



ASBN *Update*

www.arsbn.org

*Volume 11 Number 2
March 2007*

**NURSE
PROFILE:**
Representative
Sharon Dobbins, APN

**MEDICATION ASSISTANTS UPDATE
PANDEMIC EMERGENCY PLAN**

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Dan West, RN



FILL IN THE BLANK

"Why doesn't the Board (fill in the blank)!? It's a question all board members have heard many times. Often, the blank is filled in with a work place issue, such as "...tell the hospital that we can't work more than 40 hours a week", or "...make the Dr. I work for use only nurses to administer medications". What many nurses don't realize is that the Board of Nursing has no authority over anyone who is not a nurse. But, while we can't keep your employer from scheduling you to work during your child's Valentines

nurses. In fact, we don't. 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. There are times when pending legislation would clearly strengthen or weaken public protection, and in those cases, we eagerly work to affect the outcome of the bills. There are other times when it would be more appropriate for a professional association to "lead the charge". Sometimes, the line between the two is blurred and we work with all involved

"Why doesn't the Board (fill in the blank)!?"
It's a question all board members
have heard many times.



Day program, we will investigate complaints against nurses in positions of authority who abuse their positions. We frequently hear from nurses who are before the Board, "my supervisor made me lie when I documented the incident", or "even though I didn't see her waste the drugs, my boss made me sign that I did". If this is happening to you, you should refuse, and then you should report it before you end up in trouble. "But I would have lost my job if I refused!" That may be true, but if you still have your license, you'll find another job tomorrow. If you end up losing your license, you'll still be able to find a job, but the verbal orders you may be taking will be "hold the pickles, hold the lettuce".

Sometimes the blank is filled in with "...lobby the legislature to pass laws that would allow us to..." or "...oppose that bill that would allow others to...". Just because we have authority over a nurses' license doesn't mean that we represent

to seek the best outcome for both the public and nurses.

To students, a popular blank is "...make the NCLEX® more practical (or more broad, or more focused, or downright easy!)". The NCLEX® is not a product of the ASBN. The exams are written with input from State Boards of Nursing across the country, but not solely by our board, or by any other single board. Sorry!

Are you surprised by any of this? I was. In fact, when I was appointed to the Board seven (7) years ago I didn't know any of this! Now that I'm in my last year of service, I hope that I'm getting it figured out. If you'd like to learn more in seven (7) hours instead of seven (7) years (and get continuing education credit for it), the Board will be hosting a series of workshops throughout the state. To see the agenda or sign-up online, go to https://www.ark.org/nursing_reg/index.php/workshop/register.

Important Information

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LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at www.arsbn.org. All reissued licenses will have "DUPLICATE LICENSE" stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.



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Faith A. Fields

Faith A. Fields, MSN, RN



A Congressman has introduced HR5788 The Health Care Truth and Transparency Act. This federal bill was referred to the Subcommittee on Commerce, Trade and Consumer Protection.

The Health Care Truth and Transparency Act would make it unlawful for any licensed health care provider who is not a medical doctor, doctor of osteopathy, doctor of dental surgery or doctor of dental medicine to "make any deceptive or misleading statement, or engage in any deceptive or misleading act, that deceives or misleads the public or a prospective or current patient" into thinking that the provider is an MD, osteopath or dentist, or possesses the same education, skills or training. Deceptive or misleading statements include "advertising in any medium, making false statements regarding the education, skills, training, or licensure of such person, or in any other way describing such person's profession, skills, training, experience, education, or licensure in a fashion that causes the public, a potential patient, or current patient" to believe the provider is a medical doctor, osteopath or dentist.

Licensed health care providers who violate the act would be subject to charges of participating in an "unfair or deceptive act" brought about by the Federal Trade Commission (FTC). Any provider found guilty of knowingly participating in an unfair or deceptive act would be subject to civil penalties of up to \$10,000 per violation.

The bill also directs the FTC to conduct an investigation of all health care providers who engage in "deceptive or misleading" acts to determine how frequently they occur, and to identify any instances of harm or injury resulting from said acts. In addition, as part of the investigation, the FTC is charged with identifying

instances "where any state public policy has permitted such acts and practices." Arkansas law prohibits individuals from calling themselves "doctor" unless they hold a license to do so, however individuals who hold a doctoral educational credential may use the title as well.

The Arkansas Legislature is in session and I'm sure we will see many bills passed that will affect the practice of nursing as this federal bill will do. We will let you know those laws that are passed and how they will affect the regulation of the nursing profession in our next issue.

FACULTY NEEDED

Arkansas State University is seeking applicants for two full time faculty positions. Both positions are on the Jonesboro campus. All candidates should possess an advanced degree preferably a doctorate, teaching experience is preferred but not required. A tenure track faculty position is open in the undergraduate program. Pediatrics specialty or experience is highly desired however other specialties will be considered.

An Associate Coordinator for Nurse Anesthesia is immediately available. Applicants should have 2-3 years experience as a nurse anesthesia educator, knowledge of course and curriculum design and eligibility for licensure as a nurse anesthetist in Arkansas. Faculty responsibilities include classroom and laboratory instruction, curriculum oversight, research and student advisement in a master's degree program.

To apply, please submit a letter of interest, curriculum vitae and contact information for 3 professional references to Dr. Phyllis Skorga, PhD, RN, Chair, Search Committee, PO Box 910, Arkansas State University, State University, AR. 72467. For more information, please call 870.972-3074 or visit www.astate.edu

Board Business



Standing L to R: Robert Currie, LPTN; Pamela Crowson, RN; Lori Eakin, LPN; Cassandra Harvey, RN; Peggy Morgan, LPN; Darlene Byrd, APN; Frank Fusco, Rep. of Older Population, Seated L to R: Stephanie Rockett, RN; Dan West, RN; Lepaine McHenry, RN; Kathy Hicks, RN

The public is invited to attend ASBN Meetings. Groups of more than five should call and ask for Carmen Sebastino at 501.686.2701

BOARD MEETING DATES FOR 2007

March 14	Board Retreat
March 15	Disciplinary
April	No Meetings Scheduled
May 2	Disciplinary
May 3	Business
June 13	Disciplinary
June 14	Disciplinary
July	No Meetings Scheduled
August 1	Disciplinary
August 2	Disciplinary
September 12	Disciplinary
September 13	Business
October 10*	Disciplinary
October 11*	Disciplinary
November 14	Disciplinary
November 15	Disciplinary
December	No Meetings Scheduled
April 2-4	NCSBN Mid Year Meeting New Orleans, LA
August 7-10	NCSBN Annual Meeting Chicago, IL

decide by September whether dates are needed.

BOARD HIGHLIGHTS

At the January and February 2007 board meeting the following actions were taken:

- Granted Continued Full Approval to the Associate of Applied Science in Nursing Program of the University of Arkansas at Monticello until the year 2011.
- Granted Continued Full Approval to the Henderson State University Baccalaureate Degree in Nursing Program until the year 2011 with the following requirements: That Henderson State University Department of Nursing provide documentation to the Board that the identified requirements have been corrected within one year and that Henderson State University Department of Nursing provide an update to the Board on recommendations to the program within one year.
- Granted Continued Full Approval to the Arkansas State University Baccalaureate Degree in Nursing Program until the year 2011.
- Granted Continued Full approval to the Arkansas State University Associate of Applied Science Degree in Nursing Program until the year 2011.
- Granted Initial Approval to the National Park Community College in Hot Springs Medication Assistant Training Program.
- Granted Initial Approval to the East Arkansas Community College in Forest City Medication Assistant Training Program.
- Granted Initial Approval to the Phillips Community College of the University of Arkansas in West Helena Medication Assistant Training Program.
- Granted Initial Approval to the Ouachita Technical College in Malvern Medication Assistant Training Program.
- Accepted the response of Southeast Arkansas College to the second year of low pass rates on the NCLEX-RN.
- Accepted the response of Arkansas Technical University to the second year of low pass rates on the NCLEX-RN.
- Accepted the response of the University of Arkansas in Fayetteville to the first year of low pass rates on the NCLEX-RN.
- Approved the request of Arkansas Tech University-Ozark Campus (AR Valley Technical Institute) to offer an additional practical nurse class in 2007 for dislocated workers in the Sebastian County area. They should provide the Board with a mid-year report of class progress and a final report after graduation and taking the NCLEX.
- Granted approval to the Ozarka College satellite programs at the Ash Flat and Mountain View campuses contingent upon adequate physical space, education equipment, and faculty employed.
- Approved internationally educated practical nurses from non-English speaking countries and currently located outside the USA or Canada to take one of the available approved examinations.
- Approved revision of Position Statement 06-1 Pronouncement of Death. The revised wording is as follows: "The Arkansas State Board of Nursing has determined that based on educational and skills preparation, it is within the scope of practice of the Advanced Practice Nurse and Registered Nurse to pronounce death. The Advanced Practice Nurse and Registered Nurse must adhere to other Arkansas statutes regarding pronouncement of death."

