



ASBN

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# Update

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Telephone: 501.686.2700  
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Verifications: 501.682.2200  
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*The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.*

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Direct ASBN Update questions or comments to:

Editor, Arkansas State Board of Nursing,  
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For advertising information contact:  
Michele Forinash at mforinash@pcipublishing.com  
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The ASBN Update's circulation includes over 48,000 licensed nurses and student nurses in Arkansas.



## ASBN President Elected Vice President of National Council of State Boards of Nursing Board of Directors

During the 2008 NCSBN Delegate Assembly in Nashville, Tenn., I was elected to serve a two-year term as vice president of the National Council of State Boards of Nursing (NCSBN) Board of Directors. The NCSBN is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four United States territories-American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands. I was previously the chair of the NCSBN Transition to Practice Committee and served on the NCSBN Practice, Regulation, and Education Committee from 2005 to 2007.

The NCSBN is the premier national regulatory nursing organization. The mission of NCSBN is to provide leadership to advance regulatory excellence for public protection. Our vision is to build regulatory expertise worldwide. Our values consist of:

**Integrity:** Doing the right thing for the right reason through informed, open and ethical debate.

**Accountability:** Taking ownership and responsibility for organizational processes and outcomes.

**Quality:** Pursuing excellence in all endeavors.

**Vision:** Using the power of imagination and creative thought to foresee the potential and create the future.

**Collaboration:** Forging solutions through the collective strength of internal and external stakeholders.

NCSBN currently has six strategic initiatives, one of which is to assist member boards in their role in the evaluation of initial and continued nurse competence. Another initiative is to assist member boards in implementing strategies to promote regulatory effectiveness to fulfill their public protection role. NCSBN also seeks to analyze the changing health care environment to develop state, national, and international strategies to impact public policy and regulation effecting public protection. NCSBN will develop information technology solutions valued and utilized by member boards to enhance regulatory sufficiency. Lastly, NCSBN seeks to support the education and development of member board staff, board members, and boards of directors to lead in nursing regulation.

I appreciate the opportunity to represent our state and country in this capacity. I assure you that I will work to exceed your expectations as I serve in this role.

Visit the Web site, [www.ncsbn.org](http://www.ncsbn.org), to review and stay abreast of what is going on with nursing regulation here in the United States and around the world.

# 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  
Verifications:  
501.682.2200  
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

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# Board Business

## 2008 BOARD MEETING DATES

NOVEMBER 12	WEDNESDAY	DISCIPLINARY
NOVEMBER 13	THURSDAY	DISCIPLINARY
DECEMBER	NO MEETINGS SCHEDULED	

## 2009 BOARD MEETING DATES

JANUARY 14	WEDNESDAY	DISCIPLINARY
JANUARY 15	THURSDAY	BUSINESS
FEBRUARY 11	WEDNESDAY	DISCIPLINARY
FEBRUARY 12	THURSDAY	DISCIPLINARY
MARCH 18	WEDNESDAY	BOARD STRATEGIC PLANNING
MARCH 19	THURSDAY	DISCIPLINARY
MAY 13	WEDNESDAY	DISCIPLINARY
MAY 14	THURSDAY	BUSINESS
JUNE 10	WEDNESDAY	DISCIPLINARY
JUNE 11	THURSDAY	DISCIPLINARY
JULY 22	WEDNESDAY	DISCIPLINARY
JULY 23	THURSDAY	DISCIPLINARY
SEPTEMBER 16	WEDNESDAY	DISCIPLINARY
SEPTEMBER 17	THURSDAY	BUSINESS
*OCTOBER 21	WEDNESDAY	DISCIPLINARY
*OCTOBER 22	THURSDAY	DISCIPLINARY
NOVEMBER 18	WEDNESDAY	DISCIPLINARY
NOVEMBER 19	THURSDAY	DISCIPLINARY

\*Will decide by September if dates are needed.



Board Members: Standing L to R: Brenda Murphree, RN; Doris Scroggin, RN; Darlene Byrd, APN; Cynthia Burroughs, Consumer Rep.; Lori Eakin, LPN; Clevesta Flannigan, LPN; Gladwin Connell, Rep. of Older Population; Stephanie Rockett, APN; Seated L to R: Peggy Morgan, LPN; Lepaine McHenry, RN; Kathy Hicks, RN; Cassandra Harvey, RN; Board member not pictured: Robert Currie, LPTN

Board President Lepaine McHenry presided over the disciplinary hearings held on August 13, August 14 and September 10 and the business meeting held on September 11. The Board took the following actions:

- The Board passed a verbal motion allowing staff to proceed with opposing proposed Regulation 30, which will allow the Medical Board to have regulations concerning collaborative practice.
- Granted Continued Full Approval to the Practical Nurse Program of Ozarka College until the year 2013.

CONTINUED ON PAGE 7



## JUST CULTURE

Alexander Pope's famous quote, "To err is human, to forgive divine," was an essay on criticism. The beginning of the quote, however, was used by the Institute of Medicine almost 10 years ago as the title of their report discussing preventable medical errors. The report lays out a comprehensive strategy which government, health care providers, industry, and consumers can use to reduce preventable medical errors. The report states that the know-how already exists to prevent many of these mistakes.

According to the Agency for Healthcare Research and Quality (AHRQ), potentially preventable medical errors that occur during or after surgery can cost employers nearly \$1.5 billion a year. Their study entitled "The Impact of Medical Errors on Ninety-Day Costs and Outcomes: An Examination of Surgical Patients," found that one out of every 10 patients who died within 90 days of surgery did so because of a preventable error and that one-third of the deaths occurred after hospital discharge.

My dad was in the hospital several years ago following a transient ischemic attack. Hospital personnel awakened him in the wee hours of the morning to take a Phisohex shower in preparation for surgery. He tried to explain that he wasn't in the hospital for surgery, but the staff insisted, probably thinking he was elderly and maybe didn't remember. Dad, being the easy going guy that he was, said, "Well, I guess it wouldn't hurt. It's just a shower." The person later realized that my dad indeed was not having surgery and came in and apologized. I suppose that was a near miss. Others aren't quite so lucky.

Most hospitals and surgery centers have some type of checklist to help in preventing errors. The World Health Organization has on their Web site at [http://www.who.int/patientsafety/safesurgery/tools\\_resources/SSSL\\_Checklist\\_finalJun08.pdf](http://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Checklist_finalJun08.pdf) a safe surgery checklist that may be helpful if you do not have one.

Wouldn't it be helpful to come up with checklists for many of the procedures that we do so that errors could be eliminated all together? It would be like pilots in their pre-flight checks to ensure safety.

When a single error is reported to the board of nursing, we do not generally take action against the nurse's license. A nurse is not seasoned until he or she makes a mistake and has to grieve over the potential consequences. After all, "To err is human," and I can safely say that all nurses are human! (At least in this century.) In fact, single errors should not generally be reported to the board unless there is a patient injury or controlled substance involved. It is only when a pattern of behavior develops revealing that the nursing care being given is a result of a lack of competency or a deliberate act that the nurse is disciplined by the board.

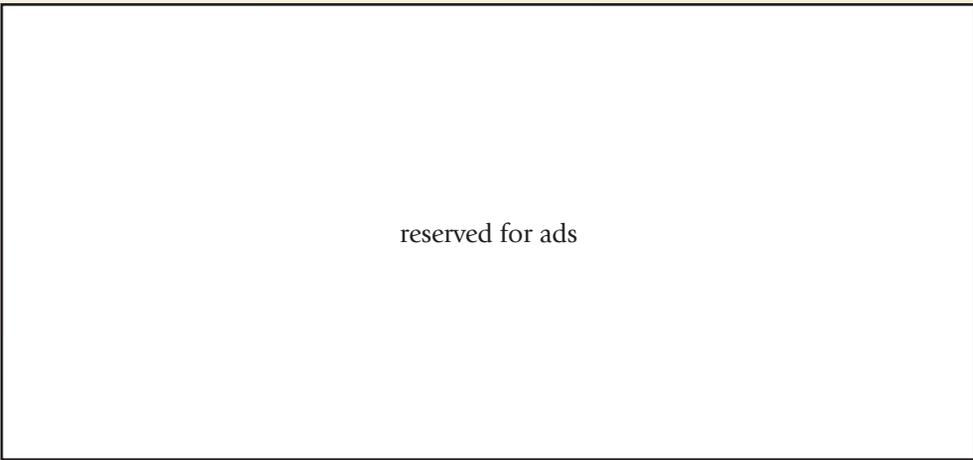
Here's my advice. Don't get too busy to follow institutional policy and procedures. Take time to be safe even when the situation is critical. The director of AHRQ, Dr. Carolyn M. Clancy, has been quoted as saying, "Eliminating medical errors and their after effects must continue to be top priority for our health care system." I agree.

