

ASBN

Update

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June 2011 Volume 15 Number 3



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Crossroads
Medical Clinic

2010
Nursing
Compassion
AWARD

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University Tower Building
1123 S. University, Suite 800
Little Rock, Arkansas 72204
Telephone: 501.686.2700
Fax: 501.686.2714
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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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C o n t e n t s

Executive Director's Message • 4

President's Message • 6

Board Business • 7

2010 Compassion Award Winner • 10

Position Statement 98-1, Administration of Analgesia by Specialized Catheter (Epidural, Intrathecal, Intrapleural) • 13

What is Professional Conduct? • 16

Preceptors: Shaping the Future of Advanced Practice Nursing • 18

Green – Efficient - Cost Effective Online Renewals • 20

HIT Regional Extension Center: Your guide to "meaningful use" • 22

FAQs • 25

Continuing Education Credit Allowed for Initial Training/Retraining of ACLS/PALS/NRP • 25

Disciplinary Actions • 27

Cardless Licensure System is Here • 30

ON THE COVER: 2010 Compassionate Nurse Award winner Elaine Peterson with Amy Monk and Chloe Monk



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





2011 LEGISLATIVE SESSION

The 2011 legislative session was relatively quiet as far as bills being introduced that related to, or could affect nursing practice. I can easily say that Act 1204, introduced by Representative Donna Hutchinson, created the most interest among nurses. Act 1204 permits designated school personnel to administer Glucagon to children diagnosed with diabetes. Initially, the Board of Nursing was against the bill because the position of the Board is that only licensed nurses should administer injectable medications. However, the Americans With Disabilities Act requires that reasonable accommodations shall be made for all students, and at this time, this is considered to be a reasonable accommodation. The Board of Nursing worked with Rep. Hutchinson to make amendments to the bill. The amendments allowed the Board to change its position and support the bill. Now, the Board of Nursing and the Department of Education will work together to write the rules related to Act 1204.

Act 1167 was introduced by Rep. Clark Hall. This statute authorizes the University of Arkansas for Medical Sciences to create a program to train advanced practice nurses to become an employee of the area health education centers.

Act 90 allows nurses and physicians, once properly trained, to apply fluoride to a child's teeth.

Act 304 allows the Department of Health to set up a program to monitor the filling of prescriptions for controlled substances around the state. This statute is intended to enhance patient care by providing prescription monitoring information that will ensure legitimate use of controlled substances in health care. It will help curtail the misuse and abuse of controlled substances, assist in combating illegal trade in and diversion of controlled substances, and enable access to prescription information by practitioners, law enforcement agents and other authorized individuals and agencies. Practitioners are encouraged to check the information in the database before prescribing, dispensing or administering medications. This directly impacts advanced practice nurses with prescriptive authority and is a wonderful tool that can assist in the identification of prescription drug abuse.

These are the main bills passed in the 2011 legislative session that affect the practice of nursing. However, there were other bills filed that, if passed, would have affected nursing practice. It is vital to our profession to be aware of what is happening in the political world. Acts such as I just discussed are what shape the nursing profession. This year's legislative session was benign to nursing, but that doesn't mean future sessions will not have bills introduced and passed that could alter nursing practice in ways we may not be happy with. My advice to every nurse is this: Stay informed. Stay involved. Let your voice be heard because it does make a difference!

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

Reserved for ad



THE WINDY CITY

Several months ago when my husband and I learned our daughter, her husband and our two granddaughters would be moving to Chicago, we were less than thrilled about the prospect. Never having visited the windy city, we visualized a cold, bleak, uninviting urban area. In March, I was able to visit Chicago for the National Council of State Boards of Nursing (NCSBN) Mid-Year Meeting and was pleasantly surprised. Yes, the city is cold and windy, but also very beautiful, safe and inviting. So my first trip to Chicago not only eased my apprehensions about my family moving there, but also introduced me to more of the great benefits of NCSBN.

For those of you who are not familiar with the NCSBN, I would like to introduce you to a valuable resource that offers pertinent information for all levels and fields of nursing. I encourage you to access the NCSBN website (www.ncsbn.org) and familiarize yourself with the offerings. For the student, a detailed plan booklet for taking the NCLEX® (National Council Licensure Examination) and sample items are provided. Whether you are a student, educator, advanced practice nurse or licensed practical nurse, you will benefit from this site.

The mission of the NCSBN is to provide education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection. Evidence-based practice is a term heard often today in relation to nursing. Simply stated, evidence-based nursing seeks to apply the best research available to clinical decision making in order to predict the best outcome for the patient. The Arkansas State Board of Nursing is led by the NCSBN as a regulatory body and therefore aims to follow the Guiding Principles of Nursing

Regulation adopted by the 2007 NCSBN Delegate Assembly as outlined below:

- Protection of the public
 - o Our stated mission as a board
 - o Seeks to involve nurses in nursing regulation
- Competence of all practitioners regulated by the board of nursing
 - o Upholding licensure requirements
 - o Assessing ongoing competence
- Due process and ethical decision making
 - o Due process rights for practitioners
 - o Holding practitioners accountable for conduct
- Shared accountability
 - o To enhance safe patient care
 - o Between board and practitioners
- Strategic collaboration
 - o With agencies and individuals
 - o For public protection, patient safety and education of nurses
- Evidence-based regulation
 - o Applies technology
 - o Demographic and social research
- Response to the marketplace and health care environment
 - o Includes consumer representatives
 - o Addresses community needs
- Globalization of nursing
 - o Regulation at the state level
 - o Addresses social, political and fiscal challenges

My first trip to Chicago for my first NCSBN meeting was very informative, exciting and enjoyable. When my family moves to the windy city this summer, I expect meetings in Chicago will hold even more appeal!

Board Business

BOARD DATES

June 8

Hearings

June 9

Hearings

July 13

Hearings

July 14

Hearings

August 2-5

NCSBN Annual Meeting,
Indianapolis, IN

September 14

Hearings

September 15

Business Meeting

September 27

CE Workshop –
NURSING TODAY:
Ethics, Leadership, Social
Networking and More,
University of Arkansas
Community College at
Batesville

October 12

Hearings

October 13

Hearings

November 9

Hearings

November 10

Hearings

November 17

CE Workshop –
NURSING TODAY:
Ethics, Leadership, Social
Networking and More,
Baptist Health School of
Nursing, Little Rock

Board President Brenda Murphree presided over the disciplinary hearings held on April 6-7, the strategic planning session held on May 11 and the business meeting held on May 12. Highlights of Board actions are as follows:

- o Approved the revision of ASBN International Application Instructions to be consistent with CGFNS in requiring a score of 83 on the Test for English Foreign Language (TOEFL) Internet based examination effective July 1, 2011.
- o Approved that no changes be made to existing MA-C Blueprint and certification process.
- o Granted Continued Full Approval to the practical nurse program of Arkansas State University-Beebe until the year 2016.
- o Approved a request to the University of Arkansas at Pine Bluff Nursing program to provide an interim report on their progress and attend the September 2011 Business Meeting.
- o Approved the reconvening of a Task Force to discuss Chapter 6 distance learning.
- o Approved a Task Force to discuss Chapter 6 regarding the issue involving PN required contact hours and invite interested parties to participate.
- o Approved revisions to Position Statement 98-1, Administration of Analgesia by Specialized Catheter (Epidural, Intrathecal, Intrapleural).

ACTIVE LICENSES

Advanced Nurse Practitioner (ANP)	1241
Certified Nurse Midwife (CNM)	26
Certified Registered Nurse Anesthetist (CRNA)	670
Clinical Nurse Specialist (CNS)	129
Licensed Practical Nurse (LPN)	15484
Licensed Psychiatric Technician Nurse (LPTN)	166
Registered Nurse (RN)	33192
Registered Nurse Practitioner (RNP)	668



Sue Tedford, ASBN executive director, presents Naomi Bryant a retirement recognition plaque from Gov. Beebe honoring her more than 40 years of service as the examinations licensing coordinator at the ASBN. Naomi's last day of employment at the ASBN is June 30.

