



ASBN

Volume 14 Number 3

Update

www.arsbn.org

May 2010

**"SO LONG, FAREWELL,
AUF WIEDERSEHEN, ADIEU."
FAITH FIELDS, MSN, RN
ASBN EXECUTIVE DIRECTOR**

**WHEN DOES
A TWEET
BECOME A
FEDERAL
VIOLATION?**



**NURSES
WEEK
CELEBRATION
see page 5**

**STRENGTH.
QUALITY.
OPPORTUNITY:
ST. VINCENT.**



Our nurses embody the finest traditions of reverence, integrity, compassion and excellence – and receive competitive compensation and outstanding benefits in return. Find out more about professional opportunities at St. Vincent by visiting our website or calling 501-552-3738 today.

STVINCENTHEALTH.COM

**We congratulate
JoAnn Frazier,
R.N., Finalist
for Most
Compassionate
Nurse in Arkansas.**

**Thank you, JoAnn,
for the care and
compassion you've
shown our patients
at St. Vincent!**

Available Positions:

Nurse Manager Opportunities -
BSN req.

Registered Nurse - PRN, Emergency
Department

Registered Nurse - FT, Emergency
Room and ICU

**Clinic at Walmart operated by
St. Vincent**

APN - (Prescriptive Authority
Required)

+ CATHOLIC HEALTH
INITIATIVES

St. Vincent

Inspired.

PUBLISHED BY

Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, Arkansas 72204
Telephone: 501.686.2700
Fax: 501.686.2714
www.arsbn.org

BOARD MEMBERS

PRESIDENT Darlene Byrd, APN
VICE-PRESIDENT Gladwin Connell, Rep. of Older Population
SECRETARY Brenda Murphree, RN
TREASURER Cynthia Burroughs, Consumer Rep.
Peggy Baggenstoss, LPN
Clevesta Flannigan, LPN
Cassandra Harvey, RN
Karen Holcomb, RN
J. Roger Huff, LPN
Sandra Priebe, RN
Doris Scroggin, RN
Cathleen Shultz, RN
Richard Spivey, LPN

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.

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN
EDITOR LouAnn Walker

Information published in the *ASBN Update* is not copyrighted and may be reproduced. The Board would appreciate credit for the material used.

Direct *ASBN Update* questions or comments to: Editor, Arkansas State Board of Nursing, 1123 S. University, Suite 800, Little Rock, AR 72204.

Advertisements contained herein are not necessarily endorsed by the Arkansas State Board of Nursing. The publisher reserves the right to accept or reject advertisements for the *ASBN Update*.

The Arkansas State Board of Nursing is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in employment or in the provision of services, programs, or activities.



Created by
Publishing Concepts, Inc.
Virginia Robertson, Publisher
vrobertson@pcipublishing.com
14109 Taylor Loop Road
Little Rock, AR 72223

Address Change? Name Change? Question?

In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address.

Thank You.

For advertising information contact:
Michele Forinash at mforinash@pcipublishing.com
501.221.9986 or 800.561.4686

ThinkNurse.com

edition 44

ASBN Update www.arsbn.org

Contents

Executive Director's Message • 4

Celebrate Nursing • 5

President's Message • 6

Board Business • 7

Nurses and Cell Phones • 9

Letter from the Editor • 11

Best Practices • 14

K2 Synthetic Marijuana Use • 18

Team STEPPS in Arkansas: Changing Attitudes Toward Healthcare • 19

FAQs • 20

Case Management Model Act • 22

Position Statement 99-3 APNs Prescribing for Self and Family • 23

When Does a Tweet Become a Federal Violation? • 24

Public Health Nurses of Arkansas Association Appreciation Day Event • 26

Online Registry Search: What's New? • 28

Nurse Licensure Compact • 28

Eleanor Mann School of Nursing Establishes Advisory Council to Develop Support Program • 29



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



SO LONG, FAREWELL, AUF WIEDERSEHEN, ADIEU



Ask anyone who writes frequently for publication, and that person will tell you sometimes ideas come to you and the article seems to write itself. Then at other times, the words simply will not surface. Some people call that writer's block, but for me it is simply not knowing how to say good-bye. This will be the last article I write as executive director of the Board of Nursing as I will be leaving the board June 30 of this year.

I attended my last meeting of the National Council of State Boards of Nursing in March and had not anticipated how difficult it would be. I guess the finality of it all just became real. There are no words to express, nor any way I can explain to you what a pleasure it has been to serve the citizens of Arkansas as the executive director of the Board of Nursing. I've learned so much from you the past 22 years; not just about running a state agency or about state government, but about people and about what is important in life. Over and over I've come to realize the importance of nurses in providing health care to our citizens and how important the board's public protection mission is in today's health care environment.

I've learned there are far more nurses out there working hard to take care of their patients than there are nurses who require discipline for violation of the *Nurse Practice Act*. Unfortunately, I've learned most nurses don't have an adequate understanding of and therefore do not get involved with governmental affairs and legislation. This is especially sad to me because I know how legislation drastically affects nursing practice. For those of you who have been involved in the political process, keep up the good work and help others to understand what you already know.

I've learned having a good sense of humor is one of the most valuable qualities a leader

can possess. To not take issues personally was an important lesson I learned early on. I've learned the definition of doing the right thing varies depending on your point of view. There is a difference between doing things for the right reason and doing the right thing. Mo'Nique said it best when she was accepting the Oscar for her performance in *Precious* when she said, "Sometimes you have to forego doing what's popular in order to do what's right." Another thing I've learned is no matter what decision you make about anything, there's a good chance that everyone is not going to agree with you.

We have accomplished more together in the last few years than anyone would have imagined, and it has changed the landscape of nursing regulation in this state and across the country. Together we – the ASBN staff, board members, nurses and the public we serve – have made a difference. I am reminded of Mordecai who told Esther that perhaps she was supposed to be in her position for such a time as this. How true that is! People are in the positions they are in, not by chance, but by divine appointment.

I've always said I wanted to leave this position before everyone knew I needed to leave. I think I've accomplished that. I leave, however, knowing the agency is in good hands with a fantastic, highly competent and dedicated staff, knowledgeable, supportive and caring board members, and a highly qualified executive director who has the knowledge, skills and abilities to lead the agency into the future. There can only be more and greater successes to come. I appreciate the support you have shown me. It won't be long until you'll be saying "Faith who?" So as they sang in the *Sound of Music*, "So long, farewell, auf Wiedersehen, adieu."

God bless you all!

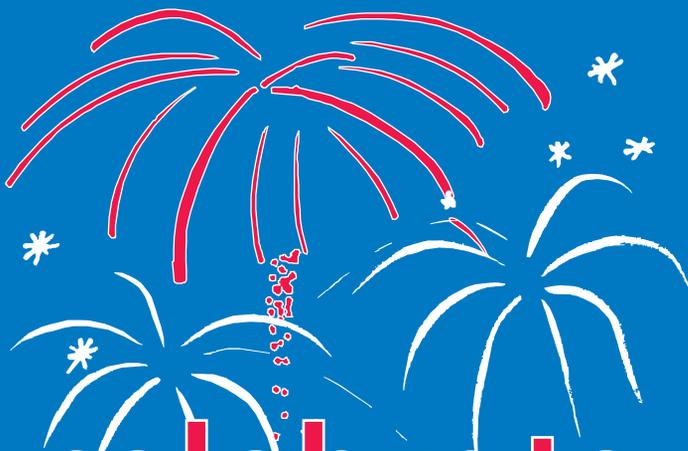
Live Music • Great Food • No Cover!

Friday, May 7th - 7 pm

Everyone is Invited!

Dickey-Stephens Park Concourse NLR

LIVE MUSIC BY
CHRIS MICHAELS
& the Cranks



celebrate
NURSING

NURSES WEEK MAY 6th-12th

DANCE THE
NIGHT AWAY!

Co-sponsors

Arkansas Children's Hospital
Arkansas Farm Bureau
Bank of the Ozarks
Baptist Health
Central Arkansas Veterans Healthcare
Chenal Properties
Conway Regional
Friends of Faith Fields
Henderson State University
JRMC
Mena Regional Health System
North Metro Medical Center
North Point/North Little Rock Nissan
Poe Travel
St. Vincent Health System
Dr. Suzanne Yee
UAMS

Media Sponsors

Alice 107.7
Arkansas Times
B98.5
KARN News Radio
KOKY 102.1 FM
Power 92 Jams
Praise FM
Today's THV

Presented by Think**Nurse**.com and Publishing Concepts, Inc.



THANK YOU, FAITH!

At the beginning of every board meeting I read the board's mission statement to those attending our hearings. It states 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. I do that as a reminder that every decision about a licensure action and every issue discussed are evaluated against that mission. As board members, we take this responsibility very seriously. In recent months, regulatory boards have come under greater scrutiny in their ability to protect the public and issue fair and consistent disciplinary licensure actions.

All disciplinary actions are reported to Nursys®, the nurse licensing database housed by the National Council of State Boards of Nursing (NCSBN). This database includes disciplinary information from almost all states and is available to you free of charge at www.nursys.com. The NCSBN serves as the reporting agent for Arkansas to relay disciplinary information to the HIPDB (Healthcare Integrity and Protection Data Bank). Reporting disciplinary action is required by federal law. Congress passed legislation in 1996 in the Health Insurance Portability and Accountability Act that we fondly call HIPAA, directing the establishment of a national data bank for disclosure of certain final adverse actions against health care providers. HIPAA requires governmental agencies to report final adverse actions to the HIPDB. For the board of nursing, that means any licensure denial, letter of reprimand, probation, suspension, civil penalty, voluntary surrender, or revocation is reported to HIPDB within 30 days of the board's Order. There are, however, certain limited actions that are not reported to HIPDB. Those include emergency suspensions or suspensions due to child support laws. The other exception to reporting is any action that is ordered and then the discipline is stayed for whatever reason. These actions are not reportable to HIPDB as they are not considered "final." However, all actions, including those not reported to HIPDB, are reported to Nursys®, and therefore accessible to all other boards of nursing and the public.

The Board of Nursing's respect and provision for the licensee's due process and personal rights are important as well. Following the Administrative Procedures Act in our disciplinary hearings and deliberations, we ensure that each nurse receives due process. We are responsible to the citizens of Arkansas to be fair and consistent in our discipline decisions.

This issue is dedicated to Faith as she writes the final paragraphs to this chapter in Arkansas nursing. There is still time for you to let her know how much you appreciate her and her leadership. We are still accepting letters and pictures to place in her memory book. You can send your note or letter to P.O. Box 1523, Cabot, Arkansas, 72023. As I have written before, we will not be able to replace Faith. However, we were able to find someone, just as qualified but with a different set of unique talents, to lead Arkansas nursing regulation into the new decade. We do want to give you an opportunity to say goodbye to Faith. We will have a drop-in reception June 10, 2010, from 2 to 4 p.m. in the ASBN boardroom at 1123 South University, Suite 800, Little Rock. Take time to come by to wish her well in her new career as Nana.

