

ASBN

Update

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October 2013 Volume 17 Number 5

**TELEHEALTH
IN ARKANSAS:
WHAT DO
NURSES NEED
TO KNOW?**

**NCLEX® PASS
RATES**

**DISCIPLINE
101: WHAT
ARE CONSENT
AGREEMENT
STIPULATIONS?**

1913



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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

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The ASBN Update circulation includes over 52,000 licensed nurses and student nurses in Arkansas.



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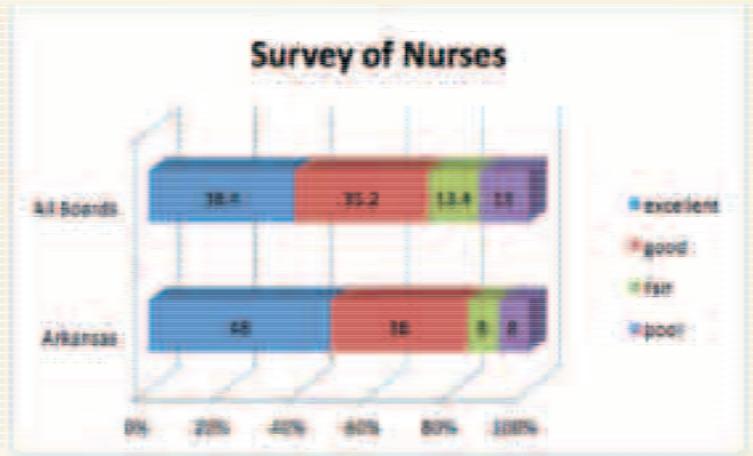
HOW TO MAKE A GREAT CHOCOLATE PIE

Recently, I ate at a friend's house and the chocolate pie she served for dessert was to die for. I make a good chocolate pie but not nearly this delicious. Of course, I had to get her recipe before I left because my pie recipe just didn't measure up.

We all strive to be the best at what we do, and we accomplish this by completing tasks in the best way we know how. As my mother always said, "There is more than one way to skin a cat." I have never skinned a cat, but the message I took from her lesson in life was there is more than one way to do everything. When you discover the best way to do something and compare it to your way of doing it, we call it benchmarking. We use benchmarking on an informal level all the time in our daily lives, such as in baking a chocolate pie.

Benchmarking has become common practice in health care. Since 2002, the National Council for State Boards of Nursing (NCSBN) has conducted a CORE (Commitment to Ongoing Regulatory Excellence) Performance Measurement survey every two years. The survey is sent to randomly selected nurses and employers of nurses, as well as the chair of each nursing program in the United States. Data related to public protection that is found in the Hospital Consumer Assessment of Health Care Providers and Systems Survey (HCAHPS) is also included. This information is compiled and analyzed so benchmarks for Boards of Nursing can be identified.

The Arkansas Board members and staff have spent considerable



in health care." Arkansas rated well above the average of the other boards with the response of "excellent" to "good" as noted in Table 1.

The nurses surveyed were asked to rate the helpfulness of the Board when responding to email inquiries. As noted in the diagram below, Arkansas rated higher than the composite score of all other Boards but when 16 percent of the nurses rate us as "fair" to "poor," there is definitely room for improvement.

Benchmarking is important in any business. It helps us identify our strengths, but more importantly, it helps identify the areas needing improvement. As we move forward in this ever-changing

Table 1

Nurses		Employers		Educators	
AR	All Boards	AR	All boards	AR	All Boards
85.6%	71.8%	100%	66%	95.5%	77%

time reviewing the 2012 CORE report looking for the areas where we excel and areas that need improvement. I am pleased with the 2012 report because Arkansas is either in the middle of the pack or is the leader of the pack – never at the bottom. The report is very large, so I have pulled out a couple of examples to share.

Nurses, employers and educators were asked to rate the performance of the Board in the area of "responding to changes

environment, the Board of Nursing will continually strive to maintain best practices while carrying out its mission of public protection.

I am sorry to disappoint you if you started reading this article thinking I would share my new found chocolate recipe. That is one benchmark I am keeping a secret.



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VOLUNTEER IN CHIEF

WOW! This has been a busy year! It seems like yesterday I took the reins as President of the Arkansas State Board of Nursing. The gavel was passed to me in September 2012 with my tenure officially taking place in October 2012.

I have enjoyed traveling the state during our 100-year celebration, and I hope you have found your involvement to be a rewarding experience. Thank you to the board members, board staff and Arkansas nurses for your continued support. This support and enthusiasm has allowed us to maintain the highest standards in nursing.

The Board held officer elections in September, and I was honored to be re-elected president. By the time you read this, we will have had our annual Strategic Planning meeting. The board members spent a day in September to review the past and set goals for the future.

The Board President plans, organizes and carries out a diverse set of responsibilities associated with the presidency. The Board and the Board staff want you to be successful. Most members will help you succeed if the tasks and expectations are clearly defined and reasonable. As President, I try to remember "planning and preparation is the key."

It is a honor to be the "Volunteer in Chief." As Winston

Churchill said, "The price of greatness is responsibility." As being the volunteer with the most responsibility you also have the opportunity to set the direction of the Board.

- Humble Pie – Being the "Volunteer in Chief" is a lesson in humility. You may be blamed for all the failures, not recognized for the successes and have little recourse to defend yourself when you might like to. Nobody is perfect; you don't have all the answers, and this becomes clear to you over the course of your presidency.
- Hard Work, If you do this right, it is an enormous amount of hard work. And don't expect everyone to work as hard as you do, but do expect to have people expect you to work very hard.
- The good, the bad and the ugly. Always be prepared for the good and the bad. Be prepared for anything to go wrong and for good to come when you least expect it. People will expect things of you and will believe that since you are the leader you should be able to handle anything. They may be angry if you cannot.

I promise all of you that I will continue to work as hard as I can for the ASBN as president and board member.