STAFF DIRECTORY

ARKANSAS STATE BOARD OF NURSING

1123 South University Ave., Suite 800
Little Rock, AR 72204
Office Hours: Mon - Fri
8:00-12:00; 1:00-4:30
Phone: 501.686.2700
Fax: 501.686.2714
www.arsbn.org

All staff members may be reached via e-mail by using first initial and last name@arsbn.org

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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.

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Jessica Gonzalez	Exam Application
Tonya Humphrey	R55602
Victoria Knighten	R81020
Amber Sanders	R73529
Nathan Shaheed	T01220
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175
Sally F. Williams	L26287



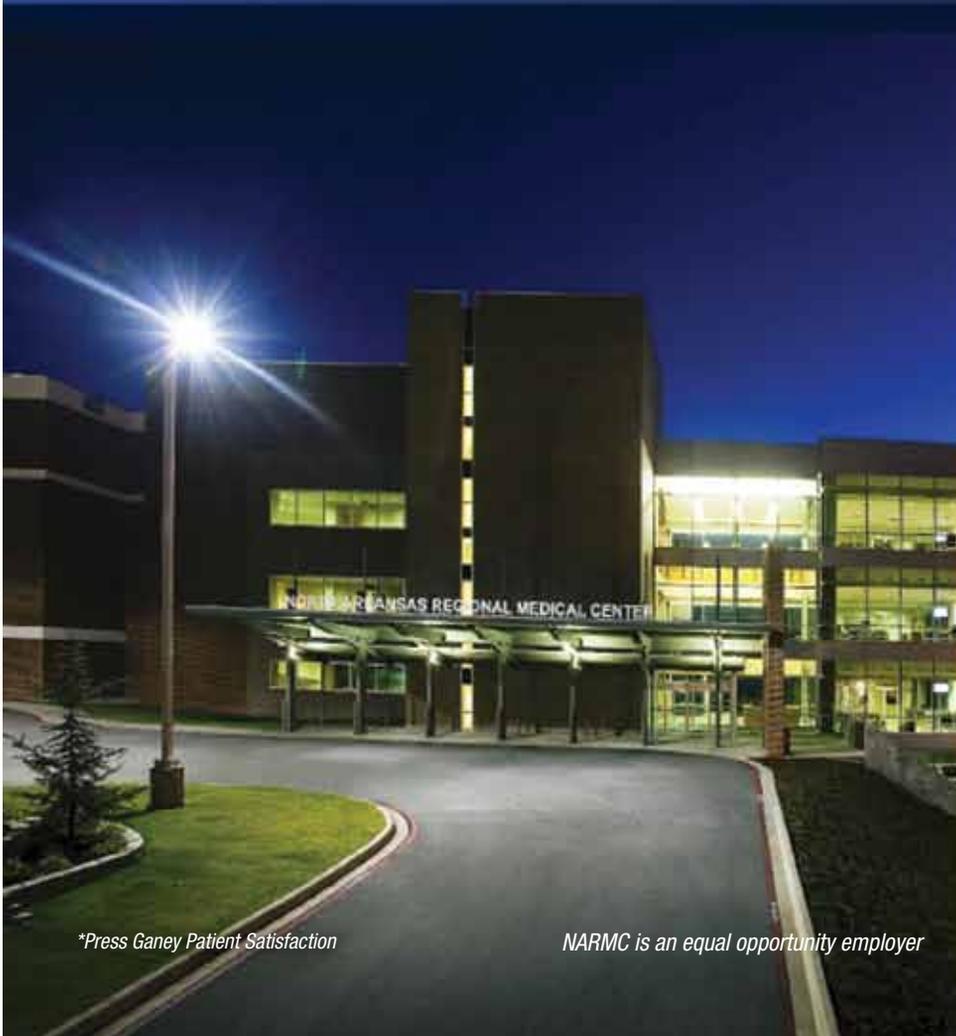
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Congratulations **Elaine Peterson and Michelle Riggs!**



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The Nursing Compassion Awards were developed to provide a way for appreciative patients and families to recognize a nurse who has shown outstanding compassion and dedication to their patients. Elaine Peterson was chosen from 24 finalists and received the award for 2010 on April 30th, 2011 at the Award Ceremony following the ThinkNurse Expo.

2010 Nursing Compassion AWARD



Elaine Peterson, Crossroads Medical Clinic

Elaine Peterson, RN 2010 Nursing Compassion Award Winner.

I have always wanted to be a nurse. My grandmother wanted to be a nurse, but due to the time period she grew up in it was impossible for her to finish school. The funny thing though was she always acted like what I thought a nurse would be in our community. She had a place in her heart for people in need. She taught me, at an early age, that you could make a difference in someone's life just by doing the small things. I remember telling her once that I was going to be a nurse just for her. As a child I was the one who fixed the other children's bumps and bruises. I was always taking care of stray animals. When I got to high school I picked a nurse to shadow for a day for 9th grade Career Day. In my senior year of high school I got pregnant. I remember a counselor telling me that I had just ruined my life and I would probably never become a nurse now. My son was born 6 months after I would have graduated, and my daughter was born 13 months later. I managed to get my GED in 1984.

I started college after that. It was hard to get into the RN program in Orlando, Florida. There were few spots, and many students applying for the program. I was on government support and in late 1991 Florida had a program that was designed to get those individuals off government assistance. I signed up for the program because the case worker said I could go to school and become a nurse (LPN). I couldn't believe it. I was finally going to become the nurse I had always wanted to be. I remember the first day I went to Mid Florida Tech; I was going to be tested to make sure I had the ability and personality to go to LPN school. Well, lucky for me, I did test out and nursing was one of the careers they said I would be suited for. So I thought, good, now I'm off to school. Well, needless to say, there were a few more road blocks

in my way. First I had to score high enough to get a spot in the program. I remember testing day. I thought, wow, look at all these smart people and I'm not one of them. The second problem I had was how I was going to support myself and my two children. The government assistance only helped me. It did not pay for everything. I had to have transportation to get to school. The first problem was solved when I passed and was accepted into the program. My second problem was solved by the church I was going to. Freedom Fellowship. The people in my church all made pledges to give a specific amount of money for our support while I was in school. My last problem was solved during my first week of school. My mom won a lottery drawing, and bought me a new car. God is amazing. He provided for all of



Elaine's Grandmother

my needs. I went to school full-time, Monday through Friday, 8am to 3pm, give or take, clinical days. During this time I became involved in HOSA (Health Occupation Students of America). I even held an office at regional level. I also participated and went to nationals (Nashville TN) two years in a row with the Brain Bowl Team. The second year I even got to take my children and we stayed at the Grand Ole Opry Hotel. I graduated in January, 1994. We were the first class in Florida to take boards by computer. I remember on my birthday, June 11, 1994, I went to get the mail and there was a letter addressed to Ms. Elaine Peterson, LPN. I had passed and I was a nurse. From June, 1994 to January, 2000



Elaine Peterson (center) with the runners up Patricia Brown (left) and Michelle Riggs (right)