Thank you again, Faith, for your leadership, dedication, and compassion for nursing regulation. Through your leadership and mentoring, we have new nursing leaders to take the torch and lead us forward.

Board Business

NEW ASBN EXECUTIVE DIRECTOR NAMED

The Arkansas State Board of Nursing is pleased to announce that Sue A. Tedford, MNsc, RN, has been named the new executive director for the Arkansas State Board of Nursing. She will begin her work as executive director at the ASBN July 1.

BOARD MEETING DATES

MAY 12	WEDNESDAY	BUSINESS MEETING
MAY 13	THURSDAY	HEARINGS
JUNE 9	WEDNESDAY	HEARINGS
JUNE 10	THURSDAY	HEARINGS
JULY 14	WEDNESDAY	HEARINGS
JULY 15	THURSDAY	HEARINGS
SEPTEMBER 8	WEDNESDAY	HEARINGS
SEPTEMBER 9	THURSDAY	BUSINESS MEETING
*OCTOBER 13	WEDNESDAY	HEARINGS
*OCTOBER 14	THURSDAY	HEARINGS
NOVEMBER 3	WEDNESDAY	HEARINGS
NOVEMBER 4	THURSDAY	HEARINGS

*Will decide by September if dates are needed

REMINDER

As a gift to ASBN Executive Director Faith Fields, upon her retirement, we will be collecting notes of appreciation to present to her at her reception. If you would like to send a note to be part of this gift, please do so. You can send these to P.O. Box 1523, Cabot AR, 72023.

ANNOUNCEMENT

Calling all potential nursing educators! The University of Arkansas at Fayetteville, home of the Arkansas Razorbacks is looking for you. Take a look at the position announcement posted on the UA Human Resources website: <http://hr.uark.edu/Employment/listingsjob.asp?ListingID=6196>

Nurses – Save the Date

May

• Nurses Week May 6-12
Celebrate Nursing at these events:

- **COMPASSION AWARD BANQUET**
May 7 @ 7pm
- **Travs Baseball Game**
May 8 @ 7:10 pm



June

- Professional Wellness Month
- Nursing Assistants Wk: 10-17
- Prostate Cancer Awareness Day: 19th

July

- Independence Day: July 4
- Mental Illness Awareness Month

August

- National Immunization Awareness Month
- Spinal Muscular Atrophy Awareness Month

September

- National Cholesterol Education Month
- Prostate Cancer Awareness Wk: 19-25

October

• Join the largest team of nurses to Race for the Cure.

Details to Come

- Breast Health Awareness Month
- Oct 22-23 ARNA Convention, Doubletree Hotel/Statehouse Convention Center, Little Rock



November

- National Hospice Month
- American Diabetes Month
- Great American Smokeout: 18th

December

- 8th Annual Nursing Expo: Dec. 4th
Clear Channel Metroplex, 9a-3p



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 - i.e. ffields@arsbn.org

ADMINISTRATION

Faith A. Fields, MSN, RN
ASBN Executive Director
Fred Knight
ASBN General Counsel
Mary Trentham, MNsc, MBA, APN-BC - Attorney Specialist
Pamela Tyler
Executive Assistant to the Director
LouAnn Walker
Public Information Coordinator

ACCOUNTING

Darla Erickson, CPA
Administrative Services Manager
Gail Bengal
Fiscal Support Specialist
Carla Davis
Administrative Specialist II
Andrea McCuien
Administrative Specialist II

DISCIPLINE & PRACTICE

Phyllis DeClerk, RN, LNCC
ASBN Assistant Director
Deborah Jones, MNsc, RN - ASBN Program Coordinator
Carmen Sebastino
Legal Support Specialist
Patty Smith
Legal Support Specialist
Leslie Suggs
Legal Support Specialist

EDUCATION & LICENSING

Sue Tedford, MNsc, RN - ASBN Assistant Director
Jackie Gray, EdD, MNsc, RN - ASBN Program Coordinator
Calvina Thomas, Ph.D., RN - ASBN Program Coordinator
Margie Brauer
Licensing Coordinator
Naomi Bryant
Licensing Coordinator
Lori Gephardt
Administrative Specialist III
Ellen Harwell
Licensing Coordinator
Susan Moore
Licensing Coordinator
Mary Stinson
Licensing Coordinator

INFORMATION TECHNOLOGY

Matt Stevens
Information Systems Coordinator
Robert Horn, Imaging Coordinator



SPECIAL NOTICE

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

ASBN NOTICE OF INSUFFICIENT FUNDS

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

Rosa Marie Bradley	L16658
Jessica Gonzalez	Exam Application
Tonya Humphrey	R55602
Victoria Knighten	R81020
Toni Diane McKeever	R42190
Amber Sanders	R73529
Nathan Shaheed	T01220
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175
Sally F. Williams	L26287



BOARD MEMBERS - Seated, L to R: Brenda Murphree, RN, Secretary; Darlene Byrd, APN, President; Gladwin Connell, Rep. of the Older Population, Vice President; Cynthia Burroughs, Consumer Rep., Treasurer
Standing, L to R: Doris Scroggin, RN; Clevesta Flannigan, LPN; Cassandra Harvey, RN; Peggy Baggenstoss, LPN; Sandra Priebe, RN; Karen Holcomb, RN; Roger Huff, LPN Not pictured: Cathleen Shultz, RN; Richard Spivey, LPN

NURSES AND CELL PHONES



In today's society, technology has become common place. This technology has made it easy to communicate with most anyone at a moment's notice. Some of us even refer to the cell phone as an electronic leash. We can locate our son, daughter or significant other with the push of a speed dial button. Recently, I watched the commercial on how easy it is to record a baby's first steps and instantly share that moment with family and friends all over the country. I also listened to a talk show where listeners called in to discuss their addiction to the iPhone.

While many employers have policies

prohibiting the use of personal electronic devices, we still see them in the work place. Each of us may have good reasons for needing our phone at work, such as staying in touch with family or expecting an important call. It seems so innocent to whip out the cell phone and take a photo. Most times, nurses do not have the intention to use the picture inappropriately. But, when the picture is used in the wrong places, the nurse is subject to disciplinary action against the nursing license.

- In one case, a licensed practical nurse (LPN) took pictures of a resident who was acting out "to show the physician how the resident was acting." The physician denied having been shown the pictures. Many of the facility employees reported having a good laugh at the resident's expense.

- Another LPN took pictures of herself with residents to display them on their doors when they had a facility party. The pictures were posted on the LPN's Facebook account.

- An RN did not have the appropriate software to record pictures in the patient's electronic medical record. The nurse took the pictures home to upload them. The Board received a report that the

pictures were being shared with friends by e-mail.

- In another case, a certified registered nurse anesthetist took pictures during a surgical procedure and posted them "for teaching purposes" on her Facebook account.

The Board has also investigated complaints that nurses are discussing patients on their MySpace and Facebook instant messages. While the patient's name may not be mentioned, the employer is concerned that sufficient information is shared for the patient's identity to be discovered. Just like the elevator, dining room or other public places in a health care facility, you have to be careful what you say about patients in online communications. You never know who is listening.

News stories and television talk shows have educated us on the hazards of teens sharing intimate photos of themselves by text messages to their boyfriends or girlfriends. Despite the publicity of a young woman taking her own life after her photos were shared with "friends," sexting among youth is not uncommon. It does cross the professional boundaries when nurses "sext" persons who do not wish to receive those types of messages.

YOU COULD BE A WINNER!

Nurses Night Out

You and 7 friends will be driven in style to "Celebrate Nursing" and The Compassion Award Event in a **LIMO**.

- **Limousine**
- **Wine & Cheese Party at Lulav**
- **Reserved table for eight at event**

Friday, May 7th - 7 pm

FOOD • FUN • DANCING • NO COVER

Dickey-Stephens Park Concourse NLR

To register go to www.b98.com

B98^{FM}

Lulav
RESTAURANT

Reach Recruit Retain



Mailed to every nurse
in Arkansas – over over 48,000.

The Arkansas Board of Nursing JOURNAL

to reserve advertising space
contact **Michele Forinash**
mforinash@pcipublishing.com

1-800-561-4686

Our nursing journals are
mailed directly to over 1.5 million
nurses, healthcare professionals
and educators nationwide.

- | | |
|-----------------------------|---------------------|
| Arizona | North Carolina |
| Arkansas | North Dakota |
| The District
of Columbia | Ohio |
| Indiana | Oregon |
| Kentucky | South Carolina |
| Mississippi | South Dakota |
| Montana | StuNurse/Nationwide |
| Nebraska | Tennessee |
| Nevada | Washington |
| New Mexico | West Virginia |
| | Wyoming |

ThinkNurse.com



A MISSION FOR *Life*

St. Joseph's Mercy Health System is
looking for experienced nurses in
speciality areas.

*"At St. Joseph's, co-workers consistently go above and beyond the call
of duty. That, and how we are encouraged to keep a balance between
our work and family life, is what separates us from the rest"*
-Chastity King, RN, Float Pool

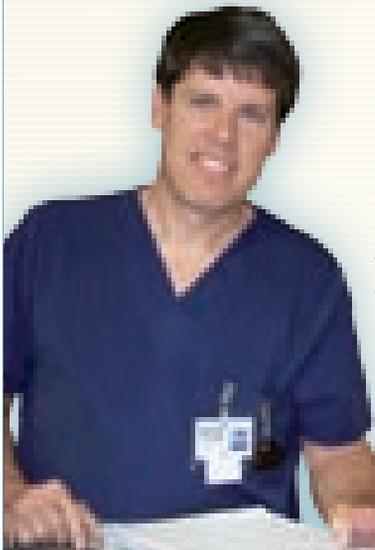


To begin your mission please call 501-622-1030 or log onto saintjosephs.com.

Congratulations to Brent Pack

finalist for

Most Compassionate Nurse



Brent Pack, RN has been selected as a finalist for
Arkansas' Most Compassionate Nurse. Compassion
has been at the heart of Brent's nursing since
he was awarded the Florence Nightingale Award
during nursing school. He is among a team of
compassionate nurses, physicians and professionals
at Conway Regional, and we would like to thank
them for their dedication, compassion and work
toward making better healthcare a reality.



**CONWAY REGIONAL
HEALTH SYSTEM**
www.conwayregional.org



LETTER FROM THE EDITOR

LEADERSHIP

As I write this column, I'm thinking about how it is the last issue of the ASBN Update with Faith Fields as the executive director of the Arkansas State Board of Nursing. The first thought that comes to my mind is the remarkable leadership Faith has shown in her more than 19 years as our executive director.

What makes a great leader? Time magazine asked a variety of historians, writers, military men, businessmen and others for their selections and received a variety of answers, such as Franklin Roosevelt – as being a great president; Martin Luther King – as his leadership had the element of zeal and fervor, an almost spiritual element; and, General Marshall – as a man of enormous moral authority.

