



ASBN

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Update

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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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WE NEED YOUR INPUT

The Arkansas State Board of Nursing will be conducting strategic planning in March, which is why we need your help. Help guide the Board by completing a survey on our Website, www.arsbn.org. There's a link to the survey on the front page and will take just a few minutes of your time.

Thanks in advance!



CHANGE ON THE HORIZON

Change is on the horizon for nursing in our country. Nursing makes up the largest cost center in hospitals. Unfortunately, when downsizing and restructuring became an option, nursing was easily targeted as the first area to cut in some states. This has led to many concerns within the profession and among the public. The type of patient being treated today in comparison to when I entered the profession has dramatically changed. As patients' acuity levels continue to climb and the complexity of care increases, now more than ever, we need sufficient nurse staffing to meet the demands of each patient.

A new ruling from the Center for Medicare/Medicaid Services (CMS) is just one example of change on the horizon. Researchers at George Washington University reviewed CMS' final inpatient prospective payment system (IPPS) rule as part of a two-year study funded by Robert Wood Johnson and recently released their findings. The purpose of the rule is to reform the diagnosis-related group system, which determines how much Medicare pays a given hospital in exchange for certain services. Beginning with Oct. 1, 2008, discharges, the rule eliminates additional Medicare payments for eight selected conditions including in-patient pressure ulcers, certain injuries (e.g., fractures), catheter-associated urinary tract infections, vascular catheter-associated infections, certain surgical site infections, objects left in surgery, air embolism and blood incompatibility. Follow this link to download the white paper: A Summary of the Impact of Reforms to the Hospital Inpatient

Prospective Payment System (IPPS) on Nursing Services
<http://www.rwjf.org/files/research/ippswhitepaper2007.pdf>.

This ruling will have major implications for nursing. CMS views this move as a cost savings of millions of dollars in government monies. However, hospitals will experience a loss of federal reimbursement. How will this trickle down and impact how nursing care is provided to patients? Will there be financial cuts reflected by reducing staff and staff training or will hospitals make a solid commitment to invest in their nursing staff to develop systems to ensure the delivery of quality care? The researchers make a plea to nurse leaders and a call to action:

"The IPPS final rule signals the continuation of national policy setting that inadequately reflects nurses' essential role in providing quality (i.e., care that is safe, effective, patient-centered, timely, efficient, and equitable¹). This action, along with other recent developments (e.g., mandated statewide reporting of nursing care quality data²), is a "call" to health care leaders—and, specifically, to nurses and nursing leaders—to develop their quality literacy³ and become fully informed about current and future policy discussions related to quality, performance measurement, public reporting, and value-based purchasing. Without nursing leadership engaged in these emerging policy issues, it is unlikely that such policies will reflect nursing's vital contribution to quality."

Nurse regulators should take a leading role to ensure national policies not only protect the public, but also reveal the fundamental importance of nursing's critical role to quality. This is only one change, more is to come.

¹In *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001), the Institute of Medicine adopted these six aims for health care quality. See Institute of Medicine (IOM). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.

²In Maine, statutory authority under 22 M.R.S.A. §8708-A, Chapter 270, provides for uniform statewide reporting of data related to health care quality including the Nursing-Sensitive Patient-Centered (NSPC) and Nursing-Sensitive System-Centered (NSSC) Health Care Quality Data Sets. Available at http://mhdo.maine.gov/imhdo/_pdf/NSI%20Manual%20V10%2007-01-06.pdf Last accessed November 26, 2007.

³In 2007, the National Quality Forum released findings from a 15-month study on the degree to which NQF's endorsed national voluntary consensus standards for nursing-sensitive care have been implemented. Recommendations based on these findings urge senior leaders to develop a sharpened understanding of patient safety, clinical care, and healthcare outcomes including the role of nurses in inpatient care. See National Quality Forum (NQF). *Tracking NQF-Endorsed Consensus Standards for Nursing-Sensitive Care: A 15-Month Study*. Washington, DC: NQF; 2007. Available at <http://www.qualityforum.org/pdf/reports/Nursing70907.pdf> Last accessed November 26, 2007

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LOST OR STOLEN LICENSE

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

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Message from the Editor

LouAnn Walker, *Public Information Specialist/ASBN Update Editor*

Happy New Year! The beginning of a new year usually seems to bring about change. That's certainly true at the Board of Nursing. The ASBN Update was created as a 4-page newsletter in October 1997. Georgia Manning Lewis saw the need for change, and with the July 2002 issue contracted with PCI Publishing to change the ASBN Update into the 32-page full-color professional magazine that it is today.

The most recent change with the ASBN Update is me being named as editor. I'm not new to the Board of Nursing, having previously worked with Ms. Lewis as the assistant editor of the ASBN Update, and most recently as executive assistant to Executive Director Faith Fields. For me, this recent change is exciting and challenging, and I strive to continue the excellent work done by the previous editors by keeping you informed about areas of interest while continuing the Board's mission of protecting the public.

A recently instituted change at the Board is that we no longer automatically mail you a paper renewal form and request that you go online to renew. The Board continually searches for ways to reduce costs and increase effectiveness. This change will save the Board thousands of dollars in

postage. Change is good!

Another big change that began this month at the Board of Nursing is that the Board will be processing state criminal background checks online instead of having them sent to the Arkansas State Police. This will save weeks of processing time and enable nurses to begin working much sooner.

As I have traveled all over the state the last three years to help present Board-sponsored continuing education workshops to you, I've observed how you have welcomed and embraced the change created when Act 86 was passed by the legislature in 2001 requiring continuing education for all nurses.

As Mary Englebreit said, "If you don't like something, change it; if you can't change it, change the way you think about it." I know sometimes that's easier said than done, but for the most part, change is good! I'm sure there's plenty of change in store for 2008, so keeping in mind the Board's focus on protecting the public – do you know of changes in nursing or other articles of interest that you'd like to hear about? Or write about? Let me know at lwalker@arsbn.org.

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Commitment to Ongoing Regulatory Excellence

Arkansas Nurses Participate in Study

The purpose of the Commitment to Ongoing Regulatory Excellence (CORE) project of the National Council of State Boards of Nursing is the establishment of a performance measurement system that incorporates data collection from internal and external sources, identification of best practices, and the use of benchmarking strategies. Forty-two boards of nursing participated in this study conducted during 2006.

By utilizing CORE key performance indicators, boards of nursing are able to measure their performance based on national performance data. Such performance monitoring will simultaneously provide accountability to the state's citizens and assist nursing boards to better carry out their mission to protect the public and improve their services to their customers and citizens throughout the states.

Board member Darlene Byrd states, "We want to thank all those who took time to complete the surveys. We are interested in your evaluation of the board of nursing. As I reviewed this survey, I felt good about the work that is being done by the board and board staff. I believe this survey validates the hard work done by the board's staff. The survey indicates that the public believes we are doing a good job at fulfilling our mission of protecting the public and effectively regulating the practice of nursing. However we can not become satisfied with our performance, there is always room for improvement. We must look at the areas that need improvements and implement effective change. We want to be proactive, not reactive to changes and issues within the regulatory arena.