*God bless you!*

- Granted Continued Full Approval to the Practical Nurse Program of the University of Arkansas Community College - Batesville until the year 2013.
- Opposed the Draft Bill – An act to authorize public schools and public school districts to provide trained diabetes management personnel to assist students with diabetes.
- Rescinded the approval of the clinical nurse specialist in public/community health certification exam for advanced practice licensure and that the ASBN allow persons who completed the master's degree education as a public/community health nurse and hold ANCC certification as a clinical nurse specialist in public/community health nursing attained prior to June 2008 to apply for advanced practice nurse licensure, if application is made prior to June 30, 2009.
- Elected officers for 2008-2009:  
**President** - Lepaine McHenry  
**Vice President** - Stephanie Rockett  
**Secretary** - Lori Eakin  
**Treasurer** - Peggy Morgan



The Board and staff extend their appreciation to Robert Currie, LPTN, for his years of service and commitment to public protection. Mr. Currie's second four-year term on the Board ended October 1. Pictured are Currie and Executive Director Faith Fields.



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# What Constitutes a Schedule II Drug?

In 1970, Congress authorized the Controlled Substances Act, which was meant to provide greater federal oversight of the manufacturing and dispensing of pharmaceuticals in this

country. Currently, there are five drug schedules covered under the Controlled Substances Act. The drugs range from highly addictive (those in Schedule I) to minimally or not addictive

## \*SCHEDULE II

Substance	Other Names	Substance	Other Names
1-Phenylcyclohexylamine	Precursor of PCP	Meperidine intermediate-C	Meperidine precursor
1-Piperidinocyclohexanecarbonitrile	PCC, precursor of PCP	Metazocine	
Alfentanil	Alfenta	Methodone	Dolophine, Methadose, Amidone
Alphaprodine	Nisentil	Methodone intermediate	Methodone precursor
Amobarbital	Amytal, Tuinal	Methamphetamine	Desoxyn, D-desoxyephedrine, ICE, Crank, Speed
Amphetamine	Adderall, Dexedrine, Biphentamine, Vyvanse	Methylphenidate	Concerta, Metadate, Methylin, Ritalin, Daytrana, Medadate
Anileridine	Leritine	Metopon	
Benzoylgonine	Cocaine metabolite	Moramide-intermediate	
Bezitramide	Burgodin	Morphine	MS Contin, Roxanol, Duramorph, RMS, MSIR
Carfentanil	Wildnil	Nabilone	Cesamet
Coca	Leaves	Opium extracts	
Cocaine	Methyl benzoylgonine, Crack	Opium fluid extract	
Codeine	Morphine methyl ester, methyl morphine	Opium poppy	Papaver somniferum
Dexmethylphenidate	Focalin	Opium tincture	Laudanum
Dextropropoxyphene, bulk (non-dosage forms)	Propoxyphene	Opium, granulated	Granulated opium
Dihydrocodeine	Didrate, Parzone	Opium, powdered	Powdered Opium
Diphenoxylate		Opium, raw	Raw opium, gum opium
Diprenorphine	M50-50	Oxycodone	OxyContin, Percocet, Tylox, Roxicodone, Roxicet
Ecgonine	Cocaine precursor, in Coca leaves	Oxymorphone	Numorphan
Ethylmorphine	Dionin	Pentobarbital	Nembutal
Etorphine HCl	M 99	Phenazocine	Narphen, Prinadol
Fentanyl	Innovar, Sublimaze, Duragesic	Phencyclidine	PCP, Sernylan
Glutethimide	Doriden, Dorimide	Phenmetrazine	Preludin
Hydrocodone	dihydrocodeinone	Phenylacetone	P2P, phenyl-2-propanone, benzyl methyl ketone
Hydromorphone	Dilaudid, dihydromorphinone	Poppy Straw	Opium poppy capsules, poppy heads
Isomethadone	Isoamidone	Poppy Straw Concentrate	Concentrate of Poppy Straw, CPS
Levo-alphaacetylmethadol	LAAM, long acting methadone, levomethadyl acetate	Racemethorphan	
Levomethorphan		Racemorphan	Dromoran
Levorphanol	Levo-Dromoran	Remifentanil	Ultiva
Meperidine	Demerol, Mepergan, pethidine	Secobarbital	Seconal, Tuinal
Meperidine intermediate-A	Meperidine precursor	Sufentanil	Sufenta
Meperidine intermediate-B	Meperidine precursor	Thebaine	Precursor of many narcotics

\*Information obtained from U.S. Drug Enforcement Administration and 2008 Nursing Drug Handbook®. This document is a general reference and not a comprehensive list. This list describes the basic or parent chemical and does not describe the salts, isomers and salts of isomers, esters, ethers and derivatives which may also be controlled substances.

(those in Schedule V). Schedule II drugs include some commonly abused substances, such as amphetamines and painkillers, and can produce dependency or addiction with chronic use. These drugs require more stringent records and storage procedures than drugs in Schedules III and IV.

Attention Deficit Hyperactivity Disorder (ADHD) medications were added July 2007 to the Preferred Drug List that the state of Arkansas Medicaid program has in place. These medications are all Schedule II on the Drug Enforcement Administration controlled substance list and include: Adderall, Adderall XR, Focalin, Focalin XR, Concerta, Daytrana, and Ritalin tablets. Other medications, also Schedule II, that are not preferred are Dexedrine, Vyvanse, Methylin, Medadate CD, and Ritalin LA.

In Arkansas, advanced practice nurses with prescriptive authority may write prescriptions for drugs in Schedules III through V, but physicians must write any Schedule II medications and sign the prescription personally.

An advanced practice nurse with prescriptive authority recently self-reported to the Arkansas State Board of Nursing that she had inadvertently written a prescription for cough medicine that included a Schedule II drug, and because she self-reported the incident to the Board, she received a Letter of Warning from the Board. A Letter of Warning is a non-disciplinary letter which notifies individuals that disciplinary action will follow if they continue such acts.

Schedule II controlled substances includes examples such as morphine, amphetamines and methamphetamines. The drugs are listed by their chemical names, but common or street names are also listed for many of them.

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# Transitions of Care: Improving Patient Care Across Settings

An emerging focus in health care is how providers communicate across care settings the information essential to managing the patients' care. This is essential as many patients have increasingly more complicated and chronic needs, and thus frequently transition between systems of care.

The term "transitions of care" applies primarily to the chronically ill who are at risk for increased use of health care services. Transitions of care combine the best elements of inpatient care, home health, disease management and case management in a personalized health care system to keep these patients as healthy as possible while reducing the use of costly services, such as the emergency room and inpatient hospitalization.

Transitions of care can be complex. A patient might receive care from a physician in an outpatient setting and then be admitted as an inpatient to a hospital before moving to a skilled nursing facility. Because a patient's journey in health care involves encounters with multiple disciplines and multiple persons within those disciplines, the ownership of this process can be dropped.

An example of this can be seen in patient care after discharge. Medicare patients express greater dissatisfaction with discharge-related care than any other aspect of medical care. Within 30 days of discharge, 17.6 percent of Medicare beneficiaries are re-hospitalized. Of these beneficiaries, 64 percent receive *no post-acute care* between discharge and readmission. The Medicare Payment Advisory Commission (MedPAC) estimated that up to 76 percent of these readmissions may be preventable.

Nationwide, most organizations, experts and stakeholders agree that three main principles must exist for the transition of care process to succeed: accurate communication, provider accountability and patient involvement.

**Accurate communication:** Poor communication is often found to be the root cause of patient safety and quality concerns within medical care organizations. Communication of information about a patient's treatment plan and expectations of follow-up should be accurate, clear and timely. This will ensure that the patient's needs are met across the continuum of care. Effective communication plays an essential role in assuring provider accountability and patient involvement during transitions of care.

**Provider accountability:** Accountability among providers will help ensure that all providers involved in a patient's care



have access to information at each phase of care and are aware of when a transition occurs. Identifying and standardizing essential information will ensure improved transitions of care. Elements to include are:

- An accurate list of medications (utilize a "medication reconciliation" process).
- Name and contact information for the patient's primary physician(s).
- Expectations for follow-up.
- A list of treatments or procedures the patient has received.
- Signs and symptoms to report.
- Discharging facility/unit/nurse.

**Patient involvement:** The patient and his or her family should always be informed about the details of the transition process. Failure to do so can have a negative impact on patient self-management. A strong provider/patient relationship helps to ensure a patient's involvement and understanding. The patient should:

- Have access to his/her Personal Health Record.
- Be familiar with the discharge preparation checklist.
- Receive a self-activation and management session with a transition coach.
- Receive follow-up visits from the transition coach at home or in a skilled nursing facility, along with accompanying phone calls designed to sustain the first three components and provide continuity.

