of nursing, and we tend to sit back and let others do the work. Many times, we are fighting among ourselves over issues such as entry into practice and educational level, and we forget to come together over the big issues such as scope of practice. Don't get me wrong—I believe we should all continue our education and grow professionally, but there is room in the health care arena for all of us—no matter which level we practice.

Working together as a team maximizes each person's strengths and produces incredible results. The process doesn't happen automatically. In fact, it takes a great deal of hard work and compromise. The key to survival for wasps is not trying to survive as individuals but to work together as a group.

Learn from the wasp and work together to build a better future for nursing.

A handwritten signature in black ink that reads "Sue A. Tedford". The signature is written in a cursive, flowing style.

## NURSE EDUCATOR *Remembered*

Gail (Cathey) Swisher passed from this life on January 1, 2012, at Circle of Life Hospice in Bentonville, Arkansas after a courageous 14 year battle with breast cancer.

Gail joined the Department of Nursing of Northwest Arkansas Community College as an instructor over 15 years ago. Students soon realized that "Miz Swish", as she was affectionately known, knew her stuff!

She was the Chair of the Scholarship Committee for the Nursing Program. She took that position very seriously, believing in "sharing the wealth", that is, helping as many deserving students as possible to benefit from financial aid.

She also worked part-time at Northwest Health Systems — Bentonville Hospital because she was a firm believer in "keeping up" on her clinical skills and staying in touch with that "hands-on" care!

Gail was preceded in death by her father. She is survived by her mother of Rogers, Arkansas, husband Brian of 25 years and sons Daniel and Michael of Bentonville, and her brother Nathan Cathey of Washington. The funeral was Friday, January 6, in Bentonville. In Gail's memory, donations may be made to Camp Barnabas at 901 Teas Trail, Purdy, Missouri 65734 or [www.campbarnabas.org](http://www.campbarnabas.org)

*Submitted by Elaine Holloway*



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## THE MORE THINGS CHANGE ...

I had the honor to teach in the Harrison Twin Lakes Vocational School Practical Nursing program at the Mountain Home division for 13 years. My two mentors were Joy Clark, RN, and the late Mary Wallace, RN, of Harrison. These professional, caring nurses were an inspiration to this new nursing instructor. My former students are also very near and dear to my heart and have been successful with careers in nursing.

In September, a former student called me to help her obtain a grey paper copy of her license for her employer. I may be president of the State Board of Nursing, but I could not get her a grey paper license verification. Furthermore, I would not even try. However, I did get a wonderful opportunity to teach, and here is your opportunity to teach your employer how to get verification that the Arkansas State Board of Nursing licenses you.

Does your employer need a piece of paper? No. Your employer needs verification directly from the ASBN website that the nurses working are licensed by the Arkansas State Board of Nursing.

Okay, this "Go, Green" computer verification is not the grey license that we're used to, but the computer verification is current and cannot be adulterated as the grey paper version could be and was in many cases. Just consider the number of trees we are saving with paperless licensure.

The process:

1. Go to the Arkansas State Board of Nursing website ([www.arsbn.org](http://www.arsbn.org))
2. Left click, "Licensing" from the choices across the top of the webpage
3. On the left side of the page left click on "Verification Information and Registry Search"
4. Left click on ASBN Registry Search Go to: <https://www.ark.org/arsbn/statuswatch/index.php/nurse/search/new>
5. Type either the nurse's name (last name first) or license number in the appropriate box and left click on search
6. Left click on the name that you are searching and the next page will give you basic information regarding the nurse's license including license status, license type, date issued, expiration date and any active disciplinary flags

Do you know the rest of the adage in the title?

**"The more things change, the more they remain the same."** The Arkansas State Board of Nursing has always been and always will be about public protection through nursing regulations. Public protection does involve a change and that current change is computer verification for current licensure—paperless licensure.

Always look for a unique opportunity to teach each day.

## 2012 BOARD DATES

### February 8

Hearings

### February 9

Hearings

### March 12-14

NCSBN Midyear Meeting, Chicago, IL

### April 11

Hearings

### April 12

Hearings

### May 9

Board Retreat

### May 10

Business Meeting

### June 13

Hearings

### June 14

Hearings

### July 11

Hearings

### July 12

Hearings

### August 8-10

NCSBN Annual Meeting, Dallas TX

### September 12

Hearings

### September 13

Business Meeting

### October 10

Hearings

### October 11

Hearings

### November 14

Hearings

### November 15

Hearings

- Approved the curriculum revisions of the programs, listed below, to be implemented with the next admitting class:
  - Arkansas State University- Mountain Home RN Program
  - University of AR Community College- Batesville RN Programs
  - South AR Community College- El Dorado RN Program
  - College of the Ouachitas- Malvern RN Program
  - AR Rural Nursing Education Consortium (ARNEC) Melbourne RN Program
  - North AR College- Harrison Program
  - University of AR Community College- Morrilton RN Program
- Granted initial approval to the Arkansas Tech University- Ozark LPN to Associate of Applied Science degree RN Program
- Granted Continued Full Approval to the ARNEC LPN to RN Associate of Applied Science Degree in Nursing Program until the year 2016
- Granted continued full approval to the Southern Arkansas University Baccalaureate of Science Degree in Nursing Program until the year 2016
- Referred the Expedited Partner Therapy Position Statement to the Prescriptive Authority Committee for discussion and recommendation to the full Board
- Referred discussion to the Prescriptive Authority Committee to provide a recommendation to the full Board regarding CPT codes, reimbursement and scope of practice
- Approved development of Jurisprudence Examination for use in meeting disciplinary actions

## NEW BOARD MEMBER APPOINTED

Gov. Mike Beebe has appointed Crossett resident Shela Upshaw, RN, to the Board. Upshaw received an associate degree in nursing from the University of Arkansas at Monticello. She has been the PN Program Chair at the University of Arkansas at Monticello-Crossett for over 14 years and has worked in cardiac step-down, ER, Med/Surg and geriatric psych. Upshaw represents associate degree nurses and replaces Board Member Brenda Murphree.

Cynthia Burroughs, Consumer Representative, Gladwin Connell, Representative of the Older Population, and Doris Scroggin, RN, were reappointed by Gov. Mike Beebe to serve a second term on the Board.

The Board and staff welcome Ms. Upshaw and extend their appreciation and thanks to Ms. Murphree for her years of service and commitment to public protection.



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Carlos Miller, Information Systems Coordinator



## SPECIAL NOTICE

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update's contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.

## ASBN NOTICE OF INSUFFICIENT FUNDS

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Gail Bengal at 501.686.2716 if any are employed in your facility.

Rosa Marie Bradley	L16658
Jessica Gonzalez	Exam Application
Tonya Humphrey	R55602
Victoria Knighten	R81020
Amber Sanders	R73529
Nathan Shaheed	T01220
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June Elizabeth Sivils	L30290
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Sally F. Williams	L26287



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Seated, L to R: Cynthia Burroughs, Consumer Rep., Treasurer; Brenda Murphree, RN; Karen Holcomb, RN; Gladwin Connell, Rep. of the Older Population, Secretary

Little Rock GRECC presents...