Of the nearly twenty eight thousand nurses surveyed, 5,061 nurses (18 percent) responded. Of those, 1,383 (28 percent) were LPN/VNs, 3,567 (73 percent) were RNs, 58 (one percent) were APRNs with prescriptive privileges, 32 (one percent) were APRNs without prescriptive privileges, and 77 (two percent) were categorized in additional ways.

Some of the data collected from nurses, by the National Council of State Boards of Nursing, is listed below

RN Preparation for Practice

	Perception of Basic Preparation			Perception of Current Abilities		
	Aggregate		AR	Aggregate		AR
	2002 (n=1,915)	2005 (n=3,473)	2005 (n=78)	2002 (n=1,915)	2005 (n=3,470)	2005 (n=79)
Very Well	50.3%	46.9%	34.6%	62.0%	57.8%	48.1%
Well	46.2%	49.0%	62.8%	32.6%	39.2%	51.9%
Poorly	3.4%	4.0%	2.6%	4.9%	2.7%	0.0%
Very poorly	0.1%	0.1%	0.0%	0.5%	0.3%	0.0%

LPN/VN Preparation for Practice

	Perception of Basic Preparation			Perception of Current Abilities		
	Aggregate		AR	Aggregate		AR
	2002 (n=628)	2005 (n=1,303)	2005 (n=95)	2002 (n=1,915)	2005 (n=3,470)	2005 (n=79)
Very Well	58.0%	45.3%	46.3%	62.0%	57.8%	48.1%
Well	40.8%	52.2%	50.5%	32.6%	39.2%	51.9%
Poorly	1.3%	2.4%	3.2%	4.9%	2.7%	0.0%
Very poorly	0.0%	0.1%	0.0%	0.5%	0.3%	0.0%

Perceptions of Nurses Regarding Board Web Site, Telephone System, and Newsletter

	Aggregate				AR	
	2002		2005		2005	
	n	Rating	n	Rating	n	Rating
Website	757	1.97	3,429	1.96	140	1.81
Telephone System	753	2.25	2,120	2.4	84	2.16
Newsletter	2,270	1.94	3,724	1.93	155	1.81

(scale: 1=excellent; 2=good; 3=fair; 4=poor)

continued >>

Perceptions of Nurses Regarding Communication with Board on Non-Practice Issues

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Satisfaction with communication to Board	295	1.66	743	1.75	48	1.56	7 th of 28

(scale: 1=excellent; 2=good; 3=fair; 4=poor)

Perceptions of Nurses Regarding Adequacy of Regulation

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Practice standards/scope of practice	2,189	1.99	4,274	2.00	160	2.01	7 th of 28
Complaint resolution/discipline process	1,738	2.01	3,438	2.03	146	2.05	20 th of 28
Education program approval/accred.	2,114	2.02	4,234	2.03	158	2.02	9 th of 28
Requirements for licensure	2,334	2.02	4,603	2.00	170	2.03	15 th of 28

(scale: 1=excellent; 2=good; 3=fair; 4=poor)

Perceptions of Nurses Regarding Effectiveness in Protecting the Public

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Effectiveness in protecting the public	2,450	1.90	4,855	1.79	174	1.61	1 st of 28

(scale: 1=excellent; 2=good; 3=fair; 4=poor)

Understand the Scope of Practice as defined by the Nurse Practice Act

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Understand scope of practice	2,622	1.58	4,909	1.68	176	1.53	1 st of 28

(scale: 1=completely understand; 2=understand; 3=misunderstand; 4=completely misunderstand)

Helpfulness of Board of Nursing on Questions about Practice Issues

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Helpfulness of board of nursing	279	1.63	298	1.68	11	1.27	3 rd of 28

(scale: 1=very helpful; 2=helpful; 3=unhelpful; 4=very unhelpful)

Responsiveness of Board of Nursing to Changes in Practice

	2005	2005	
	Aggregate (n=206)	AR (n=10)	Ranking
Responsiveness of Board to changes in practice	2.06	1.90	7 th of 28

(scale: 1=very responsive; 2=responsive; 3=somewhat responsive; 4=not responsive at all)

Methods Used to Obtain Practice Information

	2002	2005	2005
	Aggregate n=2,574	Aggregate (n=4,279)	AR (n=159)
Nursing practice law and rules	73.5%	75.0%	84.3%
Board newsletter	62.6%	41.0%	44.0%
Bard Web site	21.1%	36.9%	44.0%
Personal communication with board staff or member	24.9%	15.7%	12.6%
Public meetings/educational workshops	23.4%	14.1%	15.1%
Public hearings	2.1%	1.3%	0.6%
Public notice	6.3%	4.8%	2.5%
Other association newsletter	12.1%	10.8%	5.0%
Other association Web site	3.3%	6.3%	3.1%
Other	9.5%	7.2%	7.5%

Perceptions of Nurses Regarding Work Environment

	Aggregate				AR		
	2002		2005		2005		
Environmental factor	n	Rating	n	Rating	n	Rating	Ranking
Caseload	2,398	2.12	4,715	2.28	177	2.28	14 th of 28
Staff skills or experience	2,402	1.70	4,678	1.73	174	1.58	3 rd of 28
Training opportunities	2,366	1.75	4,643	1.70	175	1.72	18 th of 28
Appropriateness of assignment to nurses	2,378	1.70	4,629	1.77	174	1.71	7 th of 28
Adequacy of equipment	2,388	1.66	4,709	1.69	176	1.82	23 rd of 28
Adequacy of supplies	2,391	1.57	4,706	1.60	175	1.67	19 th of 28
Quality of supervision	2,387	1.61	4,661	1.59	171	1.49	7 th of 28
Appropriateness of assign. to assist. pers.	2,344	1.68	4,464	1.63	170	1.52	3 rd of 28
Administrative paperwork	2,365	2.11	4,316	1.98	156	1.84	6 th of 28
Work schedule	2,394	1.64	4,691	1.62	178	1.56	7 th of 28
Adequate org. commitment to performance	-	-	4,535	1.59	165	1.51	5 th of 28
Adequate error reduction program	-	-	4,307	1.51	159	1.43	5 th of 28

(scale: 1= no significant problem; 2= a minor problem; 3= a major problem)

Perceptions of Nurses Regarding the licensure and Renewal Process

	2005 Aggregate		2005 AR		
	n	Rating	n	Rating	Ranking
Satisfaction with licensure and renewal process	4,814	1.64	166	1.61	11 th of 28

(scale: 1=very satisfied; 2=satisfied; 3=dissatisfied; 4=very dissatisfied)

Type of Nurse Involvement in Disciplinary Process*

	2002	2005	2005
	Aggregate n=103	Aggregate (n=105)	AR (n=6)
Filed a complaint	21.4%	62.9%	66.7%
Provided a report to the Board of Nursing	36.9%	30.5%	16.7%
Complaint was filed against respondent	20.4%	22.9%	0.0%
Was a witness during a hearing	2.9%	9.5%	0.0%
Interviewed about a complaint	29.1%	24.8%	0.0%
Other	24.3%	8.6%	33.3%

* Responding nurses were invited to answer as often as appropriate.