Focusing on the critical transitions of patients and their caregivers across health care settings and among providers is a promising approach to enhancing transitions of care and improving health care quality.

# ATTENTION!!

## Nurses with a Master's Degree in Public/Community Health

If you are a nurse with a master's degree in public/community health and have national certification from the American Nurses Credentialing Center (ANCC) for the public/community health nursing clinical nurse specialist, you need to know that the Arkansas State Board of Nursing voted to rescind the approval of the Clinical Nurse Specialist in Public/Community Health Nursing examination as meeting the requirements for advanced practice licensure effective June 30, 2009.

### ...the Arkansas State Board of Nursing voted to rescind the approval of the Clinical Nurse Specialist...

ANCC has changed the criteria for eligibility for the examination and no longer meets the ASBN's criteria for an approved certification for advanced licensure. If you took the certification examination and received national certification **prior to June 2008**, you are eligible to apply for advanced practice licensure as a CNS until June 30, 2009. The exam eligibility changed after the last testing date in May 2008. The Board will not license anyone as a CNS in public/community nursing whose test date occurred after May 2008. This certification was never eligible for prescriptive authority, as it did not meet the Board's criteria for prescriptive authority. If you have questions, contact Dr. Jackie Murphree at 501.686.2725 or e-mail [jmurphree@arsbn.org](mailto:jmurphree@arsbn.org).

## ASBN NOTICE OF INSUFFICIENT FUNDS

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

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Kim Dean Carmichael	L38334	Toni Diane McKeever	R42190
Michelle Davis	R66067	Becky Pearrow	R44401
Stacie Goodnight	L33798	Kym Peterson	R63503

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# Did You Know???

...that you can call the Arkansas Drug Information Center to receive answers to your drug related questions?

- The Arkansas Drug Information Center is staffed by UAMS College of Pharmacy faculty members. The primary function of the Center is to receive and answer drug information questions of all types called in by Arkansas health care professionals. To locate the needed information, the staff members utilize the extensive print and computer drug and medical information resources available in the Center and in the UAMS Library, as well as other resources such as pharmaceutical companies and the FDA. The toll-free telephone number for Arkansas health care professionals is 1.888.228.1233. The Little Rock local telephone number is 686.5072. The Center telephone number is not advertised to the general public, but health care professionals are welcome to provide the number to individual patients who have a drug information question (other than a medication identification question). The Arkansas Drug Information Center is open Monday through Friday, 8:30 a.m. to 5:00 p.m. and closed on New Year's Day, Fourth of July, Thanksgiving Day, Christmas Eve and Christmas Day.
- The Arkansas Drug Information Center also provides a medication identification service to Arkansas health care professionals, school officials and members of law enforcement. If a member of the general public calls the Center with a medication identification question, the caller will be referred to their pharmacy or physician's office so that a health care professional at one of those locations can call the Center. For medication identification on nights, weekends and holidays, health care professionals and members of law enforcement may call the Arkansas Poison Control Center at 1.800.376.4766 for assistance.

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One nurse will be chosen from each county in Arkansas and recognized in ASBN Update magazine. The winner will receive a seven-day Caribbean cruise for two! Send your nomination now because nominations will only be accepted through December 31, 2008.

Send your nomination to:  
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**2008 Nursing Compassion Award**

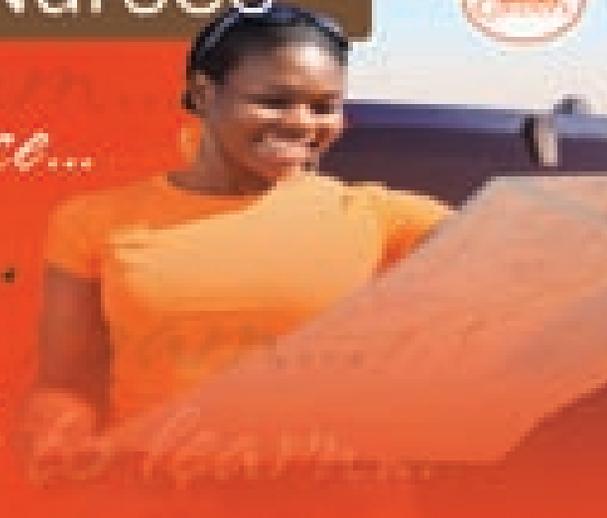
2007 Nursing Compassion Award Winner Patricia Stone, RN

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By **Peggy Morgan, LPN**  
Board Member

# NCSBN ANNUAL MEETING

The annual meeting of the National Council of State Boards of Nursing was held August 5-8 in Nashville, Tenn. I was privileged and honored to attend this meeting and NCSBN's 30-year celebration of nursing regulation. It is good to remember our nursing heritage and NCSBN's accomplishments in nursing regulation.

As an alternate delegate, I was privileged to hear many issues affecting nursing regulation and how to meet these challenges. It was exciting to hear each individual who spoke regarding assembly initiatives. Highlights of some of the significant actions approved by the member boards of nursing included the adoption of revised APRN Model Act and Rules, adoption of revised Education Model Rules, and the charge of reassessing the Uniform Core Licensure Requirements for currency and relevance in today's regulatory arena.

During the meeting, our own executive director, Faith Fields, RN, was honored for her work as the outgoing NCSBN board president. Lepaine McHenry, RN, Arkansas State Board of Nursing's board president, was elected

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vice president of NCSBN Board of Directors at this meeting. One of our board staff, Calvina Thomas, Ph.D., RN, received the Exceptional Contribution Award, which is awarded for significant contribution by a board of nursing staff member. The ASBN has much to be proud of in its history with NCSBN.

I met many different people involved in the strive for regulatory excellence for public protection. One of the attendees was Cathy Williamson, CNM, RN, from the Mississippi Board of Nursing. We were friends in elementary school and high school, and I discovered at this meeting that she now delivers babies at the hospital where I was born. It was good to catch up and know that we have a common interest. It is a small world!

We are building a safer workforce through the initiatives passed and by following our mission of protection of the public. Board members from the ASBN attending were Robert Currie, LPTN; Dr. Cynthia Burroughs, consumer member; Dr. Gladwin Connell, representative of the older population; Darlene Byrd, APN; Lepaine McHenry, RN; and Peggy Morgan, LPN.



L to R: Dr. Gladwin Connell, Lepaine McHenry, RN, and Darlene Byrd, APN

L to R: Peggy Morgan, LPN, Dr. Cynthia Burroughs, and Robert Currie, LPTN. Seated: Lepaine McHenry, RN.

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# DRUG ACCOUNTABILITY

**A** 34-year-old mother of three, a successful LPN for 14 years and now a drug addict, sits with her head bowed and eyes full of fear. The evidence of the misappropriation of controlled substances is compelling from the documentation on the medication administration record (MAR) to the drug screen that validates hydrocodone in her system. She hurt her back and was prescribed pain medicine and now needs it just to do her work. "Hey, but I have never hurt anyone." Wrong!!! The bottom line is that a patient that needed pain relief did not get it, and others were placed at risk because a nurse was working impaired. Unfortunately, most cases are not that simplistic.

The state has mandated the Pharmacy Services Branch of the Arkansas Department of Health to establish regulations for the control and accountability of all controlled substances and to investigate nurses who are suspected of being in violation of the Nurse Practice Act. Too often, the abuser has been working impaired for some time and may have had several jobs before being reported. The failure to report a suspected abuser not only places that nurse's license in jeopardy but has the potential for inflicting serious harm on those our profession is entrusted to serve. One may debate decriminalizing the use of certain drugs, but there is no debate over the potential for harm of a nurse working impaired.

Most of the cases that the health department investigates for the Board for adjudication are the result of substance abuse. But because the abuser is trying to manipulate the system, there are a variety of other regulatory infractions, such as failure to follow physician orders and/or failure to properly document the date, time and person administering the controlled substance in the MAR or in the nurses notes where the date, time, the condition of the patient before and after administering the controlled substance and the signature of the person administering the controlled substance is required. Each of these steps is required in Health Department regulations.

Too often, investigators also find systemic failures that relate to controlled drug accountability. Health Department regulations require all facilities to maintain controlled substance procurement and disposition records at each nursing or

specialty unit. The disposition record shall reflect the actual dosage administered and the patient's name, date, time and signature of person administering the controlled substance. If there is breakage or wastage of all or a partial dose of a controlled substance not in its original sealed package and/or not administered to a patient, the amount administered and the amount wasted shall be recorded by the licensed person who wasted the controlled substance and verified by the signature of another licensed person who observes the wastage and how it was wasted. If there is not a licensed person to make this observation, the wastage must be sent to Pharmacy Services and Drug Control for destruction.