ARKANSAS NURSE PRACTICE ACT –

NOW ONLINE FOR CONTINUING EDUCATION CREDIT

Every nurse who practices in Arkansas must practice according to the statutes set out in the Nurse Practice Act and the guidelines in the ASBN Rules. Changes are made in these from time to time and it is the nurse's professional responsibility to keep up with the changes. In order to make this a little easier, the staff at the Arkansas Board of Nursing has adapt-

ed the Arkansas Nurse Practice Act and the Rules into a format that is easy to read. With the assistance of National Council of the State Boards of Nursing, the new format has been developed into an online continuing education course. The course, which is available for a fee, will assist the nurse in learning about the laws and regulations which govern the practice of nursing in

Arkansas. Upon completion of the course (and passing the short post-examination) two contact hours will be awarded. These contact hours can be used for license renewal. The online course can be found at www.ncsbn.org. The full up-to-date version of the Arkansas Nurse Practice Act and Rules can always be downloaded off of the ASBN website, www.arsbn.org.

NCSBN SELECTS THE PHILIPPINES AS AN INTERNATIONAL TESTING SITE FOR NCLEX® EXAMINATIONS

CHICAGO – The National Council of State Boards of Nursing (NCSBN®) has selected Manila, the capital city of the Philippines, as a new site for the administration of the NCLEX® examinations. NCSBN's Board of Directors made the decision to expand the number of sites at its Feb. 8, 2007, meeting.

Faith Fields, MSN, RN, president, NCSBN Board of Directors, comments, "The Philippine government has shown a deep commitment to ensuring a secure test center in Manila and has been very responsive to NCSBN concerns. Placing a test site in the Philippines will allow for greater customer service to nurses without compromising the goal of safeguarding the public health, safety and welfare of patients in the U.S."

Offered abroad since January 2005, the current international sites for NCLEX examinations are in London, England; Seoul, South Korea; Hong Kong; Sydney, Australia; Toronto, Montreal, and Vancouver, Canada; Frankfurt, Germany; Mumbai, New Delhi,

Hyderabad, Bangalore, and Chennai, India; Mexico City, Mexico; Taipei, Taiwan; and Chiyoda-ku and Yokohama, Japan.

Intended for the purposes of domestic nurse licensure in U.S. states and territories,

all security policies and procedures currently used to administer the NCLEX examination domestically will be fully implemented at this new site. At this time, no schedule of implementation has been set.

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THE ETHICAL RECRUITMENT OF NURSES FOR LICENSURE

The National Council of State Boards of Nursing (NCSBN) supports the ethical recruitment of nurses. NCSBN defines 'ethical recruitment' as a hiring process free from intimidation, misleading information or exploitation.

NCSBN supports the lawful entry of nurses from other countries provided they meet U.S. federal immigration and labor requirements, and obtain and maintain a valid state or territorial license to practice.

Recruitment Position:

NCSBN respects the right of nurses to determine the country in which they choose to work. A thorough decision making process by the nurse can only be made with complete information concerning the implications of relocation. Any recruitment of nurses for the U.S. workforce must be ethical.

High ethical standards in recruitment are supported by NCSBN. Recruitment must not mislead, intimidate or exploit. Ethical recruitment includes:

1. Transparency in all communications and any offers of employment;
2. Making available all information necessary for an informed decision concerning the circumstances and laws bearing on crossing borders, immigration, labor environment, and the potential new living and working conditions;
3. Full disclosure of requirements for nurse competency in the workplace, including legal prerequisites for licensure and maintenance of licensure.
4. Adoption of high ethical standards

in nurse recruiting.

5. Development of sanctions for those engaging in unethical practices.

NCSBN SUPPORTS THE PROGRAMS OF ALL COUNTRIES DESIGNED TO RETAIN AND STRENGTHEN THEIR NURSING WORKFORCE.

Recommendations:

NCSBN recommends that state and federal policymakers consider ethical recruitment policies when addressing

the growing shortage of nurses in the United States (U.S.). NCSBN understands that the health and future of our nation in part depends on an adequate and appropriately qualified supply of licensed nurses.

Nurses coming to practice in the U.S. should do so at their own free will with the expectation of being treated equally among all nurses working in the U.S.

NCSBN supports the right of individuals to migrate to the country of their choosing, as allowed by law. Nurses should have the following in order to

continued on page 11



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MEDICATION ASSISTANTS UPDATE

Act 1423 of the 2005 Arkansas legislative session is nearing fruition. This legislation authorized the use of unlicensed, but trained, medication assistants in nursing homes in Arkansas. The purpose is to put the nurse back supervising patient care and teaching the certified nursing assistant (CNA) how to provide better care to the patient. Hopefully, there will be fewer medication errors in Arkansas nursing homes, as the medication assistant's focus will be only giving medications. The nurse is currently giving medications, taking care of families, being called to check on patients with changes in conditions, handling physician calls and visits, and other tasks that only the nurse can do. The medication pass is much interrupted and takes most of the nurse's shift. The ideal solution to the problem would be to hire more nurses, but there is a tremendous nursing shortage in Arkansas and the nation.

Two medication assistant training

programs were approved during the January Board meeting – National Park Community College in Hot Springs and East Arkansas Community College in Forrest City. More programs will most likely be approved as well.

A test vendor has been identified and work has begun on the development of a certification examination which will be required before the medication assistant can be certified by the Board of Nursing to administer medications, hence the title medication assistant-certified or MA-C. The certification exam will be ready by May of 2007.

The law allows that medication assistants from other states may seek endorsement into Arkansas if the person meets the qualifications of MA-Cs in Arkansas. Board staff has just sent out the first three endorsement applications for persons seeking employment in Arkansas.

The Board staff has had contact with nurses in Arkansas who have had the opportunity to work in other states

where medication assistants have been utilized in nursing homes. They report that the quality of patient care was improved significantly when the nurse is supervising the care and medication errors were reduced because the MA-C's focus is only on medication administration.

Board staff is excited to be involved in this project. The Board sees it as a way to improve care to our most vulnerable patients, decrease medication errors, help relieve a major job stress for the nursing home nurse, improve nursing turnover in the nursing home, and give the CNA the opportunity for a step up the career ladder. It has been reported from other states that, many times, the CNA who becomes a medication assistant goes on to become a licensed practical nurse or even a registered nurse. Excerpts from letters received from Arkansas nurses attest to the advantages of utilizing medication assistants in nursing homes.

"I mainly used Medication Aides on the first shift of the day where the bulk of the doctors calls must be made and families visiting, care plans and any changes that require a lot of phone calls. I found that Medication Assistant are much more cautious in their medication passes, and they have fewer interruptions than the nurse does as she tries to pass medication and manage their halls."

"Medication Aides relieve the nurses of having to pass medication when they can be assessing their residents and making sure

the residents are getting premium care from the staff they have under them. It allows them proper time for charting. I am looking forward to Medication Assistant Certified employees to start helping out."

Mona A. Brown, RN, DON
Pine Lane Healthcare
Mountain Home, Arkansas

"The benefits of Medication Aides are numerous. Prior to becoming an LPN in Missouri and now in Arkansas, I was a certified medication aide in Kansas. I found

that the training heightened my awareness of anatomy and physiology in regards to client care and the types of medications they received. I feel that this experience lead me to pursue a career as an LPN. Medication Aides benefit the client in numerous ways, such as freeing up the charge nurse from passing out meds so the charge nurse can have more time to assess and monitor changes in care."