## Geriatric Medicine Update: Mental Health in Older Adults

Thursday, March 15, 2012

Crowne Plaza Hotel ■ LITTLE ROCK, AR

**COURSE DESCRIPTION:** This is a one day conference that will address key issues in mental health etiology and treatment in older adults. Topics will include a discussion of new discoveries in brain function, depression and both pharmacologic and non-pharmacologic interventions, the role of cognition in the development of depression, recognition of depression and substance abuse in older adults, and prevention of suicide in old age. This meeting is sponsored by the **Central Arkansas Veterans Healthcare System, Geriatric Research, Education and Clinical Center (GRECC) and the University of Arkansas for Medical Sciences.**

To register & review program details, call 501-661-7962 or online at <http://www.uams.edu/cmeregister>



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**Individual must meet the following minimum qualifications:**

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- Must have obtained APN Certification
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- Experience in a Cardiologist practice, ICU, or CCU as an RN or APN
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# FAITH A. FIELDS NURSING SCHOLARSHIP LOAN

Many people have shown interest in the Faith A. Fields Nursing Scholarship Loan. The best way to find more information about this program is at [www.arsbn.org](http://www.arsbn.org). If you look under the Education section in "Loans & Scholarships," you will find FAQs. This is also where the applications for both the Nursing Educator Loan and the Nursing Student Loan tracks will be available.

The definition of this scholarship/loan provided at [www.arsbn.org](http://www.arsbn.org) follows: "The Faith A. Fields Nursing Scholarship Loan provides forgivable loans to students pursuing a course of study leading to qualification as a registered nurse (Nursing Practice Loan), licensed practical nurse (Nursing Practice Loan), or nurse educator (Nurse Educator Loan). Funding for this loan program is provided through the Arkansas State Board of Nursing (ASBN)."

Answers to a few of the common questions we receive about the program can be found below:



Is there only one scholarship everyone is trying to receive?



No. There is enough funding to award more than one scholarship. How many scholarships/loans are awarded is dependent upon how many applicants meet the requirements.



I am thinking about going to nursing school. Should I go ahead and apply now?



No. Since one of the qualifications is that you must be accepted into or enrolled in a qualified nursing program, you should be enrolled or accepted in a nursing program

before applying. This program is not intended for the funding of pre-requisites, but to aid people taking nursing courses.



If the deadline falls on a weekend, can I bring my application to the office of ASBN in person on the following Monday and my application be considered on time?



No. Make sure your information is either delivered to us or postmarked by the deadline.



I already have some student loans. Can I use this to pay for the loans I already have?



No. These funds can only be used for current education expenses. Please visit [www.arsbn.org](http://www.arsbn.org) for more information.

## ASSISTANT/ASSOCIATE PROFESSOR OF NURSING SOUTHERN ARKANSAS UNIVERSITY

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**QUALIFICATIONS:** MSN with PhD or DNS preferred, or candidates with hours toward PhD will be considered. Unrestricted Arkansas RN License and a minimum of five years of clinical practice experience. Preference will be given to applicants with woman's health, psychiatric, or pediatric nursing experience. Prior teaching experience is desirable. The Nursing Department is accredited through NLNAC. Additional information is available at [www.saumag.edu](http://www.saumag.edu).

**TO APPLY** send letter of application, curriculum vitae, copies of transcripts and contact information for three references to: Office of Human Resources, Southern Arkansas University, P.O. Box 9288, Magnolia, AR 71754-9288 or email to [HR@saumag.edu](mailto:HR@saumag.edu). Applicants must be able to show proof of U.S. employment eligibility. Southern Arkansas University is an affirmative action, equal opportunity employer and encourages applications from women and minorities.

*Non-listed references may be contacted.*

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# White Paper: A Nurse's Guide to the Use of Social Media

## INTRODUCTION

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies

may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

## CONFIDENTIALITY AND PRIVACY

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portabil-

ity and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social www.nc-sbn.org 2 networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

## POSSIBLE CONSEQUENCES

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

### BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;

*continued on page 12*

- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NC-SBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

### Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying."

Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

### COMMON MYTHS AND MISUNDERSTANDINGS OF SOCIAL MEDIA

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.<sup>1</sup> The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.
- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

### HOW TO AVOID PROBLEMS

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.

- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

## CONCLUSION

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

## ILLUSTRATIVE CASES

The following cases, based on events reported

to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

### SCENARIO 1

Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident's brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident's condition with the former coworker. The administrator of the group home learned of Bob's actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident's condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident's condition. The BON imposed disciplinary action on Bob's license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

This case demonstrates the need to obtain valid consent before taking photographs of patients; the impropriety of using a personal device to take a patient's photo; and that confidential information should not be disclosed to persons no longer involved in the care of a patient.

### SCENARIO 2

Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous night-shift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other dayshift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody

knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident's room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Somebody on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

Although no staff member had bothered to bring it to the attention of a supervisor, by midday, the director of nursing and facility management had become aware of the photo and began an investigation as they were very concerned about the patient's rights. The local media also became aware of the matter and law enforcement was called to investigate whether any crimes involving sexual exploitation had been committed.

While the county prosecutor, after reviewing the police report, declined to prosecute, the story was heavily covered by local media and even made the national news. The facility's management placed several staff members on administrative leave while they looked into violations of facility rules that emphasize patient rights, dignity and protection. Management reported the matter to the BON, which opened investigations to determine whether state or federal regulations against "exploitation of vulnerable adults" were violated. Although the originator of the photo was never discovered, nursing staff also faced potential liability for their willingness to electronically share the photo within and outside the facility, thus exacerbating the patient privacy violations, while at the same time, failing to bring it to management's attention in accordance with facility policies and procedures. The patient in the photo was ultimately identified and her family threatened to sue the facility and all the staff involved. The BON's complaint is pending and this matter was referred to the agency that oversees long-term care agencies.

This scenario shows how important it is for nurses to carefully consider their actions. The nurses had a duty to immediately report the incident to their supervisor to protect patient privacy and maintain professionalism.

*continued on page 14*

Instead, the situation escalated to involving the BON, the county prosecutor and even the national media. Since the patient was ultimately identified, the family was embarrassed and the organization faced possible legal consequences. The organization was also embarrassed because of the national media focus.

### SCENARIO 3

A 20-year-old junior nursing student, Emily, was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. Emily was caring for Tommy, a three-year-old patient in a major academic medical center's pediatric unit. Tommy was receiving chemotherapy for leukemia. He was a happy little guy who was doing quite well and Emily enjoyed caring for him. Emily knew he would likely be going home soon, so when his mom went to the cafeteria for a cup of coffee, Emily asked him if he minded if she took his picture. Tommy, a little "ham," consented immediately. Emily took his picture with her cell phone as she wheeled him into his room because she wanted to remember his room number.

When Emily got home that day she excitedly posted Tommy's photo on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute little patient. Along with the photo, she commented, "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse." In the photo, Room 324 of the pediatric unit was easily visible.

Three days later, the dean of the nursing program called Emily into her office. A nurse from the hospital was browsing Facebook and found the photo Emily posted of Tommy. She reported it to hospital officials who promptly called the nursing program. While Emily never intended to breach the patient's confidentiality, it didn't matter. Not only was the patient's privacy compromised, but the hospital faced a HIPAA violation. People were able to identify Tommy as a "cancer patient," and the hospital was identified as well. The nursing program had a policy about breaching patient confidentiality and HIPAA violations. Following a hearing with the student, school officials and the student's professor, Emily was expelled from the program. The nursing program was barred from using the pediatric unit for their

students, which was very problematic because clinical sites for acute pediatrics are difficult to find. The hospital contacted federal officials about the HIPAA violation and began to institute more strict policies about use of cell phones at the hospital.