Fairness of the Disciplinary Process to All Parties

	Aggregate				AR		
	2002		2005		2005		
Fairness of disciplinary process	n	Rating	n	Rating	n	Rating	Ranking
Fairness of disciplinary process	96	1.86	102	1.71	5	1.40	3 rd of 10

(scale: 1=very fair; 2=fair; 3=unfair; 4=very unfair)

continued >>

Fairness of the Investigative Process to All Parties

	2005 Aggregate		2005 AR		
	n	Rating	n	Rating	Ranking
Investigative Process					
Provided an opportunity to respond to charges/allegations	98	1.56	5	1.00	1 st of 10
Provided reasonable notice of meetings and hearings	88	1.64	5	1.00	1 st of 8
Provided information on right to legal representation	76	1.65	4	1.00	-
Provided information regarding the appeals process	78	1.73	4	1.00	-
Provided an opportunity to petition/re-petition	76	1.76	4	1.00	-

(scale: 1=very fair; 2=fair; 3=unfair; 4=very unfair)

Timeliness of the Disciplinary Process

	Aggregate				AR	
	2002		2005		2005	
	n	Mean	n	Mean	n	Mean
% saying complaint resolved in timely manner	72	72.2%	86	72.1%	4	75.0%
Reasonable time to resolve a complaint (days)	-	-	73	110	3	50

Fairness of the Resolution Process Used by the Board

	2005 Aggregate		2005 AR		
	n	Rating	n	Rating	Ranking
Resolution Process					
Provided an opportunity to respond to charges/allegations	89	1.56	5	1.20	2 nd of 8
Provided reasonable notice of meetings and hearings	78	1.58	4	1.25	-
Provided information on right to legal representation	72	1.67	4	1.25	-
Provided information regarding the appeals process	74	1.70	4	1.25	-
Provided an opportunity to petition/re-petition	73	1.75	4	1.25	-

(scale: 1=very fair; 2=fair; 3=unfair; 4=very unfair)

Aspects of the Disciplinary Process

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Communication of process	95	2.07	98	1.79	6	1.50	2 nd of 10
Followed established process	92	1.97	96	1.67	6	1.17	1 st of 10
Provided needed assistance	89	2.02	96	1.85	4	1.50	-

(scale: 1=very well; 2=well; 3=poorly; 4=very poorly)

Effectiveness of the Disciplinary Process in Protecting the Public

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Effectiveness of disciplinary process	94	2.17	97	1.83	5	1.40	2 nd of 10

(scale: 1=very effective; 2=effective; 3=ineffective; 4=very ineffective)

Know how to Report a Suspected Violation of Nursing Statute and Rules

	Aggregate				AR	
	2002		2005		2005	
	n	Mean	n	Mean	n	Mean
Percent saying know how to report violation	2,616	66.5%	5,012	62.9%	179	69.3%

Understand Obligation to Report Conduct which Violates the State Nursing Statutes and Rules

	Aggregate				AR		
	2002		2005		2005		
	n	Rating	n	Rating	n	Rating	Ranking
Understand obligation to report	2,632	1.53	5,013	1.51	179	1.37	1 st of 28

(scale: 1=completely understand; 2=somewhat understand; 3=somewhat misunderstand; 4=completely misunderstand)

ASBN PROMOTIONS

PLEASE JOIN US IN CONGRATULATING THESE EMPLOYEES ON THEIR RECENT PROMOTIONS:

Chiquita Hadley has accepted the position of licensing coordinator/renewals. Hadley has been with the Board as the receptionist/cashier since February 2007. Her new responsibilities include renewing, reactivating and inactivating licenses, as well as handling name changes, address changes, and the issuing of duplicate licenses. She has an associate degree in business and information systems from Seminole State College. Hadley studies Spanish and volunteers monthly in Bible education work for the Spanish community.

Ellen Harwell has been promoted to the position of licensing coordinator/advanced practice. Harwell joined the ASBN staff three years ago as the receptionist/cashier. She also held the position of accounting assistant. In this new position, she is responsible for licensing advanced practice nurses and issuing certificates of prescriptive authority. Harwell resides in Bryant with her husband, Rick. She has four grown children and one grandchild.

Sandy Murphy was recently named as the accounting assistant. Her responsibilities include ordering supplies, stocking, payment to vendors, resources and equipment. She is married with two adult children and five grandchildren. Murphy is a resident of North Little Rock and enjoys art and music—her husband is a local jazz musician.

Pamela Tyler is the new executive assistant to the executive director. Tyler joined the Board in August 2005 as the receptionist/cashier, and most recently has been the licensing coordinator for renewals. Tyler has an associate degree in administrative office technology from East Arkansas Community College. Her second language is American Sign Language, and she volunteers over 800 hours per year in Bible education work for the deaf.

LouAnn Walker has been promoted to the public information specialist position. Walker attended the University of Arkansas at Little Rock where she studied business administration. She came to the

Board from Mail Contractors of America, where she served as executive assistant to the president and editor of the *Mail Call*. Her previous experience includes being an office manager with a real estate firm and many years as administrative assistant with the United Methodist Center in Little Rock. On staff with the Board since July of 2001, Walker has held several

positions with the Board, including the advanced practice nursing secretary, editorial assistant for the *ASBN Update* and assistant to the executive director and the Board. In her new position, Walker is editor of the *ASBN Update* and handles all public information for the Board. Walker is married and has two grown daughters.

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Mary Helen Forrest, MNSc, RN, CNAA, BC, Chief Nursing Officer
Tammy C. King-Jones, PhD(c), RNC, Magnet Program Director

Clinical ladder programs are nothing new to nursing. In the 1970's, many clinical ladders simply provided a reward for behaviors rather than identifying varied levels of practice (Buchan, 1999). The dynamics surrounding supply and demand of nurses over the past 30 years along with the increased acuity of hospitalized patients has forced health care facilities to rethink the purpose and design of clinical advancement programs. Proactive organizations have already made significant investments in programs designed to recruit and retain the best and brightest registered nurses to care for very ill patients across the care continuum.

The enhancement of the clinical ladder at the University of Arkansas for Medical Sciences (UAMS) Medical Center represents a commitment to meet patient care needs and the professional growth and advancement of our nurses. This program, entitled SOARn (Supplying Opportunities for Advancement of the RN), is based on the

Benner Model (1984) which delineates the nurse's career path from novice to expert. SOARn fosters, recognizes, and rewards the development of clinical and leadership skills of nurses at all levels while supporting the aim of retaining the savvy bedside clinician.