Karen Holcomb, Peggy Baggenstoss and Richard Spivey were presented plaques to commemorate their terms and to thank them for their service to the citizens of the State of Arkansas, to all nurses and to the Arkansas State Board of Nursing.
L to R: Karen Holcomb, RN; Peggy Baggenstoss, LPN; Richard Spivey, LPN

Board Business

2013 BOARD DATES

October 9 Hearings

October 10 Hearings

November 6

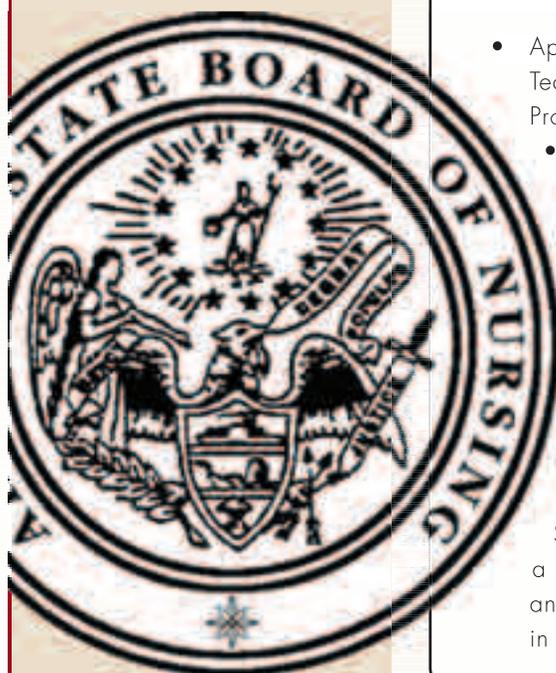
CE Workshop – 2013:

Celebrating 100 Years of
Nursing, University of Arkansas
at Monticello, Fine Arts Center

Auditorium, Monticello

November 13 Hearings

November 14 Hearings



- **President Karen Holcomb presided over the Board business meeting on September 11 and the Board's Strategic Planning Session on September 12. Highlights of Board actions are as follows:**
- Elected Board officers for 2013-2014 – President, Karen Holcomb; Vice-President, Richard Spivey; Secretary, Doris Scroggin; Treasurer, Gladwin Connell
- Granted Continued Full Approval to
 - Arkansas Tech University- Ozark Campus Associate Degree in Nursing Program until the year 2016.
 - Crowley's Ridge Technical Institute Practical Nurse Program until the year 2018.
 - University of Arkansas Community College- Batesville Practical Nurse Program until the year 2018.
 - Ozarka College Practical Nurse Program until the year 2018.
 - University of Arkansas- Monticello Baccalaureate Degree in Nursing Program until the year 2018.
 - Southeast Arkansas College Medication Assistant- Certified Program until the year 2017.
- Approved the Crowley's Ridge Technical Institute's Practical Nursing Program curriculum revisions.
 - Approved the Baptist Health Schools- Little Rock transition from Diploma Nursing Program to an Associate of Applied Science in Nursing Degree Program to be implemented in July 2015, contingent on approval by the Arkansas Department of Higher Education.
 - Approved the Jefferson Regional Medical Center School of Nursing transition from a Diploma Nursing program to an Associate of Applied Science in Nursing degree program to be implemented in January 2015, contingent on approval by the Arkansas Department of Higher Education.
- Approved the request of John Brown University – Siloam Springs for Pre-Requisite Approval for a Baccalaureate of Science Degree in Nursing program.
- Removed the conditional approval status for Henderson State University Baccalaureate of Science in Nursing Program and return the program to full approval status.
- Placed Arkansas Northeastern College – Blytheville Associate Degree in Nursing Program on conditional approval with the following stipulations until two consecutive years of an above 75 percent pass rate is achieved or until the Board withdraws approval status for noncompliance with the Education Standards:
 1. Conduct a thorough review of current program curriculum and complete a comparative analysis with the 2013 NCLEX-RN Detailed Test Plan to ensure course content is inclusive. Submit the analysis to the Board no later than December 1, 2013.
 2. Immediate submission to ASBN of any student complaints, grievances or appeals, including type and outcome.
 3. Submit a report analyzing all aspects of the program. The report shall identify and analyze areas of change addressed in previous low pass reports, as well as identify areas contributing to the current low pass rate. The report shall also include plans for resolution, which shall be implemented.
- Retired the following Position Statements:
 - 99-3 APNs Prescribing for Self and Family
 - 00-1 Administration of Medications and/or Treatments
 - 1997 Sharp Wound Debridement

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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
Amber Sanders	R73529
Nathan Shaheed	T01220
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175



BOARD MEMBERS -Standing, L to R: Cathleen Schultz, RN; Shela Upshaw, RN; Terri Imus, RN; Debbie Garrett, APN; Clevesta Flannigan, LPN; Tammy Mitchell, LPN; Peggy Baggenstoss, LPN; Sandra Priebe, RN; Cynthia Burroughs, Consumer Rep.
Seated, L to R: Doris Scroggin, RN, Secretary; Richard Spivey, LPN, Vice President; Karen Holcomb, RN, President; Gladwin Connell, Rep. of the Older Population, Treasurer

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of Student
Perceptions:
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Learning**



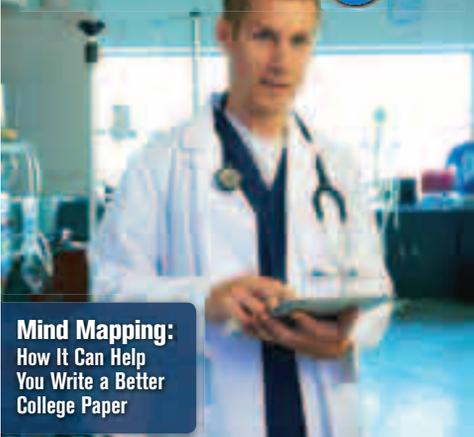
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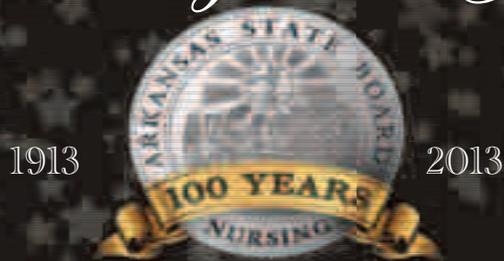


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FEBRUARY 2013
EDITION 27

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Celebrating 100 Years



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2013 marks the 100th Anniversary of the Arkansas State Board of Nursing. For the past 100 years, the Board of Nursing has worked hard to accomplish its mission of public protection and we want you to celebrate with us.

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October 16
Centennial Celebration,
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ASBN Centennial Celebration at St. Michael Health System, Texarkana August 6, 2013



By Tina Hedrick, BSN, RN, CPHIT
quality specialist for the Arkansas
Foundation for Medical Care

Breastfeeding: A Hospital's Journey to Improving Rates

The benefits of breastfeeding are widely known, yet increasing the rates of mothers who breastfeed their babies remains a complex challenge. In 2011, U.S. Surgeon General Regina M. Benjamin issued a "Call to Action to Support Breastfeeding," and the Arkansas Foundation for Medical Care (AFMC), in partnership with the Arkansas Department of Human Services (DHS) Medicaid program, began a statewide breastfeeding initiative to improve the state's breastfeeding rates and duration. AFMC promotes breastfeeding across the state through hospital and clinic visits, offering assistance to make sure national breastfeeding recommendations are being followed. AFMC and DHS encouraged breastfeeding by providing bilingual educational materials for hospitals, clinics, practitioners and patients.