This scenario highlights several points. First of all, even if the student had deleted the photo, it is still available. Therefore, it would still be discoverable in a court of law. Anything that exists on a server is there forever and could be resurrected later, even after deletion. Further, someone can access Facebook, take a screen shot and post it on a public website.

Secondly, this scenario elucidates confidentiality and privacy breaches, which not only violate HIPAA and the nurse practice act in that state, but also could put the student, hospital and nursing program at risk for a lawsuit. It is clear in this situation that the student was well-intended, and yet the post was still inappropriate. While the patient was not identified by name, he and the hospital were still readily identifiable.

### SCENARIO 4

A BON received a complaint that a nurse had blogged on a local newspaper's online chat room. The complaint noted that the nurse bragged about taking care of her "little handicapper." Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating "privacy laws" of the child and his family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her "little handicapper," there were comments about a wheelchair and the child's age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient's family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a

frequent blogger on the local newspaper site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.

### SCENARIO 5

Nursing students at a local college had organized a group on Facebook that allowed the student nurses' association to post announcements and where students could frequently blog, sharing day-to-day study tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical for the day pending an evaluation of the error. That evening, the students blogged about the error, perceived fairness and unfairness of the discipline, and projected the student's future. The clinical error was described, and since the college only utilized two facilities for clinical experiences, it was easy to discern where the error took place. The page and blog could be accessed by friends of the students, as well as the general public.

The students in this scenario could face possible expulsion and discipline. These blogs can be accessed by the public and the patient could be identified because this is a small community. It is a myth that it can only be accessed by that small group, and as in Scenario 3, once posted, the information is available forever. Additionally, information can be quickly spread to a wide audience, so someone could have taken a screen shot of the situation and posted it on a public site. This is a violation of employee/university policies.

## SCENARIO 6

Chris Smith, the brother of nursing home resident Edward Smith, submitted a complaint to the BON. Chris was at a party when his friend, John, picked up his wife's phone to read her a text message. The message noted that she was to "get a drug screen for resident Edward Smith." The people at the party who heard the orders were immediately aware that Edward Smith was the quadriplegic brother of Chris. Chris did not want to get the nurse in trouble, but was angered that personal information about his brother's medical information was released in front of others.

The BON opened an investigation and learned that the physician had been texting orders to the personal phone number of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that on the night of the party, the nurse had left the facility early. A couple hours prior to leaving her shift she had called the physician for new orders for Edward Smith. She passed this information onto the nurse who relieved her. She explained that the physician must not have gotten a text from her co-worker before he texted her the orders.

The BON contacted the nursing home and spoke to the director of nursing. The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.

The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse managers should be aware of these situations and take steps to minimize such risks.

## SCENARIO 7

Jamie has been a nurse for 12 years, working in hospice for the last six years. One of Jamie's current patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. Jamie periodically read Maria's postings, but had never left any online comments. One day, Maria posted about her depression and difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. Jamie knew Maria had been struggling and wanted to provide support, so she wrote a comment in response to the post, stating, "I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday." The site automatically listed the user's name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her and said, "I didn't know you were taking care of Maria. I saw your message to her on the communication page. I can tell you really care about her and I am glad she has you. She's an old family friend, you know. We've been praying for her but it doesn't look like a miracle is going to happen. How long do you think she has left?" Jamie was instantly horrified to realize her expression of concern on the webpage had been an inappropriate disclosure. She thanked her friend for being concerned, but said she couldn't discuss Maria's condition. She immediately went home and attempted to remove her comments, but that wasn't possible. Further, others could have copied and pasted the comments elsewhere.

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self-reported to the BON and is awaiting the BON's decision.

This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

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- 1 One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose." Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from <http://www.youtube.com/watch?v=X7gWEgHEXcA>

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# GOOD SAMARITAN LAW: AM I COVERED?

- As a licensed health care provider, do I have to stop and lend assistance on the scene of an accident?
- If I volunteer nursing services at a free clinic, does the Good Samaritan Law protect me from liability?
- If I volunteer to work at the first aid booth at a community event, does the Good Samaritan Law cover me if something bad were to happen?

Licensed nurses (LPNs, LPTNs, RNs, APNs) all need to be aware of how the Good Samaritan Law works, and even more so, its limitations. This law was designed to encourage health care professionals to stop and render aid in emergency situations without the fear of a civil lawsuit. However, nurses are not mandated by law to stop and render aid. This is an ethical decision nurses must make for themselves.

The key points to remember regarding this law are:

- Health care professionals who lend EMERGENCY assistance WITHOUT COMPENSATION at the site of an emergency/accident shall not be liable for civil damages for acts (or omission of acts) performed in good faith, as long as the acts (or omission of acts) were not grossly negligent or willful misconduct. Therefore, volunteering at a free clinic or community event will not be covered, as these are not emergency situations or accidents.
- Nurses should not exceed their level of training or scope of practice when providing emergency

assistance. If the nurse delivers assistance that exceeds her level of training or scope of practice, the Good Samaritan Law will not cover the nurse.

Please know that I highly applaud the efforts of nurses who volunteer their time and training at free clinics, community events, church camps, etc. These are worthwhile causes that benefit from our efforts. However, in the event that something goes wrong, the Good Samaritan Law will not cover you – it will fall back on your malpractice insurance.

One other note for APNs with Prescriptive Authority—if you volunteer your APN services at a free clinic, you will need a Collaborative Practice Agreement with a collaborating physician for that clinic. Even though you are not being compensated for your time, the Good Samaritan Law does not cover you and free clinics are still considered to be practice sites.

For more information, please review the Good Samaritan Law (Arkansas Code Annotated §17-95-101) below:

## 17-95-101. “Good Samaritan” law.

- (a) Any health care professional under the laws of the State of Arkansas who in good faith lends emergency care or assistance without compensation at the place of an emergency or accident shall not be liable for any civil damages for acts or omissions performed in good faith so long as any act or omission resulting from the rendering of emergency assistance or services was not grossly negligent or willful misconduct.
- (b) Any person who is not a health care professional who is present at an emer-

gency or accident scene and who:

- (1) Believes that the life, health, and safety of an injured person or a person who is under imminent threat of danger could be aided by reasonable and accessible emergency procedures under the circumstances existing at the scene thereof; and
  - (2) Proceeds to lend emergency assistance or service in a manner calculated in good faith to lessen or remove the immediate threat to the life, health, or safety of such a person, shall not be held liable in civil damages in any action in this state for any act or omission resulting from the rendering of emergency assistance or services unless the act or omission was not in good faith and was the result of gross negligence or willful misconduct.
- (c) No health care professional who in good faith and without compensation renders voluntary emergency assistance to a participant in a school athletic event or contest at the site thereof or during transportation to a health care facility for an injury suffered in the course of the event or contest shall be liable for any civil damages as a result of any acts or omissions by that health care professional in rendering the emergency care. The immunity granted by this subsection shall not apply in the event of an act or omission constituting gross negligence.
- (d) For the purposes of this section, “health care professional” means a licensed physician, chiropractic physician, dentist, optometric physician, podiatric physician, and any other licensed health care professional.