I worked for several pediatric docs, and I worked at the Arnold Palmer Hospital for Women and Children. During this time I worked closely with a Lactation Consultant, and a doctor who practiced Homeopathy. Also, I went back to school and took classes toward my RN degree. Every year I applied, but did not get in. In late 1999, I decided to move to Arkansas. We needed a change. I had gotten back with the father of my children and we all moved to Blytheville, Arkansas. As luck would have it, I also was finally accepted into the RN program in Orlando. We were already in Blytheville Arkansas. I went to work in the Women's Center at Baptist Memorial Hospital. I went back to school and completed the rest of the classes needed to get into the program at the local community college (Mississippi County Community College). I was accepted because they had a program that allowed for a certain amount of LPNs to transition into the RN program. I was lucky. I worked either 3-11pm, or

nights. I was to have graduated in May, 2003, the same year my two children graduated from high school. My last semester, there were some family issues occurring and I failed the semester by mere points. I wasn't sure what I was going to do. We were in the process of moving to Harrison, Arkansas. And I would have to wait one year to go back and finish the spring semester I had just failed. We moved in July, 2003, to Harrison, Arkansas. I had gotten a job at NARMC in Harrison, and was working in the Labor and Delivery department. I tried to go to school at NAC in Harrison, but the programs were so different. So again, by God's grace, I had a job that would allow me to continue to work and go to school. So in January, 2004, I started my last semester again. This time I was traveling to Blytheville, 4-5

hours one way. Again, my sister-in-law and her husband (Eric and Cathy Miles) came to the rescue. I would leave late Sunday night after work, or early Monday morning before school. I graduated in May, 2004, with honors. I was given the MCCC Nelson Nursing Scholarship to finish this semester. I passed the boards and received my RN license in November, 2004. I continued working at the hospital and, in March 2005, had the opportunity to go to work for Dr Causey. I really missed office work. I missed being able to build relationships with patients. I like being able to know about my patients and about their families. It allows me more opportunity to meet their needs. Because you get to see these patients on a regular basis, you can build a trusting relationship. You can provide them with the needed education that can change their lives in a positive manner. I have worked for Dr Causey now for 6 years. In November, 2010, I went back to work PRN in the Women's Unit at

NARMC. My true calling as a nurse has always been with women and children. It's an area that I have a lot of knowledge in, but I also have the heart for. During my time in Harrison I have also started teaching Prepared Childbirth class, BF class, Sibling Class, and I will adapt classes based on need. My philosophy, as a nurse, is to PREVENT, EDUCATE, and PROMOTE. God gave me a unique ability to be able to teach on what ever level best reaches the patient. I do this with humor, because LIFE is too short to not see the funny side of things. In December, 2009, I decided to also change another side of myself. I weighed over 250 pounds. How could I tell people about a healthy lifestyle if I was not doing it first? So I lost 90 pounds, and started a walking group. My project this year is HEALTHY HARVEST... I want to get the community involved growing gardens and giving a portion back. I want to provide handouts on healthy eating, exercise, and cooking. Being a nurse is the most wonderful thing, besides having my children and grand daughter, that I can do. I consider all of the patients we see to be family. I get to meet their needs-- both physical and emotional. I get to give them a small piece of my heart, and in turn they fill my heart with joy. That is my legacy and who I am. When you give, others follow and give. I want to change lives one seed at a time. I hope to go back to school and get my masters in nursing and one day teach others students what I know-- not just knowledge, but heart. That's what makes a great nurse.

I want to thank Mrs. Brown, Mrs. Godbold, and Mrs. Julien, my LPN instructors, and all my instructors at MCCC/ANEC in Blytheville, and Mrs. Fulling who looks down on all of her students from heaven. I hope that winning this award allows me the opportunity to give even more back to the community and the state of Arkansas.

Elaine Peterson, RN

Runners Up



Michelle Riggs, North Arkansas Regional Medical Center, Harrison AR

I knew from a very early age that I wanted to be a nurse. I also knew that I wanted to be an oncology nurse. My Dad was diagnosed with leukemia when I was 12 years old and he was in and out of the hospital until he lost his fight with cancer when I was 18. I never considered another career path. It is through the experiences of dealing with my dad's disease that I developed a passion for cancer patients. Dealing with cancer patients on a daily basis at my current position

at the Claude Parrish Radiation Therapy Institute confirms that I made the correct decision when I entered the nursing field 12 years ago. Cancer patients deserve compassion and it has been my goal to see that every patient that comes into the facility gets one on one attention.

No matter what kind of day I am having, my patients and their attitudes ALWAYS inspire me to look past my problems and look to meet the needs of others. One of the greatest

joys that I experience is getting to see the patients and their families after the completion of their treatment. Running into a patient outside of the treatment setting long after the need for medical care and hearing the good news that they are in remission is very satisfying. I hope I will inspire my children to look for ways to help others as they explore future vocational opportunities.

Michelle Riggs, R.N.



Patricia Brown, Little Rock School District

Whenever I think of any aspect of nursing I become excited. There is no place within me where nursing stops and I begin. It is simply who I am. I began my career caring for hospital patients and particularly enjoyed working on holidays because of the extra dose of comfort I felt was needed during those times by anyone in a crisis situation. I eventually thought it would be interesting to pursue another area of nursing and began as a school nurse in the Dallas Independent School District. As it turned out, on the streets of inner city Dallas is where I really got an education. I learned about poverty, street wars and the bravery and prayers that were needed before making visits in the homes of my students. I especially learned about the brave students who lived in those homes.

My path eventually led me into

missionary nursing in West Africa as my husband, who is a minister, and I moved there to share our lives and faith with people in Third World countries. I had the privilege of working with malnourished children and their parents (especially mothers) in clinics where I was the only nurse and health care worker available. There was opportunity to provide nourishing supplements and medications to treat anything from respiratory infections to river blindness. There were some babies and children who were near death but survived because of those clinics. Mothers would carry sick children sometimes for miles as they walked to obtain care. I also did health teaching in villages trying to keep in mind the limited resources available. I recall a sad time when a mother of twins, the same age as my youngest daughter who was just a toddler and had been born in that country, was distraught because her children had measles and were dying. Even though I made trips into the village to teach her proper care and provided supplies, I had been notified too late to help her save those precious little ones.

Due to health issues my family and I returned home to the U.S. for an extended period of time, where my

husband was pastor of a church while I worked in home health nursing. This was definitely a community outreach as even some of our church members were patients of mine. Eventually we returned to West Africa.

Upon our last return to the U.S. we settled in Little Rock and once again I felt a calling into school nursing. Before leaving Dallas Independent School District the director of health services there told me I would one day return to that field of nursing. I did not think much of it at the time, but here I am where I have practiced for almost fifteen years in the Little Rock School District. Once again I am standing alongside my students as they bravely face poverty, street wars and whatever life has dealt them with as much courage as it takes to go to a foreign war. Even within this school year one of our student's was shot to death as he opened the front door of his house. They are working to pull themselves up and out into the world. I am privileged to have an opportunity to help them be their best as we work toward good healthcare in the school setting.

Thank you for the privilege of sharing.

Patricia Brown, RN, BSN

POSITION STATEMENT 98-1

ADMINISTRATION OF ANALGESIA BY SPECIALIZED CATHETER (EPIDURAL, INTRATHECAL, INTRAPLEURAL)

The Arkansas State Board of Nursing has determined that, under the following conditions, it is within the scope of practice of the registered nurse, licensed practical nurse, and licensed psychiatric technician nurse to provide care to patients receiving analgesia by a specialized catheter.

A. Catheter Placement, Initial Test Dosing, and Establishment of Analgesic Dosage Parameters.

Placement of a catheter or infusion device, administration of the test-dose or initial dose of medication to determine correct catheter or infusion device placement, and establishment of analgesic dosage parameters by written order for patients who need acute or chronic pain relief or for the woman during labor is to be done only by professionals who are educated and licensed in the specialty of anesthesia and physicians in other specialties who have been granted clinical privileges by the institution. A qualified anesthesia provider must be readily available as defined by institutional policy.

B. Monitoring of the woman in labor who is receiving epidural analgesia.

1. The registered nurse may monitor the woman in labor who is receiving epidural analgesia, Monitoring may include:
 - a. Replacement of empty infusion containers with new pre-prepared solutions containing the same medication and concentration;
 - b. Stopping infusions;
 - c. Initiating emergency therapeutic measures under standing orders if complications arise;
 - d. Removing the catheter upon written

- e. Monitoring the effectiveness of therapy and identification of complications.