Increasing rates and duration of breastfeeding takes a hospital-wide effort and requires dedication and follow-through. One successful example is the Center for Women's Health at North Arkansas Regional Medical Center (NARMC) in Harrison, which raised its rates of newborns given breast milk exclusively from 32 percent to 56 percent.

The Center for Women's Health understands that efforts toward improve-

ment require commitment, time, energy, persistence and patience. The center hired Sandra Guidry, its first International Board Certified Lactation Consultant (IBCLC), in the spring of 2011 as AFMC launched its statewide breastfeeding promotion. The staff immediately began working toward improving the hospital's breastfeeding rates and duration, and allowed AFMC to assist in its journey. The Center for Women's Health has made breastfeeding a priority, and providing every woman with the knowledge, skills, and opportunity to breastfeed or provide breast milk to their infants is both a passion and a mission. The center's director, Dawn Brown, RN, inherited the breastfeeding initiative during the summer of 2012 and accepted the challenge of taking the program to the next level.

The process for breastfeeding improvement established at NARMC is a multi-layer approach involving hospital staff, clinic staff, practitioners, hospital administration, patients and members of the community. NARMC has implemented several practices in support of breastfeeding, including a comprehensive written breastfeeding policy; immediate skin-to-skin contact for all healthy newborns for a minimum of one hour

with reflective documentation (implementation of this practice proved to be a true game changer); complete rooming in for all healthy newborns, with all infant care provided in the mother's room; and discontinuing formula discharge bags for all patients. In addition, a lactation consultant conducts daily rounds, which include a lactation plan of care for nurse-to-nurse communication, a nipple shield consent/information form and a high-risk assessment tool for anticipated concerns placed on the infant's chart for pediatrician review.

Staff education is a significant focus. The Center for Women's Health holds monthly breastfeeding in-services, testing and yearly skill competencies. Staff attendance and participation are required. In-service programs, known as Lactation 101, emphasize specific areas such as breast pump basics — types, assembly, operation and cleaning — and the nurse's responsibility regarding breastfeeding, which includes assessment and documentation. All new employees must attend breastfeeding education as part of new employee orientation.

The center extends its education efforts to patients as well, offering free childbirth, breastfeeding and newborn

classes. Brown provides a personal guided tour to each patient during pre-registration. Relationships and personal connections begin during the tour. Breastfeeding services, "Go the Full 40" (the Association of Women's Health, Obstetric and Neonatal Nurses' national consumer campaign giving women with healthy pregnancies 40 reasons to go the full 40 weeks of gestation) and the significance and benefits of immediate skin-to-skin contact during the first hour after birth are discussed. Following the tour, patients and family members view "The Magical Hour," an award-winning DVD that illustrates the nine distinct observable changes that occur with infants held skin-to-skin with their mothers during the first hour after birth. Implementing such processes has set the tone for what patients have come to expect and desire during the birth of their babies at the Center for Women's Health.

Post-discharge breastfeeding support is a key component for improving breastfeeding duration. In October 2012, the Center for Women's Health held its first TLC (The Lactation Club) luncheon. TLC is a monthly breastfeeding support group led by Guidry. The Lactation Club offers a time for breastfeeding moms to connect, share concerns and celebrate successes. The luncheons include celebration cakes for mothers meeting six-month and one-year exclusive breastfeeding milestones.

The staff at North Arkansas Regional Medical Center is making great strides towards improving breastfeeding rates and duration. Brown and Guidry shared NARMC's breastfeeding journey at the 2013 AFMC Quality Conference. Breastfeeding promotion is part of a vast movement not only in the state of Arkansas but across the nation, and breastfeeding decisions made today have a direct impact on the generations of tomorrow.

For a short video on NARMC's program, go to YouTube.com and search "The Lactation Club."

Update www.arsbn.org



The Employment
EXPERTS

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DISCIPLINE 101: WHAT ARE CONSENT AGREEMENT STIPULATIONS?

In previous issues of the *ASBN UPDATE*, information on Consent Agreements has been presented. I will provide more detail about these agreements in the next few issues. In general, a Consent Agreement is an informal settlement that board staff may offer a licensee who has violated *The Nurse Practice Act and Rules*. The Board will hear the agreement at a board hearing and decide whether to ratify (accept) the agreement or request the licensee appear before them. To be compliant with the Consent Agreement, the licensee must understand the requirements of the agreement being proposed. Once the Board ratifies the licensee's Consent Agreement, a letter is sent to the licensee detailing the stipulations of the agreement. It is the licensee's responsibility to ensure all required reports are submitted to the Board on a quarterly basis. The due dates of the reports to be submitted are indicated in this letter. A Consent Agreement may contain the following stipulations.

1. NAME, MAILING ADDRESS, TELEPHONE NUMBER, EMPLOYER.

The licensee is expected to notify board staff immediately of any changes. The licensee must submit changes in contact information in writing to board staff or personally update the information online. If the board staff has a need to communicate with the licensee, the information on file at the

board office is the source staff is required to use.

2. EMPLOYMENT AND EMPLOYER REPORTS.

If the licensee is employed as a nurse during the period of discipline, the licensee must practice under an Employer-Monitored Nurse Contract. A signed copy by the employer and licensee must be submitted to the Board. The licensee is also expected to submit employer reports. The employer report form is the Performance Evaluation Report and must be completed every three months by the licensee's employer and submitted to the Board. If the employer has any questions regarding the Board's requirements, the licensee should have the employer contact board disciplinary staff. These forms are sent to the licensee in the ratified Consent Agreement, but are also available at www.arsbn.org, under the FORMS tab.

3. PERSONAL REPORTS.

The licensee is expected to submit a personal report, in the form of a typed or handwritten letter during the period of discipline. The licensee should report on those aspects of your life which reflect your personal progress. These reports are required even if you are NOT working as a nurse.

4. WORKING IN ANOTHER JURISDICTION.

The licensee may not work outside the State of Arkansas in another compact licensure state without written permission from the Arkansas State Board of Nursing AND the Board of Nursing in the compact state where the licensee wants to work. This is a requirement of the Nurse Licensure Compact, of which Arkansas is a member.