# EDUCATION UPDATE

Program directors and faculty from around the state attended an Education Director's Update at the Arkansas State Board of Nursing Tuesday, November 1, 2011. The day included learning opportunities and networking with fellow educators. Some of the key information discussed included: ASBN 101, Criminal Background Checks, the Disciplinary Process and the Role of the Program Director in Maintaining the Standards for Nursing Education Programs as

stated in the ASBN Rules. If you were unable to attend this meeting, we are publishing much of the information on [www.arsbn.org](http://www.arsbn.org). The information can be found under the Education Tab, and then click Program Director and Faculty Information. This link will contain documents on preparing for an ASBN approval survey, preparing for a site visit, how to make major curriculum changes, special accommodations for students taking the NCLEX®, a criminal background

checklist and much more. Plans are also underway for the First ASBN Faculty Development Day, "Arkansas Nurse Educator's: Impact the Future of Nursing." This event is scheduled for Friday, April 13, 2012 from 9 a.m. to 2:30 p.m. at Harding University in Searcy. There will be contact hours awarded for this day of learning and networking. If you are an educator, please watch [www.arsbn.org](http://www.arsbn.org) for more details on the event and how to register. You don't want to miss it!

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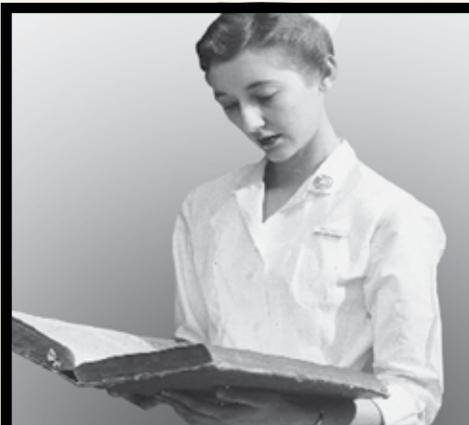
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# MEDICARE 10TH STATEMENT OF WORK: NEW QIO PROGRAM AIMS FOR BOLD GOALS, SYSTEM-LEVEL TRANSFORMATION

As Arkansas's Medicare Quality Improvement Organization (QIO), the Arkansas Foundation for Medical Care (AFMC) has a long record of collaborating with the state's health care providers to improve care in Arkansas. Our newest contract with the Centers for Medicare & Medicaid Services (CMS) — the 10th Statement of Work (SOW), in effect from August 2011 through July 2014 — marks a dramatic departure from how QIOs have historically approached the task of improving health care.

This change is characterized by bold goals; transformation at the systems level; a patient-centered philosophy; collaborative learning; and breaking down barriers to quality improvement.

AFMC will focus its efforts on three critical areas: better patient care, better population health, and lowering health care costs through improvement. As a Medicare QIO, AFMC will pursue four "aims" identified by CMS as keys to system-wide improvement.

## AIM 1: MAKE CARE BENEFICIARY AND FAMILY CENTERED

Patient-centered care is the QIO program's top priority. AFMC will be working with providers to promote responsiveness to beneficiary and family needs, encourage listening to and addressing beneficiary and family concerns, and provide decision-making resources for patients and caregivers.

This aim has three main parts:

**Empowering beneficiaries and families to be more engaged in health care decision-making.** The Patient and Family Engagement Campaign, set to begin Aug. 1, 2012, will include tools and strategies to help providers engage patients and families, as well as self-advocacy information for patients and families.

**Contributing to safer, more effective care through quality improvement work with providers.** AFMC will use what we learn from reviewing quality complaints to improve the way providers deliver health care. We will also work to increase patients' access to care regardless of socioeconomic, cultural or educational background.

**Providing a streamlined process for**

**quality-of-care complaints.** Instead of contacting AFMC directly, patients will go through the newly established Beneficiary- and Family-Centered Care National Coordinating Center (BFCCNCC). The center will then send the appropriate cases to AFMC for review. Upon request, AFMC will also assist providers who are required to perform a root cause analysis, implement systems change or develop a quality improvement plan to resolve any quality of care concerns identified.

## AIM 2: IMPROVE INDIVIDUAL PATIENT CARE

This aim has four main goals:

**Reduce health care-acquired infections (HAI) (hospitals).** Work will begin with central line-associated blood stream infections (CLABSI) and then move on to other HAIs.

**Reduce health care-acquired conditions (HACs) by 40% (nursing homes).** The first phase (through January 2013) will focus on reducing pressure ulcers and the use of physical restraints. The second phase (January 2013-July 2014) will take on other HACs.

**Eliminate adverse drug events.** As part of the Health Resources and Service Administration's Patient Safety and Clinical Pharmacy Collaborative, AFMC will work with a small group of communities in Arkansas to improve care coordination and medication reconciliation as beneficiaries move among care settings.

**Quality reporting and improvement.** In the 10th SOW, AFMC will continue to provide technical support in reporting clinical data to Medicare's Hospital Inpatient Quality Reporting Program, and will assist with the Hospital Outpatient Quality Reporting Program as well. These programs both include financial incentives for successful participation.

## AIM 3: INTEGRATE CARE FOR POPULATIONS

Avoidable hospital readmissions strain patients and families and increase costs unnecessarily. Beginning Oct. 1, 2012, more

of those costs will be shifted to hospitals: Under the Readmissions Payment Reduction Program, hospital DRG rates will be decreased if hospitals meet CMS criteria for "excess readmissions."

AFMC will work with hospitals and other health care facilities to improve care transition processes and reduce readmissions within 30 days of discharge by 20% over three years. We will use proven interventions and focus on communities with the highest 30-day hospital readmission rates.

## AIM 4: IMPROVE HEALTH FOR POPULATIONS/COMMUNITIES

The goal of this aim is to improve health at the community level — to keep Medicare beneficiaries as healthy as possible for as long as possible through system-wide changes to processes of care in physician practices.

AFMC will work with physicians on three areas:

- Using electronic health records (EHRs) to improve preventive care
- Reduce cardiac risk factors
- Integrate health information technology into clinical practice

## DRIVERS OF CHANGE

Under the 10th SOW, AFMC will be using some new approaches in our work. We will be de-emphasizing the technical assistance model, focusing instead on the creation of topic-specific "learning and action networks." These networks will bring providers, beneficiaries and other stakeholders together to spread best practices and spark change through peer-to-peer learning and sharing of solutions.

In the 10th SOW, AFMC will be working on goals and priorities shared by a number of national groups. The participation of Arkansas's providers and stakeholders is crucial to this effort, and AFMC looks forward to building on our existing relationships in the 10th Statement of Work.

*Pam Brown is assistant vice president for the Health Care Quality Improvement Program (HC-QIP) at the Arkansas Foundation for Medical Care.*

# Announcing ...

## 2012 Nursing Compassion & 2012 Nurse Educator of the Year Awards Ceremony — June 9th

*New Time. New Place. New Award.*

*Mark your calendar and reserve your table today!*

The Sixth Annual Nursing Compassion Award and the First Annual Nurse Educator of the Year awards are being presented, this year, at the beautiful **Wildwood Park for the Arts, in Little Rock, on Saturday, June 9, 2012.**

The winners are being chosen from nominations submitted across the state. Finalists and winners will be announced at an exciting sit down luncheon in the Park's dining room. Finalists and winners will take home very nice prize packages and their stories will be published in the ASBN Update magazine.

**Deadline for nominations is March 31, 2012.**

A limited number of tables for ten are available for purchase for employers, co-workers and families wishing to attend in support of their Nominee.