While the design and development of the clinical ladder requires diligence, the successful implementation represents a larger challenge. SOARn attributes that will facilitate successful implementation include:

1. Increased face-to-face time between managers and nurses (quarterly assessments)
2. Peer review and mentoring
3. Structured self-appraisal process
4. Flexible schedules and monetary support for continuing education

SOARn Mission

Personal and professional growth are valued, supported, and recognized at UAMS.

These opportunities for professional advancement foster and support excellence by developing clinical competence and leadership and encouraging accountability at the point of care.

SOARn Objectives

Encourage and support personal and professional development

Create an environment that promotes nurse accountability, autonomy, and collaboration in the provision of patient care

Define role and competence expectations within each practice level

Develop and recognize excellence in nursing practice and leadership

Support recruitment and retention of nurses



UAMS recognizes the importance of creating an environment that promotes job satisfaction, recognition, and professional development for nurses.

tion and degree completion

5. Education for professional portfolio development, goal setting, and exemplars

6. Commitment to ongoing evaluation

UAMS recognizes that appropriate evaluation is equally important to the success of SOARn as design and implementation. Six months post-implementation nursing leadership will evaluate the implementation process and modify as necessary. Further, nurse advancement, portfolio development, and quarterly assessment data also will be reviewed at this time. Continued program evaluation will take place 12- 18 months post implementation, which will include surveying nursing staff and evaluating the achievement level of SOARn objectives. A clinical ladder assessment tool will be administered to measure nurse perceptions of how well the clinical ladder: 1) differentiates the levels, 2) reinforces

responsibility/accountability, 3) guides evaluation of clinical performance, 4) assures opportunities for professional growth, and 5) provides for increased levels of autonomy and decision-making (Strzelecki, 1989). Ultimately, the commitment to ongoing evaluation and incorporation of nurse input into modification of the SOARn program may be the greatest determinant of its success.

Creating and sustaining clinical advancement programs will promote a professional nursing environment and influence the future of nursing. UAMS recognizes the importance of creating an environment that promotes job satisfaction, recognition, and professional development for nurses. Although programs such as SOARn may not remedy the nursing shortage, they can assist health care facilities' recruitment and retention efforts by providing a framework for the nurse on a professional journey.

NCLEX-PN® PERFORMANCE BY PROGRAM

The performance, by program, for graduates of Arkansas programs taking the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) for the first time, regardless of where the exam was taken, is shown below:

NCLEX-PN® PERFORMANCE BY PROGRAM

July 1, 2006 - June 30, 2007

PROGRAM	Number Taking	Number Passing	Percent Passing
Arkansas Northeastern College – Burdette	35	33	94.3
Arkansas State University – Mountain Home	18	14	77.8
Arkansas State University – Newport	21	19	90.5
Arkansas State University – Searcy	20	20	100
Arkansas State University Technical Center	50	48	96.0
Arkansas Valley Technical College	28	26	92.9
Baptist School of Nursing	114	105	92.1
Black River Technical College	33	33	100
Cossatot Technical College	18	18	100
Crowley's Ridge Technical Institute	19	19	100
National Park Community College	35	33	94.3
North Arkansas College	28	28	100
Northwest Technical Institute	32	31	96.9
Ouachita Technical College	42	35	83.3
Ozarka Technical College	46	38	82.6
PCC/U of A – DeWitt	0	0	n/a
Pulaski Technical College	32	31	96.9
Rich Mountain Community College	21	16	76.2
SAU Tech	20	17	85.0
SEARK College	44	43	97.7
SouthArk Community College	57	43	75.4
St. Vincent's School of Practical Nursing	21	21	100
U of A Community College – Batesville	33	33	100
U of A Community College – Hope	24	23	95.8
U of A Community College – Morrilton	44	44	100
U of A Monticello College of Technology – Crossett	12	12	100
U of A Monticello College of Technology – McGehee	14	13	92.9
University of Arkansas at Fort Smith	13	13	100
TOTAL	874	809	92.6

ASBN HOT CHECK NOTICE

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

Bradley, Rosa Marie	L16658	Shupert, Angela	L37543
Gonzalez, Jessica	Exam App.	Sivils, June Elizabeth	L30290
Mulhernin, James	L28486	Williams, Della	L28175
Sanders, Amber	R73529	Williams, Sally F.	L26287
Shaheed, Nathan	To1220		

NCLEX-RN® PERFORMANCE BY PROGRAM

The licensure examinations for registered and practical nurses is administered via computerized adaptive testing (CAT). The performance, by program, for first time candidates taking the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), regardless of where the exam was taken, is shown below:

NCLEX-RN® PERFORMANCE BY PROGRAM

July 1, 2006 - June 30, 2007

PROGRAM	Number Taking	Number Passing	Percent Passing
Arkansas Rural Nursing Education Consortium (ARNEC)	55	50	90.1
Arkansas State University, ADN	85	77	90.6
Arkansas State University, BSN	59	52	88.1
Arkansas Northeastern College – Blytheville	65	59	90.8
Arkansas Tech University	58	55	94.8
Baptist School of Nursing	228	214	93.9
East Arkansas Community College	34	25	73.5
Harding University	41	39	95.1
Henderson State University	25	20	80.0
Har-Ber School of Nursing	19	15	79.0
Jefferson School of Nursing	26	25	96.1
National Park Community College	62	59	95.2
North Arkansas College	43	41	95.4
Northwest Arkansas Community College	48	47	97.9
PCC/U of A	25	24	96.0
SEARK College	24	18	75.0
Southern Arkansas University	69	56	81.2
U of A Community College – Batesville	36	33	91.7
University of Arkansas at Fayetteville, BSN	79	66	83.5
University of Arkansas at Little Rock	84	78	92.9
University of Arkansas at Monticello, BSN	36	34	94.4
University of Arkansas at Monticello, ADN	11	10	90.9
University of Arkansas at Pine Bluff	9	8	88.9
University of Arkansas for Medical Sciences	94	85	90.4
University of Central Arkansas	55	48	87.3
University of Arkansas at Fort Smith	87	82	94.3
TOTAL	1457	1320	90.6

BOARD BUSINESS

- Board President Lepaine McHenry presided over disciplinary hearings held November 14-15, 2007.
- On November 14th, the Board granted initial approval to the Arkansas State University-Newport Medication Assistant Training Program.

CORRECTIONS FROM THE NOVEMBER 2007 ASBN UPDATE • Board President Lepaine McHenry is the *PAST* Vice President of the National Association of Directors of Nursing Administration in Long Term Care and *PAST* nursing faculty for the University of Arkansas Eleanor Mann School of Nursing. McHenry currently is part of the nursing faculty at the Regis University School of Nursing.

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Please Write Us

BY DARLA ERICKSON, CPA, DIRECTOR OF ACCOUNTING

We sometimes receive payments by mail with no forms or explanations attached. This most often happens when a person is sending a payment for a fine. It also occurs when a person has already spoken with someone on the board staff and knows we are expecting this payment. Or, the person has already sent the appropriate form, but forgot to send the payment with it, so the payment is mailed in a separate envelope.