2. Monitoring does not include the administration of subsequent bolus doses or adjusting the drug infusion rates.

C. Management of patients with catheters or devices for analgesia to alleviate acute post surgical, pathological, or chronic pain.

1. A registered nurse may manage the care of patients with catheters or devices for analgesia to alleviate acute post surgical, pathological, or chronic pain. Management may include:

- a. Administration of a bolus dose through bolus feature of a continuous infusion pump, following establishment of appropriate therapeutic range as set by the professional who is educated and licensed in the specialty of anesthesia or physicians in other specialties who have been granted clinical privileges by the institution;
- b. Adjustment of drug infusion rate in compliance with the anesthesia provider or physician's patient-specific written orders;
- c. Replacement of empty infusion containers with new pre-prepared solutions;
- d. Stopping infusions;
- e. Initiating emergency therapeutic measures under standing orders if complications arise;
- f. Removing the catheter upon written order;
- g. Accessing implanted ports with percutaneous access; and
- h. Monitoring the effectiveness of therapy

and identification of complications.

2. A licensed practical nurse or licensed psychiatric technician nurse may provide the care to patients with catheters or devices for analgesia to alleviate acute post surgical, pathological, or chronic pain.

Care may include:

- a. Replacement of empty infusion containers with new pre-prepared solutions;
- b. Monitoring the effectiveness of therapy and identification of complications; and
- c. Stopping infusions.

D. Standing orders, Education, and Competency

It is within the scope of practice of the registered nurse, licensed practical nurse, or licensed psychiatric technician nurse to manage and/or provide the care of patients receiving analgesia by catheter as defined above only when the following criteria are met.

1. Management and/or monitoring of analgesia by catheter technique are allowed by institutional policy, procedure, or standing orders.
2. The attending physician or the qualified anesthesia provider placing the catheter or infusion device selects and orders the medications, doses and concentrations of opioids, local anesthetics, steroids, alpha-agonists, or other documented safe medications or combinations thereof.
3. Guidelines for patient monitoring, medication administration and standing orders for dealing with potential complications or emergency situations are available and have been developed in conjunction with the anesthesia or

continued on page 14

Position Statement 98-1 Continued from page 13

physician provider.

4. The registered nurse providing care for patients receiving analgesia by catheter or infusion device for acute post surgical, pathological, or chronic pain relief or for the woman during labor is able to:

- a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique (catheter and site specific) and medication.
- b. Assess the patient's total care needs during analgesia.
- c. Utilize monitoring modalities, interpret physiological responses, and initiate nursing interventions to ensure optimal patient care.
- d. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion device and medication being utilized.
- e. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders as allowed by this position statement.
- f. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.
- g. Demonstrate knowledge and skills required for catheter removal.
- h. Demonstrate knowledge of the legal ramifications of managing and/ or monitoring analgesia by catheter techniques, including the registered nurses responsibility and liability in the event of untoward reaction or life-threatening complication.

5. The licensed practical nurse/licensed psychiatric technician nurse providing care for patients receiving analgesia by catheter or infusion device for acute post surgical, pathological, or chronic pain relief is able to:

- a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology

and complications related to the analgesia technique medication.

- b. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion device and medication being utilized.
 - c. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders.
 - d. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.
6. An educational/competency validation mechanism is developed by the institution, and documentation of the successful demonstration of knowledge, skills, and abilities related to the management of the care of persons receiving analgesia by catheters and pain control infusion devices for all nurses who will be providing such care is maintained by the institution. Education/competency validation is specific to type catheter, device, and site being used. Evaluation and documentation of competence occurs on a periodic basis.

Adapted from the American Nurses Association's "Position Statement on the Role of the Registered Nurse (RN) In the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural, or Peripheral Nerve Catheters)" 1991, and Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) "Role of the Registered Nurse (RN) in the Care of the Pregnant Woman Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PCEA Catheters)" Reapproved by the AWHONN Board of Directors June 2007.

Adopted March 14, 1998

Revised May 12, 2011

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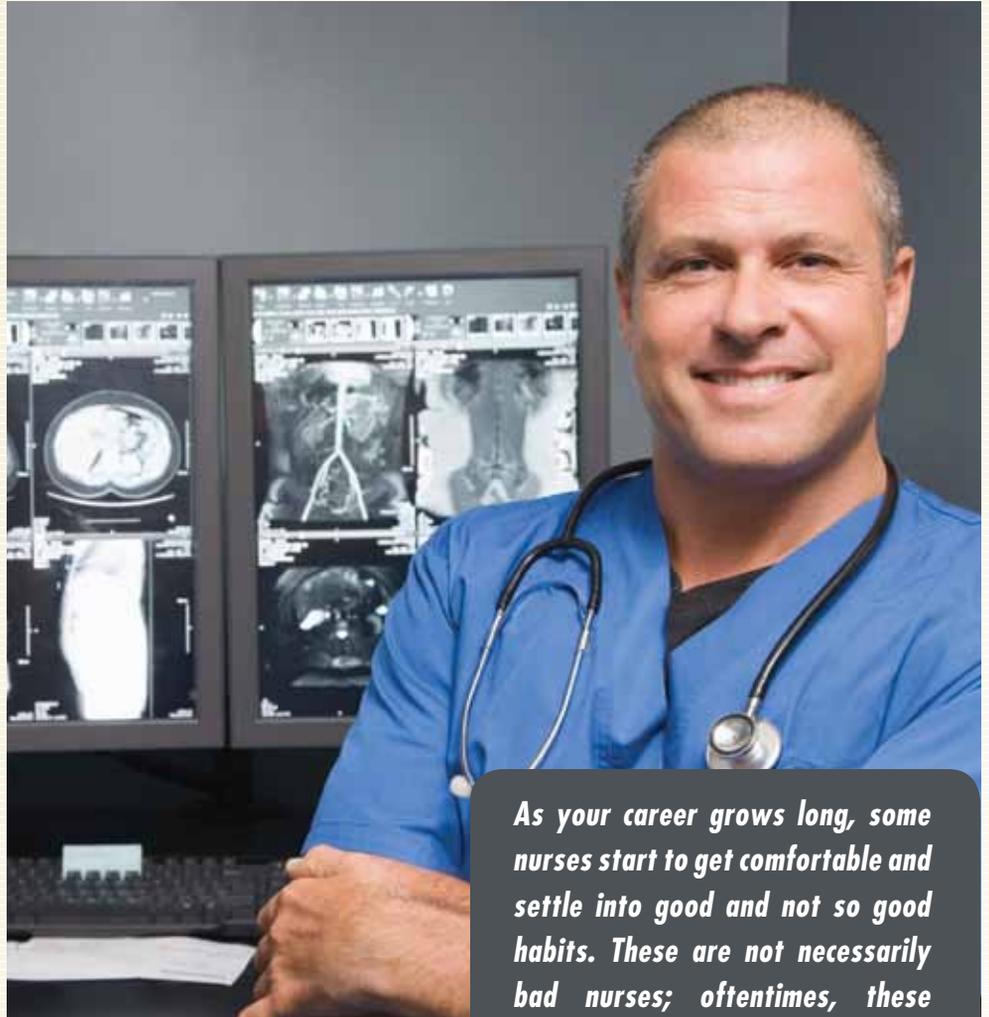


WHAT IS PROFESSIONAL CONDUCT?

Nurses are licensed professionals. Yes, nurses have spent unknown hours at the library studying, logging clinical experiences minute by minute, and finally – the day comes that the nurse receives notice that they passed the licensure exam! What a journey. As your career grows long, some nurses start to get comfortable and settle into good and not so good habits. These are not necessarily bad nurses; oftentimes, these are people with a strong passion for nursing. That driving passion is what gets the nurse into gray areas that may lead to discipline. The nurse must never lose sight that he or she is a licensed professional.