Wikipedia describes leadership as “the process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task.” Faith has done this throughout her career at the Arkansas State Board of Nursing while embracing the ASBN’s task and mission of protecting the public.

A good leader is someone who achieves results. You will note that these leaders all have very different leadership styles. However, you will find they all achieved results in their own way.

There is no magic to leadership. Great leaders are not born nor are they specially gifted at influencing people. They are simply people who

are passionate about what they do, being a leader in their field, and they are willing to do the little things that

of the National Council of State Boards of Nursing. At this national meeting, I was impressed and reminded how

There is no magic to leadership. Great leaders are not born nor are they specially gifted at influencing people. They are simply people who are passionate about what they do, being a leader in their field, and they are willing to do the little things that matter. That’s what makes a good leader.

matter. That’s what makes a good leader.

Are you a leader? Only leaders can build leaders, and you have to take the initiative to do so. Your desire to develop your leadership skills must outweigh your reluctance to do what it takes to become that leader. Observe a leader you admire and learn what attributes make them suitable for their role.

Several Board members and staff recently attended the Mid-Year Meeting

fortunate we are in Arkansas to have such forward-thinking nursing leaders.

I feel a sense of sadness in saying goodbye to Faith, but I’m honored to have learned from her leadership and dedication. She’s made an incredible and positive impact on nursing in Arkansas, and I wish her well in her life’s new endeavors!

I always seek your input. E-mail me at lwalker@arsbn.org

J+RMC

CONTINUING A TRADITION OF EXCELLENCE



Faith Fields
MNSc, RN
Retiring: Executive Director,
Arkansas State Board of Nursing
Graduate, JRMCSchool of Nursing



Sue Tedford
MNSc, APN, RN
Incoming: Executive Director,
Arkansas State Board of Nursing
Graduate, JRMCSchool of Nursing

Congratulations from
Jefferson Regional Medical Center

2009 Nursing Compassion AWARD FINALISTS



Congratulations
Jeri Houpt
 Arkansas Health Center

 SALINE COUNTY

Congratulations
Carrie Hillman
 Baptist Springhill

 PULASKI COUNTY

Congratulations
Brent Pack
 Conway Regional

 FAULKNER COUNTY

Congratulations
Billy York
 Counseling Associates Inc.

 FAULKNER COUNTY

Congratulations
Cindy Jackson
 Henderson State University

 CLARK COUNTY

Congratulations
John Leckert
 Hospice of the Ozarks

 BAXTER COUNTY

Congratulations
Barbara Thomason
 HSCMC

 HOT SPRING COUNTY

Congratulations
Jenna Johnson
 AHEC – Pine Bluff
 UAMS
AREA HEALTH EDUCATION CENTERS
 PINE BLUFF
 UNIVERSITY OF ARKANSAS
 FOR MEDICAL SCIENCES
 JEFFERSON COUNTY

Congratulations
Carol Wooten
 Jefferson Regional

 JEFFERSON COUNTY

Congratulations
Angie Durham
 Little River Nursing and Rehab

 LITTLE RIVER COUNTY

Congratulations
Linda Ward
 CMC Home Health

 IZARD COUNTY

Congratulations
Michelle Medlin
 Mena Regional Health System

 POLK COUNTY

Congratulations
Debra Holmes
 Pine Hills Health and Rehab

 OUACHITA COUNTY

Congratulations
JoAnn Devine Frazier
 St. Vincent's
CARDIAC HEALTH INITIATIVES

 Inspired.
 PULASKI COUNTY

Congratulations
Andrea Fletcher
 UAMS

UNIVERSITY OF ARKANSAS
 FOR MEDICAL SCIENCES
 PULASKI COUNTY

Congratulations
Carla House Johnson
 VA

 PULASKI COUNTY



2006 WINNER
Sabrina Spradlin
Arkansas Childrens Hospital



2007 WINNER
Patrick Stage, APN
Little Rock Cardiology Clinic



2008 WINNER
Jasper Fultz, LPN
White County Medical

HONORABLE MENTION AWARD NOMINEES

- ACH Hematology/Oncology Clinic**, *Arkansas Childrens Hospital*
- Buffie Bell, RN**, *National Park Medical Center*
- Laura Bailey**, *UAMS*
- Caroleattee Buckhannon**, *Area Agency of Aging Southeast*
- Mary Butler, RN**, *Arkansas Health Center*
- Marilyn Caldwell, RN**, *UAMS*
- Reta Forsee, RN**, *Arkansas Dept. Of Health Melbourne*
- Patricia Givens**, *HRMC, Helena-West Helena*
- Charlotte Gray, RNP**, *Crittenden Regional Hospital*
- Anthony Grim, RN**, *St. Vincent's North Emergency Department*
- Stephanie Hinkle**, *Baptist*
- Connie Hodge, RN**, *Procure & Hospice*
- Souraya Irani**, *UAMS*

Everyone is invited!

Live Music • Great Food • No Cover

Friday May 7th - 7pm

Dickey-Stephens Park Concourse NLR



Undoubtedly each of us has been touched by a nurse in some way, at some time, in our lifetime. Maybe it was when your children were born, when a loved one or perhaps you, yourself, were ill or you've seen them caring for an elderly relative. Even though caring is their profession, many nurses are more than just caretakers...to many of us they are hope, love, selfless care, and educators.

With that in mind we set out to find and honor the most compassionate nurses in Arkansas. Patients, family, hospitals and nursing staff all have stories of nurses who went above and beyond their duty in tending to the needs of a patient or patients. While we want to celebrate them all, we attempt to single out just one for this honor each year. It's a monumental task, but one that we gladly choose to do in light of the efforts these kind and caring nurses put forth every day. The most

compassionate nurse is singled out from nominees across the state. Some of you reading this may have submitted nominations. You understand the selflessness of these nurse's everyday actions and you may have personally witnessed an extreme example, or an everyday routine of going that extra mile, that led you to nominate a particular nurse. All the stories we receive are emotionally charged with caring, loving and joy regarding their acts of selfless care. We are reminded with each story that there are people left who really do care- both the nurse and the person who nominated them

We would like to invite you to join us for the announcement of the 2009 Compassionate Nurse Award along with a celebration of nursing on May 7 - 7PM in North Little Rock at Dickey-Stephens Park, on the concourse. The celebration will be filled with live music, dancing, food and fun. There is no cover charge, food and drink is available and the popular band *Chris Michaels and the Cranks* will fill our evening with great music and fun for all.

The nominees along with their colleagues, family and friends will be gathering to honor the final 3 and then the winner of this prestigious award. We invite you and all your friends to come enjoy the festivities and be a part of this very special evening to honor some very special nurses. Mark your calendars now.

Gayle Kyle, Woodruff County Health Center

Twyla Jamerson, Area Agency on Aging Southeast Arkansas

Lisa Lambert, RN, Helena Regional Medical Center

Janice Lee, RN, UAMS

Georgeanna Lindsey, Woodruff County Health Center

Mandi Mason, RN, Area Agency on Aging Southeast Arkansas

Christella Mays, St. Vincent Family Clinic

Rochell McCarty, DeWitt Hospital

Valerie Morgan, Arkansas Health Center

David Murray, CNS, UAMS

Judy Osborn, RN, UAMS

Neesha Parker, RN, Spring River Home Health

Eva Pearson, RN, Northwest Medical Center Benton County

Laura Phillips, RN, UAMS

Donna Porter, RN, UAMS

Lea Ellen Reed, RN, UAMS

Rosemary Reichenbach, Area Agency on Aging Southeast Arkansas

Amy Schultz, RN, UAMS

Peggy Smith, RN, Arkansas Health Center Benton

Mark Suggs, RN, Area Agency on Aging Southeast Arkansas

Janean Taylor, RN, VA

Wade Taylor, St. Vincent NICU

Wanda Taylor, RN, Area Agency on Aging Southeast Arkansas

Claudia Turner, RN, Crittenden Regional Hospital, Delta Center on Aging

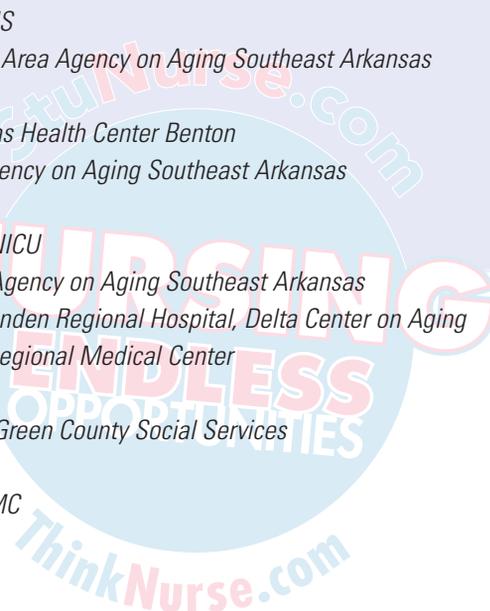
Delois Turner, Jefferson Regional Medical Center

Steve Walker, RN, UAMS

Kimberly Warmath, RN, Green County Social Services

Irene Wright, RN, UAMS

Michelle Young, RN, JRMCC



BEST PRACTICES: THE IMPORTANCE OF OBTAINING ABI'S IN OLDER ADULTS

Peripheral arterial disease, a known threat to older adults' health and independence, often leads to decreased functional ability and potential limb loss. Nurses are in a unique position to screen older adults for the disease and to implement strategies to manage the problem. Identifying the disease in its early stages and minimizing the effects will help keep older adults living independently and improve their quality of life and is a means of best practices for caring for these individuals.

Older adults are the fastest growing segment of the population. While the

factor affecting their health care. Risk factors such as diabetes, hypertension, smoking, and hyperlipidemia all contribute to the development of atherosclerosis, the primary precursor to the disease. Therefore, "best practices for nursing" include identifying those at risk or those in the early stages of the disease, modifying the known risk factors, and improving arterial circulation to the lower extremities through exercise, specifically walking. Early detection is imperative because many older adults are

pain of claudication to "getting old" or to other health problems such as diabetes and arthritis. While the test for PAD, the Ankle Brachial Index (ABI), is simple and non-invasive, very seldom do health professionals utilize this valuable diagnostic tool. Only until the disease has progressed to points of ischemia or rest pain do older adults seek attention, which at that time often requires medication, surgical bypass, and/or amputation. As a result, older adults become chair bound, home bound, gradually immobile, and unable to care for themselves. It is important for nurses to understand the known risk factors in addition to knowing how to obtain ABI's and how to interpret the results.