Even if your payment is expected in a certain department, the staff that processes the payments must know what type of payment you are making and which department needs to know it has been received. Also, paying a certain dollar amount does not necessarily mean that we know where you intend for the payment to be applied. For example, if we receive \$100 in the mail, it could be payment for an endorsement, an APN application, an examination fee with a temporary permit request, a RN renewal with a returned check fee or a payment on a fine.

Another potential difficulty occurs when the payment document has a different name on it than the person intended to receive credit. For example, when a parent pays for his or her child's license renewal, or when the name on your check is different from your legal name registered with the Board (i.e. you "go by" your nickname), it can be more difficult to match the payment to the correct person. Here are some helpful hints to avoid confusion and make sure your payment is applied where you intended.

1. If possible, complete your transaction online. This way we can completely avoid the "where do we apply this payment" problem.
2. If submitting a paper application, include the payment with the appropriate form.
3. Always write your license number on your check, cashiers check or money order.
4. If you are making a payment for someone else, write for whom the payment is made and his or her license number on the check, cashiers check or money order.
5. If there is not a form required with the payment, include a written note with your name, address, contact phone number, your license number and why you are sending the payment.
6. You might want to send the note to the attention of a particular staff member if you have already spoken with that member and he or she gave you specific instructions regarding your payment. However, if you include in the note the reason for your payment, we will be able to direct it to the correct person.

If we are unable to determine how the payment should be applied, or the proper attachments are not enclosed, the payment will be returned to you requesting more information. Following the suggestions above can help us process your requests more quickly.



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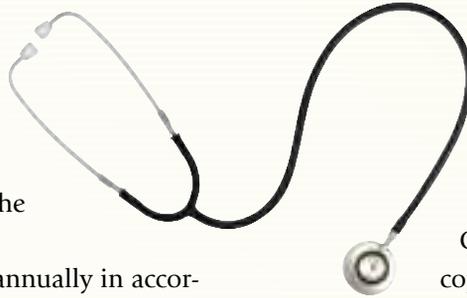
Did You Know?

- There are 58 Board-approved nursing education programs and six medication assistant programs in Arkansas.
- The University of Arkansas Community College at Batesville had a 100 percent pass rate for graduates taking the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) during fiscal year 2007.
- During the yearly reporting period, 442 nurses were randomly audited for compliance with the continuing education requirements with a compliance rate of 95.9 percent.
- One hundred forty-four advanced practice nurses were licensed during fiscal year 2007.

What other schools had 100 percent pass rates for graduates taking the NCLEX-PN®? How many licensed practical nurses are there in Arkansas? Registered nurses?

The information above, the answers to the questions, and much more is found in the Board's Annual Report, which is prepared annually in accordance with the *Nurse Practice Act* of the State of Arkansas.

The Annual Report is available for review and can be downloaded and printed free of charge on our Web site. Simply go to www.arsbn.org - on the left side, select the Publications/Certificate link, and then select the 2007 Annual Report link. To view, you must have Adobe Acrobat on your



computer, and it can be downloaded free of charge on our Web site. To purchase a bound, printed copy of the Annual Report, go to our Web site and click on Publications/Certificates, then click on Purchase Publications and Wall Certificates Online and the bound, printed copy will be mailed to you upon purchase.

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Bar Code Medication Administration system improves patient safety

By Jennifer Payton, JD, SRMC CCO; Whitney Leder, PharmD, & Eddy Hord, M.D.

Health information technology (HIT) can dramatically improve outcomes in patient safety and quality improvement, as Stuttgart Regional Medical Center (SRMC) has shown with its recent implementation of the Bar Code Medication Administration (BCMA) system.

BCMA allows users to electronically document the administration of medications at the bedside, using real-time network connection and barcode labeling to assure accurate administration. BCMA software verifies that the "Five Rights" universal standard of medication administration is maintained: right patient, right medication, right dose, right time, and right route.

Under the BCMA system, it was logical that the pharmacy become solely responsible for medication in the facility from "bulk bottle to bill." The pharmacy also took the initiative to verify that barcode labels from each medication are recognized by the BCMA system and tied to items in the formulary and charge master, so that a handheld scanner used by nurses and respiratory therapists can recognize the same barcode on a medication package.

To reach and sustain 100 percent compliance with BCMA usage, the pharmacy ensured that the program was rolled out complete from the start. However, employee compliance was still low in the early stages of BCMA implementation. Most non-compliance issues were user-related and involved education and systems procedures. Technology literacy varied widely among hospital staff members who used the BCMA system. The nursing administration, quality, and pharmacy staff provided daily training for new users, including instruction on how to correct barcode label scanning issues and how to predefine medication orders in the point of care system.

Utilization reports were monitored weekly to ensure that all nursing and cardiopulmonary staff members used the medication verification system. A weekly "Top of the Crop" report showed individual employee BCMA usage and accuracy. This report was posted in the nursing medication rooms, and was also given to physicians, the board of directors and the medical staff Pharmaceuticals and Therapeutics Committee.

Once the improvement process stabilized, the report changed to the "Out of Compliance" report, and action

plans were developed to address specific issues that required attention. Two weeks later, 100 percent compliance was achieved. If the BCMA system is not utilized on a single medication, the clinical staff must complete documentation justifying the deviation, and such documentation is reviewed by nursing administration, pharmacy, and risk management. The pharmacy and compliance staff also review any system overrides and BCMA system warning reports weekly to identify and address patterns and problems with the BCMA system.

The BCMA system ensures that patient medications are administered in a safe and timely manner. It can also identify potential medical errors ... that would not have been identified by the former manual system.

The BCMA system at SRMC has been proven to prevent medication errors. For example, SRMC gave 2,917 medications on the acute care nursing floors from February 18 through 25, 2007. All 2,917 medications were scanned prior to administration for correct patient, drug, dosage, route and time. The BCMA system prevented at least 15 medication errors during that time.

The BCMA system ensures that patient medications are administered in a safe and timely manner. It can also identify potential medical errors and incorrect administration of medications that would not have been identified by the former manual system.

The SRMC board of directors and administrative staff agree that this information technology is well worth the investment. During the first year of system integration, the return on investment was realized in improved patient care, reduced risk of medication and medical errors, improved capture of charges, reduction of cost and the ability to measure the outcomes of standardization and care.

*Submitted by the Arkansas Foundation for Medical Care
This article was previously published in the Journal of the Arkansas Medical Society.*

ARKANSAS NURSES VOLUNTEER FOR NCSBN'S PANELS

Arkansas nurses continue to be active in volunteering for the National Council of State Board of Nursing's NCLEX® Panels. In the development of the NCLEX exam panels, nurses from across the states are asked to serve on a special panel of item writing, item review or panel of judges.