John Slayton LPN/ADON
Pine Lane Healthcare
Mountain Home, Arkansas

The 2007 schedules reflect several major changes including the following:

- * The division of the recommendations into 2 separate schedules: one for children 0 to 6 years of age and one for those 7 to 18 years of age.
- * The addition of oral live rotavirus vaccine for routine administration to all

infants at ages 2, 4, and 6 months of age.

- * Routine administration of a second dose of varicella vaccine at 4 to 6 years of age.
- * The addition of human papillomavirus vaccine for girls 11 to 12 years of age, with catch-up immunization of girls 13 to 18 years of age. This vaccine, adminis-

tered intramuscularly in a 3-dose series at 0, 2, and 6 months, prevents most cases of cervical cancer and genital warts.

- *The age range for routine annual administration of influenza vaccine has been expanded to children aged 6 to 59 months and close contacts of children aged 0 to 59 months.

The Pap Test

Still Routine. Still Important.

When detected early, cervical cancer is one of the most treatable cancers with a five year survival rate of 92 percent.

The Centers for Disease Control and Prevention estimates half of the women diagnosed with cervical cancer have never been screened and an additional 10 percent have not been screened in the past five years. BreastCare, a program of the Arkansas Department of Health and Human Services, provides coverage for breast and cervical cancer screening for eligible women. Refer your patients to 1-877-670-2273 for eligibility determination.

Although some women are receiving the new HPV vaccine, the Advisory Council for Immunization Practices only recommends it for females

between ages 9 and 26. The vaccine does not replace the routine Pap test. It's still important to include a Pap test as part of a woman's physical examination.

Pap Facts

- Cervical cancer screening should begin approximately three years after a woman becomes sexually active, but no later than 21 years old.
- Women over 21 years of age should have a Pap test at least once every three years after three consecutive negative tests.
- Women 70 years of age who have had at least three consecutive normal Pap tests and no abnormal results in the last 10 years may decide to stop screening.

Source: American Cancer Society

continued from page 9

become licensed in the U.S.:

- Comparable nursing education;
- English language proficiency to safely practice in the U.S. healthcare environment;
- No current or previous disciplinary or criminal actions related to their current or previous license/registration to practice nursing;
- Successful completion of the NCLEX-RN® or NCLEX-PN® licensing examination.
- Possess no fraudulent or other illegally obtained documentation related to the verification of their required nurse credentials.

NCSBN supports the programs of all countries designed to retain and strengthen their nursing workforce. NCSBN understands that each country has responsibilities to meet the health care needs of their own population and respect those efforts. Additionally, NCSBN supports the position that the recruitment and migration of all nurses be held to the highest ethical and legal standards.

Excerpted from the NCSBN position statement which can be found at www.ncsbn.org

A Message from

Arkansas Cervical Cancer Task Force

Arkansas Department of Health and Human Services

www.ArkansasCancerCoalition.org and click on Cervical Cancer Task Force

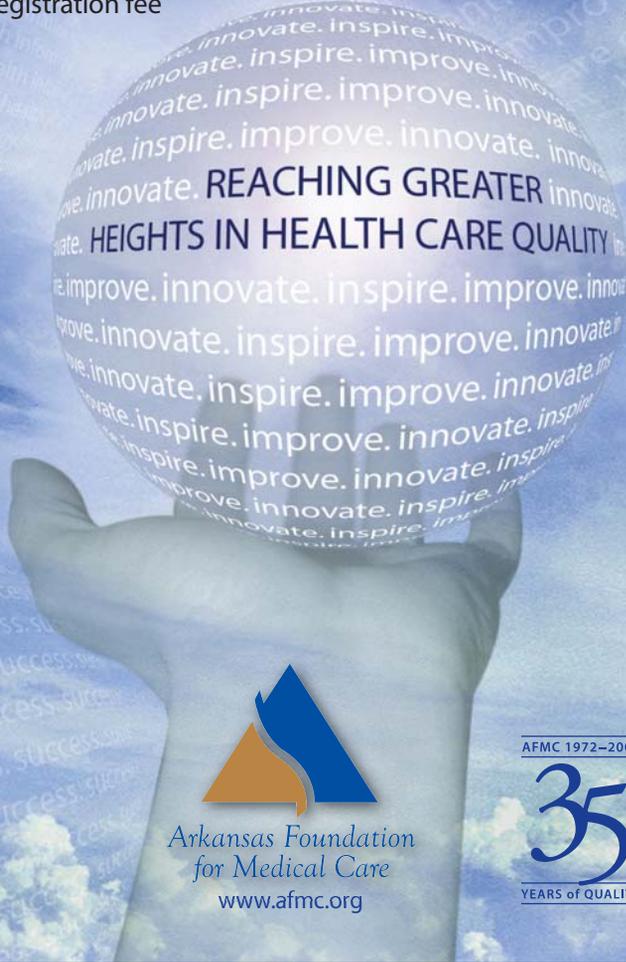
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NURSE PROFILE: Representative Sharon Dobbins, APN



Representative Sharon Dobbins knows how the Arkansas Legislature works- that's because she serves as representative for District 39 in the Arkansas House of Representatives. This APN knows a little something about politics and how laws are passed, as she learned from her husband, Dwayne Dobbins that served in the House from 2003 until nearly the end of 2005.



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Sharon has worked as an APN in family practice and when asked what one thing needs to be changed during this legislative session to encourage more people to go into the field of nursing? Her response was, "I believe caring and compassionate people need to be encouraged to go into the field of nursing." Also, "if they choose to do some volunteer work in poorer areas with community based clinics then their loans should be forgiven as an incentive to serve in those high need areas."

Serving the healthcare needs of the under-insured is nothing new for Dobbins because of her time spent performing clinicals in community based clinics. "I saw the elderly, former prisoners and college students with no health insurance." "The needs of Arkansans consistently are not met in the area of healthcare", says Dobbins. She wants to change that by increasing funding at the state level then moving those funds into community based clinics where poorer Arkansans can get the care they need. Dobbins believes that with Governor Mike Beebe in office, there may be a greater chance that those Arkansans will see a light at the end of the healthcare tunnel.

Please submit your suggestions of nurses that are making a difference in the State of Arkansas for our Nurse Profile section of the ASBN Update. Suggestions and contributions may be emailed to vmorris@arsbn.org



For more information contact:

UNIVERSITY OF
CENTRAL
ARKANSAS,
DEPARTMENT OF
NURSING

501-450-3120
www.uca.edu

PROGRAMS

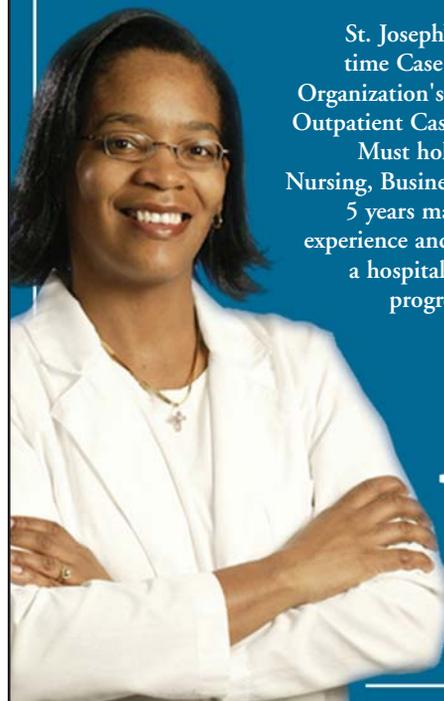
BSN
LPN to BSN
RN to BSN
RN to MSN
MSN
Post-Masters
2nd degree Certificate

GRADUATE (MSN SPECIALTIES)

Adult Nurse Practitioner (Primary)
Family Nurse Practitioner
Adult Psychiatric Mental Health NP
Family Community Health Clinical
Nurse Specialist/Nurse Educator
Medical Surgical CNS/NE
Psychiatric Mental Health CNS/NE
Nurse Educator

Distance Sites: UAFS in Fort Smith & ATU in Russellville

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Must hold a current AR RN license. Bachelor's Degree in Nursing, Business, or related healthcare field required. Minimum 5 years management experience required. Five years clinical experience and 4-5 years Utilization Management experience in a hospital or managed care setting, or 8 years experience in progressive responsibility in health care, insurance, and managed care required. Applicants may apply at www.saintjosephs.com.