Covering every regulation and program would be too lengthy, but as a professional working in a medical setting, you have a responsibility to familiarize yourself with the policies under which you function, because you are ultimately responsible. Keeping up with regulations and policy is a difficult job and consumes a lot of energy, but remember that knowledge may empower you to avoid the pit that some nurses have fallen into.

Health Department Rules and Regulations may be accessed online at <http://www.healtharkansas.com> (Controlled Substances, Home Health Agencies, Hospice, Hospitals and Related Institutions).

# ACHIEVEMENT IN EDUCATIONAL EXCELLENCE

Debbie Dean, MNsc, RN, director of the Practical Nursing Program at North Arkansas College in Harrison, received a plaque from the Arkansas State Board of Nursing honoring the college's achievement in educational excellence by having 100 percent NCLEX-PN® pass rates from 2004-2008.

The plaque was presented by Dr. Calvina Thomas, ASBN assistant director of Nursing Education, and on hand during the ceremony were Dr. Jeff Olson, NAC president; Dr.

Gwen Gresham, vice president of learning; Elizabeth Robinson, MSN, RN, division chair of Nursing and Allied Health; PN faculty and students in the PN program.



Members of the PN Faculty at NAC, Harrison. L to R: Darryl Gillit, RN; Debbie Dean, MNsc, RN; Lana Boggs, RN; Carla Jacobs, RN; and Donna Sherman, RN.



NAC President Dr. Jeff Olson and Debbie Dean, MNsc, RN, PN program director.



Dr. Gwen Gresham; Debbie Dean, MNsc, RN; Dr. Calvina Thomas; and Elizabeth Robinson, MSN, RN.

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# NCLEX® PASS RATES

## ARKANSAS STATE BOARD OF NURSING PRACTICAL NURSING PROGRAMS

Number Taking - Number Passing - Percent Passing  
Licensure Exam Results 2004 -2008

INSTITUTION	2004			2005**			2006**			2007**			2008**		
	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing
Arkansas Northeastern College - Burdette, Ark.	36	31	86.1	33	28	84.9	28	26	92.9	35	33	94.3	32	31	96.9
Arkansas State University - Mt. Home, Ark.	12	12	100.0	10	10	100.0	18	17	94.4	18	14	77.8	17	16	94.1
Arkansas State University - Newport, Ark.	26	25	96.2	24	24	100.0	23	20	87.0	21	19	90.5	30	25	83.3
Arkansas State University - Searcy, Ark.	0	0	NA	22	22	100.0	51	51	100.0	20	20	100.0	33	33	100
ASU Technical Center - Jonesboro, Ark.	45	42	93.3	43	41	95.4	40	37	92.5	50	48	96.0	49	48	98.0
Arkansas Valley Technical Institute - Ozark, Ark.	41	36	87.8	41	36	87.8	20	16	80.0	28	29	92.9	59	34	57.6
Baptist School of Practical Nursing - Little Rock, Ark.	91	84	92.3	109	105	96.3	107	92	86.0	114	105	92.1	105	91	86.7
Black River Technical College - Pocahontas, Ark.	41	33	80.5	44	37	84.1	34	31	91.2	33	33	100.0	25	23	92.0
Cossatot Technical College - DeQueen, Ark.	12	12	100.0	12	12	100.0	19	18	94.7	18	18	100.0	21	20	95.2
Crowley's Ridge Technical Institute - Forrest City, Ark.	15	14	93.3	15	14	93.3	27	26	96.3	19	19	100.0	17	17	100
National Park Community College - Hot Springs, Ark.	25	23	92.0	25	23	92.0	31	27	87.1	35	33	94.3	28	27	96.4
North Arkansas College - Harrison, Ark.	19	19	100.0	25	25	100.0	26	26	100.0	28	28	100.0	25	25	100
Northwest Technical Institute - Springdale, Ark.	33	31	93.9	36	34	94.4	43	43	100.0	32	31	96.9	33	31	93.9
Ouachita Technical College - Malvern, Ark.	10	10	100.0	25	22	88.0	25	21	84.0	42	35	83.3	58	56	96.6
Ozarka Technical College - Melbourne, Ark.	29	23	79.3	38	34	89.5	29	26	89.7	46	38	82.6	37	34	91.9
PCC/U of A - DeWitt, Ark.	11	10	90.9	11	10	90.9	2	2	100.0	no graduating class this year			12	12	100
Pulaski Technical College - North Little Rock, Ark.	24	22	91.7	25	23	92.0	27	25	92.6	32	31	96.9	28	27	96.4
Rich Mountain Community College - Mena, Ark.	30	27	90.0	29	27	93.1	25	22	88.0	21	16	76.2	24	20	83.3
SAU Tech - Camden, Ark.	28	27	96.4	25	23	92.0	14	14	100.0	20	17	85.0	25	23	92.0
SouthArk Community College - El Dorado, Ark.	22	17	77.3	40	30	75.0	46	37	80.4	57	43	75.4	51	42	82.4
Southeast AR College - Pine Bluff, Ark.	55	49	89.1	55	50	90.9	54	49	90.7	44	43	97.7	38	32	84.2
St. Vincent Health System - Little Rock, Ark.	18	16	88.9	21	18	85.7	21	19	90.5	21	21	100.0	22	20	90.9
U of A Community College - Batesville, Ark.	36	36	100.0	36	36	100.0	32	30	93.8	33	33	100.0	41	40	97.6
U of A Community College - Hope, Ark.	19	14	73.7	28	24	85.7	26	22	84.6	24	23	95.8	29	25	86.2
U of A Community College - Morrilton, Ark.	30	28	93.3	43	40	93.0	33	32	97.0	44	44	100.0	47	43	91.5
University of AR at Ft. Smith	24	23	95.8	28	23	82.1	16	16	100.0	13	13	100.0	22	20	90.9
University of AR - Monticello; College of Technology - Crossett, Ark.	14	13	92.9	14	13	92.9	15	15	100.0	12	12	100.0	16	12	75.0
University of AR - Monticello; College of Technology - McGehee, Ark.	14	13	92.9	14	13	92.9	17	15	88.2	14	13	92.9	15	13	86.7
Arkansas Special - Equivalency (Partial Completed RN)	47	47	100.0	50	50	100.0	71	68	95.8	73	68	93.2	67	64	95.5
Arkansas Special - Equivalency (LPTN)	1	1	100.0	0	0	0	0	0	0	1	1	100.0	0	0	0
Arkansas Special - RN Educated (RN Test Failures)	15	15	100.0	14	13	92.9	20	20	100.0	18	15	83.3	20	20	100.0
<b>ARKANSAS TOTAL TAKING/PASSING</b>	<b>823</b>	<b>753</b>		<b>936</b>	<b>860</b>		<b>940</b>	<b>863</b>		<b>966</b>	<b>893</b>		<b>1026</b>	<b>924</b>	
<b>% PASSING</b>			<b>91.5</b>			<b>91.9</b>			<b>91.8</b>			<b>92.4</b>			<b>90.1</b>
<b>NATIONAL TOTAL TAKING</b>		<b>49,284</b>			<b>51,394</b>			<b>55,029</b>			<b>58,693</b>			<b>61,176</b>	
<b>% PASSING*</b>			<b>89.4</b>			<b>90.0</b>			<b>88.2</b>			<b>87.4</b>			<b>86.5</b>

\* U.S. Educated • Source: NCSBN jurisdiction program summary of first time candidates regardless of where they took the examination. • Passing percentages reported reflect all campuses of a college combined. First column=number of candidates taking the exam; Second column=number of candidates passing; Third column=percentage passing. • \*\* Fiscal Year Statistics (July 1 – June 30) – All previous years' statistics are based on calendar year results.

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Visit [www.afmc.org/vaccines](http://www.afmc.org/vaccines) for a printable handout of the CDC guidelines and other tools and information for you and your patients.