RISK FACTORS FOR PAD

Atherosclerosis is the primary precursor to the development of PAD. Since atherosclerosis is often a condition associated with aging, it is important for nurses to always consider its existence in older adult patients. Because atherosclerosis is a systemic disease, identifying individuals with the disease in the early stages can assist in preventing MI, CVA, or other fatal vascular diseases commonly associated with aging. Those interventions aimed at eliminating or reducing the risk factors for the development of atherosclerosis will significantly reduce the likelihood of worsening PAD. Four primary risk factors have been identified as being directly related to the development and progression of PAD: 1) Smoking; 2) Diabetes; 3) Hypertension; and 4) Hyperlipidemia. All of these risk factors are modifiable and symptoms can be modified or eliminated through proper self care and nursing education. Non-modifiable risk factors include male gender and strong family history. Nursing care aimed at eliminating known modifiable risk factors can greatly affect patient outcomes.



majority of older adults continue to live independently, their average life expectancy is increasing. Peripheral arterial disease (PAD), a known threat to that independence, often leads to decreased functional ability and potential limb loss. As a result, older adults with PAD may experience a significantly altered quality of life. Identifying the existence of PAD in the early stages and decreasing the known risk factors are steps in the first line of defense for persons with symptomatic and asymptomatic PAD. PAD affects at least 10 percent of adults older than 70 and will become an increasingly important

asymptomatic and do not seek treatment until the disease has progressed.

Although the disease goes unrecognized in about 75 percent of cases, the clinical presentation of early onset occlusive disease generally manifests itself asymptotically or in the lower extremities in the form of claudication. Intermittent claudication (IC) is a common and disabling symptom that affects between 3 percent and 7 percent of the population and up to one in five individuals over 75. While the symptoms are easy to detect, they are frequently overlooked because older adults often relate the

THE ANKLE-BRACHIAL INDEX: PURPOSE AND PROCEDURE

While a thorough history and physical assessment is often enough to identify those at risk for PAD, further objective evidence is necessary before initiating pharmacologic and/or non-pharmacologic therapy. It is also important to know the extent of disease and possible location of stenosis. Although precise location is only identified via arteriogram, this information can often be obtained from a simple test called the Ankle-Brachial Index (ABI). The ABI is the simplest and most useful parameter to objectively assess lower extremity arterial perfusion and helps to identify the severity of the disease. Although ABI's are easy to obtain, non-invasive, and provide a great deal of information, the test is seldom done in hospitals, physicians offices or taught in nursing school. Several reasons for non-use include possible time constraints, lack of knowledge about how to perform the test and how to interpret the results, and lack of knowledge on the part of patients because they don't know such a test exists and do not request it. The test is commonly performed in vascular labs once symptoms are identified and patients are referred for follow-up. In addition, PAD screenings are frequently advertised and conducted in community settings.

The ABI is a comparison of blood perfusion between the arm and leg and is a fairly sensitive indicator of altered blood flow to the lower extremities as a result of PAD. It is used as a screening tool to assess and monitor patients with claudication, ischemic rest pain and acute ischemia.

Theoretically, there should be no difference in the ability of the heart to meet the oxygenated blood supply needs of the arms and legs. In other words, systolic pressures of the arm and leg should not significantly differ in normal conditions. Sometimes, the systolic pressure in the leg is slightly higher than in the arm. This is due to the highly resistant vascular bed in the lower extremities. With occlusive disease, the

systolic pressure drops proportionately to the severity of disease. Even during times of stress or exercise, the patient with normal vascularization should reveal no difference in systolic pressure readings. This lack of difference represents a perfect correlation (1.0). The lower the correlation (ratio) is, the greater the degree of stenosis. The ABI can also be used as a predictor of mortality due to cardiovascular events.

The following measures are identified as indices of PAD:

Normal	1.00 – 0.9
Mildly abnormal	0.9 – 0.80
Claudication and moderate disease	0.75 – 0.40
Ischemic	< 0.40

The tools necessary for obtaining ABI's include a blood pressure cuff and stethoscope, examination jelly, calculator, and a pocket Doppler. Once the patient is supine and relaxed, the first step is to take blood pressures in both arms. It is recommended patients be supine for 20-30 minutes prior to obtaining ABI's. It is also suggested that the lower extremities be covered to prevent the effects of temperature changes. While this may not be possible in some situations such as during community screenings, this procedure will elicit the most accurate results. Drinking caffeinated beverages and exercise within an hour of the test can also alter results. The highest brachial systolic pressure from the upper extremities will serve as the denominator. There should be a difference of less than 10 mm Hg between right and left brachial pressure measurement. Next, place the cuff around each calf and take pressures in both legs by placing the Doppler tip on the posterior tibial or dorsalis pedis artery. It's always best to locate the arterial signal before inflating the cuff so time is not wasted trying to locate the best placement while the cuff is being inflated. Pump the cuff up to 10-20 mm Hg above the brachial systolic measurement and release slowly listening for the systolic signal. Normally, the first posterior tibial or dorsalis pedis signal will be heard at the same measure as the brachial systolic measure. If a systolic

signal is not heard, continue deflating until the systolic measure is heard. This measure will serve as the numerator. Repeat the same exercise for the other leg. Divide the brachial systolic measure into the ankle systolic measure to get the ABI ($A/B = I$ (index)). There will be two separate ABI's--one for the right leg and one for the left leg. It is important to note that while the ABI is an excellent tool for identifying PAD, if claudication is experienced in the thighs or buttocks, the patient should be referred for further evaluation since stenosis could be higher such as in the aorta or iliac arteries. Because atherosclerosis is a systemic disease, if an abnormal ABI is found in a patient with HTN or history of heart disease, the patient should be referred for additional tests such as an abdominal ultrasound to rule out aneurysm. Any indices below 0.9 should be considered abnormal and the patient at risk for the effects of PAD. On some occasions, the ABI will be greater than 1.0, especially in diabetics. In patients with diabetes and highly calcified vessels, the arteries are frequently incompressible. This results in an artificially elevated ankle pressure, which can underestimate disease severity. Patients who experience classic symptoms of claudication, have diabetes, yet elicit a normal ABI, should be referred for exercise ABI's. Exercise ABI's are obtained while the patient is on a treadmill and demand becomes greater than supply giving a more accurate reference.

Example:

Right arm = 160/90

Left arm = 162/90

Right leg = 120(systolic)

Left leg = 160(systolic)

Right: 120 divided by 162 = ABI .74

Left: 160 divided by 162 = ABI .98

Using the example above, no disease is evident in the left leg. However, the right leg ABI indicates mild to moderate PAD and the patient should be considered for treatment.

TREATMENT OPTIONS

The patient with PAD presents a challenge to nurses. For the patient

experiencing claudication in the form of calf pain, the immediacy of the pain and instructing the patient to stop walking and to rest will alleviate discomfort. The use of pain medication is not necessarily required because simply stopping activity to allow oxygen to reach the lower extremity will alleviate the pain. Beyond the immediate relief of pain, interventions should be aimed at alleviating or reducing risk factors and increasing collateral peripheral circulation. In addition, the type of treatment depends upon the stage of disease and extent of stenosis. Primary goals for the non-operative treatment of peripheral arterial disease are to control the disease progression, improve exercise tolerance, reduce pain, and prevent and/or treat complications. Smoking cessation, exercise, blood pressure control, dietary management, proper management of blood sugar, foot care and pharmacological therapy are the principal means to achieving these goals. In the early stages of PAD, conservative, non-invasive treatment should be employed with risk factor reduction as an important first step.

For patients with ABI's indicative of mild to moderate disease, it is extremely important to reduce risk factors. Reducing risk factors slows down the progression of the disease and builds stamina and overall good health. Another step of primary importance for these patients is to encourage participation in a vascular rehabilitation program. Many hospitals have formal cardiovascular rehabilitation programs for post-op heart bypass or in-house patients, but very few have programs designed for those specifically with PAD. Vascular rehabilitation programs can be developed and implemented with very little expense. Research suggests that walking to the point of claudication and a little bit more each time will assist in the development of a collateral circulation in the lower extremities. Therefore, supervised community based exercise programs where walking is a major activity is recommended. Home exercise programs are beneficial also if

monitored on a regular basis. A graded exercise program stimulates collateral circulation, achieves weight loss, and improves walking distance. Patients should be instructed to exercise three or more times per week, sustain the exercises for greater than 30 minutes per session, use walking as a preference for exercise, walk to near maximal claudication pain, and exercise for a duration lasting more than six months for full benefit.

Another option for treatment that can be used in concert with the exercise program is the use of pharmacologic measures. Many patients with intermittent claudication (IC) improve or remain stable without medicinal therapy if they attempt to alter their risk factors. However, many require concomitant drug therapy to alleviate symptoms, and some require surgical intervention. There are several medications commonly used in patients with PAD: cilostazol (Pletal), clopidogrel (Plavix), pentoxifylline (Trental), and aspirin (ASA). Aspirin (ASA) (75mg to 325mg/day) has been shown to prevent progressive arterial occlusive disease in patients with IC. It appears to be superior in this regard to other antithrombotic drugs such as warfarin. The American Heart Association guidelines recommend that unless contraindications exist, patients with IC should be treated with life-long aspirin therapy because of their high risk of cardiovascular events. Keep in mind for patients on ASA therapy, aspirin may need to be discontinued before surgery to prevent bleeding and aspirin may increase the effects of insulin and oral antihypoglycemics. Although commonly used in the past to treat IC, vasodilators (i.e., nylidria, isox, supriner, papaverine) have not proved effective in relieving symptoms. It is thought the arterial beds that supply ischemic tissue are maximally dilated and the vasodilators do not add any benefit. Interventional radiology procedures are also options for some patients, depending on location and extent of stenosis.

Patients with severe disease who experience rest pain and/or develop gangrene will need immediate evaluation

from a vascular surgeon. Most often these patients will be assessed for location and degree of stenosis via arteriogram and runoff. Visualization will reveal stenosis or occlusions from the aorta to the renal and iliac arteries and superficial femoral arteries on down to the popliteal and pedal arteries. In addition, if amputation is considered, the arteriogram will assist the surgeon in identifying where the 'good' blood supply begins and ends. The amputation will not be effective if it cannot heal and has no oxygenated blood supply getting to the wound.

Patients with PAD pose a challenge to nurses since there are many things to consider. Identifying whether the patient has mild, moderate, or severe PAD and obtaining a health history and physical exam are initial steps to disease management. For clients who reveal signs and symptoms of mild and moderate disease, reducing risk factors and participating in vascular rehabilitation exercise is optimal with the possibility of added pharmacological therapy. Patients who have mild and moderate disease and a history of heart disease and/or HTN will need an ultrasound of the aorta. While it is highly suggestive that all patients with diagnosed PAD be referred to their physician or a vascular surgeon for follow-up, it is imperative patients with severe disease be seen immediately by a vascular surgeon. The "best practice" efforts for nurses are aimed at identifying those at risk for developing the disease and reducing risk factors for symptomatic and asymptomatic patients. Focusing on screening and risk reduction will keep older adults independent for a longer period of time.