5. COURSES.

The licensee may be required to take and provide evidence of completion of one or more courses. Information about the course is usually sent to the licensee with the ratified Consent Agreement. Courses taken as a condition of a disciplinary action may not be used to meet the requirements for continuing education hours to renew or reinstate a nursing license.

6. RANDOM DRUG SCREENS.

The licensee may be required to submit to random screens that meet the criteria established by the Board. Upon receipt of the Board ratified Consent Agreement, the licensee has five (5) business days to contact a Board-approved drug screen monitoring program. The licensee may not submit specimens at the licensee's place of employment or practice site.

The licensee cannot collect any drug screen on another nurse under probation or suspension by the Board of Nursing. The drug screening company must be contacted DAILY BY THE LICENSEE. If selected for testing, the licensee will have two (2) hours to report to the drop off site previously selected by the licensee. The licensee cannot call before work to see if today is a test date and then plan to go test AFTER work. Some testing sites may be a distance from where the licensee is located so the two (2) hours allows time for the licensee to arrive at the site.

7. ABSTINENCE. The licensee must abstain AT ALL TIMES from the use of controlled or abuse potential substances, including alcohol, except as prescribed by a licensed provider from whom medical attention is sought. Research indicates that licensees may change their drug of choice when their preferred drug of choice is restricted. The licensee shall not consume hemp, poppy seeds, or any product or by-product containing the same. Be careful as hemp is a product in tanning lotions, hand creams and lotions, and often an ingredient in organic or health foods. READ THE LABEL. Many restaurants use poppy seed buns. Do not eat these. Remember this: How important is your nursing license to you?

8. TREATMENT BY A PROVIDER WITH CONTROLLED OR ABUSE POTENTIAL SUBSTANCE. First, limit the number of providers

you see. In general, for personal safety, all patients should establish care with one provider, one dentist, and one pharmacy. The Board understands the need to see specialists for care. The licensee must notify EVERY treating provider of the Board's Order. If the licensee is prescribed a controlled or abuse potential substance, the provider must submit that information in writing directly to the Board within ten (10) days of the date of the prescription. The Medication Report form is the form used by the provider to report any controlled or abuse potential substance. Some legend medications have the potential for abuse, so these must also be reported. The licensee will have the prescribing provider submit a Medication Report form identifying the prescribed medication, reason for the medication, dosage, the date the medication was prescribed, and the number of refills. The prescribing provider will submit the Medication Report form directly to the Board within ten (10) days of writing the prescription. It is the responsibility and duty of the licensee to ensure that the prescribing provider submit the Medication Report form. This includes, but is not limited to, any medications that the licensee was given for procedures performed, emergency room visits, walk-in clinic visits, dental visits, and any prescriptions received due to the encounter. The encounter may be face-to-face or telephonic. The Medication Report form is sent to the licensee with the

ratified Consent Agreement or the form may be downloaded at <http://www.arsbn.org>, under the FORMS tab. Licensees using "old prescriptions" or "saved medications" for various reasons is NOT ACCEPTABLE. This is considered self-diagnosing and self-treating. In general, prescriptions or medications older than one (1) year old should be considered expired.

9. COUNSELING. The licensee may be ordered to obtain or continue counseling with a psychiatrist, psychologist, or other recognized mental health practitioner. The licensee will provide a copy of the Board's Order to the provider. The licensee must follow the provider's recommendations regarding treatment and any support group meeting recommendations. Noncompliance with treatment recommendations is considered noncompliance with the terms of the Consent Agreement. The provider must submit a progress report directly to the Board every three (3) months until discharged by the provider.

10. BOARD APPROVED TREATMENT PROGRAM. The licensee may be ordered to attend a Board approved treatment program, Alcoholics Anonymous, or Narcotics Anonymous. The licensee elects the program to attend. A Support Group or Aftercare Meeting Report is to be completed after every meeting the licensee attends and then submitted quarterly. The Support Group or Aftercare Meeting Report is sent to the licensee with the ratified

Consent Agreement or the report may be downloaded at www.arsbn.org, under the FORMS tab.

11. COURT SENTENCES OR ACTION IN ANOTHER JURISDICTION. If the licensee is under a court order or discipline in another Jurisdiction, noncompliance with the terms of those orders is considered non-compliance with this Consent Agreement.

12. CIVIL PENALTY. Pursuant to Arkansas Code Ann. §17-87-104(b)(1), a civil penalty may be assessed. In addition to the assessed civil penalty, any cost related to an investigation of the complaint is also the licensee's responsibility. The civil penalty and any investigation costs are to be paid within fifteen (15) cal-

endar days following the receipt of the Order OR A PAYMENT SCHEDULE must be submitted within fifteen (15) days to the Arkansas State Board of Nursing. The fifteen (15) days begins once the ratified Consent Agreement is received by the licensee. A payment agreement form is sent to the licensee with the ratified Consent Agreement. Generally, if a licensee self-reports, no civil penalty is assessed, however, the licensee is still responsible for any investigation costs.

DISCIPLINE IS EFFECTIVE THE DAY THE BOARD RATIFIES THE AGREEMENT. If you are a new graduate pending licensure, your license is issued after the Board ratifies your Consent Agreement. It is important to understand once the Board ratifies the agree-

ment, the nursing license is considered ENCUMBERED. The licensee may no longer practice nursing in a compact state as of the date of ratification. If the licensee is practicing in a noncompact state, it is best to notify the Board of Nursing in that state of pending discipline in another jurisdiction. Not doing so may lead to discipline in the noncompact state. If the licensee is in a nursing program or planning to enter a nursing program, check with the school's administration. Many nursing programs do not allow students with encumbered licenses to be enrolled until the disciplinary probation period is complete.

Please remember, all correspondence sent to the board office must include the licensee's name, license number, current phone number, or contact number. If you have questions, please contact me at mtrentham@arsbn.org.