This material was prepared by Arkansas Foundation for Medical Care Inc. (AFMC), the Medicare Quality Improvement Organization for Arkansas, under contracts with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, and the Arkansas Department of Human Services, Division of Medical Services. The contents presented do not necessarily reflect their policies. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act. QP2-ASBN.FLU.AD4-10/08



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## ARKANSAS STATE BOARD OF NURSING BACCALAUREATE DEGREE REGISTERED NURSING PROGRAMS

Number Taking - Number Passing - Percent Passing  
Licensure Exam Results 2004 -2008

COLLEGE/UNIVERSITY	2004			2005**			2006**			2007**			2008**		
Arkansas State University - State University, Ark. (Jonesboro)	70	50	71.4	59	50	84.8	104	91	87.5	59	52	88.1	80	61	76.3
Arkansas State University - Russellville, Ark.	39	29	74.4	45	33	73.3	43	31	72.1	58	55	94.8	59	46	78.0
Harding University - Searcy, Ark.	25	23	92.0	38	36	94.7	28	25	89.3	41	39	95.1	37	33	89.2
Henderson State University - Arkadelphia, Ark.	19	19	100.0	24	24	100.0	17	16	94.1	25	20	80.0	36	27	75.0
University of Arkansas - Fayetteville, Ark.	29	26	89.7	43	39	90.7	58	40	69.0	79	66	83.5	120	91	75.8
University of Arkansas for Medical Sciences - Little Rock, Ark.	97	90	92.8	107	99	92.5	116	101	87.1	94	85	90.4	79	75	94.9
University of Arkansas at Monticello	27	16	59.3	27	16	59.3	29	29	100.0	36	34	94.4	25	20	80.0
University of Arkansas at Pine Bluff	4	1	25.0	5	1	20.0	17	15	88.2	9	8	88.9	13	8	61.5
University of Central Arkansas - Conway, Ark.	45	41	91.1	55	51	92.7	49	45	91.8	55	48	87.3	12	12	100
<b>ARKANSAS TOTAL TAKING</b>	<b>355</b>	<b>295</b>		<b>403</b>	<b>349</b>		<b>461</b>	<b>393</b>		<b>456</b>	<b>407</b>		<b>461</b>	<b>373</b>	
<b>% PASSING - BSN</b>			<b>83.1</b>			<b>86.6</b>			<b>85.2</b>			<b>89.3</b>			<b>80.9</b>
<b>ARKANSAS TOTAL TAKING/PASSING</b>		<b>30,648</b>			<b>33,299</b>			<b>38,416</b>			<b>43,522</b>			<b>47,068</b>	
<b>% PASSING*</b>			<b>84.8</b>			<b>85.8</b>			<b>87.2</b>			<b>88.2</b>			<b>86.47</b>
<b>ARKANSAS TOTAL TAKING/PASSING</b>		<b>1,035</b>			<b>1,175</b>			<b>1,290</b>			<b>1,458</b>			<b>1,495</b>	
<b>% PASSING ALL PROGRAMS</b>			<b>84.5</b>			<b>87.3</b>			<b>87.9</b>			<b>90.5</b>			<b>83.05</b>
<b>NATIONAL TOTAL TAKING</b>		<b>87,173</b>			<b>94,058</b>			<b>105,427</b>			<b>114,771</b>			<b>123,133</b>	
<b>% PASSING ALL TYPES OF PROGRAMS*</b>			<b>85.3</b>			<b>86.1</b>			<b>87.5</b>			<b>87.6</b>			<b>85.5</b>

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## DIPLOMA REGISTERED NURSING PROGRAMS

Number Taking - Number Passing - Percent Passing  
Licensure Exam Results 2004 -2008

NURSING PROGRAMS	2004			2005**			2006**			2007**			2008**		
	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing
Baptist School of Nursing - Little Rock	174	152	87.4	187	161	86.1	223	199	89.2	228	214	93.9	397	248	83.5
Jefferson School of Nursing - Pine Bluff	24	12	50.0	27	20	74.1	25	21	84.0	26	25	96.1	17	16	94.1
Har-Ber School of Nursing - Springdale	26	24	92.3	20	19	95.0	27	25	92.6	19	15	79.0	CLOSED PROGRAM		
ARKANSAS TOTAL TAKING/PASSING	224	118		234	200		320	279		273	254		314	264	
% PASSING - DIPLOMA	83.9			85.5			87.2			93.0			84.1		
ARKANSAS TOTAL TAKING/PASSING	3,162			3,394			3,745			3,795			3,764		
% PASSING*	88.2			89.1			89.9			90.0			86.6		
ARKANSAS TOTAL TAKING/PASSING	1,035			1,175			1,290			1,458			1,495		
% PASSING ALL PROGRAMS	84.5			87.3			87.9			90.5			83.5		
NATIONAL TOTAL TAKING	87,173			94,058			105,427			114,771			123,133		
% PASSING ALL TYPES OF PROGRAMS*	85.3			86.1			87.5			87.6			85.5		

## ASSOCIATE DEGREE REGISTERED NURSING PROGRAMS

Number Taking - Number Passing - Percent Passing  
Licensure Exam Results 2004 -2008

COLLEGE/UNIVERSITY	2004			2005**			2006**			2007**			2008**		
	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing	Number Taking	Number Passing	Percent Passing
Arkansas Northeastern College - Blytheville, Ark.	19	16	84.2	30	25	83.3	24	23	95.8	65	59	90.8	51	40	78.4
Arkansas Rural Nursing Education Consortium (ARNEC) - DeQueen, Ark.	NEW PROGRAM						45	34	76	55	50	90.1	56	53	94.6
Arkansas State University - State University, Ark. (Jonesboro)	66	45	68.2	71	60	84.5	74	66	89.2	85	77	90.6	100	80	80.0
East Arkansas Community College - Forrest City, Ark.	22	20	90.9	17	14	82.4	28	22	78.6	34	25	73.5	17	11	64.7
National Park Community College - Hot Springs, Ark.	39	37	94.9	74	71	96.0	16	16	100.0	62	59	95.2	44	38	86.4
North Arkansas College - Harrison, Ark.	39	36	92.3	49	47	95.9	50	44	88.0	43	41	95.4	56	45	80.4
Northwest Arkansas Community College - Bentonville, Ark.	28	26	92.9	30	27	90.0	49	45	91.8	48	47	97.9	60	59	98.3
Quachita Technical College - Malvern, Ark.	NEW PROGRAM												13	9	69.2
Phillips Community College/U of A - Helena, Ark.	14	12	85.7	11	9	81.8	18	18	100.0	25	24	96.0	24	23	95.8
SEARK College - Pine Bluff, Ark.	20	12	60.0	23	13	56.5	18	12	66.7	24	18	75.0	13	13	100
Southern Arkansas University - Magnolia, Ark.	39	34	87.2	51	45	88.2	40	33	82.5	69	56	81.2	81	58	71.6
University of Arkansas C/C - Batesville, Ark.	22	21	95.5	27	26	96.3	30	30	100.0	36	33	91.7	46	43	93.5
University of Arkansas at Ft. Smith	64	53	82.8	58	49	84.5	72	65	90.3	87	82	94.3	54	43	93.5
University of Arkansas at Little Rock	65	64	98.5	80	77	96.3	77	76	98.7	84	78	92.9	99	90	90.9
University of Arkansas at Monticello	19	16	84.2	17	14	72.4	13	12	92.3	11	10	90.9	6	6	100
ARKANSAS TOTAL TAKING	456	392		538	477		509	462		728	659		720	611	
% PASSING - BSN	86.0			88.7			90.8			90.5			84.9		
ARKANSAS TOTAL TAKING/PASSING	53,275			57,286			63,132			67,253			72,120		
% PASSING*	85.3			86.2			87.6			87.1			84.9		
ARKANSAS TOTAL TAKING/PASSING	1,035			1,175			1,290			1,458			1,495		
% PASSING ALL PROGRAMS	84.5			87.3			87.9			90.5			83.5		
NATIONAL TOTAL TAKING	87,173			94,058			105,427			114,771			123,133		
% PASSING ALL TYPES OF PROGRAMS*	85.3			86.1			87.5			87.6			85.5		

\* U.S. Educated • Source: NCSBN jurisdiction program summary of first time candidates regardless of where they took the examination. • Passing percentages reported reflect all campuses of a college combined. First column=number of candidates taking the exam; Second column=number of candidates passing; Third column=percentage passing. • \*\* Fiscal Year Statistics (July 1 – June 30) – All previous years' statistics are based on calendar year results.

# Feeling Walled-In ?

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# DRUG SCREEN REPORTING

An increasing number of employers are reporting to the Arkansas State Board of Nursing when a nurse tests positive for illegal, controlled or abuse potential substances and cannot produce a legitimate prescription for the drug in question. Once reported to the Board, an investigation and determination will be made as to whether disciplinary action should be taken.



Clearly, any nurse who tests positive for illegal, controlled or abused potential substances and cannot produce a current prescription for the drug is at risk of being in violation of the *Nurse Practice Act*, ACA 17-87-309(a)(4) and (a)(6). Nurses who are aware that another nurse has violated a provision of the *Nurse Practice Act* are obligated to report that nurse to the Board. A failure to do so, in and of itself, is a violation of the *Nurse Practice Act*, ACA 17-97-309(a)(6), and the Arkansas State Board of Nursing Rules Chapter 7, Section XV.A.6.j.