During 2007, the following Arkansas nurses have represented the Arkansas State Board of Nursing in the NCLEX® item development program.

Item Writing Panel:

Tammy Lea Goodwin, RN, Saratoga – PN Item Writing Panel

Item Review Panel:

Carmencita M Poe, RN, Little Rock – RN Item Review

Barbara Ann Caviness, RN, Little Rock – RN Item Review

Susan Kay Kontir, RN, Fort Smith - PN Item Review

The experience of serving on a panel

is an excellent opportunity to network with nurses across the nation, learn new skills in professional development and contribute to the continuing excellence in nursing practice. These panels meet three to five days in Chicago at various times throughout the year.

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the nurse must be currently licensed in the jurisdiction of practice and a RN will apply for the NCLEX-RN® panel and a LPN or RN may apply for the NCLEX- PN®.

To apply to become a panel member, go to www.ncsbn.org and select Item Development On-Line Application.



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2008 BOARD MEETING DATES

JANUARY 16	WEDNESDAY	BUSINESS
JANUARY 17	THURSDAY	DISCIPLINARY
FEBRUARY 13	WEDNESDAY	DISCIPLINARY
FEBRUARY 14	THURSDAY	DISCIPLINARY
MARCH 12	WEDNESDAY	BOARD RETREAT
MARCH 13	THURSDAY	DISCIPLINARY
APRIL	NO MEETINGS SCHEDULED	
MAY 14	WEDNESDAY	DISCIPLINARY
MAY 15	THURSDAY	BUSINESS
JUNE 11	WEDNESDAY	DISCIPLINARY
JUNE 12	THURSDAY	DISCIPLINARY

SCHOOL NURSE GUIDELINES REVISED

Because healthcare is changing almost daily with new procedures and technology, because children with complex health-care needs are attending public schools, because more students receive the majority of their personal healthcare from the school nurse, the role of the School Nurse is expanding. It is no news to school nurses that schools have seen an increase in the number of students with diabetes, allergies, asthma, seizures and attention deficit disorders. In addition, schools are seeing students who are ventilator dependent, wheel chair bound, have feeding tubes, and complicated treatment and medication schedules.

A group of school nurses met with the Board staff this past summer to revise the School Nurse Roles and Responsibilities Practice Guidelines. These nurses gave up their time during the summer break to help make the practice of nursing in schools better. They were instrumental in updating this document to clarify roles and responsibilities and to add new procedures and technology that school nurses are dealing with on a daily basis. The document is available at www.arsbn.org under "position statements."

The task group included:

Melanie Allen – Vilonia School District
Valerie Beshears – Fort Smith School District
Margo Bushmiaer – Little Rock School District
Sandra Campbell – North Little Rock School District
Lisa Drake – Forrest City School District
Lori Eakin – ASBN Board Member
Cassandra Harvey – Brinkley School

District and ASBN Board Member
Kathey Haynie – Bryant School District
Sandra Kinsey – England School District
Paula Smith – State School Nurse Consultant

This document defines the scope of practice of the Advanced Practice Nurse (APN), Registered Nurse (RN), Licensed Practical Nurse (LPN) and Licensed Psychiatric Technician Nurse (LPTN) when practicing in the school setting. Additionally, the document defines nursing tasks that may be delegated by the school nurse to unlicensed assistive personnel (UAP.)

Ark. Code Ann. § 6-18-706 sets out the requirements for school districts to hire school nurses. § 6-18-706(b) defines "school nurse" as a licensed nurse engaging in school nursing activities. Neither the ASBN School Nurse Roles and Responsibilities Practice Guidelines (2007) nor state law prohibits employing an APN, RN, LPN or LPTN in the school nurse position(s). However, the LPN and LPTN are required by law to work under the direction of an APN, RN, licensed physician or licensed dentist (Ark. Code Ann. §17-87-102 (5) and (7).)

The ASBN School Nurse Roles and Responsibilities Practice Guidelines (2007) requires each nurse employed in a school setting to practice within the scope of practice for the license level the nurse holds. These scopes of practice are set out in Ark. Code Ann. §17-87-102, ASBN Position Statement 95-1 Scopes of Practice and ASBN Position Statement 98-6 Scope of Practice Decision Making Model. Some school nursing duties, such as developing individualized healthcare plans, may only be performed

by an APN or RN. Other examples of APN or RN only duties are listed in the ASBN School Nurse Roles and Responsibilities Practice Guidelines (2007.)

Two citations from the Education Chapter of the Arkansas Code specifically address the issue of providing for a child's healthcare needs and who is to perform the tasks required.

A.C.A. §6-18-1005 (a)(6)(A)

"Students with special health care needs, including the chronically ill, medically fragile, and technology-dependent and students with other health impairments shall have individualized health care plans."

A.C.A. §6-18-1005 (a)(6)(B)(i)

"Invasive medical procedures required by students and provided at the school shall be performed by trained, licensed personnel who are licensed to perform the task subject to §17-87-102 (6)(D) or other professional licensure statutes."

Therefore, according to the Education Statutes and Nurse Practice Act, a RN or APN is required in the school setting to direct care and to perform those tasks and duties that require assessment, diagnosis and care planning. Directing care does not require the RN or APN to be physically present 100 percent of the time. However, the RN or APN must be able to critically watch and direct the LPN's, LPTN's and/or UAP's activities or course of action to ensure the appropriate outcome is achieved. The RN or APN must be available as needed by the LPN, LPTN or UAP. The amount of direction required is directly related to the individual LPN's, LPTN's or UAP's experience, skills and abilities, and the healthcare needs of the students being served.

Licensed nurses may be assigned or

delegated nursing tasks based upon their scope of practice, education, experience and competency validation. Only licensed nurses may delegate nursing care tasks to unlicensed assistive personnel. Delegation is based upon the UAP's education, experience and competency validation for the skills needed to perform the delegated tasks. The ASBN School Nurse Roles and Responsibilities Practice Guidelines (2007) define the criteria for delegation and the nursing tasks that may be assigned or delegated to the LPN, LPTN, and UAP. The list of tasks was updated with tasks that are currently required of the school nurse.

Pharmacy Services requires that all controlled substances have an accounting system and controlled substances be kept under a double lock. It is recommended that the licensed nurse limit access to controlled substances. When possible, all unused medication is to be sent home to a parent/guardian when a student is changing schools, no longer needs to take the medication at school or the school term has ended. When any quantity of a controlled substance or when large quantities of other medications cannot be sent to the parent/guardian, the medication is to be sent to Pharmacy Services at the Arkansas Department of Health for identification and destruction. To obtain a Pharmacy Services Surrender Form and instructions, call 501-661-2325.

Other changes to the document included the Roles and Responsibilities section of the guidelines being updated to reflect the current information from the National School Nurses Association. The task group also updated the recommended qualifications of the school nurse and added recommended qualifications of the unlicensed assistive personnel.