Lori Wozniak
St. Joseph's Mercy Health Center
Employment Manager
PO Box 29001
Hot Springs AR 71903



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FAMILY INSTEAD OF PATIENT OR NURSE

Just when you think you have experienced everything in medicine there is, you get to experience a new side of it! I have been an RN for thirty-five years and a great many of those years were spent as a Cardiovascular Nurse. Being on the other side of that, when a relative has heart surgery, it is a learning experience.

Immediately, you don't think like a clinician, you think of every negative outcome you have ever seen! Fortunately, having spent many years working with the surgeon who was operating recently on my spouse, I could hear his voice loud and clear telling me that 95% of these people were going to do great, no matter what we did. Everyone was busy running around doing their job and no one was really paying attention to me. I understand that the patient always comes first, but as a family member, you too feel very vulnerable. I wonder if I had not had the experience of knowing most of these people and the procedures that they were performing just how threatened I might have felt. Equipment and procedures that look very normal to us as

caregivers, don't look so normal to our patients and especially families who have no idea what their loved one is going through.



PLEASE TAKE NOTE
OF HOW YOU
COMMUNICATE AND
TREAT THE PATIENT
AND THEIR FAMILY AS
ILLNESS IS A BIG EVENT
IN PEOPLES LIVES...



I know in school we were taught that you should include the family in your explanations, but I encourage you to never forget how important that aspect of your nursing care is. I think everyone in the

nursing profession would increase their value and dedication as a nurse if required to be patients and family members before we began our careers!

Finally, I want to stress another valid point that I always try to teach in my ethics classes, when I speak to groups of physicians and nurses- you should never be afraid to talk to the patient or their family. I know that sometimes what you have to tell them is difficult, but treating them with respect and dignity is all that most patients and families desire during a time of adversity. Over the years as a medical malpractice attorney, it is difficult to count the numbers of families who came to me and said "if they had only said they were sorry" or "talked to us", we wouldn't be sitting in the attorneys office now.

Please take note of how you communicate and treat the patient and their family as illness is a big event in peoples lives and not just another day at work for you. This important message should be incorporated into your practice, because I believe it will serve you very well.

Award in Searcy

Ms. Gail Burton RN, Department Head for the ASU-Beebe Practical Nursing Program in Searcy received a plaque from the Arkansas State Board of Nursing in recognition of Educational Excellence for 100 percent NCLEX Pass Rates from 2002-2006.

Dr. Calvin Thomas, Assistant Director of Nursing Education presented the plaque and on hand during the ceremony were ASU Beebe Chancellor Eugene McKay, Vice-Chancellor Don Harlan and Keith McClanahan, Director of Advanced Technology and Allied Health.



Members of the Faculty at the ASU-Beebe Practical Nursing Program in Searcy being recognized for their Educational Excellence for 100 percent pass rates from 2002-2006. L to R :Patty Wilson, Freda Sowell, Gail Burton, Debra Ramsey, Cindy Smith



Gail Burton pictured here with some of the students that graduated from the school in 2004

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Carrying laptops, our Home Health, Hospice, Personal Care and Maternity nurses really enjoy the benefits of our new Electronic Medical Records system.

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UAMS



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THE MYELOMA INSTITUTE, AFFILIATED WITH THE ARKANSAS CANCER RESEARCH CENTER AT UAMS, HAS THE LARGEST VOLUME OF PATIENTS IN THE WORLD FOR THE TREATMENT OF MULTIPLE MYELOMA. PATIENTS COME FROM ACROSS THE UNITED STATES AND FROM OVER 40 COUNTRIES. THE INSTITUTE PERFORMS OVER 600 TRANSPLANTS EACH YEAR.

INTERESTED CANDIDATES SHOULD SUBMIT CURRICULUM VITAE WITH COVER LETTER AND LIST OF REFERENCES TO:

Janet Aronson
Director of Communications
Myeloma Institute for Research and Therapy
University of Arkansas for Medical Sciences
4301 West Markham #816
Little Rock, AR 72205

For more than 50 years, Washington Regional has been the leading health system in Northwest Arkansas. Patients from the entire northwest quarter of Arkansas, northeast Oklahoma and southwest Missouri travel to Washington Regional because of the specialty care we offer. Patients know that the quality of the services provided by Washington Regional and its medical staff is worth the travel.

It is well known that Northwest Arkansas has one of the nation's strongest economies, fueled in large measure by the presence of numerous Fortune 500 companies. Many of these companies and their top employees list the availability of a premier medical system such as Washington Regional as a major consideration in their decision to relocate to Northwest Arkansas. Washington Regional Medical Center, as the largest and most comprehensive acute care hospital in Northwest Arkansas, has played a significant role in the growth of the region.



Important facts about the impact Washington Regional has had on the Northwest Arkansas community include:

- Washington Regional employs nearly 2,000 people who live in and around Northwest Arkansas. Based on the IMPLAN economic multiplier model, our annual payroll of \$79 million dollars results in a total direct economic impact on Northwest Arkansas of \$194.7 million dollars annually. These resources enable the employment of an additional 1,200 people outside Washington Regional.
- Washington Regional cares for more than 15,000 inpatients per year. The number of people who turn to Washington Regional in a crisis that requires inpatient hospitalization is increasing by approximately 7% each year. That's faster than the overall population growth because more and more patients and physicians are choosing Washington Regional over other area hospitals.
- Washington Regional provides care for more than 42,000 outpatients per year.
- Washington Regional's Emergency Department (Arkansas' busiest ER) receives more than 50,000 patient visits per year and is staffed 24 hours a day.
- The Walker Family Heart & Vascular Institute performs around 3,500 cardiac catheterizations and 350 heart surgeries each year.
- The Washington Regional imaging department performed 97,000 radiology procedures last year.
- Washington Regional performed almost a half-million laboratory tests this past year.
- In 2005, Washington Regional provided \$13 million in charity care and more than \$23 million in additional uncompensated care to the community.
- In 2005, Washington Regional invested nearly \$10

million dollars in state-of-the-art equipment, information systems, and physical facilities to further its mission of improving the health of the people who live in the communities we serve.

- Washington Regional provides nearly \$700,000 dollars in annual support to organizations who share a similar mission of providing for the healthcare needs of Northwest Arkansas, including donations to other nonprofit healthcare organizations and assistance to train and recruit medical professionals such as nurses and physicians.

So, the secret is out - Northwest Arkansas is a terrific place to live, and receive healthcare. Our community is growing rapidly and more and more people are relying on Washington Regional as their partner in healthcare. Our medical center must continue to grow to be the excellent health partner our community requires.

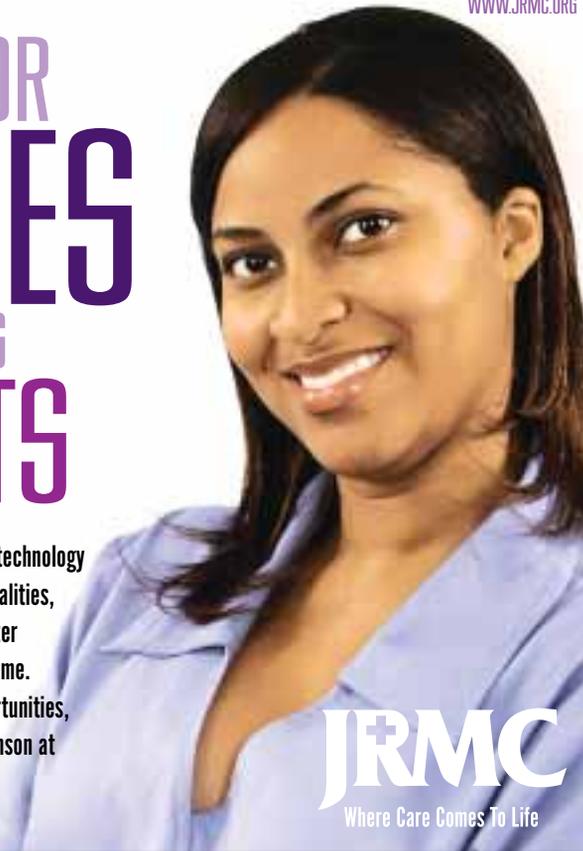
The increased demands on the current facility, coupled with the region's phenomenal growth, and a commitment to deliver leading-edge quality care have determined our decision to expand the medical center.