## ONLINE RENEWAL STATISTICS

Fiscal Year	Quarter	Total Number of Licenses Renewed	Total Number of Licenses Renewed Online	Percentage of Online Renewals
FY2008	2	6025	5333	89
FY2008	1	6288	3705	59
FY2007		22263	12035	54
FY2006		21947	9853	45
FY2005		35259	8183	23
FY2004		30052	6583	22
FY2003		27621	5489	20
FY2002		23801	3985	17
FY2001	4	6000	500	8
FY2001	3	6000	168	3

Thank you to everyone who has renewed their license online. The option to renew online began in 2001. At that time, three percent of the people renewing their nursing license did so online. As of June 2008, the percentage of people who renewed their nursing license online had increased to 89 percent.

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

The good news is this form of renewal usually means your renewal is processed more quickly. It also costs us less to process your renewal online than by paper application. This is also good news for you because your renewal fees are set at a rate to ensure the costs of operations are covered. Therefore, lower processing costs for us means we do not have to increase the rates you pay for renewals or other fees required.

If you are one of the few who have not tried this method of renewal, please give it a try. Again, thank you to all of you who are helping us to make this process as efficient as possible. Stay tuned, we may have paperless licenses next!



*"Before I went to Allegiance Specialty Hospital I had given up on life. During holidays I would lay in my bed at home with my door open and listen to my family in the living room and wish I could get out of bed and participate. With Allegiance's help, now I can. I cried going in because I didn't want to be hospitalized and I cried going out because I didn't want to leave them. People laugh at me when I tell them it was the best seven months of my life. When I left Allegiance I had a relationship with all the staff, from the housekeepers to the administrators. They gave me my life back."*

### Pamela Davis of Conway, Former Patient of Allegiance Specialty Hospital

August 28, 2007, Ms. Davis was transferred to Allegiance Specialty Hospital of Little Rock for long term acute care. She had been bedridden since October 2003. During her seven month stay at Allegiance, she lost 242 pounds with specialized nutrition therapy. Her complex leg wound was healed with wound care and IV antibiotics. Through daily physical and occupational therapy she was able to stand on her own, take a few steps with a walker, and even take her first shower in over 10 years. March 10, 2008, Ms. Davis was well enough to be discharged. Allegiance helped find her the appropriate rehab to continue her progress. Today, she proudly lives on her own and is completely independent.



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# REQUIREMENT FOR APNs - PHARMACOTHERAPEUTICS CONTINUING EDUCATION

At the May 15, 2008, Board meeting, The Arkansas State Board of Nursing (ASBN) approved a motion to propose

a rule to require all advanced practice nurses to complete five contact hours of pharmacotherapeutics continuing educa-

tion in the APN's area of certification each biennium prior to license renewal.

There were some negative public comments regarding APNs who did not have prescriptive authority being required to meet this requirement. In the September 10, 2008, Board meeting, the ASBN revised the proposed rule to apply only to "APNs who have prescriptive authority."



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Regency Hospital of Springdale  
609 West Maple Avenue, 6th Floor • Springdale, AR 72764



During the May 15 Board Meeting, the Board also approved a motion to require APNs whose prescriptive authority is inactive to complete five contact hours of pharmacotherapeutics in the APN's area of certification for each 12 months of non-prescribing activity in addition to the five contact hours required for APN license renewal, prior to reactivation of prescriptive authority. For example, if the APN's prescriptive authority has been inactive for 24 months, he would need 15 pharmacotherapeutics contact hours in order to reactivate his prescriptive authority. The new rules will be placed in Chapter Two of the ASBN Rules in the continuing education section.

These proposed rules have been promulgated following the Arkansas Administrative Procedures Act and become effective January 1, 2010.



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## Where Can I Find Contact Hours?

What happens when renewal time is fast approaching and you realize that you have not completed your continuing education? Usually a sense of panic creeps in and you start scrambling for your continuing education. Continuing education for license renewal must be obtained by one of the following options:

Fifteen practice-focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN

**OR**

Maintenance of certification or re-certification by a national certifying body recognized by ASBN

**OR**

Completed academic course in nursing or related field

The majority of nurses complete activities that offer contact hours, and contact hours have never been easier to find. They are in nursing journals, on the Web, sent to your home, and of course, there are

still workshops.

Articles for contact hours are found in many nursing journals. Just open the [American Journal of Nursing, RN](#), the [American Nurse Today](#), or most any other professional journal, and you will find at least one article that has been designated as offering contact hours.

The World Wide Web provides hundreds of Web sites that cover a wide variety of topics. Do a general search, or use the easy way and check the ASBN list of acceptable Web sites (Continuing Education link). Because of the variety of topics available through the Internet, it is easy to find contact hours which are specific to your area of practice.

Home study courses are mass mailed to licensed nurses. They provide reading material on specific topics. Most have a brief post-test that is mailed or faxed to the company. This type of offering allows you to obtain contact hours at your convenience, even lying in bed with your pajamas on.

There are always the traditional workshops in

which a person stands in front of a live audience and shares their wisdom and thoughts on a specific topic. Some places that upcoming workshops can be found are from an employer, on a mail out from the sponsoring organization and on the ASBN Web site, [www.arsbn.org](http://www.arsbn.org), (Continuing Education link).

All of the options are great mechanisms of providing enhancement to your knowledge base. However, the amount of learning is dependent on the effort put into the activity rather than on the type of continuing education offering. No matter which source of contact hours is selected, it is the nurse's responsibility to make sure the offering meets the ASBN guidelines (*Rules*, Chapter. 2, Section VII).

Continuing education for license renewal is not an option – it is the law! The purpose behind the law is to improve nursing practice, which in turn will improve patient safety. Start obtaining contact hours early in your renewal cycle so that you can select activities which you will enjoy and will also improve your nursing practice.

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# Disciplinary Actions

The full statutory citations for disciplinary actions can be found at [www.arsbn.org](http://www.arsbn.org) under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct," and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

## AUGUST 2008

### SUSPENSION RETRACTION

*Roberts, Mary Jeanette Rodgers*  
L39222, Paragould  
Compliant prior to Board hearing

### PROBATION

*Birmingham, Kellie Renee Freeman*  
R54454, Benton  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty – \$1,775

*Crawley, Amy Nicole Davis*  
R64211, Ashdown  
A.C.A. §17-87-309(a)(6)  
Reinstated to Probation – 2 years  
Civil Penalty – \$200

*Douglas, LaTina Evonne Rogers*  
L32557, Lavaca  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,500

*Drabek, Geneva Carol Ansbrooks Noles*  
R33856, North Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty – \$600

*Eudy, Melinda Martinek*  
R64108, Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty – \$1,200

*Evans, Angela Carol Britt Hooks*  
L33904, Prescott  
Letter of Reprimand Non-Compliance  
Probation – 1 year  
Civil Penalty – \$500

*Fletcher, Randall Wayne*  
R73512, Alma  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty – \$3,500

*Hoover, Cathy Leigh Wellman Hale Evans*  
R50607, Arkadelphia  
A.C.A. §17-87-309(a)(6)  
Probation – add't 6 months  
Civil Penalty – \$500

*Johnson, Debra Machele Burks*  
T01648, Bryant  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,000

*Johnston, Rebecca Ellen Beal Bowden*  
R27574, P00881, Bryant  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 3 years  
Civil Penalty – \$1,000

*Kollbaum, Tina Denise Miller*  
R73937, Cabot  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2 years  
Civil Penalty – \$1,000

*McVay, Rhonda Tefaney*  
R67797, L39639 (exp), Poyen  
A.C.A. §17-87-309(a)(6)  
Probation – 2 years  
Civil Penalty – \$1,800

*Morrow, Mary Ellen*  
L46681, Ash Flat  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year  
Civil Penalty – \$600

*Prochazka, Joanne Teresa*  
R43400, Russellville  
A.C.A. §17-87-309(a)(6)  
Probation – 1 year

*Stephens, Carla Sue*  
L47682, Van Buren  
A.C.A. §17-87-309(a)(4)&(6)  
Probation – 2½ years

*Yeoman, Debra Jean*  
L42963, Oxford, KS  
Probation Non-Compliance  
Probation – add't 6 months

### SUSPENSION

*Ahart, Vallerie Renay Dunn*  
L41453, Malvern  
A.C.A. §17-87-309(a)(6)  
Suspension – 2 years, followed by  
Probation – 5 years  
Civil Penalty – \$3,500

*Bennett, Jacqueline Suzanne Chadwick*  
L36543, Wilmar  
Probation Non-Compliance  
Suspension – 6 months, followed by  
Probation – 2 years

*Boyett, Laura M. Heiser*  
R53621, White Hall  
Probation Non-Compliance  
Suspension – 6 months, followed by  
Probation – 3 years  
Civil Penalty – \$1,000 + bal.