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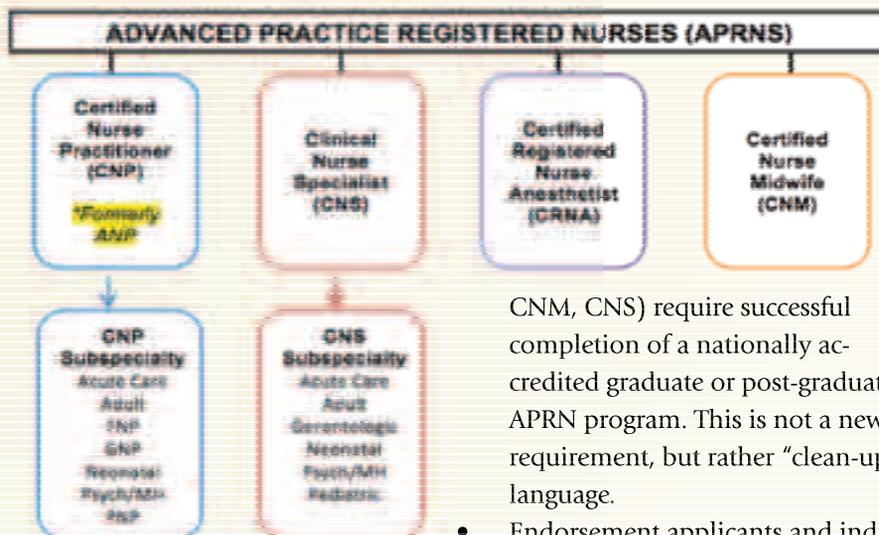
TITLE CHANGES FOR ADVANCED PRACTICE NURSES

In an effort to align with the National Council of State Boards of Nursing (NCSBN) APRN Consensus Model, the Arkansas State Board of Nursing (ASBN) initiated legislative updates to the *Nurse Practice Act* and *ASBN Rules* - Chapter 4. The spring legislative session and committees passed Act 604, which brought three major changes to the *Nurse Practice Act* and *ASBN Rules* - Chapter 4:

- The title of Advanced Practice Nurse (APN) has changed to Advanced Practice Registered Nurse (APRN). All four roles of APN licensure (ANP/Nurse Practitioner, CNS, CNM, and CRNA) will now be called APRNs.
- One of the four APRN roles will also have a title change. The title of Advanced Nurse Practitioner (ANP) has changed to Certified Nurse Practitioner (CNP).
- The Prescriptive Authority Advisory Committee will gain an additional APRN member that is not required to hold Prescriptive Authority. This will allow APRNs, such as CRNAs and APRN-licensed nurse educators, to sit on the committee.

To read Act 604, visit the Arkansas State Legislature (89th General Assembly) and search for SB 161/ Act 604 at: <http://www.arkleg.state.ar.us/assembly/2013/2013R/Pages/Home.aspx>.

In addition, there were changes to the *ASBN Rules* - Chapter 4 that became effective January 1, 2013. A brief summation of the major changes made to the Chapter 4 *Rules* (specific to



APRN licensure, practice and Prescriptive Authority) include:

- All four APRN roles (CNP, CRNA,

CNM, CNS) require successful completion of a nationally accredited graduate or post-graduate APRN program. This is not a new requirement, but rather “clean-up” language.

- Endorsement applicants and individuals who are applying for reinstatement (of their APRN license) who have been out of practice



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for more than two (2) years must provide evidence of completion of an APRN nursing refresher course (approved by the ASBN) or an extensive orientation, which shall include a minimum of 200 hours of a supervised clinical component with a qualified preceptor.

- The ASBN will notify the appropriate certifying agency when an APRN has disciplinary action taken on their license or privilege to practice.
- Regarding termination of a Collaborative Practice Agreement, the APRN shall notify the ASBN in writing within seven (7) days following termination of the agreement.
- The format for prescriptions was updated to include requirements for written and electronic prescribing. All prescriptions shall contain the name of the patient, the APRN's name, title, address, phone number, and signature with "APRN," in addition to the prescription information contained in ASBN Rules - Chapter 4, Section VIII, D. (medication, dosage, directions, etc.). When prescribing controlled substances, the APRN's DEA registration number shall continue to be required.
- A section was added (Section IX) to the ASBN Rules - Chapter 4 for "Prescribing Guidelines for Anorexiants Drugs." Due to this drug class being a high-abuse class, the ASBN needed more regulation on how these drugs are prescribed. The guidelines do not place greater restriction on an APRN's ability to prescribe from this drug class (guidelines do not exceed the drug manufacturer's guidelines). This section is lengthy and provides detailed guidelines on the patient's BMI, parameters for how long clients can be prescribed these medications, and necessary assessments at each office visit.



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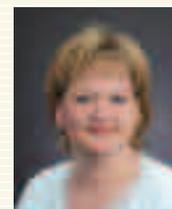
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HOW TO CONTACT US

EXECUTIVE:

QUESTIONS ABOUT	CONTACT
Media Legislative matters Interested in Board Appointment Complaints	Sue Tedford ASBN Executive Director stedford@arsbn.org (501) 686-2703
Set up meetings Scholarships	Susan Lester Executive Assistant to the Director slester@arsbn.org (501) 686-2704

ACCOUNTING:

QUESTIONS ABOUT	CONTACT
Human Resources Payroll Comprehensive Annual Financial Report Budget Audit - Financials Scholarship/Loan Collections	Darla Erickson Administrative Services Manager derickson@arsbn.org (501) 686-2705
Billing Hot Checks Vendor Contact Equipment Repair Minority Business Enterprise	Gail Bengal Fiscal Support Specialist gbengal@arsbn.org (501) 686-2716
Payment verification Returned applications Receipts for payment made to ASBN	Andrea McCuien Administrative Specialist II amccuien@arsbn.org (501) 682-5426

ADVANCED PRACTICE:

QUESTIONS ABOUT	CONTACT
APRN licensure APRN Scope of Practice Prescriptive Authority	Jill Hasley ASBN Program Coordinator jhasley@arsbn.org (501) 686-2725
APRN Applications Status of APRN Applications Prescriptive Authority Collaborative Practice agreements Publication Request Terminating of Collaborative Practice Agreements Quality Assurance Plans Graduate Transcripts	Ellen Harwell Licensing Coordinator eharwell@arsbn.org (501) 686-2706

DISCIPLINE:

QUESTIONS ABOUT	CONTACT
Reporting positive drug screen Scope of Practice questions Filing a complaint Report Criminal Behavior	Debbie Jones ASBN Assistant Director djones@arsbn.org (501) 686-2788
Long term care Criminal Behavior Complaints	ASBN Program Coordinator djones@arsbn.org (501) 686-2788

DISCIPLINE:

QUESTIONS ABOUT	CONTACT
Office of Child Support Enforcement Request for Reinstatement Form Voluntary Surrender Suspension or Expired Licenses Consent Agreements Order and Notices Hearings	Chris Brown Legal Support Specialist cbrown@arsbn.org (501) 682-8089
Licenses being flagged	Carmen Sebastino Legal Support Specialist csebastino@arsbn.org (501) 686-2730
Calls related to monitoring Quarterly Reports Performance Evaluations AA/NA Reports Medical Form Payment Agreements Bankruptcy Issues Removal of Probation Status	Patty Smith Legal Support Specialist psmith@arsbn.org (501) 686-2896
Freedom of Information Request Locating a Nurse	Sydni Williams Legal Support Specialist swilliams@arsbn.org (501) 683-1474