**Expect plenty of excitement including the awarding, at the event, of a Honda Civic EX automobile from Bale Honda to one lucky ticket holder!**

This is the first year for the "Nurse Educator of the Year" Award. A winner and finalists will be selected from Nominees representing every nursing school in Arkansas. If you haven't already submitted your choice for this year's award please do so today!

Don't miss this great once-a-year celebration of the compassion of Arkansas Nurses and the dedication of Arkansas Nurse Educators. For complete details and to purchase tickets please call Suzanne Ramsel at Publishing Concepts, Inc. (501) 221-9986 extension 101 or 800-561-4686. Proceeds benefit scholarships for Arkansas Nurses.

**Mark your Calendar today! Don't miss these special events for Arkansas Nurses.**

- 2012 Nursing Compassion Award- June 9, 2012
- 2012 Nurse Educator of the Year- June 9, 2012
- 9th Annual Nursing Expo- December 1, 2012

Events sponsored by Publishing Concepts, Inc.  
and Farm Bureau Arkansas.  
Proceeds benefit nursing scholarships.

2012  
**Nursing  
Compassion  
& Educator  
of the Year AWARDS**

**2011 Nursing Compassion Award Winner  
Elaine Peterson, RN**



# Transformational Leadership: Magnet Principles are Working at UAMS

TAMMY KING-JONES PhD, RNC, ASSOCIATE CHIEF NURSING OFFICER

## We Grow Transformational Nursing Leaders

Creating a culture that supports growth and the achievement of goals is a priority at the University of Arkansas for Medical Sciences (UAMS). We excel at developing transformational nursing leaders and providing opportunities for advancement. Outstanding tuition discounts, on-site educational programs, mentors and many other innovative programs support UAMS nurses



**Advanced Practice Partners (Left to Right:) D'Anna Williams, RN; Natalie Griffith, RN; Heather Alverson, RN**

in achieving their professional goals. Our clinical ladder is designed to foster succession planning for both clinical and administrative leadership roles and it works!!

Jami Travis, RN started at UAMS in 1997 as a Patient Care Technician. In 2000, she was able to attain her BSN, achieved RNIV status and now is the Clinical Services Manager for the Surgical Specialties unit. Nikarlo Rogers, RN came to UAMS as a nursing student extern, was hired as a Clinical Care Assistant and then a new graduate RN. After 4 years he attained RNIV status and has recently

accepted the Clinical Services Manager position for Neurology/Neurosurgery unit. Donnia Cox, RN also started her career at UAMS as a nursing student extern and is now in an RNIV role serving as interim manager for the Medical Oncology unit. Both Nikarlo and Donnia are replacing positions vacated by nurse managers who are nearing completion of their doctorates and have been promoted into director positions.

We have also had great success in developing leaders who are clinical experts. D'Anna Williams, RN, MNsc worked 12 years as a direct care nurse at UAMS and climbed the clinical ladder. She completed her graduate degree in the UAMS College of Nursing in 2010 and serves as the Advanced Practice Partner for Surgical Specialties providing clinical leadership for nursing practice and develop-

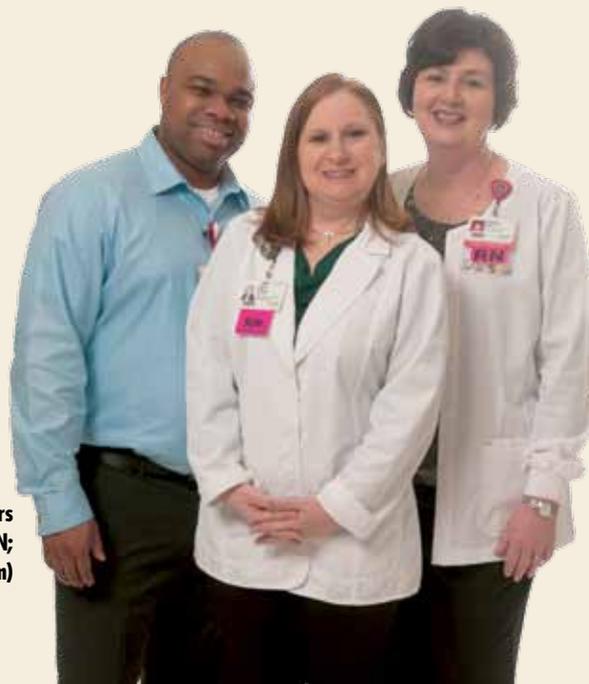
ment. Heather Alverson, RN, MNsc and Natalie Griffith, RN, MNsc both came to UAMS as new graduate RNs and took full advantage of all of the professional opportunities available to them. Heather was a recipient of our Student Loan Program as a BSN student and after four years of direct care practice and clinical ladder advancement, both assumed the role of Advanced Practice Partner for

their units. Heather and Natalie used the benefit of our tuition discount program to assist them in completing the Adult Acute Care Nurse Practitioner program at UAMS in December 2011.

## We Recognize Transformational Nursing Leaders

In 2011, the Image of Nursing Council developed three awards to recognize nurses who are transformational leaders, demonstrate innovation and give back to the community.

The recipient of the transformational leadership award must demonstrate *Individual Consideration, Intellectual Stimulation, Inspirational Motivation, and Idealized Influence*. The 2011 honor was awarded to Betty Casali, a Clinical Services Manager who epitomized transformational leadership. Ms. Casali recently retired and because of her wonderful contribution to nursing at UAMS, the Image of Nursing Council decided to name this award, "The Betty Casali Transformational Leadership" Award.



**Pictured right: Clinical Service Managers (Left to Right:) Nikarlo Rogers, RN; Jami Travis, RN; Donnia Cox, RN (interim)**



**Pictured Left: (From Left to Right) Richard Pierson, Chief Executive Officer; Betty Casali, RN, Betty Casali Transformational Leadership Award Recipient; Mary Helen Forrest, Chief Nursing Officer; Dr. Daniel Rahn, Chancellor**

## ***We Provide Transformational Leadership Beyond UAMS***

The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to assess and transform the nursing profession. The Future of Nursing initiative contains action-oriented recommendations including how to prepare and enable nurses across all levels to play a critical role in leading change and advancing health. Eight nurses at UAMS Medical Center are involved in the Arkansas Action Coalition and are leading and serving on committees focused on various efforts ranging from nurse residency programs and workforce planning to removing scope of practice barriers for advanced practice nurses. UAMS nurses are not only working to advance their own nursing practice, but are leading the charge to transform the nursing profession in Arkansas and across the nation.

## ***We Believe Every Nurse is a Leader***

The nature of the nursing profession positions those who choose it to become leaders. Nurses lead everyday as they coordinate care and advocate for patients. Nurses represent the largest part of the healthcare workforce so whether providing formal or informal leadership nurses play a pivotal role in all things related to patient care. Organizations must provide the structures and processes that foster, value and harness that leadership in order to thrive and at UAMS we are doing just that!

The Community Service Award recognizes the nurse who demonstrates leadership and role-modeling through *continuous* service in community-based settings, outreach or on-campus activities including department and/or unit.

The Innovation Award is presented to a nurse who has led a change or improvement in nursing that has increased efficiency, effectiveness and/or produced a desirable outcome. Nominees will share their plan with coordinated activities that lead from a concept to a finished product.

These new awards highlight accomplishments of UAMS nurses who inspire others and serve as catalysts for growth. Award recipients are determined using a rigorous nomination and review process and are to be presented annually during Nurses Week.