*Brewer, Paula Kay Cobb Harris*  
R66332, Locust Grove  
Probation Non-Compliance  
Suspension – 6 months, followed by  
Probation – 2 years  
Civil Penalty – \$1,000

*Brown, Mark Linley*  
R29736, Sherwood  
Probation Non-Compliance  
Suspension – 6 months, followed by  
Probation – 3 years  
Civil Penalty – prev. balance

*Byrd, Gloria Jean Dixon*  
R44182, Springdale  
Probation Non-Compliance  
Suspension – 6 months, followed by  
Probation – 3 years  
Civil Penalty – \$900 + prev. bal.

*Caviness, Angelia Kay*  
L31785, Malvern  
A.C.A. §9-14-239  
July 7, 2008

*Davis, Deborah Lynn Doyle*  
R56717, Talihina, Okla.  
Letter of Reprimand Non-Compliance  
Suspended until terms are met

*Johnston, Kimberly Kay Edmonson Bradford*  
R43037, Flippin  
Probation Non-Compliance  
Suspension – 2 years, followed by  
Probation – 3 years  
Civil Penalty – \$2,500 + bal.

*Melton, Margaret Elaine Hooper*  
L16495, Batesville  
N/C Probation Non-Compliance  
Suspension – 3 years, followed by  
Probation – 2 years  
Civil Penalty – \$2,500 + bal

*Parker, David Lee*  
R56960, L30215 (exp), Monticello  
Probation Non-Compliance  
Suspension – 6 months, followed by  
Probation – 2 years  
Civil Penalty – \$100 + prev. bal.

*Price, Patsy Jean*  
R42252, Winslow  
Letter of Reprimand Non-Compliance  
Suspended until terms are met

*Stender, Cathleen Renee Thompson*  
L22055, Jacksonville  
Letter of Reprimand Non-Compliance  
Suspended until terms are met

*Thomas, Sedric Fitzgerald*  
L38636, Texarkana  
A.C.A. §17-87-309(a)(1),(6)&(9)  
Privilege to Practice suspended 1 year  
Civil Penalty – \$500

*Venzant, Tamara Michele Johnson*  
R67038, Camden  
Probation Non-Compliance  
Suspension – 1½ years, followed by  
Probation – 4 years  
Civil Penalty – \$1,000 + bal.

*Young, Bettie Ruth Lambert*  
L20246, Rison  
Letter of Reprimand Non-Compliance  
Suspended until terms are met

### VOLUNTARY SURRENDER

*Bugg, William John*  
R34847, Cherokee Village  
June 26, 2008

*Burton, Ginnie Lee Harris Baggett*  
R31676, Jonesboro  
August 13, 2008

*Cumberbatch, Debra Patricia Rose-Dowden*  
R55759, Sherwood  
July 8, 2008

*Davis, Michelle Ruth Thomas Holden*  
R66067, L36410 (exp), Perry  
June 17, 2008

*Garloch, Melissa Sue Stromley Burch*  
R72474, Greenwood  
July 18, 2008

*Hess, Stephanie Gail*  
L35292, Searcy  
June 17, 2008

*Johnson, Minnie Lee*  
L29527, England  
June 5, 2008

*Langston, Kimberle Jean Eads*  
R52394, El Dorado  
July 7, 2008

*Lemaster, Stephanie Elaine Jeter*  
R40098, Cabot  
June 25, 2008

*Poe, Delores Jean Carlton*  
R33079, Little Rock  
July 1, 2008

*Rice, Judith Anne Tensfeldt*  
R17767, Rogers

*Robertson, Charlotte Lee Robertson*  
Betz Renard Cook  
L38169, Mena  
July 14, 2008

*Stobaugh, Sarah Marie*  
R77253, Conway  
July 22, 2008

*Williams, Calvin Lynn*  
L33067, Jonesboro  
June 23, 2008

### REINSTATEMENTS WITH PROBATION

*Breaker, Amanda Barrett Halk*  
R67158, Jonesboro  
June 13, 2008  
Reinstatement to Probation – 3 years  
Civil Penalty – balance \$1,875

*Carroll, Janet Marie Hallmark*  
R52484, L21854 (exp), Jonesboro  
July 22, 2008  
Reinstatement to Probation – 3 years  
Civil Penalty – balance \$1,705

*Harris, Courtney Leigh Cavitt*  
L41032, Tyroneza  
July 7, 2008  
Reinstatement to Probation – 3 years  
Civil Penalty – balance of \$1,544

### REINSTATEMENTS

*Shuler, Allen C.*  
R56567, Little Rock  
July 16, 2008

**REPRIMAND**

*Andrews, Jeffrey Douglas*  
L37739, Lavaca  
A.C.A. §17-87-309(a)(6)  
June 5, 2008

*Bell, Cheryl Rae*  
R15159, Elkins  
A.C.A. §17-87-309(a)(6)  
June 26, 2008

*Boskus, Cathy Alene Martin Perdue*  
R43294, Mountain Home  
A.C.A. §17-87-104 and  
§17-87-309(a)(6)  
May 28, 2008

*Bridgeman, Brenda Sue Catterlin*  
R39942, L25116 (exp), Newport  
A.C.A. §17-87-309(a)(6)  
May 22, 2008

*Button, Chrisanda*  
R28442, Elkins  
A.C.A. §17-87-309(a)(6)  
May 28, 2008

*Dixon, Karla Christian Darter*  
L39796, Perryville  
A.C.A. §17-87-309(a)(2)&(6)  
June 4, 2008

*Hall, Heather N. Wilcher*  
R68940, Jacksonville  
A.C.A. §17-87-309(a)(6)  
June 16, 2008

*Harrow, Veronica J. McGee*  
L13310, Little Rock  
A.C.A. §17-87-309(a)(6)  
June 30, 2008

*Henley, Victoria R. Toney Gorton*  
L34365, McCrory  
A.C.A. §17-87-309(a)(6)&(9)  
July 1, 2008

*Knuckles, Janice Kay Bradley*  
R63734, L35299 (Inactive)  
A.C.A. §17-87-309(a)(6)  
July 2, 2008

*Kruskopp, Angela Kay Cronin*  
R64188, L33947 (exp), Van Buren  
A.C.A. §17-87-309(a)(6)  
July 2, 2008

*Mears, Lana Sue Drum Wilkins*  
A01938, R40915, Colt  
A.C.A. §17-87-309(a)(6)  
July 2, 2008

*Pearson, Leah Kristin Farnell*  
R67043, Benton  
A.C.A. §17-87-309(a)(6)  
June 16, 2008

*Shelby, Matthew Walter*  
R81146, L34464 (exp), Jonesboro  
A.C.A. §17-87-309(a)(1)&(2)  
June 30, 2008

*Williams, Taunikka Lashe*  
L35703, Jonesboro  
A.C.A. §17-87-309(a)(1),(a)(6) and  
§17-87-207(c)(2)  
Civil Penalty - \$750  
May 28, 2008

**REVOCATION**

*Fralin, Randall Lee*  
R37720, Benton  
August 13, 2008

**PROBATIONARY STATUS REMOVED**

*Arnold, Annette McCann Lassen*  
R21844, A01112, P01156 (exp), Little Rock  
June 23, 2008

*Buckley, Lynetta Walker*  
L18456, Little Rock  
June 19, 2008

*Enyart, Kim Marie Rabitt*  
L39996, Colcord, Okla.  
August 6, 2008

*Goodman, Barbara Ellen Myers*  
R54249, Lamar  
July 15, 2008

*Hall, Doyle Sue Walls Bowman*  
L29808, North Little Rock  
July 29, 2008

*King, James Stanley*  
R49387, Searcy  
August 6, 2008

*Monroe, Todd Bryant*  
R63939, Memphis, Tenn.  
July 3, 2008

*Motley, Betty Lou Earl*  
L15163, Vilonia  
August 6, 2008

*Parris, Jodi Amanda*  
L45299, Hot Springs Village  
August 6, 2008

*Rouse, Sherrie Paulette Jetton Bruce Benefield*  
R39702, Wynne  
August 6, 2008

*Sparrow, Tamara Gale Combs*  
R29895, Little Rock  
August 6, 2008

*Wooley, Sherry Denise McCarty Alford*  
L13455, Little Rock  
June 17, 2008

**WAIVER GRANTED**

*Bradford, Renee Treba Epperson*  
PN Applicant, Springdale  
August 13, 2008

**SEPTEMBER 2008****PROBATION**

*Abney, Terica Kay*  
R64479, Fayetteville  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000

*Barham, Melissa Renee Davis*  
R42881, Hope  
A.C.A. §17-87-309(a)(6)  
Probation - 1½ years  
Civil Penalty - \$1,500

*Bouscher, Kami Rachelle Holbert Franks*  
R70284, DeWitt  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,500