EDUCATION & LICENSING:

QUESTIONS ABOUT	CONTACT
Criminal Background Check issues Complaints about licensure Complaints about renewals Complaints about issuance of licensure	Karen McCumpsey ASBN Assistant Director kmccumpsey@arsbn.org (501) 686-2712
Education Program Proposed New Program International Applicants PN Equivalency	Tammy Claussen ASBN Program Coordinator tclaussen@arsbn.org (501) 686-2786
Endorsing into Arkansas Requesting transcripts Request original date of licensure Verifications Refresher course Retired Nurse Online application system – Endorsement	Margie Brauer Licensing Coordinator mbrauer@arsbn.org (501) 686-2708
Exams Rewrites Practical & Registered Nurse Applications Undergraduate transcripts Verify new graduates temporary license Exam Results Online Application System	Carla Davis Licensing Coordinator cdavis@arsbn.org (501) 686-2710 OR Markeisha Phillips Licensing Coordinator (backup for licensing in education dept) mphillips@arsbn.org (501) 682-8091

EDUCATION & LICENSING:

QUESTIONS ABOUT	CONTACT
Renewals Name Changes Change of Address Inactive Status Request Primary State of Residence Inactive Reinstatement or online licensure Obituaries / Death Certificates Compact State	Susan Moore Licensing Coordinator smoore@arsbn.org (501) 686-2707
Information on Criminal Background Check for persons attempting to get a license (not disciplinary issues on those already licensed)	Mary Stinson Licensing Coordinator mstinson@arsbn.org (501) 686-2709
Medication Assistant-Certified information Continuing education audits Continuing education information Professional Licensing Services	Lori Gephardt Administrative Specialist III lgehardt@arsbn.org (501) 686-2742

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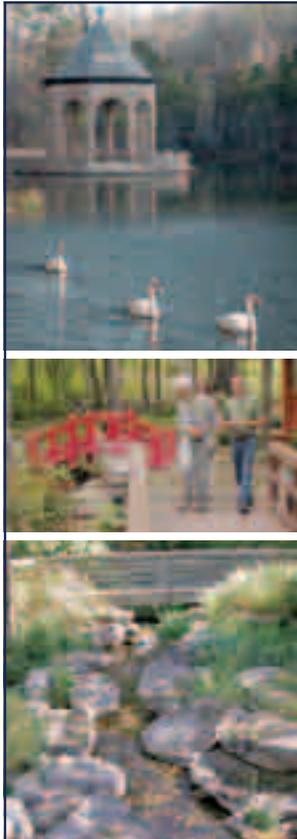
QUESTIONS ABOUT	CONTACT
Legal	Fred Knight ASBN General Counsel fknight@arsbn.org (501) 686-2893
Legal Consent Agreements	Mary Trentham Attorney Specialist mtrentham@arsbn.org (501) 686-2741

PUBLIC INFORMATION:

QUESTIONS ABOUT	CONTACT
ASBN Update magazine Website Public Information Annual Report Press Releases	LouAnn Walker Public Information Coordinator lwalker@arsbn.org (501) 686-2715

IT:

QUESTIONS ABOUT	CONTACT
IT related questions Website Issues Mailing list / rosters Address changes for ASBN Update	Information Systems Coordinator info@arsbn.org (501) 686-2736
Scanning Problems with telephone system Backup for Information Systems Coordinator	Daria Carpenter Licensing Coordinator dcarpenter@arsbn.org (501) 686-2737

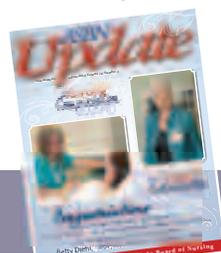


2013 Nursing Compassion AWARD & Outstanding Nurse Educator AWARD

The Arkansas State Board of Nursing...Celebrating a Century of Nursing Leadership, is the theme of the 7th Annual 2013 Compassionate Nurse and Nurse Educator of the Year awards, Saturday, June 8th.

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- We hope to have nominees from every county
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- Order your reserved table early. Seating is limited.
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The Arkansas State Board of Nursing

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2012 Outstanding Educator Award Winner, Betty Diehl, MSN, RN

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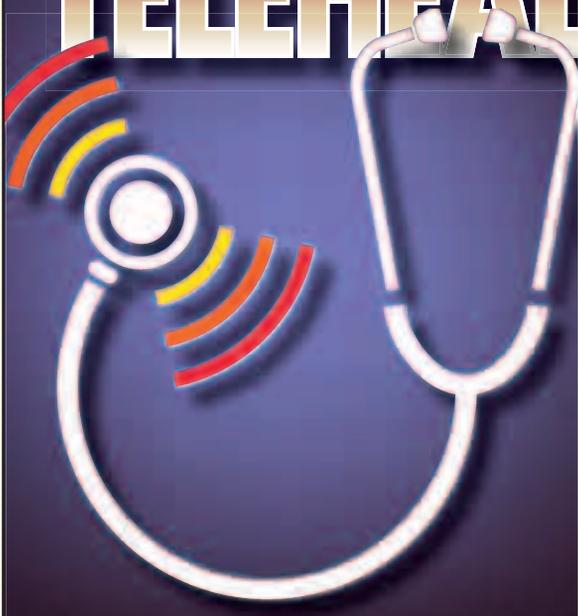
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Telehealth in Arkansas: What do nurses need to know?

Many years ago, providers and patients thought the health care technology that Dr. McCoy and Nurse Chapel used on *Star Trek* was totally out of reach. In the past two decades, telehealth has boosted patient access to health care and improved the tools health care providers use. What many of you may not know is Arkansas is one of the leading states in the nation when it comes to the use of telehealth and telemedicine.