Each profession has a code of professional conduct. For nursing, it is expressed through the *Nurse Practice Act (NPA)* and *Rules*. This is the law nurses must follow. It is codified in Ark. Code Ann. Section 17, Chapter 87. The *NPA* and *Rules*, Chapter 7, Section II, A., states, “The Board shall have sole authority to deny, suspend, revoke, or limit any license or privilege to practice nursing, or certificate of prescriptive authority issued by the Board or applied for in accordance with the provisions of this chapter or otherwise discipline a licensee upon proof that the person is guilty of unprofessional conduct.” In the *Rules*, Chapter 7, Section IV, No. 6, the term “unprofessional conduct” includes, but is not limited to, the conduct listed below:

- a. Failing to assess and evaluate a patient’s status or failing to institute nursing intervention, which might be required to stabilize a patient’s condition or prevent complications.
- b. Failing to accurately or intelligibly



As your career grows long, some nurses start to get comfortable and settle into good and not so good habits. These are not necessarily bad nurses; oftentimes, these are people with a strong passion for nursing. That driving passion is what gets the nurse into gray areas that may lead to discipline. The nurse must never lose sight that he or she is a licensed professional.

- report or document a patient’s symptoms, responses, progress, medications, and/or treatments.
- c. Failing to make entries, destroying entries, and/or making false entries in records pertaining to the giving of narcotics, drugs, or nursing care.
- d. Unlawfully appropriating medications, supplies, equipment, or personal items of the patient or employer.
- e. Failing to administer medications and/or treatments in a responsible manner.
- f. Performing or attempting to perform nursing techniques

- and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision.
- g. Violating the confidentiality of information or knowledge concerning the patient except where

- required by law.
- h. Causing suffering, permitting or allowing physical or emotional injury to the patient or failing to report the same in accordance with the incident reporting procedure in effect at the employing institution or agency.
- i. Leaving a nursing assignment without notifying appropriate personnel.
- j. Failing to report to the Board within a reasonable time of the occurrence, any violation or attempted violation of the Arkansas Nurse Practice Act or duly promulgated rules or orders.
- k. Delegating nursing care functions and/or responsibilities in violation of the Arkansas Nurse Practice Act and the Arkansas State Board of Nursing *Rules*, Chapter 5.
- l. Failing to supervise persons to whom nursing functions are delegated or assigned.
- m. Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological, or mental impairment.
- n. Failing to conform to the Universal Precautions for preventing the transmission of Human Immunodeficiency Virus and Hepatitis B Virus to patients during exposure prone invasive procedures.
- o. Providing inaccurate or misleading information regarding employment history to an employer or the Arkansas State Board of Nursing.
- p. Failing a drug screen as requested by employer or Board.
- q. Engaging in acts of dishonesty which relate to the practice of nursing.
- r. Failure to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public.
- s. Failure to repay loans to the Nursing Student Loan Fund as contracted with the Board of Nursing.

t. Any other conduct that, in the opinion of the Board, is likely to deceive, defraud, injure or harm a patient or the public by an act, practice, or omission that fails to conform to the accepted standards of the nursing profession.

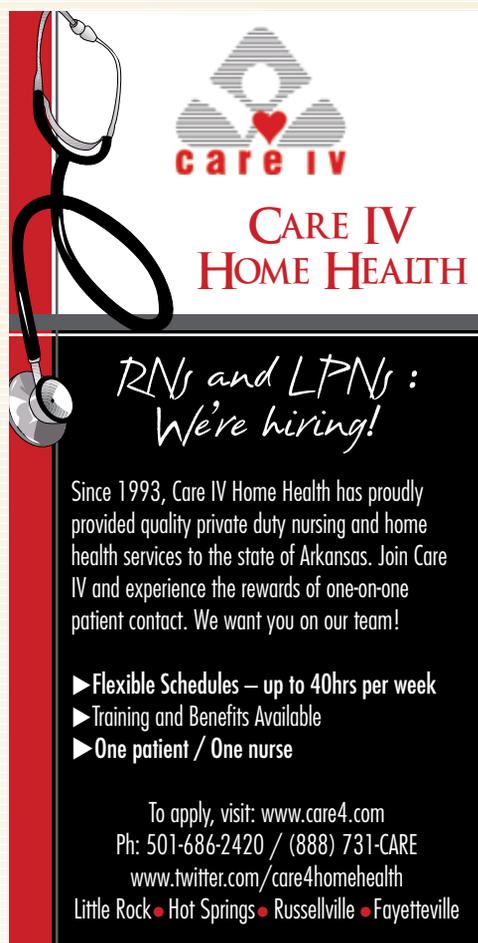
Many nurses are surprised when they see this list. For example, not wearing a name badge or failing to follow universal precautions are examples of unprofessional conduct; yet most nurses would not think of these actions as grievous violations. Nevertheless, it is the law to display appropriate insignia to identify the nurse during times when the nurse is providing health care to the public. Wearing gloves protects the patient AND the nurse during invasive procedures. Many nurses would be surprised that the public does periodically register complaints on a nurse not wearing a name badge with the appropriate insignia.

Not administering medications to a patient is always recognized as unprofessional conduct. But when the nurse fails to document that the medications were not administered, it is still unprofessional conduct – even when the nurse tries to explain the shift was busy, no overtime is allowed, or the computer system is new and the training was not adequate. Whether the nurse is reported to the Board or not for documentation errors, this is still a violation of the NPA and Rules.

Another violation of unprofessional conduct is practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological, or mental impairment. This does not mean you have to be a drug addict or intoxicated at work. It can mean working while fatigued. Working while impaired may have devastating

results to a patient no matter what the cause. Nurses often state they were told if they did not come into work, they would be terminated, so they went to work with little or no sleep, ill or under extreme personal stressors. In hindsight, the nurse may recognize the risk taken. Did the nurse learn from this experience and understand how dangerous this practice is? If not, when the opportunity exists, that nurse will continue this Russian roulette pattern until there is patient harm or a reportable event to the Board of Nursing or both.

Take the time to review what is considered unprofessional conduct. It may surprise some new nurses. It should also serve as a reminder for nurses who have spent many hours in patient care. **You as the nurse holds the responsibility for your own practice. You are the license holder. You are the professional.**



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PRECEPTORS: SHAPING THE FUTURE OF ADVANCED PRACTICE NURSING

Health care reform will bring with it the need for more primary care practitioners. According to the Arkansas Center for Health Improvement (ACHI, 2010), starting in 2010, all new health insurance plans will cover preventive services without out-of-pocket expense. This will be extended to Medicare starting in 2011 (ACHI, 2010). In 2014, approximately 251,000 additional Arkansans will become eligible for Medicaid (ACHI, 2010). For Arkansans to take advantage of the increased health care benefits, we will need more health care providers to care for them. The Physicians Foundation (2010) projects the current physician shortage will be exacerbated by health care reform. Nurse practitioners are especially fitted to fill these needs to improve the health of Arkansans, but we

program for family nurse practitioners. The University of Arkansas for Medical Sciences College of Nursing (UAMS CON) offers graduate programs for family nurse practitioner, adult acute care nurse practitioner, family psychological health nurse practitioner, gerontological nurse practitioner, pediatric acute care nurse practitioner, pediatric nurse practitioner, and women's health nurse practitioner. The University of Central Arkansas (UCA) educates adult nurse practitioners and family nurse practitioners. Integral to nurse practitioner education, in addition to the didactic courses, are the preceptor clinical experiences students participate in during their final semesters. It is vitally important that students have experiences that allow them to develop the skills and attitudes

in their field of practice. The APNs and physicians who offer to be preceptors do not need formal education in teaching, but they must be willing to share their knowledge and experience. Preceptors teach, evaluate and provide feedback to faculty on the students' performance. They also serve as role models, resources, consultants and facilitators. In addition, there must be sufficient clients and experiences available at the clinical site for the students to meet their course and personal objectives (UAMS CON, 2007).