## ***We Role Model Transformational Nursing Leadership***

A positive and inspiring leadership style helped Mary Helen Forrest, Chief Nursing Officer of the UAMS Medical Center, to be named a finalist for a national nursing leadership award.

Forrest was one of three finalists for a Nursing Image Award, which is presented by HCPPro Inc. and recognizes nurses and nurse leaders who have elevated the image of nursing through exceptional leadership, teamwork or clinical accomplishments. HCPPro Inc. is a provider of nursing education and management resources.

The Nursing Image Awards celebrate an image of nursing excellence upheld by commitments to improving patient care, quality outcomes, nurse satisfaction and the health care environment. The three

finalists were selected from hundreds of entries nationwide.

“Being a nurse leader in today’s chaotic health care arena is a challenging balancing act,” wrote Pam LaBorde, R.N., M.S.N., C.C.N.S., an advanced practice partner at the UAMS Medical Center, in a nomination letter for the award. “I always walk away from an encounter with Mary Helen impressed with her ability to listen and hear what others have had to say and then lend them some guidance on how to put ideas into practice and support their efforts in doing so.”

In order for a leader to truly be transformational, they must “walk the talk”. Mary Helen is committed to quality patient care and works hard to make sure nurses at UAMS have a practice environment that enables them to give the best care possible. Rowena Garcia, R.N, M.B.A., clinical service manager for medical subspecialties, also wrote a nomination letter and praised Forrest for her commitment to the nursing staff. “Like a juggler, she manages to balance her time by sending thank you notes, arranging meetings with us on a one-on-one basis, attending staff meetings and holding town hall meetings,” Garcia wrote. “I know Mary Helen would not want to accept credit for any of this, but we feel like she needs to be recognized for all she does to promote the highest standard of nursing among the staff at UAMS,” LaBorde said. “Mary Helen is consistent in her words and actions, which is admirable, and fosters a professional practice work environment. She is always approachable and will make time for anyone who requests time with her.”



**Award Finalist, Mary Helen Forrest, Chief Nursing Officer**

# NURSING: KALEIDOSCOPE OF PRACTICE

CONTINUING EDUCATION WORKSHOP

## SCHEDULE

REGISTRATION FEE: \$45.00  
(includes lunch) Pre-registration  
required. Fees are non-refundable.

### 2012 DATES AND LOCATIONS

#### March 8

Baptist Health Schools  
Little Rock

#### September 26

St. Bernard's Regional Medical  
Center Auditorium  
Jonesboro

#### November 8

Henderson State University  
Garrison Center Lecture Hall  
Arkadelphia

8:30 - 9:00 a.m.	ASBN 101
9:00 - 10:00 a.m.	A Line in the Sand: Professional Boundaries in Nursing
10:00 - 10:15 a.m.	Break
10:15 - 11:00 a.m.	Can You Spot a Red Herring?
11:00 - 12:00 noon	Stay safe! Infection Control & Disaster Preparedness
12:00 - 12:45 p.m.	Lunch
12:45 - 1:30 p.m.	CSI: What Not to Do
1:30 - 2:30 p.m.	Licensure Privilege to Practice
2:30 - 2:45 p.m.	Break
2:45 - 3:45 p.m.	The Nuts and Bolts of NCLEX®

*This continuing education sponsored by the Arkansas State Board of Nursing is awarded 6.0 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.0 contact hours. E-mail [info@arsbn.org](mailto:info@arsbn.org) if you have questions.*

*Application for CE approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

**REGISTER ONLINE AT [WWW.ARSBN.ORG](http://WWW.ARSBN.ORG)**

### REGISTRATION FORM

Mail completed registration form and \$45.00 registration fee (in-state check or money order) to ASBN, 1123 S. University Ave., Suite 800, Little Rock, AR 72204. Registration must be received one week prior to workshop.

Check date you plan to attend:     March 8                       September 26                       November 8

NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_



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# POSITION STATEMENT 97-2

## ASSISTANCE WITH SELF MEDICATION FOR UNLICENSED PERSONS

### DEFINITIONS

**Assistance with Medication** — Ancillary aid needed by an individual to self-administer oral medication, such as reminding the individual to take a medication at the prescribed time, opening and closing a medication container, returning a medication to the proper storage area, and assisting in reordering such medications from a pharmacy. Such ancillary aid shall not include calculation of medication dosage, or altering the form of the medication by crushing, dissolving, or any other method.

**Setting**: — Location in which the purpose of the setting is other than the provision of health care such as an individual's residence which may include a group home or foster home as well as other settings including, but not limited to school, work or church where the individual participates in activities.

**Cognitively Able**: — Awareness with perception, reasoning, intuition and memory.

**Stable**: — A situation where the individual's clinical and behavioral status and care needs are non-fluctuating and consistent.

### POSITION

The Arkansas State Board of Nursing is authorized by A.C.A. § 17-87-203 to regulate nurses, and nursing education and practice and to promulgate regulations in order to assure that safe and effective nursing care is provided by nurses to the public. Pursuant to A.C.A.

§ 17-87-101, any person practicing nursing for compensation is required to hold nursing licensure. A.C.A. § 17-87-102 allows the licensed nurse to delegate certain nursing practices to other personnel as set forth in regulations established by the board.

Effective September 25, 1995, the Board promulgated Chapter 5 of the *Rules* - entitled Delegation. Delegation is defined in Chapter 1 as entrusting the performance of a selected nursing task to an individual who is qualified, competent and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual.

This position statement provides a guideline to nurses who supervise and delegate tasks to unlicensed persons who provide assistance in order to assure that care is provided in a safe and effective manner.

A licensed nurse shall not delegate to any unlicensed person the administration of medication. An unlicensed person is not precluded from assisting an individual with the self administration of oral medications in a setting where the purpose of the setting is other than the provision of health care. Assistance with self medication by an unlicensed person may occur only as directed by physically impaired, cognitively able individuals with stable conditions. An unlicensed person assisting with the self administration of medication may only do the following:

1. Remind an individual when

to take the medication and observe to ensure that the individual follows the directions on the container;

2. Assist an individual in the self administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication in it to the individual. If the individual is physically unable to open the container, the unlicensed person may open the container for the individual; and
3. Assist, upon request by or with the consent of, a physically impaired but cognitively able individual, in removing oral medication from the container and in taking the medication. If an individual is physically unable to place a dose of oral medicine in the individual's mouth without spilling or dropping it, an unlicensed person may place the dose in another container and place that container to the mouth of the individual.

As set forth above, the assistance with self administration of oral medication shall not constitute the practice of nursing in a setting where the purpose of the setting is other than the provision of health care.

Adopted May 7, 1997

## Get The Nursing Degree You Want **RIGHT WHERE YOU LIVE!**

**Arkansas Rural Nursing Education Consortium** enables Practical Nurses to advance their careers by becoming a Registered Nurse (RN) in as little as ONE YEAR!