While the school nurse may be accountable to the principal or superintendent regarding his or her employment, the licensed nurse is responsible for providing and directing nursing care. The school nurse is held accountable both professionally and legally for practicing within his or her scope of practice and for appropriate delegation.



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Why Should I Do Continuing Education?

by Sue Tedford, MNSc, RN, Director of Nursing Education



The medical environment is one of incredible specialization and change. It is so hard to keep up with everything. Many nurses believe that because they are out there “in the trenches,” they are “up-to-date” with the latest and greatest information. However, that is far from the truth. It takes seven years for new medical practice to become mainstream practice. That is a long time when you are talking about the life and death of patients.

The Institute of Medicine report (1999) stated that 44,000 – 98,000 patient deaths are due to preventable medical errors. Even though these statistics reflect other healthcare practitioners, it is still a large number of deaths. How many of those could have been prevented if the practitioner had the most current information available when providing care? I am not sure we will ever know the answer to that question, but I am sure that if it saved one life, it would be well worth keeping up with new knowledge.

Are you familiar with the 100,000 Lives Campaign? What about the Protecting 5 Million Lives Campaign? The Institute for Healthcare Improvement (IHI) partnered with other organizations in a national effort to reduce preventable deaths in the United States. The initial goal was to save 100,000 lives. Within 18 months, this goal was achieved and the IHI set a new goal of 5 million lives. This campaign identified interventions to save lives such as rapid response teams, evidence-based care for acute MI and prevention of central line infections. Continuing education brought about changes in practice which resulted in practitioners making a difference in mortality and morbidity rates. This shows that continuing edu-

cation can and does make a difference.

Each time you fly in an airplane, you are putting your life in the hands of the pilot. You board the plane hoping that the pilot is competent at their profession. What about the patient that is under your care? Don't you

think he or she is hoping that you are competent in your profession? Airline pilots must take a competency test every year in order to fly a plane. That makes us feel better when we fly, but what is the

continued on Page 28

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Flu shots aren't just for patients. Health care providers can protect themselves and those they care for by taking the time to get an annual flu shot. You already know the reasons why you need one.

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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/FLUAD4-10/07

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The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil 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.