The preceptor -student relationship develops during a student's clinical experience. Initially, the preceptor manages the student's experience closely, watching him/her interact with clients, evaluating clinical skills, pointing out normal and abnormal findings, and guiding the student



Preceptors are outstanding clinicians in their field of practice. The APNs and physicians who offer to be preceptors do not need formal education in teaching, but they must be willing to share their knowledge and experience. Preceptors teach, evaluate and provide feedback to faculty on the students' performance.

must have adequate numbers to meet the need.

There are three universities in Arkansas educating nurse practitioners. Arkansas State University (ASU) has a

needed to become excellent advanced practice nurses. Preceptors are needed in all areas of our state to develop our profession.

Preceptors are outstanding clinicians

through the clinical decision making process to determine a diagnosis and plan of care. As the student gains skills, knowledge and experience, he/she will become more autonomous, able to take a history, perform a focused assessment,

and develop diagnoses and management plans that he/she will present for the preceptor's critique.

Initially, client interactions take longer as the preceptor helps the student refine the necessary skills, but eventually the student can see the client before the preceptor and present a concise review of the client's history, examination findings, possible diagnosis and tentative management plan. Ultimately, the preceptor is responsible for the care of the client and will verify the pertinent history and findings to come to the diagnosis and management plan. The student will often ascertain information that the busy preceptor does not have time to determine. Students are especially helpful in reviewing recommended screening and immunizations and providing education that may be overlooked or abbreviated by a busy practitioner conducting a sick visit.

There are many rewards to being a preceptor. The hours spent with a student may be used to meet a professional development category for recertification for those APNs certified through the American Nurses Credentialing Center (ANCC). Other benefits may include access to university libraries or discounts on continuing education programs; check with an individual university to see what benefits it has. Preceptors can also receive certificates of appreciation for their service. Less tangible rewards include exposure to the up-to-date knowledge and evidence-based practice that the students are learning, and the pleasure of seeing the student grow in skills, abilities and confidence.

I thank my preceptors for sharing their experience, insight and patients with me. If you would like to volunteer to be a preceptor, please contact one (or all) of the universities who graduate advanced nurse practitioners; it will be

one of the most fulfilling experiences of your professional life. Preceptors are also needed for clinical nurse specialist, nurse educator, nurse administrator and certified registered nurse anesthetist programs.

References

- ACHI (2010, July). *Overview of Health Reform for Arkansans*. <http://www.achi.net/HCR%20Docs/100720%20Overview%20of%20Health%20Care%20Reform-FINAL.pdf>
- Physicians Foundation (2010, October). *Health reform and the decline of physician private practice*. http://www.modernmedicine.com/modernmedicine/data/articlestandard/modernmedicine/492010/697821/mhafoundationwhitepaperfinal.pdf?cid=mha_top
- University of Arkansas for Medical Sciences College of Nursing (2007). *Preceptor handbook for graduate program*.

Suzanne Yee

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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. 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.



GREEN – EFFICIENT - COST EFFECTIVE ...**ONLINE RENEWALS**

The option to renew online began in 2001. At that time, 3 percent of the nurses renewing their nursing license did so online. As of this fiscal year, beginning July 1, 2010, the percentage of nurses who renew their license online has increased to 95 percent.

There has been a gradual increase in the acceptance rate over the years. However, the most dramatic change occurred when we began sending postcard reminders to renew your

license online instead of mailing the paper renewal applications.

The good news is online renewal usually means your renewal is processed quicker. Also, it costs less to process your renewal online than by paper application. This also helps you because renewal fees are the main source of funding for the Board of Nursing and are set at a rate to ensure the costs of operations are covered. Therefore, lower processing costs for

us means we do not have to increase the rates you pay for renewals or other required fees. By renewing online, you are also doing your part to “go green” as this option uses less paper.

If you are one of the few who have not tried this method of renewal, please give it a try, and thank you to all of you who make this process as efficient as possible.

Below is a table of the acceptance rates for online renewals.

ARKANSAS STATE BOARD OF NURSING ONLINE RENEWAL ACCEPTANCE INFORMATION

Fiscal Year	QTR	Total Number of Licenses Renewed	Total Number of Licenses Renewed Online	Percentage of Online Renewals
FY2011	TOTAL	13,092	12,423	95%
	2	6,472	6,147	95%
	1	6,620	6,276	95%
FY2010	TOTAL	23,061	21,502	93%
	4	5,400	5,055	94%
	3	5,966	5,599	94%
	2	5,390	5,005	93%
	1	6,305	5,843	93%
FY2009	TOTAL	23,770	21,421	90%
	4	5,325	4,928	93%
	3	5,724	5,113	89%
	2	6,547	5,740	88%
	1	6,174	5,640	91%
FY2008	TOTAL	23,003	18,609	81%
	4	5,080	4,606	91%
	3	5,610	4,965	89%
	2	6,025	5,333	89%
	1	6,288	3,705	59%
FY2007	TOTAL	22,263	12,035	54%
	4	4,889	2,850	58%
	3	5,889	3,080	52%
	2	5,517	3,048	55%
	1	5,968	3,057	51%
FY2006	TOTAL	21,947	9,853	45%

	4	4,805	2,399	50%
	3	5,468	2,505	46%
	2	5,664	2,465	44%
	1	6,010	2,484	41%
FY2005	TOTAL	35,259	8,183	23%
	4	7,435	1,747	23%
	3	10,146	2,158	21%
	2	8,743	2,124	24%
	1	8,935	2,154	24%
FY2004	TOTAL	30,052	6,583	22%
	4	6,883	1,581	23%
	3	7,843	1,661	21%
	2	7,510	1,734	23%
	1	7,816	1,607	21%
FY2003	TOTAL	27,621	5,489	20%
	4	6,373	1,266	20%
	3	7,371	1,370	19%
	2	7,060	1,397	20%
	1	6,817	1,456	21%
FY2002	TOTAL	23,801	3,985	17%
	4	5,364	965	18%
	3	6,286	971	15%
	2	6,018	1,013	17%
	1	6,133	1,036	17%
FY2001	TOTAL	12,000	668	6%
	4	6,000	500	8%
*est total/qtr	3	6,000	168	3%

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HIT Regional Extension Center: Your guide to “meaningful use”

Because health information technology (HIT) and exchange has such potential to improve patient care and lower costs, Congress included money in the American Recovery and Reinvestment Act of 2009 (the economic stimulus bill) to encourage health care providers to implement EHRs in their practice or facility. A network of Regional Extension Centers (RECs) was also established to assist primary care physicians and other health care providers (including nurse practitioners and certified nurse-midwives) in adopting EHR technology and achieving “meaningful use” – the standard providers must meet to qualify for incentive payments. The U.S. Department of Health and Human Services provides funding to the RECs in the form of cooperative agreements administered by the Office of the National Coordinator for Health Information Technology (ONC).



The REC for our state is HITArkansas, a division of the Arkansas Foundation for Medical Care (AFMC). HITArkansas is charged with assisting 1,280 priority primary care providers by the end of 2012 as they work to become meaningful users of EHR technology. The REC offers technical assistance, guidance, information and provider outreach. Both prospective and existing users of EHRs are eligible to participate in the incentive program.

Simply purchasing and implementing an EHR will not automatically qualify a provider for incentive payments. Meaningful use of EHRs is the key to improving the quality of health care; the provisions of the HITECH Act are best

understood not as investments in technology, but as efforts to improve the health of Americans and the performance of their health care system. Meaningful use has three main components:

- The use of a certified EHR system in a meaningful manner (e.g. e-Prescribing).
- The use of certified EHR technology for electronic exchange of health information in order to improve health care quality.
- The use of certified EHR technology to submit clinical quality and other measures.