Based on our area's needs, the priorities for expansion and renovation that have been identified include:

- ✓ **A new patient floor to increase the number of inpatients and observation patients by 72 per day – a 30% increase**
- ✓ **An emergency department that is doubled in size and able to handle projected increases from 50,000 to 70,000 visits annually**
- ✓ **A senior health and wellness center**

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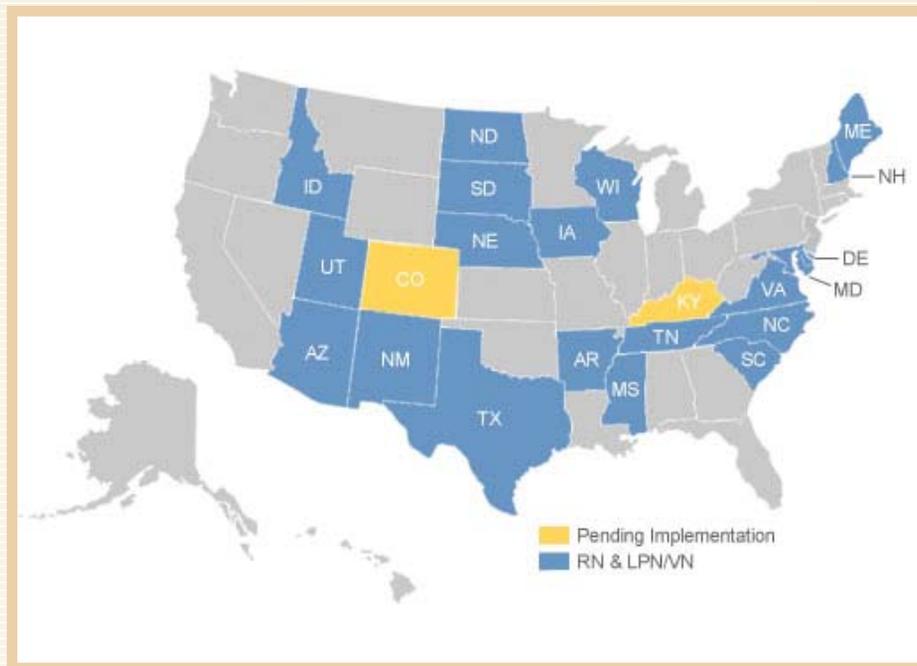


FOR YOUR INFORMATION...

Delegation: The National Council of State Boards of Nursing (NCSBN) and the American Nurses Association (ANA) have issued a joint statement on delegation. The statement is intended to reinforce that delegation is an essential nursing skill and to support the practicing nurse in using delegation safely and effectively. The statement begins with "There is more nursing to do than there are nurses to do it. Many nurses are stretched to the limit in the current chaotic healthcare environment. Increasing numbers of people needing healthcare combined with increasing complexity of therapies create a tremendous demand for nursing care. More than ever, nurses need to work effectively with assistive personnel. The abilities to delegate, assign, and supervise are critical competencies for the 21st century nurse." The joint statement can be found in its entirety at www.ncsbn.org

Interstate Compact: Two more states join the Interstate Compact on Nurse Licensure this year. Kentucky will implement the compact June 1, 2007. Colorado implements the compact July 2007. This brings to 23 the number of states which have passed the legislation to enact mutual recognition of a nurse's license.

The following map indicates which states have enacted the RN and LPN/VN Nurse Licensure Compact (NLC). Please note that although Colorado and Kentucky have enacted the NLC, these states have not yet implemented the NLC.



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Kirk, RN, Emergency Department

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USEFUL INFORMATION: Pandemic Emergency Plan

by Dr. Richard Leithiser,
Associate Medical Director of Arkansas BCBS

Experts at the World Health Organization (WHO) and elsewhere believe that the world now is closer to another flu pandemic than at any time since 1968, when the last of the previous century's three pandemics occurred.

Although there is no imminent danger, the concern is that the H5N1 bird (avian) flu virus could mutate, either by joining with a virus currently found in people or by shifting on its own to become a new strain. If the virus mutates to a form that easily can spread from person to person, it would be difficult to contain, and with today's world economy it could cause a global pandemic in a matter of weeks. There is little preexisting natural immunity to a bird flu infection in

If a patient presents to a provider or health-care facility in an emergency situation or medical disaster -- even if the provider has never seen the patient or if the patient can't relay their personal medical history -- the provider can call Arkansas Blue Cross and get electronic claims-based medical records. Their call will be routed to our medical review nurses, who will have the capability to answer phone calls from their homes in the event of quarantine. After proper identification of the provider and in compliance with HIPAA guidelines, our nurses can access AHIN to provide medical information, such as the patient's medications, past diagnosis, recent surgical or medical procedures, etc.

This model is based on personal health records developed



...our nurses can access AHIN to provide medical information, such as the patient's medications, past diagnosis, recent surgical or medical procedures, etc.

the human population, which means the illness could be particularly severe.

As a responsible corporate citizen, Arkansas Blue Cross and Blue Shield has created a pandemic flu preparedness plan focused on continuity of operations and optimal customer care. We have been working closely with officials at the Arkansas Department of Health and Human Services (DHHS) and other state agencies to crosswalk our plans with theirs and provide input from the corporate community.

CUSTOMER CARE

Part of our preparedness plan for a pandemic or any emergency involves the Advanced Health Information Network (AHIN), a secured extranet application available to all Arkansas providers. AHIN has functioned as a repository for demographic, financial, insurance and related information since 1998. Recent modifications have been completed which allow the conversion of claims information into a functioning clinical record.

by Louisiana Medicare and Texas Blue Cross in response to Hurricanes Katrina and Rita, when many providers and patients were geographically displaced and when medical-records were hard to locate. Arkansas Blue Cross has proactively developed the searchable database, and a system for our nurses to work from home if necessary, so that members' medical records will be available if we have a major medical disaster in Arkansas.

We also have developed a system for our case management nurses to work from home to help members manage their care during a flu pandemic, either by directing them to a functioning health-care facility or by helping them manage their care at home.

In addition, we will appropriately adjust member benefits if a pandemic is imminent.

INTERNAL OPERATIONS

Arkansas Blue Cross recognizes that a flu pandemic will

continued on page 30

FREQUENTLY ASKED QUESTIONS

FAQ

How do compact licenses work?



A If your primary state of residence is in a compact state you can hold a license in that state only. You may work in any other compact States on that compact license. Single state licenses are issued to persons who live in a Non-compact state and want to work in AR or to a nurse whose license is encumbered (under disciplinary order) and does not have permission to work outside the state.

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.

I have only had my license for 1 year-
Will I need the entire 15 Contact hours of Continuing Education?



A If your initial license is valid for less than two years, you do not need continuing education with the first renewal.

D I D Y O U K N O W ?

...pose risk of harm
to the public...

Why Regulation Matters

Nursing regulation is the governmental oversight provided for nursing practice in each state. Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared and incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider, and is vulnerable to unsafe and incompetent practitioners.

*Information copied from the National Council of State Boards
of Nursing website www.ncsbn.org*

BACK TO THE FUTURE:

The Return of Primary Nursing

Primary Nursing is a method of nursing care delivery that evolved in the 1970s and is now experiencing resurgence as a part of a movement toward relationship-based care (Manthey, 2003). Marie Manthey (1970) presented Primary Nursing as the solution to the fragmentation of care and lack of accountability inherent in Team Nursing. The foundation of Primary Nursing is the patient-centered nurse-patient relationship. Nurses accept a caseload of patients and twenty-four hour accountability for the care of those patients. The care plan implemented by the primary nurse guides the care of the patient by associate nurses when the primary nurse is not present to provide direct care. Communication with the patient and family and with other team members is a key role of the primary nurse.

The decision to change to a form of Primary Nursing Care was made after approximately one year of deliberation. The group thought that Primary Nursing would help re-focus nursing services on the patient/nurse relationship while emphasizing accountability and oversight of care.

In the spring of 2006, the Customized Primary Nursing Practice Model for UAMS was finalized based on Manthey's (2002) four design elements of primary nursing: "(a) allocation and acceptance of individual responsibility for decision-making to one individual, (b) assignments of daily care by case method, (c) direct person-to-person communication, and (d) one person operationally responsible for the quality of care administered to patients on a unit 24 hours a day, seven days a week" (Manthey, 2002, p. 26).