Dr. Lawson is a member of the Editorial Board of the Journal of Vascular Nursing. She is a Certified Vascular Nurse and the first to hold the national certification from Arkansas. Dr. Lawson received the Society of Vascular Nursing's highest award in 2008 for her research and community service activities on PAD and teaching nurses and nursing students about the ABI.

KNOWING THE NURSE PRACTICE ACT AND RULES

The Arkansas Nurse Practice Act is the most important piece of legislation related to nursing practice. The *Arkansas Nurse Practice Act* states in Subchapter 2, Section 17-87-202, Organization and proceedings, that "The Arkansas State Board of Nursing shall have the following powers and responsibilities:

(1)(A) Promulgate whatever regulations it deems necessary for the implementation of this chapter.

(B) No regulation promulgated hereafter by the board shall be effective until reviewed by the Legislative Council and the House Interim Committees on Public Health, Welfare, and Labor and the Senate Interim Committee on Public Health, Welfare, and Labor or appropriate subcommittees thereof of the Arkansas General Assembly."

The regulation, when it becomes effective, is part of the *ASBN Rules*.

To practice nursing in Arkansas, it is your responsibility to be informed on both the *Arkansas Nurse Practice Act* and *ASBN Rules*. Below is an excerpt from *ASBN Rules*, Chapter 5, Delegation. The full content of the chapter, the other seven chapters of the *Rules*, and the *Arkansas Nurse Practice Act* can be found on our Web site, www.arsbn.org

E. NURSING TASKS THAT SHALL NOT BE DELEGATED

By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up;
2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;

3. Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention;
4. The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals; and
5. Administration of any medications or intravenous therapy, including blood or blood products except as allowed by *ASBN Rules*, Chapter 8 for Medication Assistant-Certified and by *ASBN School Nurse Roles and Responsibilities Practice Guidelines*.
6. Receiving or transmitting verbal or telephone orders;
7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

GET THE CATCH OF YOUR DREAMS... DISCOVER THE POSSIBILITIES AT BRMC

Ask about our \$2,500 sign-on bonus for experienced nurses!

At Baxter Regional Medical Center, you can have it all – quality of life and career. Located in beautiful Mountain Home, Arkansas, we offer our employees a progressive environment to practice their professions, along with value-based leadership and professional opportunities. All of this is backed with a strong network of technology, tools and resources in a community that offers superior quality of life for individuals and families.

OUR CURRENT OPENINGS INCLUDE:

- | | |
|-------------------------|--------------------------------|
| • Med/Surg RN 7A and 7P | • ICU RN 7P |
| • Float RN 7A | • Cline Emergency Center RN 7P |
| • Surgery RN First | • Behavioral Health RN 7P |

For more information, contact Sheila Wilson, Employment Coordinator, at 888-723-5673 or swilson@baxterregional.org. Apply online at www.baxterregional.org.

Remarkable★

Mountain Home, Arkansas | 888-723-5673 | www.baxterregional.org

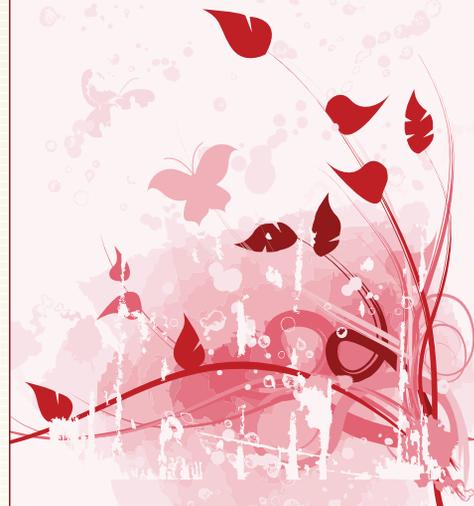


Baxter Regional
Medical Center

Congratulations
and Best Wishes
Faith

From your friends of
the long term care world:

Elizabeth Anderoli, David Barker
Betty Bennett, Glenda Donaldson
Sheila Martin, Lynda Mathis
Peggy Moody, Donna Rodman,
Elaine Townsley, Randy Wyatt



K2 SYNTHETIC MARIJUANA USE

Health care providers should be aware of signs and symptoms reported among some users of "K2", a synthetic marijuana product that is legal and readily obtainable in Arkansas. Providers should note that use of this substance, alone or in combination with other substances, may cause symptoms including anxiety coupled with agitation, tachycardia, elevated blood pressure, pallor, vomiting, tremors, hallucinations, and possibly seizures. The Arkansas Department of Health asks that you report to the Arkansas Poison and Drug Control Information Center at 1-800-376-4766 any patient with compatible signs and symptoms that are thought to result from "K2" use.

"K2" – also known as "K2 Spice", "Spice", "K2 Summit", "Genie", "Zohai" and various other names – is an unregulated mixture of dried herbs that are sprayed with a synthetic cannabinoid-like substance and sold as incense. The product is typically burned and the smoke is inhaled for effect. The cannabinoid-like substance in this product acts on the same brain receptors as does marijuana. A great many of these substances have been synthesized and it would not be possible to know how much or which, if any, of these many synthetics are present in "K2" without doing an extensive chemical analysis. "K2" and similar products do not test positive as marijuana or as any other illicit substance when subjected to urine drug testing.

"K2" is sold legally in Arkansas and it is available for purchase from retailers in many parts of the state. The product is also widely available on the Internet.

Since early February 2010, poison control centers in other states have received questions from emergency

department (ED) physicians regarding management of patients who have had adverse reactions after smoking "K2." The Arkansas Poison and Drug Control Information Center has had four calls about "K2" as of this date.

Signs and symptoms associated with smoking "K2" as reported from other states are:

- tachycardia
- elevated blood pressure
- anxiety
- pallor
- numbness and tingling
- vomiting
- agitation
- hallucinations
- and, less commonly some cases, tremors and seizures

Although these are not the usual responses associated with marijuana use, most have been reported with some frequency as adverse effects in naive marijuana users or in some cases when highly potent marijuana products are used. It is also possible that some of these reactions are a result of the other unrecognized chemicals present in the smoked "K2" that are not related to the cannabinoid receptor system.

The Arkansas Department of Health recommends the following:

Ask about "K2" use in patients who present for care with compatible symptoms (anxiety coupled with agitation, tachycardia, elevated blood pressure, pallor, vomiting, tremors, hallucinations, and possibly seizures) and substance use is suspected.

Be aware that these chemically-related cannabinoids do NOT cross-react with delta-9-tetrahydrocannabinol (THC) on the standard urine immunoassay (UDS) tests that reference laboratories use for comprehensive drug screens.

– Arkansas Department of Health



"K2" – also known as "K2 Spice", "Spice", "K2 Summit", "Genie", "Zohai" and various other names – is an unregulated mixture of dried herbs that are sprayed with a synthetic cannabinoid-like substance and sold as incense.

TeamSTEPPS in Arkansas: Changing attitudes toward health care

In this time of economic upheaval, pressure remains strong in the health care industry to increase efficiency and keep quality high. The Arkansas Foundation for Medical Care is part of a unique national effort to improve quality and reduce medical errors. Called TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety), the program was developed by the U.S. Department of Defense in collaboration with the Agency for Healthcare Research and Quality. It is part of the Centers for Medicare & Medicaid Services' (CMS) National Patient Safety Initiative.

Called TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety), the program was developed by the U.S. Department of Defense in collaboration with the Agency for Healthcare Research and Quality. It is part of the Centers for Medicare & Medicaid Services' (CMS) National Patient Safety Initiative.

The causes of medical errors in hospitals have been studied heavily, and communication and care team dysfunction seem to be at the root of many. The TeamSTEPPS program is designed to improve patient safety by teaching health care professionals key communication strategies and specific teamwork skills.

AFMC is providing TeamSTEPPS training for hospitals participating in the methicillin-resistant Staphylococcus aureus (MRSA) quality improvement project. The core curriculum includes strategies to optimize the use of information, people and resources to achieve the best clinical outcomes for patients; increase team awareness; and clarify team roles and responsibilities. The training uses a team competency model, which focuses on the skills required to create a high-performing team and is centered on team knowledge, attitudes and performance. Participants develop skills in the areas of leadership, mutual support, communication and situation monitoring. They learn tools to resolve conflict, improve information sharing, and eliminate barriers to quality and safety. One such tool is a huddle, which is used for reinforcing the plans already in place for treatment of a patient in response to changes in the environment of care so all team members can adapt appropriately. It helps all team members develop a shared understanding of the plan of care.

TeamSTEPPS training is divided into three phases:

PRE-TRAINING ASSESSMENT

Before an organization takes on any

initiative that involves a change in culture, it must determine its readiness. The pre-training assessment helps to identify critical training needs and develop training objectives. It is also used to determine the organization's patient safety culture — imperative in implementing TeamSTEPPS — as well as key staff to be involved (the ChangeTeam) and resources. During this phase, some organizations determine they must focus on creating a culture conducive to patient safety before implementing TeamSTEPPS.

TRAINING

TeamSTEPPS training should include all members of the health care team: doctors, nurses, unit clerks, aides, pharmacy and administration and involves both a train-the-trainer course and a train-the-participant course. The train-the-trainer (Master TeamSTEPPS Course) seminar teaches the fundamental concepts of the program and how participants can successfully implement it in their own organizations. The train-the-participant training (referred to as the Fundamental Course) lasts four to six hours and teaches

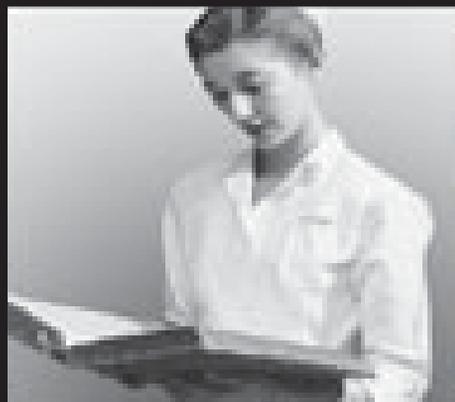
staff members the basics and how to implement TeamSTEPPS within their organization.

IMPLEMENTATION AND SUSTAINMENT

As part of this phase, AFMC offers support and technical assistance to participants during the initial training at their organization. Providers develop a plan for implementation that allows testing of actual strategy implementation, assessing whether the aim of the implementation is being achieved, and providing organizational progress updates.

To create sustainment—the TeamSTEPPS term for ongoing use of the program— progress must be monitored. Administrative and clinical leaders must stay involved. Organizations that have successfully implemented and sustained the TeamSTEPPS program have used continued training of new staff and periodic in-services to refresh existing staff.

TeamSTEPPS serves as a great base on which to build and maintain an environment that promotes good practice as well as sustainability. For more information, contact AFMC at 877-375-5700.



NURSING IS MORE THAN BEDSIDE CARE... IT'S A 21ST CENTURY CAREER

Our nurses work as partners with physicians and technicians, utilizing the very latest technology to provide the best possible care for our patients. From the cardiac cath lab to the OR, nurses are no longer bystanders...they are on the front lines of advanced medical care.