Incentive payments may be obtained in two ways:

Through Medicare. Providers who become certified meaningful users of EHRs are eligible for up to \$44,000 in incentives over five years beginning in 2011. Payment amounts are equal to 75 percent of a provider’s allowed Medicare Part B charges for covered professional services, subject to the annual maximum limits specified in the accompanying chart, and providers in underserved areas are eligible for a 10 percent increase in those amounts. Providers who are not certified as meaningful users by 2015 will face up to a 3 percent adjustment in Medicare claim reimbursements.

Through Medicaid. Providers with at least a 30 percent Medicaid caseload can receive up to \$63,750 in reimbursements over six years. The first-year payment covers the cost of adoption, implementation and/or upgrading of EHR technology; subsequent payments support meaningful use. Unlike the Medicare program, Medicaid providers who are not meaningful users of an EHR are not subject to reduced Medicaid payment rates.

HITArkansas frequently updates its website, www.hitarkansas.com, with the latest information for providers, and also e-mails newsletters to all enrolled members of the REC as new details are released. Providers may contact an implementation specialist at 501-212-8616, or they may contact their MMCS provider relations outreach representative or AFMC physician office quality specialist for more information.



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FAQS

Q In my new role I will eventually be doing some procedures requiring conscious sedation. My prescriptive authority entails only schedule III-V. Do I need to write for this sedation medication as a verified verbal order from the physician or do I need to write up a protocol between my collaborating physicians and myself? What would be acceptable practice?

A You will have to write the order for the Schedule II drug as a verified verbal order from your collaborating physician. You cannot have protocols between the physicians and you for Schedule II drugs – APN prescriptive authority does not allow the APN to prescribe Schedule I and II controlled substances CRNAs fall under a different set of rules, as most are considered agents of the institution they are working for and are granted authority under the institution’s DEA number as described in Title 21 CFR 1301.22– they can order any drugs including controlled substances in connection with anesthetic agents – for pain, nausea, etc during the pre-, intra-, and post-op periods - if the CRNA has not been given that “agent” authority by the facility, then they would give all orders as verbal orders from a supervising physician.

Q I have received a claim filed against me in a malpractice claim involving an IUD insertion. Is this something that should be reported to the state board of nursing, as I know the medical board requires notification if a physician has a complaint filed. If so, what is the procedure for reporting the claim?

A The Nurse Practice Act does not require you to report malpractice claims to the Board nor does the ASBN Rules. If you are found guilty of a crime and/or negligence, you would be required to report to the Board and possibly have discipline on the license.

Q Can the Board of Nursing tell me how many contact hours I have completed which will count toward license renewal?

A No, the Board does not keep up with each individual nurse’s contact hours. It is your responsibility as a nurse to keep adequate records of your continuing education.

Q I have not worked in nursing for the past eight years and I would like to re-enter nursing practice. My license is on inactive status (or expired). What do I need to do?

A To renew your license you must have completed twenty (20) practice-focused contact hours within the past two years and complete a Board approved refresher course or an employer competency orientation program. You must obtain a temporary permit to practice while taking the refresher course or competency orientation program. This temporary permit is only valid for attendance in the refresher course or orientation program. You cannot “work” on this permit. (Chapter 2, Section VII.C.3.b. & 4)



Lori Gephardt, Administrative Specialist III

CONTINUING EDUCATION CREDIT ALLOWED FOR INITIAL TRAINING/RETRAINING OF ACLS/PALS/NRP

The Arkansas State Board of Nursing has received inquiries regarding a decision made by the Commission of Accreditation (COA) that accredited or approved providers must cease awarding continuing education contact hours for retraining of advanced courses such

as ACLS, PALS and NRP after June 1, 2011. Awarding contact hours for initial ACLS, PALS and other advanced courses is still permitted.

Though this decision by the COA takes effect June 1, 2011, the ASBN will continue to allow 10 contact hours of nursing continuing

education per advanced course completed (e.i. ACLS/PALS/NRP, etc.) whether the nurse receives the initial training or retraining during current licensure period as long the course is an American Heart Association taught course.



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The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are ACA §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 penal-

ties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer 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, 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

Coffman, Amie Louise
R68457, Russellville
March 31, 2011

Cone, Caroline Marie Bolderson
L23285, Little Rock, AR
March 1, 2011

Kimzey, Michael James
L35361, Hot Springs
March 28, 2011

Koscielny, Toni Leigh Koscielny
Apel
L40684, North Little Rock
March 1, 2011

Pearson, Jessica Robin Knight
McGee
R78851, El Dorado
March 21, 2011

Poulton, Rusti Ann
R80831, Texarkana
March 4, 2011

Rainwater, Shawn Marie Lucas
L30241, Corning
March 28, 2011

Reed, Sonja Michelle Sights
Burks
L44816, Traskwood
March 4, 2011

Ruminer, Victoria Kay
L29108, Pocahontas
March 28, 2011

Stamps, Sherry Lynn Powell
Swaffar McGarrah Blakemore
R38115, Springdale
March 30, 2011

Strickler, Amber Nicole
R79008, North Little Rock
March 1, 2011

Tolonen, Nancy Marie Coombes
L33692, Martin, TN
March 9, 2011

Tyiska, Zola Mae Brown
R37304, L13951, North Little
Rock
March 29, 2011

REINSTATEMENTS WITH PROBATION

Sampley, Annie Marie
L38379, Ozark
Reinstatement to Probation
- 1 year
Civil Penalty - Previous
Balance
March 2, 2011

REINSTATEMENTS

Goodson, Janet Kay Richmond
Richner
L27524, Jonesboro
March 8, 2011

PROBATIONARY STATUS REMOVED

Cagle, Zachary Wyatt
R76951, Cabot
March 11, 2011

Jenkins, Stacy Marie Bauer
L36449, Mountain Home
March 8, 2011

Pizzolatto, Michael
C00637, R34256, Hope
March 11, 2011

Stewart, Chyla Denell
L48570, Conway
March 11, 2011

Disciplinary Actions

APRIL 2011

PROBATION

Barnett, Brian Michael
R88311, Mountain Home
A.C.A. §17-87-309(a)(2)
Probation - 1 year

Blackburn, Mary Lisa Meserole
Tucker
R49946, Drasco
Letter of Reprimand Non-
Compliance
Probation - 1 year
Civil Penalty - \$500

Bramlett, Paige Lamar
R63779, Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1700

Canada, Larichia Nicole
L49618, Camden
Letter of Reprimand Non-
Compliance
Probation - 1 year
Civil Penalty - \$500

Cantrell, Laura Lynn
R78118, Bryant
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years

Clowers, Wannetta Fay Legros
A03017, R33731, PAC2919,
Sheridan
A.C.A. §17-87-309(a)(6),
Position Statement 99-3,
Rules Chapter 4, Section VIII,
D & E
Probation - 2 yrs, PAC
Suspended - 2 yrs
Civil Penalty - \$3,500

Desparrois, Julie Ann
R78869, Mountain Home
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$1,000

Eames, Desirae Denise
R88312, Star City
A.C.A. §17-87-309(a)(2)&(4)
Probation - 1 ½ years

Grant, Belinda Richea
R66609 (exp), Ward
Reinstatement from Voluntary
Surrender
Probation - 3 year
Civil Penalty - \$1500

Jones, Terri Lynette Watkins
R16558, Waldron
A.C.A. §17-87-309(a)(1)&(6)
Probation - 1 year
Civil Penalty - \$2,400

Keefer, Julieanna Maria
Manning Ball
L41325, Rogers
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$750

Ledbetter, Allison M.
R84159, Bauxite
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years

McAdams, Angela Dynette
Brown
L27686, Wickes
Probation Non-Compliance
Probation - 1 year

Miller, Brenda Lee Espersen
L43309, Jacksonville
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$1,400