The group felt the current staffing mix was compatible with Primary Nursing and decided to implement the modality without changing staffing patterns or scheduling. Currently registered nurses work 12 hour shifts and unlicensed staff work eight hour shifts. Most medical-surgical units have a ratio of one registered nurse to four or five patients and one unlicensed staff assigned per two registered nurses to assist with direct care. In addition, each unit typically has an unlicensed staff assigned to the nursing desk and sometimes a registered nurse in a "charge" nurse role without patient care assignments.

Each unit develops unit specific guidelines for Primary Nursing that reflect the needs of their patient population and abide within the five principles of care delivery set forth by the process improvement group. The implementation process begins with an initial presentation giving a history of the decision making process and an overview of the Customized Primary Nursing Practice Model for UAMS. The staff complete a questionnaire about how they believe Primary Nursing should be implemented on their unit. The answers are compiled and unit specific guidelines are drafted. The compiled answers and guidelines are sent to the registered nurses and unit Clinical Services Manager. The unit staff finalize the unit specific guidelines and decide on an implementation strategy.

Currently almost all inpatient units are at some phase of the implementation process. Primary Nursing is still in its infancy at UAMS, however there have been many anecdotal reports of its positive influence on patient care. Pre/post data on specific quality indicators will be collected on a minimum of two units to determine the effects of going back to Primary Nursing. Positive patient outcomes are expected when the bedside nurse has authority and accountability to make decisions related to patient care.



UAMS
MEDICAL
CENTER
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FOR MEDICAL SCIENCES

REFERENCES:

- Manthey, M. & Kramer, M. (1970). A dialogue on primary nursing. *Nursing Forum*, 9, 356-379.
- Manthey, M. (2002). *The Practice of Primary Nursing* (2nd ed.). Minneapolis, MN: Creative Healthcare Management, Inc.
- Manthey, M. (2003). aka Primary Nursing. *Journal of Nursing Administration*, 33, (7-8), 369-370.

Nurse Recruitment
O: 501-686-5691
F: 501-686-5698
Hot Line: 501-296-1335
www.uams.edu/don

Examination Passing Standard Revised for Public Safety

NCSBN voted at its December 5-7, 2006, meeting to raise the passing standard for the NCLEX-RN® examination, the National Council Licensure Examination for Registered Nurses. The new passing standard is -0.2100 logits on the NCLEX-RN logistic scale, 0.070 logits higher than the previous standard of -0.2800. The new passing standard will take effect on April 1, 2007, in conjunction with the 2007 NCLEX-RN Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than was required in 2004, when NCSBN established the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 11 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of a national survey of nursing professional including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

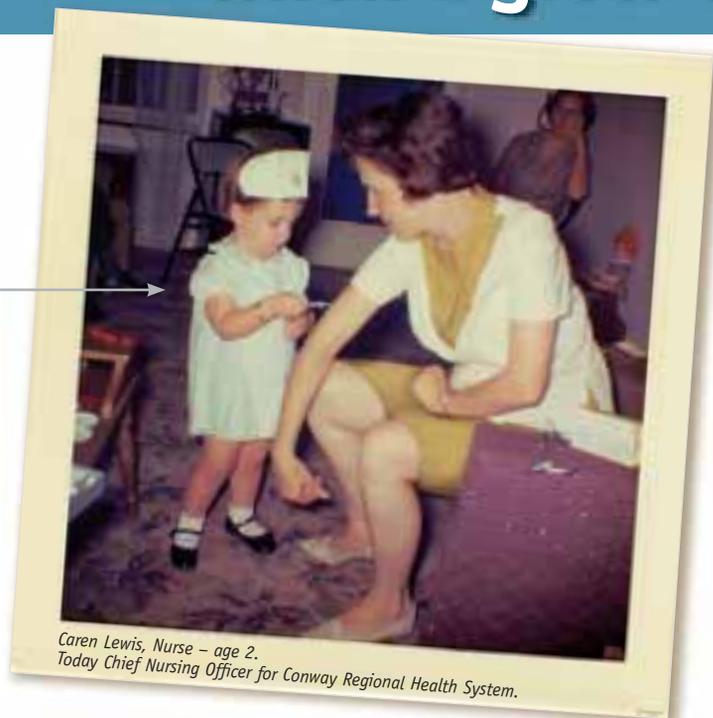
In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly,

the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan content evaluation, conducted using a practice analysis of entry-level RNs. This three-year cycle

was developed to keep the test content and passing standard current with entry-level practice. A PDF of the 2007 NCLEX-RN Test Plan is available free of charge from the NCSBN Web site (https://www.ncsbn.org/RN_Test_Plan_2007_Web.pdf).

Reprinted with permission from NCSBN Council Connector, December 2006, Vol.6.Ed 5

I want to be a Hero when I grow up.



*Caren Lewis, Nurse - age 2.
Today Chief Nursing Officer for Conway Regional Health System.*

Join Conway Regional's family of nurses and you can make your childhood dreams come true. Our nurses are everyday heroes in the eyes of our patients and we agree. That's why we cherish each and every nurse on our team.

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EOE



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ASBN ACCOUNTING...

NURSING EDUCATORS, PLEASE CONVEY THIS INFORMATION TO STUDENTS...

by **Darla Erickson,**
Director of Accounting



During the months of May and December the Board is flooded with examination applications. In addition to meeting other requirements, students have several fees that must be paid before they may obtain a license.

- **DO NOT COMBINE:** There are certain fees that can not be combined. Payments made to a different entity should not be combined with fees to the Arkansas State Board of Nursing (ASBN). For example the \$200 fee payable to the National Council of State Boards of Nursing should not be combined with the fees to the ASBN.
- **PLEASE COMBINE:** However, there are fees that we would prefer to be combined. Rather than the separate

\$75 exam fee and \$25 temporary permit fee, we would prefer one payment of \$100 payable to the Arkansas State Board of Nursing.

The majority of the payments received from students are made by two separate payments. Most of the payments are made by money orders or cashiers checks. Paying separately not only costs the student more money, but also increases processing costs and processing time for the Board.

If you are involved in the education process, please make your students aware... If they are paying for an examination & temporary permit, we would prefer one check, payable to the Arkansas State Board of Nursing for \$100.00. Thank you for your part in making this process more efficient.

ASBN HOT CHECK NOTICE

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 Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie	L16658
Gonzalex, Jessica	Exam Application
Hester, Larita	L45497
McKee-Murphy, Bobbie	L14764
Mulhernin, James	L28486
Orrick, Natalie Rose	L45710
Shaheed, Nathan	T01220
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287

*celebrate the spirit
of living well*



PATIENT EDUCATOR

Saline Memorial Hospital is seeking a qualified Patient Educator to assess, develop and implement patient education programs for the hospital.

Primary responsibilities include: oversight of patient education programs with occasional staff education duties.

Requirements include: RN license, BSN; Master's Degree preferred. Minimum of three years clinical experience required. ICU and ACLS instructor preferred.



EOE Employer
Contact Carol @
(501) 776-6759

1 Medical Park Drive
Benton, AR 72015

Disciplinary Actions

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 penalties (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 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.