Jefferson Regional Medical Center congratulates
Carol Wooten and Jenna Johnson, JRMC finalists
for the 2009 Nursing Compassion Award.

JRMC

FAQS

Q **May student nurses who work in a facility outside of their school-directed clinical setting perform procedures that they have been “checked off” on by their clinical instructor?**

A Student nurses working as unlicensed personnel in facilities outside their school-directed clinical setting may only perform procedures as specified in the *ASBN Rules, Chapter 5, Delegation*. These are the same rules that apply to delegation to any unlicensed person working in a healthcare setting. Nurses may have disciplinary action taken against their licenses for inappropriate delegation.

Q **What does the Board consider to be patient abandonment?**

A Inquiries have been received by the Board regarding which actions by a nurse constitute patient abandonment and thus may lead to discipline against a nurse’s license.

For patient abandonment to occur, the nurse must have:

- Accepted the patient assignment, thus establishing a nurse-patient relationship.
- Severed that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements could be made for continuation of nursing care by others.

Once the nurse has accepted responsibility for the nursing care of a patient, severing the nurse-patient relationship without giving reasonable notice to the appropriate person may lead to discipline for unprofessional conduct pursuant to *ASBN Rules, Chapter 7, Section XV.A.6.i*. Refusal to accept an assignment is not considered patient abandonment nor is refusal to work additional hours or shifts. It should be noted that the Board has no jurisdiction over employment and contract issues. While nurses who refuse to accept certain patient assignments may not be violating the *Nurse Practice Act*, the nurse must be willing to accept the consequences of such a decision on the employer/employee relationship.

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 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. (*ASBN Rules, Chapter 2, Section VII.C.3b.& 4*)

Q **I attended a weeklong educational conference and received 30 continuing education contact hours. Can I use those hours to count for the next two license renewal periods?**

A Continuing education contact hours beyond the required contact hours cannot be “carried over” to the next renewal period. (*ASBN Rules, Chapter 2, Section VII.C.5.*)

I have come to visit once again. I love to see you suffer mentally, physically, spiritually and socially. I want to make you restless so you can never relax. I want to make you jumpy and nervous and anxious. I want to make you agitated and irritable so everything and everybody makes you uncomfortable. I want you to be confused and depressed so that you can't think clearly and positively. I want to make you hate everything and everybody, especially yourself. I want you to feel guilty and remorseful for the things you have done in the past and you'll never be able to let go of. I want to make you angry and hateful toward the world for the way it is and the way things are. I want you to be deceitful and untrustworthy and to manipulate and con as many people as possible. I want to make you fearful and paranoid for no reason at all. I want to make you wake up during all hours of the night screaming for me. You know you can't

sleep without me. I'm even in your dreams. I want to be the first thing you think about every morning and the last thing you think about before you black out.

I'd rather kill you, but I'd be happy enough to put you back in the hospital, another institution or jail. But you know I'll be waiting for you when you get out. I love to watch you slowly go insane. I love to see all the physical damage that I am causing you. I can't help but sneer and chuckle when you shiver and shake; when you freeze and sweat at the same time; when you wake up with your sheets and blankets soaking wet. It's amusing to watch you ignore yourself; not eating; not sleeping; not even attending to your personal hygiene. Yes, it's amazing how much destruction I can be to your internal organs while at the same time working on your brain; destroying it bit by bit.

I deeply appreciate how much you

are sacrificing for me. The countless good jobs you have given up for me; all the friends that you deeply cared for, you gave up for me. And what's more, the ones you turned yourself against because of your inexcusable actions. I am eternally grateful, especially for the loved ones, family and the more important people in the world that you have turned yourself against. You threw even them away for me. I cannot express in words the gratitude I have for the loyalty you have for me. You sacrificed all these beautiful things in life just to devote yourself completely to me. But do not despair, my friend, for on me you can always depend. After you have lost all these things, you can still depend on me to take even more. You can depend on me to keep you in a living hell, to keep your mind, body and soul. For I will not be satisfied until you are dead, my friend.

Forever yours,

Your Addiction

Congratulations Nurses!



20% discount on classes during the month of May for Nurses!

With over 100 'open' ACLS, PALS & CPR courses annually, we have something that fits your schedule

- NO STRESS
- SMALL GROUPS
- COURSES THROUGHOUT CENTRAL AR

LIFESAVER ASSOCIATES

(877) NEED CPR • www.tosavelives.com

Thousands of Satisfied Customers Since 1994

ONLINE NURSING

AT THE UNIVERSITY OF CENTRAL ARKANSAS



RN to BSN Degree

RN to BSN/MSN Degree

RNP to BSN/MSN Degree

MSN Degree

Post-MSN Certificate

Nurse Educator MSN Certificate

Clinical Tracks: Family Nurse Practitioner, Adult Nurse Practitioner, Medical Surgical Clinical Nurse Specialist, and Community Family

Clinicals are in your home community.

Prerequisites and/or work experience may be required. Dates listed as time of registration.

Check us out for your online education!

Application Deadlines: April 1 for Fall admission
August 1 for Spring admission

CASE MANAGEMENT MODEL ACT

Founded in 1990, the Case Management Society of America (CMSA) is the leading nonprofit association dedicated to the support and development of case management. The strategic vision of CMSA revised and approved in 2009 is as follows: *Case managers are recognized experts and vital participants in the care coordination team who empower people to understand and access quality, efficient health care.*

CMSA is recognized nationally for support of case managers working throughout the continuum of care and supporting the need to break the silos within case management to improve patient safety and communication. Case Managers are part of the collaborative team concept and are involved in all areas of care within the health care continuum

As federal health care reform discussions began to take shape, CMSA quickly recognized key terms relevant to the case management process were consistently appearing in proposed legislation. More importantly, we noticed significant variation in how the terms were being defined and the context in which they were used.

Sample terms:

- Care Coordination
- Transitions of Care
- Case Management
- Disease Management
- Reducing Readmissions

While the CMSA National Board, along with the Society's Public Policy Committee, supported the inclusion of these interventions as part of health care reform, the lack of consistency with regard to definition, qualifications, functions and scope of services necessitated a response from the Society. To that end, CMSA developed the Case Management Model Act, conducting a media launch in Washington, D.C., in December 2009.

The Model Act provides specific content in 12 key areas including definitions, staff qualifications, case

management functions, authorized scope of services, and much more. Full text of the Act and the revised Standards of Practice for Case Management is available on the CMSA Web site.

While there are many areas within the Act that assist in bringing consensus and clarification to the delivery of Case Management, this article focuses on the definition and qualifications for a case manager.

Within the Standards of Practice and Model Act, CMSA defines Case Management as follows:

2.1 A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes, according to the Case Management Society of America (CMSA).¹ Related activities to Case Management include care coordination, complex condition management, Population Health Management through wellness, disease and chronic care management, and promoting transitions of care services.²

Case managers practice in a variety of settings and in every component of the health care continuum; hence, any given case manager may provide many of the functions listed in this definition. As the Model Act began to take shape, CMSA wanted to ensure that case managers across the continuum of care would be included.

While the question of "who is a qualified case manager" has been discussed and debated for some time, this was CMSA's first real opportunity to articulate the qualifications, both in the Standards of Practice concomitantly with the release of the Model Act.

3.1 Case Manager Qualifications. Case Managers shall maintain competence in their area(s) of practice by having one of the following:

- (a) Current, active, and unrestricted licensure or certification in a health or human services discipline that allows the professional to conduct an assessment independently as permitted within the scope of practice of the discipline; and/or
- (b) Baccalaureate or graduate degree in social work, nursing, or another health or human services field that promotes the physical, psychosocial, and/or vocational well-being of the persons being served. The degree must be from an institution that is fully accredited by a nationally recognized educational accreditation organization, and the individual must have completed a supervised field experience in Case Management, health, or behavioral health as part of the degree requirements.³

This definition supports both nursing and social work communities who make up the vast majority of health care professionals in case management practice, but also encompasses other disciplines who are able to conduct independent assessment as permitted within their scope of practice.

The Case Management Model Act has been a legislative guide that now needs to be codified. CMSA is working to take the Model Act to Capitol Hill Offices and sponsorship. CMSA is committed to helping define Case Management prior to having it defined for us and ask others to join in this effort.

For more information on CMSA, call (501) 225-2229 or go to <http://www.cmsa.org>.

References:

1. *Standards of Practice, 2010 revision, Case Management Society of America, Little Rock, Ark.*
2. *Case Management Model Act 2009, Section II: Definition, Case Management Society of America, Little Rock, Ark.*
3. *Case Management Model Act 2009, Section III: Qualifications for Staff, Case Management Society of America, Little Rock, Ark.*

POSITION STATEMENT 99-3

APNS PRESCRIBING FOR SELF & FAMILY

Prescribing controlled substances and other legend drugs for self and family raises many ethical questions. Prescribing for self and family members has inherent risks related to lack of objectivity.

Effort should be made to discuss the condition with the collaborating physician. In addition, the *Arkansas State Board of Nursing Rules, Chapter 4, Section VIII., D.5.*, outlines the documentation requirements for prescribing.

The Arkansas State Board of Nursing has determined that the Advanced Practice Nurse with prescriptive authority may prescribe for self and family under the following circumstances:

1. There shall be a medical record on the patient/client to document the prescription of the medication.
2. The prescription must be within the prescriber's scope of practice.
3. The prescription shall be documented on the medical record in accordance with *Arkansas State Board of Nursing Rules, Chapter 4, Section VIII, D.3.-5.*, portions of which are reprinted below:

The APN shall note prescriptions on the client's medical record and include the following information:

- a. Medication and strength;
- b. Dose;
- c. Amount prescribed;
- d. Directions for use;
- e. Number of refills; and
- f. Initials or signature of APN.

Adopted: November 18, 1999



Your teammates will build you up.

Nurses with our team love to teach others – including our teammates. Just as we thrive on teaching our patients, we also enjoy an opportunity to be a mentor or teacher for one of our co-workers.

Whether it's coordination of care, supervision of staff, communications with doctors & pharmacists, standards for medical records, or the use of technology for great patient care, we will help you grow your skills.

Not only will you have the opportunity to build your professional skills, but you'll also have a team who will be there beside you all the way.

An Opening Near You

Visit our website (below), or contact Reba Guynes, RN (501-661-2643; or Reba.Guynes@Arkansas.gov).

www.adhhomecare.org

In-Home Health & Hospice Services

Arkansas Department of Health : Your Local Health Unit

eoe m/f/h

CONGRATULATIONS

LISA LAMBERT AND PATRICIA GIVENS

WE ARE SO PROUD OF YOU FOR BEING FINALISTS IN THE 2009 MOST COMPASSIONATE NURSE AWARDS.

WE ALSO WOULD LIKE TO THANK OUR NURSES FOR THEIR OUTSTANDING CARE.