### BECOMING A REGISTERED NURSE WILL:

- allow you to work in a wide variety of settings
- increase opportunities for higher pay
- allow you more leadership and responsibility
- improve your opportunities for promotion

### PARTICIPATING TWO-YEAR COLLEGES:

Arkansas State University-Newport • Black River Technical College UA, Nashville • Ozarka College, Melbourne • Rich Mountain Community College, Mena • South Arkansas Community College, El Dorado • University of Arkansas Community College-Hope • University of Arkansas Community College-Morrison (All Colleges offer LPN Certificates as well)

Download an application packet at [www.arnec.org](http://www.arnec.org)  
Classes begin in January and end in December



## ST. JOSEPH'S MERCY HOSPITAL new

## RESERVED FOR UCA new

## ARKANSAS CHILDREN'S HOPITAL new

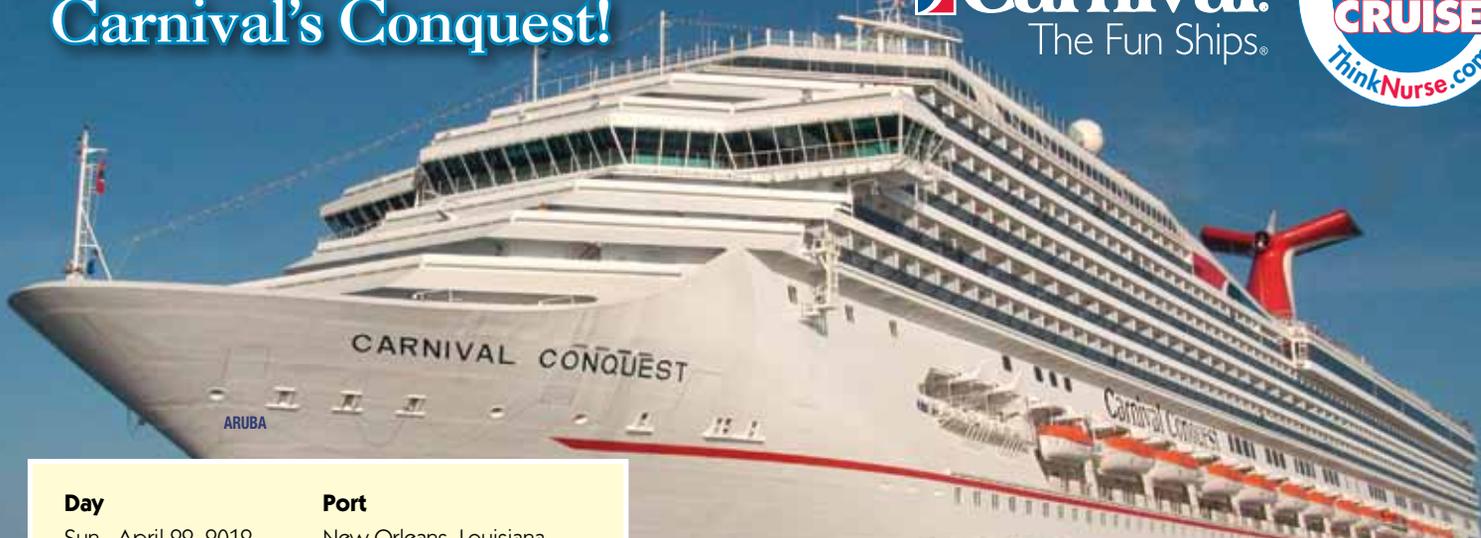
**Seventh  
Annual**

# Nursing Continuing Education **Cruise**

April 22-29, 2012

**Cruise your way to  
Nursing CE Credits  
on the Caribbean Sea aboard  
Carnival's Conquest!**

**Carnival.**  
The Fun Ships.®



Day	Port
Sun., April 22, 2012	New Orleans, Louisiana
Mon., April 23, 2012	Fun Day At Sea
Tues., April 24, 2012	Fun Day At Sea
Wed., April 25, 2012	Montego Bay, Jamaica
Thurs., April 26, 2012	Georgetown, Grand Cayman
Fri., April 27, 2012	Cozumel, Mexico
Sat., April 28, 2012	Fun Day At Sea
Sun., April 29, 2012	New Orleans, Louisiana

## Who says Continuing Education can't be fun?

Join ThinkNurse and Poe Travel for our 7th Annual CE Cruise. Cruise the Caribbean on Carnival's Conquest while you earn your annual CE credits and write the trip off on your taxes! Prices for this cruise and conference are based on double occupancy (bring your spouse, significant other, or friend) and start at only \$855 per person (not including airfare to New Orleans) A \$250 non-refundable per-person deposit is required to secure your reservations. Please ask about our Cruise LayAway Plan!

There's no better way to conquer the High Seas than with the ship Carnival Conquest! Beautiful destination spots, award-winning stage shows, swanky clubs and lounges plus Spa Carnival, a friendly casino, delicious dining options and the Carnival Seaside Theatre. Make your reservations today!

## Cruise TO the cruise with us... On the bus. Skip the airline fuss.

Forget the airline security hassles, cramped seating, ear-piercing loud engines and long lines. Take the bus to New Orleans, with us, for only \$200 roundtrip, per person. Save \$140 roundtrip, per person, over airfares! We've chartered a 56 passenger motorcoach to whisk you to departure on our 7th Annual ThinkNurse Continuing Education Caribbean Cruise! It's equipped with comfortable amenities like reading lights, internet service, DVD players, fully equipped restrooms, roomy luggage bins, fully adjustable seats, large tinted windows and complete climate-controlled comfort. We'll leave from the Baptist School of Nursing in Little Rock (Col Glenn Rd. off I-430) at 4 A.M., on April 22nd and head straight to New Orleans to connect with our ship. You may leave your vehicle at the school if you like. We will return to the same location after the cruise. Join us for a pleasant trip!

**Reserve your seats now.**



For more information about the cruise and the curriculum, please log on to our Web site at [ThinkNurse.com](http://ThinkNurse.com) or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

**POE TRAVEL**

The full statutory citations for disciplinary actions can be found at [www.arsbn.org](http://www.arsbn.org) under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board

include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the *Nurse Practice Act*. To submit a report use the online complaint form at [www.arsbn.org](http://www.arsbn.org), or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

## VOLUNTARY SURRENDER

*Arrowood, Yvette Lynn Thomas*  
R56287, L29413 (exp), Midway  
December 6, 2011

*Crump, Myra Lanell*  
L46634, Waldron  
December 6, 2011

*Daniel, Courtney Ellen*  
L49648, Mountain Home  
December 20, 2011

*Flowers, Jennifer Diane*  
R83593, Mountain Home  
December 6, 2011

*Funston, Anna Kristina*  
L33235, Little Rock  
December 29, 2011

*Lewis, Marianne*  
R29833, Springdale  
December 19, 2011

*Mackey, Harriet Lee Helton Shelman*  
R51552, L12857 (exp), Malvern  
November 28, 2011

*Mathews, Kandace Dawn*  
R50782, Mabelvale  
December 19, 2011

*Pendergrass, Sandra Dee*  
L20054, West Memphis  
December 6, 2011

*Samuel, Denise Raylene*  
*Henthorn Horton*  
R32964, Amity  
December 13, 2011

*Willis, Jennifer Lynn*  
L44235, Rector  
December 22, 2011

## REPRIMAND

*Ballard, Jimmy Eldridge*  
A02954, R71545, PAC 2977, Osceola  
November 3, 2011

*Guevara, Crystal Dawn Rucker*  
L38284, Paragould  
November 22, 2011

*Henson, Heidi Lynn Jennerwein*  
L52258, Clarkridge  
November 3, 2011

*Hopkins, Bobbie Jeane Stuckey*  
L15253, Bearden  
November 8, 2011

*Michael, Dana Lee Bowden Orsbun*  
R20519, Greenwood  
November 17, 2011

*Rimmer, Amy Catherine Roets*  
R89562, Fayetteville  
November 3, 2011

*Warden, Kimberly Sue, Warden Paro*  
L45758, Conway  
November 1, 2011

## PROBATIONARY STATUS REMOVED

*Anglin, Leta Ann Bennett*  
L24732, Little Rock  
November 22, 2011

*Berry, Christy Ann Glass*  
*Defoure Harrison*  
A01573, P01729, R52710, Fort Smith  
November 22, 2011