In 2010, Arkansas was awarded a \$102 million grant by the National Telecommunications Information Administration to improve bandwidth and to fund broadband-enabled equipment in every county in Arkansas. When the three year project ends later this year, more than 450 sites in Arkansas will have interactive video equipment. Sites range from health care organizations, institutions of higher education to public safety entities.¹

Telehealth in Arkansas

Telehealth is being implemented in clinics, hospitals, health units, community health centers, as well as other health care sites in Arkansas providing specialty care services. One of the first telehealth programs in Arkansas was ANGELS (Antenatal and Neonatal Guidelines, Education and Learning System) at the University of Arkansas for Medical Sciences.² Specialty consults with a Maternal Fetal Medicine physician and a Certified Genetics Counselor were originally provided at two sites in Arkansas, Texarkana and NW Arkansas. From this model, ANGELS expanded its specialty care access through the Center of Distance Health to provide services such as telestroke, telenursery, telecolposcopy, telerehab care to rural Arkansans.³



Rosalyn J. Perkins, MNSc, APRN, WHNP-BC and Curtis L. Lowery, MD

Telehealth is making a difference in patient outcomes in Arkansas. One example is the telestroke program called AR SAVES (Stroke Assistance through Virtual Emergency Support). Thirty-five hospitals now have access to emergency stroke care. Prior to implementation of this program in 2008, Arkansas was ranked No. 50 in morbidity and mortality due to stroke. This was due to the fact that few rural hospitals had the support of a neurologist to provide immediate consultation related to the administration of the clot dissolving drug t-PA (tissue plasminogen activator). Since inception, more than 400 patients have received t-PA in AR SAVES affiliated hospitals.⁴

Other health care entities have been using telehealth to reach rural patients in need of specialty care. The Veterans Health Administration has been utilizing telemental health to provide services to veter-

ans in rural areas. And multiple research studies have demonstrated that telemental health has no difference in patient satisfaction compared to face-to-face treatment.

Telehealth Nursing Licensure and Regulatory Issues

With the expansion of telehealth in Arkansas, many nurses will come to find themselves utilizing this technology. Telehealth nursing is defined as “the use of telehealth technology to deliver nursing care and conduct nursing practice.”⁵ Nurses can be used to telepresent a patient to the remote health care provider, such as a physician, physician’s assistant, or nurse practitioner. Any exam that does not involve smell or touch can be provided by telehealth equipment. The telepresenting nurse can manipulate the telehealth equipment to examine the inner ear, the skin, or the nose, just to name a few. Nurses can also provide care remotely to

patients, for example case management of a patient who requires multiple health care services.

There is no specific specialty exam for telehealth nursing, but basic competencies apply. As with any type of care, nurses must provide the standard of care for safe, quality, and competent nursing care. Nurses also must practice within the Arkansas State Board of Nursing's standards of nursing practice. Nurses who have their primary license in Arkansas are part of the Nurse Licensure Compact. This allows nurses to practice in 24 states under the same license.

There are issues to consider when providing telehealth nursing. Nurses need to ensure informed consent is adequate and that patient confidentiality and HIPAA requirements are enforced. It may be easy to use Skype, Facetime, or text message a patient, but these formats are not HIPAA compliant and therefore should not be used when providing patient care. There are multiple types of equipment and/or

software providers that can ensure the data will be encrypted and patient confidentiality will be ensured.

Additional Resources

Outreach staff from the South Central Telehealth Resource Center is providing hands-on education to train health care providers throughout Arkansas related to telehealth and the equipment needed to provide telehealth care. Contact them to set up training at your health care site. In addition, learntelehealth.org has on-line modules related to telehealth equipment, an overview of telehealth, building your telehealth team, telemedicine credentialing and privileging, and telepresenting best practices.

South Central Telehealth Resource Center
www.Learntelehealth.org
E-mail: info@learntelehealth.org
Phone: 1-855-664-3450
Arkansas eLink

www.arkansaselink.com
E-mail: arkansaselink@uams.edu
Phone: 501-603-1280
National Telehealth Policy Resource Center
www.telehealthpolicy.us
E-mail: info@cchpca.org
Phone: 1-877-707-7172
American Telemedicine Association – Telehealth Nursing Special Interest Group
www.americantelemed.org

References

1. Arkansas eLink Fact Sheet (2013) <http://www.arkansaselink.com>.
2. ANGELS www.angels.uams.edu
3. Center for Distance Health www.cdh.uams.edu
4. AR SAVES <http://arsaves.uams.edu/>
5. ATA Telehealth Nursing SIG www.americantelemed.org/telehealthnursing
6. National Council of State Boards of Nursing <https://www.ncsbn.org/nlc.htm>



Shelly Weilenman, RN, MSN, CENP
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- 1 Chronicles 16:34



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Tammy Claussen, MSN, RN, CNE
ASBN Program Coordinator



The annual pass rate for the National Council Licensure Examination (NCLEX) is calculated based on a fiscal year (July 1-June 30) for each nursing education program in Arkansas. The Arkansas State Board of Nursing (ASBN) Rules requires that each program achieve at least a 75 percent annual pass rate. Programs that do not achieve this minimum standard must submit documentation to the ASBN analyzing all aspects of their program. The report must identify and analyze areas contributing to the low pass rate and include a resolution plan that must be implemented.

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July 1, 2012 - June 30, 2013

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Arkansas Rural Nursing Education Consortium (ARNEC)	219	202	92.2
Arkansas State University – ADN	100	95	95.0
Arkansas State University - BSN	75	66	88.0
Arkansas Northeastern College – Blytheville	35	26	74.2
Arkansas Tech University - BSN	64	56	87.5
Arkansas Tech University – Ozark – ADN	5	4	80.0
Baptist Health School of Nursing	190	163	85.7
College of the Ouachitas	52	39	75.0
East Arkansas Community College	17	11	64.7
Harding University	32	30	93.7
Henderson State University	24	21	87.5
JRMC School of Nursing	27	23	85.1
National Park Community College	51	44	86.2
North Arkansas College	51	48	94.1
Northwest Arkansas Community College	74	72	97.3
Phillips Community College/U of A	14	14	100
Southeast Arkansas College	16	14	87.5
Southern Arkansas University – ADN	31	21	67.7
Southern Arkansas University – BSN	19	14	73.6
University of Arkansas at Fayetteville	107	103	96.2
University of Arkansas at Fort Smith – ADN	37	31	83.7
University of Arkansas at Fort Smith – BSN	49	42	85.7
University of Arkansas at Little Rock – ADN	85	79	92.9
University of Arkansas at Monticello – BSN	25	20	80.0
University of Arkansas at Monticello – ADN	16	12	75.0
University of Arkansas at Pine Bluff	3	3	100
U of A Community College – Batesville	68	64	94.1
University of Arkansas for Medical Sciences	163	148	90.8
University of Central Arkansas	75	72	96.0

PRACTICAL NURSE PROGRAMS

July 1, 2012 - June 30, 2013

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Arkansas Northeastern College – Burdette	36	33	91.6
Arkansas State University – Mountain Home	32	30	93.7
Arkansas State University – Newport	22	16	72.7
Arkansas State University Beebe – Searcy	40	40	100
Arkansas State University Newport Jonesboro Campus	56	49	87.5

NCSBN'S NCLEX® EXAMINATIONS GO "GREEN"

In an effort to improve both effectiveness and efficiency the National Council of State Boards of Nursing's (NCSBN) NCLEX® program will go "green" and transition to a completely paperless program. Internet access has largely replaced print-based materials for information gathering and transactions; because of this NCSBN can now deliver the same information more expeditiously and reliably through electronic means.