Helena Regional

MEDICAL CENTER

Helena, a Division of Sun



WHEN DOES A TWEET BECOME A FEDERAL VIOLATION?

Scenario #1: It is a spring day when a 27-year-old father of two young children is brought by ambulance into your emergency room. The patient is in both cardiac and respiratory arrest and after hours of dedicated care, your ER team is able to restore his normal heart rhythm and breathing. As the Registered Nurse working in ER, you share with your Facebook friends the excitement of your day and a summary of what happened with this 27-year-old father of two who will again be able to hold his children after his Myocardial Infarction and near death experience.

Scenario #2: As a nurse in a medical clinic you send hour-by-hour tweets about the patients you have helped describing their various illnesses. You are careful to never use a patient's name. However, your updates reveal various patient characteristics and also describe what terrible conditions the patients incur because the waiting room is small and some of the many patients have to wait outside.

Scenario #3: While making patient rounds, you see a nurse use a personal phone to take a picture of a patient's leg and x-ray and then messages friends that this was the worst comminuted femoral fracture the nurse has ever seen.

Scenario #4: You come home from your busy day as a nurse in the Labor and Delivery unit, and you mention to your teenage daughter that her best friend's mom delivered a beautiful, healthy baby girl but had to have an emergency C-section due to problems. Your daughter posts this information on her Facebook wall.

In the above situations, was HIPAA violated? If you answered, "yes" to



all these situations, you are correct. If your answer is, "that is my private site; it belongs only to me and to the friends I grant access, and what I do on my own time is my business," then we need to look closer and gain a greater understanding of the HIPAA laws governing patient privacy as well as how those laws intersect with the various electronic devices and social networking tools readily available to each of us.

HIPAA, the Health Insurance Portability and Accountability Act of 1996, was designed to protect the security and privacy of all health information. Protected Health Information (PHI) is information created or received by a health care provider regardless of form that can be used directly or indirectly to identify an individual. PHI includes "individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media whether electronic, paper, or oral," (45C.F.R.160.103) or information that identifies an individual. Examples of protected information include the patient's name, address, city, zip code, birth date and information such as the patient's photograph, symptoms and diagnosis.

The patient's information always belongs to the patient, and unless permission for disclosure was given by the patient, HIPAA has been violated. HIPAA law states only employees who are involved in care, payment processes or health care operations can access the patient's information. Health care operations may include Quality Assurance activities such as chart reviews. Family and significant others can access PHI only when the patient has granted permission or if a legal guardianship is designated.

In recent months, health care facilities have seen an increase in the number of complaints in which patient information has been shared on a social networking site and via a care provider's personal electronic device. The mission of the State Board extends to protecting the public's rights when a nurse breaches HIPAA laws by sharing protected patient information. All health care facilities have the responsibility of reporting a nurse to the State Board of Nursing when a HIPAA violation has occurred. The Board has the accountability to investigate each complaint and act accordingly to fulfill its mission of public protection.

So, before you text, blog, instant message, or e-mail, ask yourself the following questions:

- Is the information I am about to share patient information that is protected by HIPAA laws?
- If I were the patient, would I want this information shared about me?

Remember, the computer does not forget, and any one of your 348 Facebook friends can print and share your posted information with your employer or with the Arkansas State Board of Nursing. For more detailed information about HIPAA, go to <http://www.hhs.gov/ocr/hipaa>.



Nursing at Sparks

Caring Today for a Healthier Tomorrow

In recognition of Nurses Week, Sparks would like to extend our thanks to all nurses and future nurses for their valued contribution to our profession.

Sparks Nurses stand out through their dedication to excellence, innovation and teamwork. Traditional values of integrity, accountability and respect are apparent in the care they deliver as well as in their relationships with their peers.

Sparks is currently hiring experienced nurses and nursing graduates to meet our growing needs.

Come help us achieve our goal of "Getting 2 Great."

If you would like more information, call Theresa Phillips, Recruiter, at 479-441-5458 or visit our website at www.sparks.org. All applications are submitted online.



Sparks

Regional Medical Center
Fort Smith, Arkansas

PUBLIC HEALTH NURSES OF ARKANSAS ASSOCIATION APPRECIATION DAY EVENT

The Public Health Nurses of AR Association (PHNAA) held an "Appreciation Day" event Saturday, Feb. 27, in Little Rock.

The purpose of this first-time event was to demonstrate the appreciation that PHNAA has for its nursing colleagues in their everyday responsibilities at the Arkansas Department of Health and for the citizens of Arkansas.

The event started with an opening prayer and welcome from Rev. Kevin Robbins of First Christian Church. Dr. Joe Bates, Deputy State Health Officer of Arkansas Department of Health, started the day's event with commending the nurses on their accomplishments every day and throughout the year. Along with their everyday responsibilities of providing public health care to the citizens of Arkansas the nurses administered 626,578 doses of seasonal



L to R, standing: Dianne Crippen, RN; Freida Estelle, RN; Tina Patterson, RN; Donna Speight, RN; Edra Young, RN; Kim Hooks, RN; BJ Sams; Pat Purifoy, RN; Rosa Hignight, RN L to R, sitting: Sen. David Pryor, Nancy Marsh, RN

and H1N1 vaccine at an estimated 1,064 school/daycare clinics statewide and at 177 mass flu clinics in every county.

The morning speakers were Sen. David Pryor and BJ Sams, retired KTHV Morning Show host. Sen. Pryor reflected on his autobiography, *A Pryor Commitment*, and provided a book signing session for

the nurses with a percentage of proceeds donated to PHNAA for scholarships. Sams gave an inspirational personal testimony of trials and conflicts throughout his life.

At noon, PHNAA provided lunch while Hannah Williamson, Miss Arkansas Valley, entertained with two songs.

In the afternoon session, a continuing education activity was provided by LeeAnn Danner-Phillips, MA, RN, Nurse Internship Coordinator for Baptist Health. "My Generation, Your Generation, Their Generation: Whose Generation is it Really?" brought awareness to the participants of the different aspects of working more effectively with the multi-generational staff.

PHNAA was established in 1981 for the public health nurses who work for the Arkansas Department of Health.

KALEIDOSCOPE GRIEF CENTER
Serving Children & Families

Providing critically ill and grieving children, teens, and their families our Kaleidoscope of Caring Services:

- Peer Support Bereavement Groups
- Individual & Family Grief Counseling
- Camp Healing Hearts Grief Camp
- Kids Club Social Activities
- Supportive Care for Critically Ill Kids
- School-based Education
- Professional Trainings

Kaleidoscope Grief Center is a nonprofit organization offering fun and rewarding volunteer and sponsorship opportunities:

- Hands-On Program Assistance
- Kaleidoscope Resale Boutique Assistance
- Fundraising
- Marketing/Public Relations
- Office/Clerical

Kaleidoscope Grief Center
1501 North University • Suite 680
Little Rock, AR 72207
501-978-5437 • 877-357-5437
www.kaleidoscopekids.org

Versatility, Commitment, and Calm

The primary focus for Carolyn – and the entire staff at Washington Regional – is doing what is best for our patients. Carolyn is a calming presence in crisis situations. Her versatility and unwavering commitment to her unit and to the Washington Regional mission make her an indispensable member of our care team. **To join our team** apply online at www.wregional.com or call HR at 479-463-1065 and ask for Melissa Williams, Employment Manager.

2009 Employee of the Year Carolyn Spillers, RN

Washington Regional is an EO/AA Employer

HIT *Arkansas*

Health Information Technology Regional Extension Center
www.hitarkansas.com



You may be eligible for bonus payments

Arkansas now has a Health Information Technology Regional Extension Center, set up to offer technical assistance, guidance and information on best practices to help health care providers achieve meaningful use of certified EHR technology. You and your practice may be eligible for incentive payments or reimbursements of \$44,000 to \$63,750 from the federal government's stimulus program to offset the costs of launching an EHR system.

As the state's designated HITREC, the Arkansas Foundation for Medical Care will provide:

- On-site technical assistance with EHR adoption
- Education on selection, implementation and use of an EHR system
- Group purchasing of EHR systems and technical support to leverage volume discounts
- End-to-end project management support of EHR implementation
- Access to current information regarding meaningful use and best practices from around the country through the National Learning Consortium
- Support for practice and workflow redesign to achieve meaningful use of EHR system

Go to www.hitarkansas.com
to find out more!





ONLINE REGISTRY SEARCH: WHAT'S NEW?

The ASBN staff has been busy giving the registry search a whole new look in order to make licensure verification easier. The first change is employers can now conduct a basic search of the registry for free. This search will provide the nurse's name, license number, license status and whether it is a multistate license or a single-state license. If employers need more information, they can subscribe to one of the three levels of subscription services available through the Information Network of Arkansas (INA). Each level provides a more detailed licensure history depending on the subscribed level of service. The table denotes the data available in each subscription level.

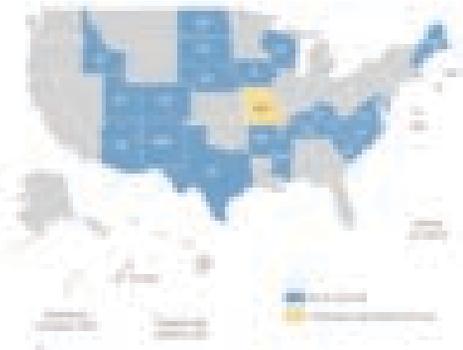
The best feature of the registry search is the incorporation of PUSH technology. The subscribing agency downloads the license number of each nurse employed. If any of the identified data changes on a nurse who has been entered into the system, it automatically sends an e-mail notifying the employer of the change. This technology allows for constant monitoring of licensure status. For example, if a nurse allows the license to expire, an e-mail is automatically sent to the employer notifying the change in status. The data "pushed" by e-mail is determined by subscription level. See table for information monitored and pushed to the employer.

	Registry Search Information Provided	Data PUSHED
Free	Name, License number, License status, Multistate	None
Level 1	Name, License number, License status, Multistate, Expiration date, Issue date, Date of last renewal, Disciplinary flag	Name change License issued License status change Change in multistate status Disciplinary flag added or removed
Level 2	Name, License number, License status, Multistate, Expiration date, Issue date, Date of last renewal, Disciplinary flag, Current discipline	Name change License issued License status change Change in multistate status Disciplinary flag added or removed Type of disciplinary action
Level 3	Name, License number, License status, Multistate, Expiration date, Issue date, Date of last renewal, Disciplinary flag, Current discipline, Complete disciplinary history, Advanced practice status (date of licensure, prescriptive authority, collaborating physician)	Name change License issued License status change Change in multistate status Disciplinary flag added or removed Type of disciplinary action Changes in prescriptive authority

NURSE LICENSURE COMPACT

The mutual recognition model of nurse licensure allows a nurse to have one license (in the nurse's state of residency) and to practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline. Under mutual recognition, practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. In order to achieve mutual recognition, each state must enter into an interstate compact, called the Nurse Licensure Compact (NLC). For more information, go to the Nurse Licensure Compact Web site, <https://www.ncsbn.org/nlc.htm>

The map indicates which states have enacted the RN and LPN/VN Nurse Licensure Compact (NLC). Missouri's implementation date is June 1, 2010.