JANUARY 2007

PROBATION

Anderson, Kimberly Jo Hagman
L44405, Cave City
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$600

Baker, Shirley Anne Spears
R42297, Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$1,800

Cook, Bradley Gene
L44242, Camden
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$1,500

Deaton, Danna Lynn Scott
R55269, A01771, 01635, Manila
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Surrender DEA # - 2 years
Civil Penalty – \$1,600

Douglas, Lanita Denae Piker
R63623, L33198(exp), Searcy
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$2,000

Drummond, William Gerald
L27841, Marion
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$3,000

Funston, Anna Kristina
L33235, Little Rock
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$700

Hamilton, Holly Brooke Underwood
L45775, Lockesburg
A.C.A. §17-87-309(a)(4)
Probation – 3 years
Civil Penalty – \$1,500

Hargrove, Elizabeth Becky Howell
R27753, Fayetteville
A.C.A. §17-87-309(a)(4),(6)&(9)
Probation – 1 year
Civil Penalty – \$500

Holman, Toya Lashon
L45582, Pine Bluff
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$700

Hughes, Sharon
L28935, Little Rock
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$700

Kenward-Eason, Margaret Kristina
R50660, P01568, Maumelle
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$2,000

Mahan, Gayla Ann Iberg
L44798, Greenbrier
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$700

Mason, Karen Diane McEntire
L37989, Harrison
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$600

Massengill, Robin Ford Jensen
R19163, Russellville
Probation Non-Compliance
Probation – 2 years addt'l
Civil Penalty – \$1,800 addt'l

Montgomery, Mary Camille
R67381, A01711, Forrest City
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$1,500

Mooney, James Ray
R71995, El Dorado
Probation Non-Compliance
Probation – 6 months addt'l
Civil Penalty – \$400

Pridgeon, Nekita Viola
L43285, Pine Bluff
A.C.A. §17-87-309(a)(6)
Probation – remainder of previous 1 year

Sims, Robyn Marie Berry
R56379, Springdale
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$1,800

Terhune, Tracy Lea
L30326(exp), Fayetteville
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years

Treanor, Bernard Alphonus
R20870, Paron
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$700

Tucker, Pamela Joan
R39310, Bono
A.C.A. §17-87-309(a)(6)
Probation – 1½ years
Civil Penalty – \$750

Walls, Kagan Leah
L43248, England
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years

SUSPENSION

Amon, Janice Marie Krupka
R27549, Rogers
Probation Non-Compliance
Suspension – 2 years, followed by
Probation – 3 years
Civil Penalty – \$1,500 + balance

Balliette, Scott William
L31100, Greenwood
Probation Non-Compliance
Suspension – until previous terms met,
followed by
Probation – addt'l 1 year
Civil Penalty – \$1,000 addt'l

Benedict, Suzette Louize
R55257, L33177(exp), Rogers
Probation Non-Compliance
Suspension – 6 months, followed by
Probation through June 8, 2008
Civil Penalty – \$600 addt'l

Curtis, Steven Douglas
R44879, Hot Springs
Probation Non-Compliance
Suspension – 1 year, followed by
Probation – 3 years
Civil Penalty – \$1,000 + balance

Hedlund, Sandra Kay
R62616, Pea Ridge
Probation Non-Compliance
Suspension – 6 months, followed by
Probation – 2 years
Civil Penalty – \$250 + balance

Kelley, Belinda Lea Bevins
L42505, Dardanelle
Probation Non-Compliance
Suspension – 6 months, followed by
Probation – 2 years
Civil Penalty – \$900

Noise, Tiffoni Danielle
L43594, North Little Rock
Probation Non-Compliance
Suspension – 6 months, followed by
Probation – 2 years
Civil Penalty – \$800 addt'l

Plant, Leslie (Shaddock)
R27218, Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Suspension – 2 years, followed by
Probation – 3 years
Civil Penalty – \$2,500

Smith, Steven Rodney
L35599, Pine Bluff
November 30, 2006
A.C.A. §9-14-239

West, Faith Elizabeth Goar Malone
L30150, Royal
Probation Non-Compliance
Suspension – 1 year, followed by
Probation – 2 years

VOLUNTARY SURRENDER

Barry, Elizabeth Jane
R50398, Little Rock
December 12, 2006

Bridges, Carla Lynn Mille Caviness
L28011, Judsonia
November 17, 2006

Cates, Rachelle Dawn Blankenship
L40930, Hot Springs
January 3, 2007

Clay, Julia Michelle Kaufman
R73230, Mayflower
January 8, 2007

Fryer, Melinda Michelle
L38899, Beebe
January 9, 2007

Garbett, Elizabeth Ann Faulkner
R70796, Little Rock
December 8, 2006

Gonzales, Rita Sue Rollins
L43796, Van Buren
January 10, 2007

Gosa, Dennis Wayne
R76864, Rogers
January 9, 2007

Grafelman, Denise Rochelle Segal
L34865(exp), North Little Rock
November 14, 2006

Heil, Shelby Lynn Snitker
L41435, Lamar
November 30, 2006

Lambertus, Robert Allen
L42611, Sherwood
December 19, 2006

Magie, Lynn Dell Laws
R25817, Vilonia
November 15, 2006

Sanders, Brenda Carol Simmons Jefferson
L20140, Blytheville
January 8, 2007

Snipes, Tara Ann
L40970, North Little Rock
January 11, 2007

Stockman, Katherine Elizabeth
R53894, Springdale
December 19, 2006

Whitworth, Kristen Elizabeth
R71816, Hot Springs
November 13, 2006

REINSTATEMENTS

Long, Melonie Faye Curtis
L26991, Lonsdale
November 30, 2006

Smith, Steven Rodney
L35599, Pine Bluff
December 11, 2006

REINSTATEMENTS WITH PROBATION

Burns, Patrick Joseph
R73649, Batesville
January 3, 2007
Reinstate to Probation – 4 years

REPRIMAND

Brown, Shana M.
L38134, Dierks
A.C.A. §17-87-309(a)(1)&(2)

Carr, Jamie Mary Lewis Karbin
L36411, Greenbrier
A.C.A. §17-87-309(a)(6)

Dixon, Tina Marie Bundy
L41075, Ozark
A.C.A. §17-87-309(a)(1)
A.C.A. §17-87-207(c)(2)
Late Fee - \$1,000

Dyke, Greg Farnick
L35948, North Little Rock
A.C.A. §17-87-309(a)(1)
A.C.A. §17-87-207(c)(2)
Late Fee - \$750

Farahjood, David Lee
R66782, Rogers
A.C.A. §17-87-309(a)(1)
A.C.A. §17-87-207(c)(2)
Late Fee - \$1,000

Foster, James M.
R49079, Quitman
A.C.A. §17-87-309(a)(6)

George, Valerie Susanne
L45647, Mabelvale
A.C.A. §17-87-309(a)(1)&(2)

Humphreys, April Rose
L44126, Marmaduke
A.C.A. §17-87-309(a)(1)
A.C.A. §17-87-207(c)(2)
Late Fee - \$1,000

Rodgers, Carolyn Fay Nunnery Reed
R73497, L27314(exp), Harrison
A.C.A. §17-87-309(a)(6)
A.C.A. §17-87-104

Smith, Christina C.
L43715, Pine Bluff
A.C.A. §17-87-309(a)(2)&(6)

Winston, Aisha Lynette
L45730, Conway
A.C.A. §17-87-309(a)(1)&(2)

REVOCACTION

Schelle, Michelle D. Lewter
L35509, Benton
January 10, 2007

PROBATIONARY STATUS REMOVED

Burns, Pamela Raye Coday
R34339, Hot Springs
November 17, 2006

Cunningham, Lyle Wayne
L25943, De Witt
November 21, 2006

Dallas, Patty Jayme Nichols
R33742, Searcy
November 21, 2006

Garner, Carrie Deann
R69266, L39455(exp), Sherwood
November 21, 2006

Harrison, Brenda Jo Stubbs
L44411, Bald Knob
November 21, 2006

Jackson, Melissa Yolanda Bailey
R70127, Delight
November 21, 2006

Martin, Dana Lee Fisher
R40721, Malvern
November 21, 2006

McGlothlin, Molly Kathleen Roche
R73836, Cabot
November 21, 2006

Moore, Jefferson William, Jr.
L44423, Batesville
November 21, 2006

Samuels, Tina Michell Powers
L33755, Glenwood
November 21, 2006

Sheridan, Donna Lora Etta Edmonson
L10089, Benton
December 15, 2006

APPEAL DENIED

Jones, Monica Kay Fullbright
R71112, Black Rock
Letter of Reprimand Upheld

WAIVER DENIED

Schelle, Michelle D. Lewter
L35509, Benton

FEBRUARY 2007

PROBATION

Ahmad, Mia Shannon Yates
R51746, Kingsport, TN
Probation Non-Compliance
Probation - 2 years
Civil Penalty - \$1,287

Bailey, Valkyrie Diane Sutton
R49994, L26411(exp), Fort Smith
Probation Non-Compliance
Probation - 4 years
Civil Penalty - \$1,200 + previous

Bennett-Minner, Cynthia Ann
R72369, Eureka Springs
A.C.A. §17-87-309(a)(6)&(7)
Probation - until discipline in other state
has been cleared
Civil Penalty - \$500

Brossett, Robin Michelle Remard
R33712, Cammack Village
Probation - 3 years
Civil Penalty - \$1,600

Glass, Sarah Vest
L42889, Wynne
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500

Jackson, Amanda Leigh Burgos Lunsford
R66977, White Hall
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Jones, Shiela Coyann Norris
R62635, L30201(exp), Weiner
A.C.A. §17-87-309(a)(2)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Langston, Kimberle Jean Eads
R52394, El Dorado
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500

Lowe, Susan Rhoda
R34047, Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$700

McKay, Shelley L.
R63853, North Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 18 months
Civil Penalty - \$700

Moody, Karen Louise Mays Quick
R56816, Portageville
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,000

Sparrow, Tamara Gale Combs
R29895, Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 18 months

Turner, Millisa Waynn Bramlett Harrison
L34690, Monette
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$700

SUSPENSION

Brooks, Judith Renee Rose
R45434, Bono
Probation Non-Compliance
Suspension - 5 years, followed by
Probation - 2 years
Civil Penalty - \$3,500

Chandler, Amber Brainne
L44501, Redwater
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,500 + bal.