The list of current paper-based materials that have been identified as going paperless include:

- Authorization to Test (ATT) letter
- NCLEX® Examination Candidate Bulletin and Candidate Bulletin At-A-Glance
- "Eights Steps of the NCLEX®" handout
- Scan form registrations
- Money order, certified check and cashier check payments

- "You've Completed the NCLEX® but Still Have Questions" brochure

To begin the process of transitioning to paperless, an email address for all candidates that register on the phone or online will be required immediately. Candidates who do not have an email address will be instructed to obtain a free email account through providers such as Gmail or Yahoo. Once the email account has been created the candidate may register for the NCLEX online at www.pearsonvue.com/nclex or by phone.

Implementation for the paperless initiative will take place in the first quarter of 2014. NCSBN ensures a smooth transition and that the same information will be delivered through electronic means. Visit www.nclex.org for more detailed information or join the NCLEX electronic mailing list.



JOHN BROWN UNIVERSITY

"Christ Over All"

John Brown University seeks a full-time Director of Nursing to begin January 1, 2014. Leadership responsibilities in our new nursing program include, but are not limited to: establishing affiliation agreements with clinical agencies and coordinating on- and off-campus learning activities pertaining to all practice experiences for the program; participating in development, implementation, review, and revision of curriculum; completing remaining steps in program approval process with the state nursing board; leading effort to obtain secondary accreditation for the program; coordinating recruitment and hiring of full-time and adjunct faculty; participating in faculty orientation, development, mentoring, and evaluation; coordinating course scheduling and instructor assignments each semester; teaching courses in

areas of expertise; mentoring and advising students; serving on university committees; and engaging in scholarly activities.

Doctorate in nursing and prior academic leadership experience in a university setting are preferred. Demonstration of effective teaching in an accredited baccalaureate nursing education program, evidence of scholarly potential, and a commitment to Christian higher education are essential. Position begins January 1, 2014. Screening process begins immediately and continues until the position is filled. Submit electronically a letter of interest and vita to academicaffairs@jbu.edu, Attn: Dr. Ed Ericson III, Vice President, Academic Affairs, John Brown University, Siloam Springs, AR 72761. Phone: 479.524.7129. Minorities are encouraged to apply.

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Arkansas Tech University – Ozark	49	43	87.7
Baptist Health School of Practical Nursing	101	93	92.0
Black River Technical College	38	36	94.7
College of the Ouachitas	56	51	91.0
Cossatot Technical College	38	35	92.1
Crowley’s Ridge Technical Institute	12	11	91.6
National Park Community College	46	42	91.3
North Arkansas College	32	32	100
Northwest Technical Institute	35	35	100
Ozarka Technical College	78	73	93.5
Phillips Community College U of A - Dewitt	No graduating class		
Pulaski Technical College	29	29	100
Rich Mountain Community College	32	31	96.8
Southern Arkansas University – Technical	17	14	82.3
Southeast Arkansas College	25	20	80.0
SouthArk Community College	59	54	91.5
St. Vincent’s School of Practical Nursing (Closed)	Program closed – no graduating class		
Univ. of AR Community College – Batesville	34	30	88.2
Univ. of AR Community College – Hope	36	27	75.0
Univ. of AR Community College – Morrilton	32	30	93.7
Univ. of AR at Fort Smith	13	10	76.9
Univ. of AR Monticello College of Technology – Crossett	10	10	100
Univ. of AR Monticello College of Technology – McGehee	10	8	80.0

CONGRATULATIONS TO NURSING PROGRAMS WITH 100 PERCENT NCLEX® PASS-RATES FOR 2013

Congratulations to the following programs for achieving a 100 percent pass-rate on the NCLEX-RN® and PN® exams for the fiscal year 2013:

Four Consecutive Years 2010 to 2013

Northwest Technical Institute - PN – Springdale

First Year 2012-2013

University of Arkansas at Pine Bluff – BSN

Phillips Community College U of A – ADN – Helena-West Helena

Arkansas State University – PN – Searcy

North Arkansas College – PN – Harrison

Pulaski Technical College – PN – North Little Rock

University of AR – Monticello College of Technology – PN – Crossett

Arkansas nursing programs did exceptionally well on the NCLEX® exams during 2012-2013. Overall, the Arkansas RN programs averaged 89.2 percent, as compared to the national average for all RN programs of 88.8 percent. Arkansas PN programs averaged 91.5 percent, as compared to the national average for all PN programs of 84.5 percent. Congratulations to all Arkansas approved nursing programs for averaging above the national NCLEX® passing rate!

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 or Dr. Eileen Stephens
 405.757.6302 estephens@asu.edu

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 please visit
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COMMUNITY OUTREACH

Magnet Principles Are Working at UAMS

The UAMS Image Council's annual community outreach in 2013 was **BACKPACK FOR KIDS**, a project that provides weekly backpacks filled with food to more than 500 food insecure children in 38 area schools. UAMS nurses collected enough food during Nurses' Week to fill the back of an



Becky Smith, R.N. and D'Anna Williams, R.N., were instrumental in making this service project successful.

SUV. They also collected \$100 cash that was donated to the cause.

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JRMC congratulates our most recent DAISY Award recipient

JRMC
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Officer

Louise Hickman,
RN



While JRMC is the center of the Southeast Arkansas medical community, it has also been recognized nationally for its technological advancements and commitment to patient education. JRMC was one of the first hospitals in the United States to successfully demonstrate meaningful use of its Electronic Health Records system, which transfers all patient information to electronic files and improves the quality, safety and effectiveness of patient care. JRMC recently introduced the new Jchart system, which allows patients to access a secure website and see their own medical records. And earlier this year, JRMC was the only hospital in Arkansas to be named "Most Wired" by Hospitals and Health Networks Magazine.



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schoolofnursing

JRMC
.org

The JRMC School of Nursing is now accepting applications for the 2014-2015 schedule. Classes begin in January of 2014.
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