Reed, Deanna C
R88313, Cabot
A.C.A. §17-87-309(a)(2)
Probation - 1 year

Samuel, Denise Raylene
Henthorn Horton
R32964, Amity
Probation Non-Compliance
Probation - 1 year
Civil Penalty - \$500

Smith, Janell Kay Sluder
R67642, Rogers
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$1,000

Straup, Jana
L51496, North Little Rock
A.C.A. §17-87-309(a)(2)
Probation - 1 year

Traywick, Kagan Leah Walls
L43248, Jacksonville
Probation Non-Compliance
Probation - 2 years
Civil Penalty - \$1,000

Turner, Amanda Elizabeth
Morgan Turner
R69943, L38058 (exp),
Camden
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$650

Wallis, Joseph Allen
L51497, Batesville
A.C.A. §17-87-309(a)(2)&(4)
Probation - 1 year

Wilson, Tammy Renae Leopard
Wilbanks
L35413 (exp), West Memphis
A.C.A. §17-87-309(a)
(2),(4),(6)&(9)
Probation - 3 years
Civil Penalty - \$3,500

SUSPENSION

Blalock, Rhonda Marie Manes
Ruhge
L29002, Williford
A.C.A. §17-87-309(a)
(1),(2)&(6)
Suspension - 2 years
Civil Penalty - \$1,000

Bridges, Leigh Gosnell Bridges
L46888, Mountain Home
A.C.A. §17-87-309(a)
(1),(4)&(6)
Suspension - 2 years
Civil Penalty - \$1,000

Calvin, Jayne E. Duffel
L28702 (expired), Rector
Letter of Reprimand Non-
Compliance
Suspension - until terms met

Campbell, Lashawnda Nicole
Gardner
L44337, Pine Bluff
Letter of Reprimand Non-
Compliance
Suspension - until terms met

Clark, Mandy Lynne Dewbre
R83608, Green Forest
A.C.A. §17-87-309(a)(6)
Suspension - 2 yrs followed
by Probation - 3 yrs
Civil Penalty - \$3237.50

Gibson, Jennifer Diana Johnson
L41221, Dierks
Probation Non-Compliance
Suspension - 2 years
Civil Penalty - \$1,000 plus
Prev Bal

Hendrix, Billie Jean Campbell
L37430, Tuckerman
Probation Non-Compliance
Suspension - 1yr followed by
Probation - 2yrs
Civil Penalty - \$1,500 plus
Prev Bal

Miles, Susan Diane Newton
Smith
R51902, Hot Springs
A.C.A. §17-87-309(a)(6)
Suspension – 2 yrs followed
by Probation – 2 yrs
Civil Penalty - \$1,000

Moring, Marilyn Grace
R77583, Van Buren
Letter of Reprimand Non-
Compliance
Suspension – until terms met

Nuckols, Dawn Jeannette
Tisdale
L43644, Star City
A.C.A. §17-87-309(a)(4)&(6)
Suspension – 2 yrs followed
by Probation – 2 yrs
Civil Penalty - \$1,000

O'Neal, Susan Renee Miller
Boyd
L36469, Percy
Probation Non-Compliance
Suspension – 5 yrs followed
by Probation – 3 yrs
Civil Penalty - \$4,000

Raymo, Barbara Ann Lee
L48302, Westville, OK
A.C.A. §17-87-309(a)(2)&(6)
Suspension – 1 yr followed
by Probation – 2 yrs
Civil Penalty - \$1,500 plus
Prev Bal

Smith, Jamie Lynn
R71142, Texarkana
Probation Non-Compliance
Suspension – 2 years
Civil Penalty - \$1,000

Smith, Leigh Anne
L36014, Mulberry
Probation Non-Compliance
Suspension – 3 years
Civil Penalty - \$1,500 plus
Prev Bal

Stoops, Jenny B Richards
Skinner
R54262, Yellville
A.C.A. §17-87-309(a)(6)
Suspension – 2 yrs followed
by Probation – 2 yrs
Civil Penalty - \$3,462.50

Swaim, Deanna Michelle Smart
R82950, L40014 (exp),
Batesville
A.C.A. §17-87-309(a)(4)&(6)
Suspension – 2 yrs followed
by Probation – 2 yrs
Civil Penalty - \$2,412.50

Terrill, Lisa Ann Davis Brooks
Fuson
L30634, Springdale
Probation Non-Compliance
Suspension – 2 yrs followed
by Probation – 2 yrs
Civil Penalty - \$1,000 plus
Prev Bal

Williams, Jamie Lynn Stillwell
L42893, Manila
Letter of Reprimand Non-
Compliance
Suspension – 2 yrs followed
by Probation 2- yrs
Civil Penalty - \$2,787.50 plus
Prev Bal

Young, Brooke Ann Poore
R82400 (exp), L37660 (exp),
Warren
Probation Non-Compliance
Suspension – 3 years
Civil Penalty - \$1,500

VOLUNTARY SURRENDER
Caillouet, Michaele Kay
R82339, Heber Springs
April 13, 2011

Johnson, Linda Marie
Mossburgh
R18506, Crossett
April 8, 2011

Partain, Carrie Roxanne
R78314 (expired), Fayetteville
April 4, 2011

Schwartz, Carri Marie
R66257, Fayetteville
April 12, 2011

Woodyard, James Michael
R29388, Little Rock
April 12, 2011

Younkin, Robin Lea
L43870, Fayetteville
April 8, 2011

REPRIMAND
Aicher-Thompson, Jerry Anna
L51102, Jasper
January 27, 2011

Klotz, Nicole Veronica
L51106, Flippin
January 27, 2011

Lawrence, Beverly Jean
R87436, Jefferson City, MT
January 27, 2011

Morgan, Jennifer Ann Haney
R77086, L40273 (exp),
Mabelvale
February 22, 2011

APPEAL DENIED
Arrowood, Yvette Lynn Thomas
R56287, L29413 (exp),
Midway
April 6, 2011

WAIVER GRANTED
DeHart, Kay Lynn Barlow
PN Applicant, Piggott
April 6, 2011

Rogers, Robyn Dawn
RN Applicant, Little Rock
April 7, 2011

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Next month, beginning on July 1, 2011, the Arkansas State Board of Nursing will begin using a cardless licensure system. The traditional wallet license card will no longer be distributed for licensure by endorsement, examination, reinstatement or renewal.

For the first two years, a plastic wallet license card will be distributed following licensure by examination, endorsement, reinstatement and renewal. After the first two years (through a renewal cycle) wallet license cards will NO LONGER BE DISTRIBUTED FOLLOWING RENEWAL.

The plastic wallet license card will not reflect an expiration date. The plastic wallet license card will look similar to the sample shown. Nurses and employers will be directed to the ASBN online license verification system at www.arsbn.org to verify a nurse's status, discipline and expiration date.



The cardless licensure system WILL NOT AFFECT THE RENEWAL PROCESS. The Nurse Practice Act requires biennial license renewal for practicing nurses.

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NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS MAGNET PRINCIPLES ARE WORKING AT UAMS.



Manager Amy Hester, R.N., Nancie Watts, Staff R.N., and Advanced Practice Partner Dees Davis, R.N., with some of the tools used to help prevent falls.

Like other hospitals, UAMS takes precautions to ensure patients aren't harmed while in our care, but the neurology unit faced unique challenges in trying to provide patients freedom of movement while still protecting them from falls. Clinical Services Manager Amy Hester, R.N., and Advanced Practice Partner Dees Davis, R.N., researched best practices, risk assessment scales, toileting programs and bed alarms. They weren't satisfied with the results using available resources, so they created their own risk assessment tool. They developed the Hester Davis Scale[®] to identify patients most likely to fall and used this along with bed alarms connected to nurse call systems to reduce fall rates by 66 percent. They presented their findings at a national quality and safety meeting for academic hospitals in San Diego last fall, and other hospitals are now implementing similar programs.

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