*Burgess, E. Ellen Thurman McCracken*  
R50470, Mayflower  
A.C.A. §17-87-309(a)(4),(6)&(9)  
Probation - 3 years  
Civil Penalty - \$2,000

*Charleville, Kelly Marie Winter*  
R76848, L41217 (exp), Redfield  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 3 years  
Civil Penalty - \$3,000

*Dedmon, Michael Tyler*  
R80558, Springdale  
A.C.A. §17-87-309(a)(6)  
Probation - 1½ years

*Gilmore, Ann Elizabeth Rogers*  
L44703, Conway  
A.C.A. §17-87-309(a)(6)  
Probation - 2 years  
Civil Penalty - \$1,000

*Hamui, April Rose Outlaw*  
R66090, Little Rock  
A.C.A. §17-87-309(a)(4)&(6)  
Probation - 2 years

*Hart, Jennifer Lauren*  
R82033, Fayetteville  
A.C.A. §17-87-309(a)(4)  
Probation - 2 years  
Civil Penalty - \$1,000

*Hewitt, Stacy Lee Bartram Morris*  
Krueger Morris Short Morris  
L35306, Wooster  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500

*Nelson, Deidre Deane*  
L43648, DeQueen  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$1,000

*Pennington, Sibley Ann Holmes*  
R40190, Fort Smith  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500

*Spurlin, Natali Elizabeth Polychron*  
L47862, Donaldson  
A.C.A. §17-87-309(a)(4)  
Probation - 1½ years

*Williams, Renisa R.*  
R54268, Little Rock  
A.C.A. §17-87-309(a)(6)  
Probation - 1 year  
Civil Penalty - \$500

**SUSPENSION**

*Caviness, Angelia Kay*  
L31785, Malvern  
A.C.A. §9-14-239  
July 7, 2008

*Gonzales, Rita Jo Rollans*  
L43796, Van Buren  
Probation Non-Compliance  
Suspension - 5 years, followed by  
Probation - 3 years  
Civil Penalty - \$4,000 + bal.

*Jacobs, Vincent Curtis*  
R48912, Benton  
Letter of Reprimand Non-Compliance  
Suspension until terms are met

*Klein, Steven Daniel*  
L44114, Spiro, Okla.  
A.C.A. §9-14-239  
September 2, 2008

*Peyton, Yvonna Faye McLendon*  
L37857, White Hall  
A.C.A. §17-87-309(a)(2)&(6)  
Suspension - 3 years, followed by  
Probation - 2 years  
Civil Penalty - \$2,500

**VOLUNTARY SURRENDER**

*Anglin, Leta Ann Bennett*  
L24732, Little Rock  
August 26, 2008

*Bhatia, Ravi Alethea*  
R56347, Little Rock  
September 4, 2008

*Cannon, Sandra Lee Woodall Crouse*  
R40334, Searcy  
August 28, 2008

*Cottrell, Angela Denise*  
L46057, Benton  
July 10, 2008

*Douglas, Lanita Denae Piker*  
R63623, L33198, Bald Knob  
September 2, 2008

*Stevens, Daniel Lee*  
L44804, Mountain View  
September 4, 2008

**REINSTATEMENTS WITH PROBATION**

*Miller, Lori L. Benefield*  
L34412 (exp), Pottsville  
A.C.A. §17-87-309(a)(6)  
Reinstated to Probation - 2 years  
Civil Penalty - \$1,000

**REINSTATEMENTS**

*Wallace, Joy Nicole*  
L35131, Gillett  
August 26, 2008

**REPRIMAND**

*Alexander, Andrea Denae Winter*  
L38650, Mount Vernon  
A.C.A. §17-87-309(a)(1)&(9)  
July 22, 2008

*Breshears, Leanne*  
R81583, Montgomery, Ala.  
A.C.A. §17-87-309(a)(1)  
July 29, 2008

*Fuller, Alice Carolyn Grimmer*  
L24372, Adona  
A.C.A. §17-87-309(a)(1),  
§17-87-207(c)(2) and Rules  
CE Late Fee - \$1,000  
July 29, 2008

*McGraw, Shari Lynn*  
L47629, Little Rock  
A.C.A. §17-87-309(a)(1)  
July 29, 2008

*Whittenburg, Billie Faye*  
L13279, Atkins  
A.C.A. §17-87-309(a)(1),  
§17-87-207(c)(2) and Rules  
CE Late Fee - \$1,000  
July 29, 2008

**REVOCATION**

*Cisco, Jennifer Dawn Randolph*  
R66662, Oak Grove  
A.C.A. §17-87-309(a)(2), (a)(6)  
and §17-87-312(e)(16)&(L)(1).

**PROBATIONARY STATUS REMOVED**

*Besancon, Fern Elizabeth*  
R53199, North Little Rock  
August 26, 2008

*Phillips, Kathy Ann Ashley*  
R40194, L18132 (exp), Mena  
September 5, 2008

**APPEAL DENIED**

*Jones, Rainell Robeta*  
L47346, Altamonte Springs, Fla.  
September 10, 2008

# FAQ's

## FREQUENTLY ASKED QUESTIONS

**Q:** Should medication errors be reported to the Board of Nursing?

**A:** *Failing to administer medications and/or treatments in a responsible manner is considered unprofessional conduct. Your agency policy will provide guidance as to the exact reporting parameters for medication administration errors. The policy should provide criteria to determine whether an incident involving a medication error is reportable to the Board of Nursing. An incident which is determined to be minor does not need to be reported to the Board if all of the following factors exist:*

1. The potential risk of physical, emotional or financial harm to the client is very low.
2. The incident is a one-time event and the nurse has no previous pattern of poor practice.
3. The nurse exhibits a conscientious

*approach to and accountability for his/her practice.*

4. *The nurse appears to have the knowledge and skill to practice safely.*

**Q:** May nurses accept telephone orders from personnel working in the physician's office?

**A:** *While the best route to receive orders is for the authorized prescriber to write the order or give it directly to the receiving nurse, there are times when this is not feasible. Nurses may accept verbal or telephone orders only from licensed personnel. The receiving nurse must know the name and licensure of the person who is relaying the order. Orders cannot be accepted from unlicensed personnel. The order must be documented according to the facility's policy, and that includes a making a list of persons with their legal*

*titles who were involved in relaying the order.*

**Q:** Can I delegate the administration of ACLS drugs to an EMT during a code in the Emergency Department of the hospital where I work?

**A:** *No. ASBN Rules Chapter 5.E.5. strictly prohibits the delegation of administration of any medications to any unlicensed person in any setting and under any circumstances.*

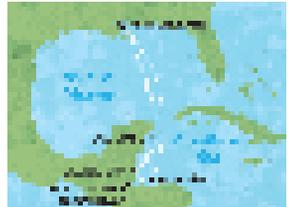
**Q:** What does a multistate privilege to practice mean?

**A:** *Similar to the driver's license, this is the mechanism in the Nurse Licensure Compact that allows a nurse who is licensed in one compact state (home state) to legally practice in another compact*

*continued on the next page*



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state (remote state). The Compact requires the nurse to adhere to the practice laws of the state where practicing. In the case of electronic practice (telenursing), the nurse must adhere to the laws of the state in which the client receives care.

**Q:** Should I wait to change my address when I renew my license?

**A:** All address changes must be reported to the Board in accordance with Chapter 2, Section X of the Arkansas State Board of Nursing Rules. Pursuant to the Rules, a licensee shall IMMEDIATELY notify the Board in writing of an address change. The Board will not accept address changes by telephone. The change may be made online at our Web site, [www.arsbn.org](http://www.arsbn.org), faxed to 501.686.2714, or

mailed to the Board office. There is no fee for an address change.

**Q:** We (School of Nursing) are in the process of implementing background checks on our students as a requirement from area hospitals. Of course, this gets into a sticky situation when there is a positive criminal background check on a student. Does the ASBN have or plan to have a process so students can check with the board and receive a Declaratory Order similar to the Texas Board of Nursing so that students can find out whether the board would consider them for licensure prior to spending the time and precious space in our nursing program? We are wondering what do to with such students; should we deny admission for an offense that the board may have given an exception to, or should we err

on the other side and take a chance that the student progresses into the SON and is rejected by an institution and/or the board later? Can you give any guidance?

**A:** The Board of Nursing has no authority over students, so we are not in a position to give a declaratory order as Texas does. Our statutory authority in ACA §17-87-309 is only for licensees or "applicants" for licensure. My best advice is to advise the potential student that if he/she has any felony convictions or two or more misdemeanor convictions that there is a chance that the board would deny him/her the ability to sit for the exam. If you'd like to talk with a legislator about legislation broadening our scope such that we have jurisdiction to issue declaratory orders, we're certainly open to it.

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