*Blasingame, Michael James*  
L51067, Benton  
November 22, 2011

*Gosa, Dennis Wayne*  
R76864, Tahlequah, OK  
November 22, 2011

*Hart, Stephanie Jean Andrews Griffin*  
R69792, Ward  
November 15, 2011

*Metcalfe, Karen Margaret Light*  
R80830, L25243 (expired),  
Jonesboro  
November 22, 2011

*Slack, Brenda Faye Smith*  
L25369, Marion  
December 6, 2011

*Smith, Alpha Sun Smith Wilkinson*  
R69752, Fort Smith  
November 22, 2011

*Smith, Nicole Lynn*  
L48170, Jacksonville  
November 22, 2011

# Disciplinary Actions

# JANUARY 2012

## PROBATION

*Bailey, Lindsey Lea*  
R87096, Camden  
A.C.A. §17-87-309(a)(4) & (a)(6)  
Probation - 3 years  
Civil Penalty - \$2,500.00

*Beal, Jesse Lee*  
L52481, Blytheville  
A.C.A. §17-87-309(a)(2)  
Probation - 1 year

*Beckley, Thomas Chad*  
R88496, Rogers  
Probation Non-Compliance  
Probation - 2 years  
Civil Penalty - \$500.00

*Bouscher, Kami Rachelle*  
*Holbert Franks*  
R70284 (exp), Dewitt  
Reinstatement from  
Voluntary Surrender  
& A.C.A. §17-87-309(a)(4)&(6)  
Probation - 2 years  
Civil Penalty - \$600 plus prev bal

*Brown, Karen Louise Holcomb*  
L27564, Austin  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$580.00

*Croney, Jacqueline Wright*  
R53105, Conway  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year

*Free, Jonathan Porter Free*  
R76842 (exp), Little Rock  
Reinstatement from Voluntary  
Surrender  
& A.C.A. §17-87-309(a)(4)&(6)  
Probation - 2 years  
Civil Penalty - \$1,000.00

*Gott, Annell Kathrynne Gott Taylor*  
L19151, Russellville  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500.00

*Gunnell, Sherri Lynn McKown*  
R31086, P00925, Cabot  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500.00

*Hale, Meredith Ann*  
R90080, North Little Rock  
A.C.A. §17-87-309(a)(2)  
Probation - 1 year

*Hall, ReDawnda Car-rie*  
*Treadway Daniels*  
L35291 (exp), Bismarck  
Reinstatement from  
Voluntary Surrender  
& A.C.A. §17-87-309(a)(4)&(6)  
Probation - 4 years  
Civil Penalty - \$250 plus  
prev balance

*Henard, Jay Leon*  
L52482, El Dorado  
A.C.A. §17-87-309(a)(2)  
Probation - 1 year

*Herring, Kimberly Leann*  
*Herring Baxter Bagwell*  
R52262 (exp), L32407 (exp),  
Jonesboro  
Reinstatement from  
Voluntary Surrender  
& A.C.A. §17-87-309(a)(4),(6)&(9)  
Probation - 2 years  
Civil Penalty - \$500 plus  
prev balance

*Jones, Tondahue Renee*  
R90081, Augusta  
A.C.A. §17-87-309(a)(2) & (a)(4)  
Probation - 1 year

*Mallonee, Charles R.*  
R80829, Jacksonville  
Probation - 2 years  
Civil Penalty - \$1,000.00

*Malone-Johnson, Carrie*  
R85490, Calico Rock  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,500.00

*Millward, Tara Lanette*  
L52483, Hot Springs  
A.C.A. §17-87-309(a)(2)  
Probation – 1 year

*Patel, Poonam Naresh*  
R90082, Benton  
A.C.A. §17-87-309(a)(2) & (a)(4)  
Probation – 1 year

*Patterson, Lee Ann*  
L32976, Lincoln  
Probation Non-Compliance  
Probation – 1 year  
Civil Penalty – \$500.00

*Plummer, Emma Louse Quillin*  
L36489, Hot Springs  
Probation Non-Compliance  
Probation – 1 year  
Civil Penalty – \$500.00

*Smith, Philander D.*  
L42145, Wynne  
Probation Non-Compliance  
Probation – 9 months  
Civil Penalty – \$200.00

*Steed, Melinda Jane Walters Howard*  
L35979, Camden  
A.C.A. §17-87-309(a)(1),(4)&(6)  
Probation – 1 year  
Civil Penalty – \$760.00

*Stroud, Jeffery O'Neal*  
L40900, Jonesboro  
A.C.A. §17-87-309(a)(6)  
Probation – 3 years  
Civil Penalty – \$2,700.00

*Tyson, Chelsea Lanae*  
L49253, Mammoth Spring  
Letter of Reprimand Non-Compliance  
and A.C.A. §17-87-309(a)(4)  
Probation – 1 6 years  
Civil Penalty - \$500.00

*Valley, Aaron Joseph*  
R88252, L45615 (exp),  
No. Little Rock  
A.C.A. §17-87-309(a)(2),(4)&(6)  
Probation – 1 year  
Civil Penalty - \$500.00

*Wendt, Cindy Mae*  
R64078, Clarksville  
A.C.A. §17-87-309(a)  
(2),(4),(6),(8)&(9)  
Probation – 3 years  
Suspension

*Bruton, Gregory Eugene*  
L36631, Crossett  
Suspension – Until terms of LOR met

*McCabe, Jessica Erin*  
L46074, Dardanelle  
Suspension – Until terms  
of LOR met

*McGraw, Kimberly Marchell*  
*Sabbie Allen*  
L39812, Jacksonville  
Suspension – Until terms of LOR met

*Russell, Melinda Michelle*  
*Martinek Eudy Martinek*  
R64108, Conway  
Probation Non-Compliance  
Suspension – 6 months, flwd by  
Probation – 2 years  
Civil Penalty – \$1,500.00

*Vandett, Jessica Myra Gaither*  
A03423, R86282, PAC 3278  
(inactive),  
Banner Elk, NC  
A.C.A. §17-87-309(a)(1),(2),(6)&(9)  
Suspension – Indefinitely  
Voluntary Surrender

*Andrews, Terry Lynn*  
R42870, Huntsville  
January 11, 2012

*Estep, Melanie*  
R84496, Coal Hill  
January 10, 2012

*Harper, Kathy Renee Lane*  
L40214, Mena  
January 9, 2012

*Venzant, Tamara Michelle*  
R67038, L34962 (exp), Camden  
January 5, 2012

*Williamson, Michelle*  
*Anthonette Monday Tackett*  
L28483, Glenwood  
January 9, 2012

### REPRIMAND

*Clark, Andretta Lavon*  
L48885, Mineral Springs  
December 8, 2011

*Farrar, Yolanda*  
R89810, Little Rock  
December 15, 2011

*Marsh, Rhonda Gail Sexton*  
L439690, Siloam Springs  
December 6, 2011

### APPEAL DENIED

*Neilson, Kimberly Faye*  
R27011, Flippin  
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