ASBN Executive Director Faith Fields was presented a statue at the March meeting of the Nurse Licensure Compact Administrators in recognition of her work on the Interstate Compact.

L to R: Faith Fields, MSN, RN and Joey Ridenour, chair, Nurse Licensure Compact Administrators



ELEANOR MANN SCHOOL OF NURSING ESTABLISHES ADVISORY COUNCIL TO DEVELOP, SUPPORT PROGRAM

Members serve as ambassadors, provide interactive forum

FAYETTEVILLE, Ark. – The Eleanor Mann School of Nursing at the University of Arkansas has established an advisory council that met for the first time March 3. The 12-member council is composed of nurses, educators, business people, and university and community leaders. The members will

goals and serve as a link between the community and the nursing school. Members will provide a forum for interaction and communication among stakeholders, community members, organizations, government, education and alumni.

Council members will keep the nursing school abreast of timely trends, changes and developments in

and Signature Bank of Arkansas

- Heather Ellington of Springdale, grant writer and public relations specialist for MARS Advertising
- Denise Garner of Fayetteville, health-care consumer
- Lynn Donald Carver of Springdale, registered nurse
- Brenda Gullett of Fayetteville, former state legislator known for her work on



Members of the Eleanor Mann School of Nursing Advisory Council are, from left, Wynona Bryant-Williams, Brenda Gullett, Asa Hutchinson, Julie Thibodaux, Helena Gadison, Gary Head, Faith Fields and Denise Garner. Not pictured are Durenda Brunner, Heather Ellington, Lynn Donald Carver and Dr. Peter Kohler

function as ambassadors for the nursing school, using their experience and insight to develop and support ways of advancing the presence of the nursing school in the state, region and nation.

“The council members are very enthusiastic and willing to do whatever is needed to promote the Eleanor Mann School of Nursing as we continue to prepare professional nurses of the highest quality,” said Lepaine Sharp-McHenry, assistant director of the nursing school. “They understand the value of the nursing education we offer.”

The council will also aid Nan Smith-Blair, the director of the school, in defining and realizing the school’s

health care so that it may more quickly incorporate real world issues into the curriculum. The nursing school is part of the university’s College of Education and Health Professions.

Members, who are invited to serve by the dean or the department head, serve two year terms and their appointments may be renewed:

- Durenda Brunner of Fayetteville, health care consumer
- Helena Gadison of Fayetteville, chief executive officer of EMW Enterprises
- Wynona Bryant-Williams of Little Rock, Arkansas Department of Education, Childhood Nutrition Unit
- Gary Head of Fayetteville, chairman and CEO of White River Bancshares

the nursing shortage

- Asa Hutchinson of Rogers, attorney and former U.S. congressman
 - Faith Fields of Little Rock, executive director of the Arkansas State Board of Nursing
 - Julie Thibodaux of Fayetteville, advanced practice nurse and Eleanor Mann School of Nursing alumna
 - Dr. Peter Kohler, vice chancellor of the University of Arkansas for Medical Sciences Northwest in Fayetteville
- More information about the council and its members can be found at <http://nurs.uark.edu/7925.htm>

–Reprinted with permission from the University of Arkansas

Targeted Networking

The "NEW" Classifieds

Reach over 48,000 nurses in Arkansas for as little as \$85.

LIMITED
AVAILABILITY
CALL TODAY

Contact Michele Forinash

mforinash@pcipublishing.com

1-800-561-4686



Faculty Position

University of Central Arkansas

Nursing Graduate Faculty Position
For fall 2010

See www.uca.edu/hr for information
UCA is an AA/EOE



Thank you Lord, for all my Nurses.
Each one is so dear to you, and me.
For all the smiles and glowing hearts
We seem to always see. They're there for our
patients when times are good and bad.
All to know that this is, the best nurse they
ever had. There, they always share the most
Compassionate and professional care.
We see them as blessings and shining stars
That we will honor here today.

Thank you to all the Arkansas
Medical Staffing Nurses!!
We truly appreciate you,
Sonia Lucas, Owner
501-224-1010

StuNurse.com

Congratulations

Angie Durham, RN

We are so proud of you
for being a finalist in the
Most Compassionate Nurse
Awards.

Link the
Nursing & Rehab

NEED NURSES?

CALL

800-561-4686

SOAK AWAY STRESS AND MUSCLE TENSION!



Fizzing Mineral Bath soak added to a warm bath
will make you feel like your home is a spa!

Dead Sea Salts: Legendary mineral rich salts to relax and ease muscles

Grape Seed Oil:
Antioxidant

Shea Butter:
Moisturizing

Citric Acid Vitamin C:
Effervescent

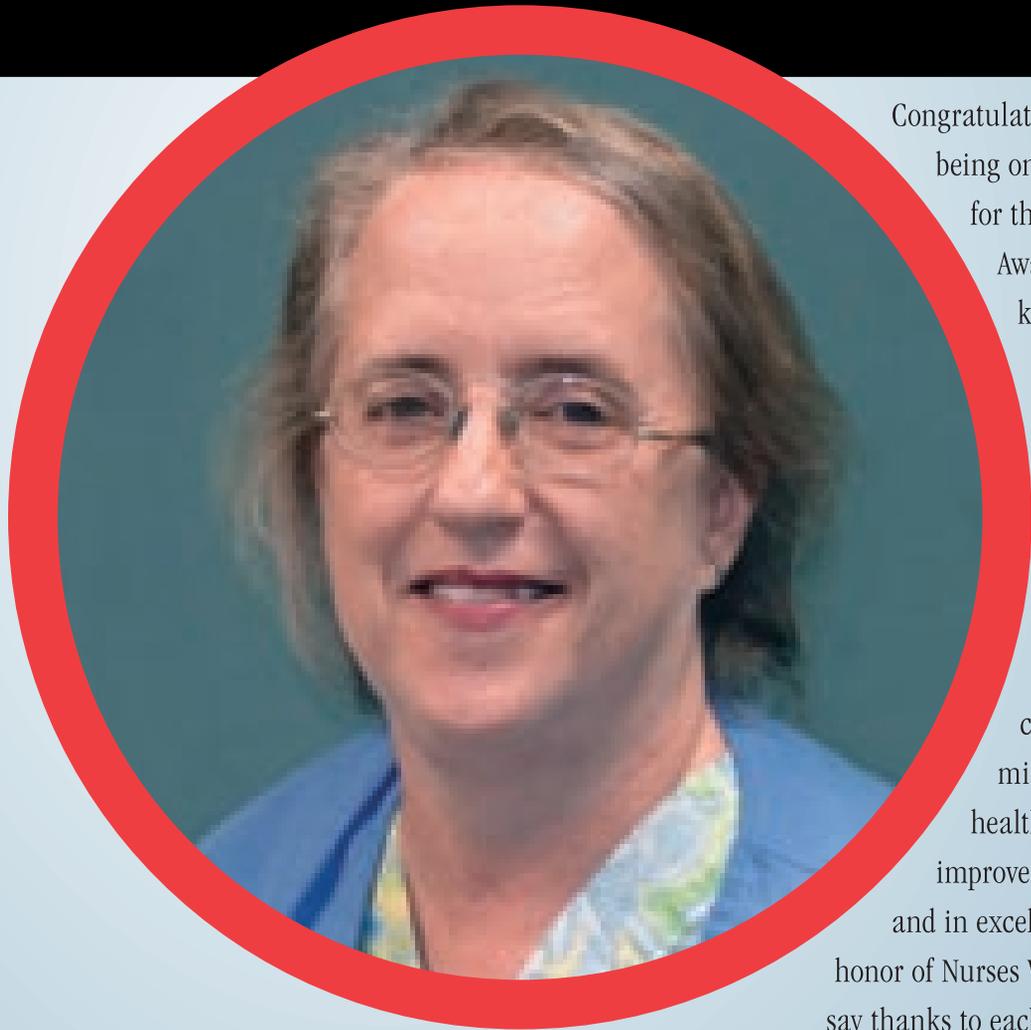
NURSES- EARN EXTRA INCOME!

Become a Jordan
Essentials consultant
today by visiting
www.jordanrep.com/11668.
toll-free 1-877-662-8669

To order Fizzing Mineral Bath and other high
quality home spa products from Jordan
Essentials, go to www.jordanrep.com/11668
and choose consultant #11668 for purchase.
Portions of the proceeds go the Think About It
Nursing Scholarship Fund.
All products are made
in America!



A CIRCLE OF EXCELLENCE SURROUNDS UAMS' ANDREA FLETCHER.



Congratulations to Andrea Fletcher for being one of 16 finalists in Arkansas for the Compassionate Nurses Award. Andrea represents the kind of commitment to patient care that you'll find from every nurse who works at Arkansas' only academic medical center.

We also thank *all* of our nurses for another year of outstanding patient care. Your dedication to our mission of providing quality health care is reflected in improved patient satisfaction scores and in excellent patient outcomes. In honor of Nurses Week and Hospital Week, we say thanks to each and every one of you.

For more information about employment opportunities, visit www.uams.edu/don or call the 24-hour job line at 501-686-5691.

UAMS
MEDICAL
CENTER

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Become a part of...



...a place of care, love & hope.

Join our growing team of Nursing Directors at Arkansas Children's Hospital – a place of care, love and hope. We are the only children's hospital in the Natural State and one of the largest in the country. Arkansas Children's Hospital is also the site of the only Burn Center in the state of Arkansas.

The **TRAUMA NURSE DIRECTOR** will be responsible for:

- Oversee 24-hours clinical, administrative duties, the planning, implementing and evaluation of the Trauma Program at ACH specific to the care of injured patients
- Focus on process and performance improvement as they relate to the nursing and ancillary personnel - education, clinical, research and outreach

We are looking for someone with the following qualifications:

- Previous Level 1 Trauma Center, Pediatric Experience, OR/PICU experience with trauma patients
- Previous program start-up experience
- Excellent relationship, communication skills (both verbal and written); and interpersonal skills
- BSN from an accredited school of nursing required; MSN preferred
- Five (5) years of clinical nursing experience required
- Two (2) years of management experience required
- Current Arkansas RN License or Current Compact State License required

At Arkansas Children's Hospital, you will enjoy:

- A high-tech environment blended with compassion and family-centered care
- Interdisciplinary teaching approach
- Evidence-based care
- Professional growth and development opportunities
- Competitive salary and benefits



Arkansas Children's Hospital
1 Children's Way, Little Rock, AR 72202

Apply online at archildrens.org
EOE/Smoke-Free Workplace

Fortune 100 Best Companies to Work for™ three years in a row!