Davenport, Carol Lee
L41311, Benton
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,500 + bal.

Fullbright, Tammy Kay Peterson
L28048, Rison
Probation Non-Compliance
Suspension - 4 years, followed by
Probation - 2 years
Civil Penalty - \$3,000 + bal.

King, Karen Ann Laney
L39571, Huntsville
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,500 + bal.

Molnaird, Lillian Michael Hudson
L37656, Ward
A.C.A. §9-14-239
Failure to pay child support

Pipkin, Robin Moore Canterbury Proctor
R36210, Little Rock
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,500 + bal.

Threet, William Dean
L29178, Kensett
A.C.A. §17-87-309(a)(6)
Suspension - 2 years, followed by
Probation - 1 year
Civil Penalty - \$1,500

VOLUNTARY SURRENDER

Chapman, Joi Maureen Ussery
L24298, Conway
February 6, 2007

Davis, Terry Scott
R55911, Walnut Ridge
January 31, 2007

Lamb, David Keith
R54051, Delight
February 7, 2007

Marsh, Marc Eugene
L42114, Siloam Springs
February 8, 2007

Miller, Judith Gail Lawrence
R54976, L29557(exp), Van Buren
February 8, 2007

Ritter, Melissa Ann
L45713, Nashville
February 12, 2007

Sebby, Carolyn Jean Harding
R30585, Bull Shoals
January 8, 2007

Stuart, Julie Kathleen Johnson
R41341, L24601(exp), Prescott
January 25, 2007

Woods, Birdie Irene Tidwell
L39557, Fayetteville
January 25, 2007

REINSTATEMENTS

Bokker, Glenda Mae Cradduck
L32373, West Memphis
February 5, 2007

REINSTATEMENTS WITH PROBATION

Albersen-Cook, Nancy Dealonna
L39347, Cabot
A.C.A. §17-87-309(a)(4)&(6)
Reinstated to Probation - 2 years
Civil Penalty - \$1,000

Venzant, Tamara Michelle Johnson
R67038, Camden
Reinstated to Probation - 4 years
Civil Penalty - \$2,000 + bal.

PROBATIONARY STATUS REMOVED

Andrews, David Martian
R37771, Little Rock
January 18, 2007

Barber, Tara Anne
R72238, Little Rock
January 18, 2007

Kelley, Mary Un Clark
L43351, Jonesboro
January 18, 2007

Lambdin, Lisa Mar
L33943, Alma
February 1, 2007

Paxton, Robin Marie Westfall
L43303, Benton
January 18, 2007

WAIVER GRANTED

Jefferson, Calvin Earl
PN Applicant, Little Rock

LICENSE VERIFICATION

Arkansas Nursing License Verification Options

The Arkansas State Board of Nursing provides the following options for individuals attempting to verify an Arkansas nursing license.

- 1.) **Phone Verification. Public (free).** Call 501.682.2200 put in license number and # sign. Listen for instructions.
- 2.) **Information Network of Arkansas. Public (subscription required).** Call 501.324.8900 or go to http://www.arkansas.gov/sub_services.php for more information.
- 3.) **Nursys® Nurses' verification.** Go to www.nursys.com. If the original state of nurse licensure is not a Nursys® participant, contact the original state licensing board.



Pain, Urine Drug Screen, and Your Nursing License

Recently, all in one day, I dealt with four different licensees, all with similar issues related to prescription drug use. The number may not seem significant, but what it tells me is that there is “unawareness” among nurses for the potential problems of how prolonged and or non-prescribed drug use can affect your ability to retain a nursing license.

Nurse #1

This individual tested positive for Darvocet-N 100, while on probation with the board. She stated “she had taken one of her mother’s pain pills due to dental problems”

Nurse #2

“I had taken pain medication (Percocet) earlier that day. The medication is prescribed to my husband, but we are no longer together”

Nurse #3

“I tested positive for hydrocodone, a prescription of my wife’s and now I’ve been terminated. I can be rehired after 6 months.” “I’m not a drug user. I know now what I did was wrong and why I shouldn’t have done it. I don’t even remember when I had taken it. I know I took it because my knees were hurting me. I didn’t think of it when I was drug tested therefore I did not disclose it. I feel awful”

Nurse #4

“On June 7, 2006 I submitted a drug screen [at a local hospital]. Approximately one month later I was informed by the Medical Review Officer that the screen was positive for Meperidine. However, I had not used that drug and did not at that time understand how this result could be positive. I discussed this situation immediately with my wife and reviewed all the medication I had taken at that time. After I had discussed the situation with my wife she examined a bottle of Meclizine that was dated 5-29-02 and told me there may have been some old pain medication her mother had given her for leg cramps in that bottle

with the Meclizine”

You must be aware of the “drug free workplace” policy that you sign upon employment orientation with your facility and be prepared to deal with the consequences if you are called for a “random” or “for cause” urine screen.

The common denominator in each of these examples is that the nurse was taking medications that had not been prescribed for them. Upon interviewing one of these individuals he stated he had never been to the doctor to address the knee pain and was self diagnosing and self medicating. This type of pain, if an individual has a propensity to addiction, taking another person pain medication may just be the spark that ignites the fire, thus the warning on prescription medication bottles “medication should be taken exactly as prescribed”. Once an individual starts down the “slippery slope” of self diagnosing and self med-

icating, not only are their physical abilities considered impaired, but their cognitive and nursing decision making abilities are in question.

If these four people were “caught” by their employer in the process then how many others display the same patterns of behavior, and it is just a matter of time.

Thus the board becomes involved through the complaint process, and our responsibility of protection of the public from an unsafe nurse is our primary focus.

As a reminder, always seek professional help when considering taking a controlled or abuse potential substance as it could be the difference of whether you continue in the practice of nursing in the State of Arkansas. What is a more valuable option, the cost of a trip to a practitioner for a legitimate prescription or the possible loss of earning potential without a nursing license?

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affect the lives of our own employees along with those of other Arkansans, and has created a continuity of operations plan to maintain customer services even during quarantines.

During a pandemic, face-to-face meetings will be discouraged to minimize the risk of exposure to airborne viruses. Non-essential meetings and all large meetings will be suspended. Arkansas Blue Cross will observe all government-mandated quarantines and may require specific groups of employees to remain at home if there has been a high level of exposure and absences.

Flexible or special alternate work schedules may be necessary for decreasing the risk of exposure and spread of airborne viruses in a pandemic environment. Alternate work schedules may be required to allow employees to work a three-day schedule of 36 hours a week. Essential employees may be requested to work from home during high alert pandemic stages, during periods of high employee absenteeism or when

there is sufficient evidence to indicate there has been direct exposure among co-workers.

Arkansas Blue Cross already has begun upgrading the sanitation within our work facilities by hiring additional janitorial staff and changing our hygiene requirements. The company also is creating a stockpile of supplies that may be difficult to obtain once a pandemic is announced.

Arkansas Blue Cross will continue to coordinate with DHHS and, in the event of a pandemic, will communicate the latest information on our Web sites and through the media as needed. As part of our commitment to our members, the Arkansas Blue Cross pandemic preparedness plan is available to employers who would like to develop their own pandemic flu preparedness plan. For the latest information about pandemic flu planning or status, visit www.cdc.gov/flu/avian, www.HealthyArkansas.com, www.pandemicflu.gov, www.who.int/en, or www3.niaid.nih.gov.

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