<p>PROBATION <i>Ball, Lindsey Raye Tarry</i> L46968, Sherwood A.C.A. §17-87-309(a)(6) Probation - 2 years Course - AR Nurse Practice Act and Professional Accountability & Legal Liability</p>	<p>Civil Penalty - addt'l \$400.00 Course - AR Nurse Practice Act</p>	<p>Course - AR Nurse Practice Act and Legal & Ethical Issues in Nursing</p>	<p>and Professional Accountability & Legal Liability</p>
<p><i>Beaird, Leah Beth</i> R77687, Little Rock Probation Non-Compliance Probation - addt'l 18 months Civil Penalty - addt'l \$600 Course - AR Nurse Practice Act and Professional Accountability & Legal Liability</p>	<p><i>Harrison, Christy Ann DeFoure Glass</i> A01573(exp), PAC01437(exp), P01729(exp), R52710(exp), Bald Knob Amended to A.C.A. §17-87-309(6) Probation - 2 years Civil Penalty - \$1,000</p>	<p><i>Perry, Wanda Sue Oguinn</i> L16457, Banks A.C.A. §17-87-309(a)(4)&(6) Probation - 18 months Civil Penalty - \$800 Course - AR Nurse Practice Act</p>	<p>SUSPENSION <i>Adams, Armonia Yvette</i> R41665, L16197(exp), Pine Bluff A.C.A. §17-87-309(a)(4),(6)&(9) Suspension - 3 years, followed by Probation - 2 years Civil Penalty - \$2,500</p>
<p><i>Brewer, Rebecca Kristina K. Godwin</i> R40812, Hot Springs A.C.A. §17-87-309(a)(4)&(6) Probation - 1 year Course - AR Nurse Practice Act</p>	<p><i>Harris, Courtney Leigh Cavitt</i> L41032, Tyronza A.C.A. §17-87-309(a)(4),(6)&(7) Suspension - 3 months, followed by Probation - 3 years Civil Penalty - \$2,000 Course - AR Nurse Practice Act and Legal & Ethical Issues in Nursing</p>	<p><i>Pullen, Melanie Karen Cullinan Matchett</i> R31764, Hot Springs A.C.A. §17-87-309(a)(4),(6)&(7) Probation - 2 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act</p>	<p><i>Bagwell, Barbara Marie Flynn</i> L34049, Ash Flat Letter of Reprimand Non-Compliance Suspension until terms are met</p>
<p><i>Cooper, II, Richard Allen</i> R80074, Harrison A.C.A. §17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act</p>	<p><i>Harris, Robert Dennis</i> R31677, Benton A.C.A. §17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act</p>	<p><i>Richardson, Lula</i> R26811, State University A.C.A. §17-87-309(a)(2),(6)&(7) Probation - 2 years Civil Penalty - addt'l \$700 Course - RN Refresher, AR Nurse Practice Act, Anger Management, Documentation, Medical Administration and Legal & Ethical Issues in Nursing</p>	<p><i>Christmas, Chrisi Marie Goodman Jones</i> R67286, Batesville A.C.A. §17-87-309(a)(4)&(6) Suspension - 3 years, followed by Probation - 2 years Civil Penalty - \$2,500</p>
<p><i>Davis, Stacy A. Sulcer Dryer</i> R70843, L36064(exp), Jonesboro A.C.A. §17-87-309(a)(2),(4),(6)&(7) Probation - 3 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act, Legal & Ethical Issues in Nursing and Documentation</p>	<p><i>Hess, Stephanie Gail</i> L35292, McCrory A.C.A. §17-87-309(a)(4),(6)&(7) Probation - 3 years Civil Penalty - \$1,200 Course - AR Nurse Practice Act, Legal & Ethical Issues in Nursing and Documentation</p>	<p><i>Rogers, Robin Ashley Dendy</i> L40981, Clinton A.C.A. §17-87-309(a)(4),(6)&(7) Probation - 2 years Civil Penalty - addt'l \$1,200 Course - AR Nurse Practice Act and Legal & Ethical Issues in Nursing</p>	<p><i>Deloach, Kimberley Simmons Hunt</i> L40009, El Dorado A.C.A. §17-87-309(a)(4)&(6) Suspension - 3 years, followed by Probation - 2 years Civil Penalty - \$2,500</p>
<p><i>Currie, Rhonda Denise Adams Robinson</i> L30264, Jonesboro Probation Non-Compliance Probation - extended to December 31, 2008 Civil Penalty - addt'l \$500 Course - AR Nurse Practice Act</p>	<p><i>Hudspeth, Melissa Jann Bradley Price</i> R79968, L20457, Warren A.C.A. §17-87-309(a)(6) Probation - 2 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act and Legal & Ethical Issues in Nursing</p>	<p><i>Russell, Stephanie Paige Sturch Winston</i> L38176, Jonesboro A.C.A. §17-87-309(a)(2),(4),(6)&(9) Probation - 2 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act</p>	<p><i>Dyke, Greg Francis</i> L35948, North Little Rock Letter of Reprimand Non-Compliance Suspension - 1 year, followed by Probation - 2 years Civil Penalty - \$1,500 + prev. bal.</p>
<p><i>Davis, Melissa Anne Monson Robson</i> R49589, Austin A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$700 Course - AR Nurse Practice Act and Professional Accountability & Legal Liability</p>	<p><i>Hughes, Sharon</i> L28935, Little Rock Probation Non-Compliance Probation - addt'l 1 year Civil Penalty - \$500 + prev. bal.</p>	<p><i>Wallace, Melba Jean Spiers Moore Lovett Bickford Vanhook</i> R55414, L31834(exp), Van Buren A.C.A. §17-87-309(a)(6) Probation - 2 years Civil Penalty - \$1,000 Course - Anger Management, Legal & Ethical Issues, Preventing Medical Errors and Documentation</p>	<p><i>Fisher, Carol Lynn Evans</i> R72607, L40673(exp), Des Arc Probation Non-Compliance Suspension - 3 years, followed by Probation - 2 years Civil Penalty - \$2,500 + prev. bal.</p>
<p><i>Floyd, Kellylyn Mae Spoon</i> R65134, Little Rock A.C.A. §17-87-309(a)(4)&(6) Probation - 18 months Civil Penalty - \$1,000 Course - AR Nurse Practice Act</p>	<p><i>Irvan, Deborah Lee Lawson</i> R54256, L31298(exp), Horatio A.C.A. §17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act and Legal & Ethical Issues in Nursing</p>	<p><i>Warren, Rhonda Leigh Runnells</i> L44637, Little Rock A.C.A. §17-87-309(a)(6) Probation - 2 years Civil Penalty - \$1,000 Course - Documentation, AR Nurse Practice Act, Legal & Ethical Issues in Nursing, Pharmacology and Patient Assessment</p>	<p><i>Hildebrand, Rebecca Lynn Baker</i> R45075, L27923(PS Inactive), Jonesboro Board Reprimand Non-Compliance Suspension until terms are met</p>
<p><i>Gawthrop, Toni Fuller</i> R45070, Bentonville Probation Non-Compliance Probation - addt'l 3 years Civil Penalty - addt'l \$1,000 Course - Legal & Ethical Issues in Nursing and AR Nurse Practice Act</p>	<p><i>Kunath, Katherine Ilene Davidson</i> L44225, Mountain Home A.C.A. §17-87-309(a)(6) Probation - 2 years Civil Penalty - \$1,000 Course - AR Nurse Practice Act, Documentation, and Geriatric Nursing</p>	<p><i>Wilson, Katherine Renee Stephens</i> R49363, North Little Rock A.C.A. §17-87-309(a)(6) Probation - 1 year Civil Penalty - \$750.00 Course - AR Nurse Practice Act</p>	<p><i>Jackson, Tonya Rena Kirkland</i> L43789, Trumann A.C.A. §17-87-309(a)(4)&(6) Suspension - 1 year, followed by Probation - 2 years Civil Penalty - \$1,500</p>
<p><i>Graves, Johnny Lee</i> L43302, Hot Springs A.C.A. §17-87-309(a)(6) Probation - 1 year</p>	<p><i>McCoy, Christine Sue Wilson</i> R69929, Huntsville A.C.A. §17-87-309(a)(4)&(6) Probation - 3 years Civil Penalty - \$2,000</p>	<p><i>Jones, Shiela Coyann Norris</i> R62635, L30201(exp), Weiner Probation Non-Compliance Suspension - until previous course is complete, followed by Probation - 2½ years Civil Penalty - addt'l \$500 Course - AR Nurse Practice Act</p>	<p><i>Long, Melonie Faye Curtis</i> L26991, Lonsdale Letter of Reprimand Non-Compliance Suspension until terms are met</p>
			<p><i>Scherff, Michael Allen</i> L24876, Fayetteville Probation Non-Compliance Suspension - 6 months, followed by Probation - 3 years Civil Penalty - \$1,500 Course - AR Nurse Practice Act</p>
			<p><i>Terhune, Tracy Lea</i> L30321, Fayetteville Probation Non-Compliance Suspension - 3 years, followed by Probation - 3 years Civil Penalty - \$2,500</p>
			<p>VOLUNTARY SURRENDER <i>Brewer, Linda Sue Laswell</i> L38357, Rose Bud October 30, 2007</p>
			<p><i>Brown, Catherine Marie Davis McConnell</i> L41553, Marmaduke September 28, 2007</p>
			<p><i>Brown, Paige Allissa Taylor</i> R52005, Benton September 27, 2007</p>
			<p><i>Deroe, Eugenia Anne George</i> L41971, Paragould November 8, 2007</p>
			<p><i>Granger, Mark A.</i> L43429, Clarksville November 9, 2007</p>
			<p><i>Hicks, Kimberly Ann Godfrey Maring</i> <i>Barr Weatherford</i> R53661, L28745(exp), Mountain Home September 25, 2007</p>
			<p><i>Kinney, Deborah Anne McElroy</i> R27030, Forrest City October 2, 2007</p>
			<p><i>Martin, Carolyn Lynette Martin Chambers</i> R31582, Royal September 19, 2007</p>
			<p><i>Mullins, Mary Theresa Hill</i> R29198, North Little Rock October 11, 2007</p>
			<p><i>Ross, Deborah Jean Watts</i> L34223, Vanndale October 12, 2007</p>
			<p><i>White, Carrie Joy</i> R54497, Little Rock November 6, 2007</p>

continued on next page

Jacobs, Vincent Curtis
R48912, Benton
A.C.A. §17-87-309(a)(1)
and §17-87-207(c)(2)
Late Fee - \$750.00
September 25, 2007

Joiner, Ginny Lee
L40771, Marble Falls
A.C.A. §17-87-309(a)(1)
And §17-87-207(c)(2)
Late Fee - \$1,000
September 25, 2007

Kerstetter, Sicily Alice Brown
Torres
R44120, Junction City
A.C.A. §17-87-309(a)(1)&(2)

Rouse, Shasta Marie
R79713, Harrison
A.C.A. §17-87-309(a)(1)&(2)

Stender, Cathleen Renee
Thompson
L22055, Jacksonville
A.C.A. §17-87-309(a)(1)
and §17-87-207(c)(2)
Late Fee - \$1,000

Young, Bettie Ruth Lambert
L20246, Rison
A.C.A. §17-87-309(a)(1)
and §17-87-207(c)(2)
Late Fee - \$1,000

REVOCATION

Washington, Michelle
L35813, Dallas, TX
A.C.A. §17-87-
309(a)(1),(2)&(6)
and §17-87-312(e)(25)
November 14, 2007

PROBATIONARY STATUS REMOVED
Armstrong, Barbara Lee Biggs
R34316, Van Buren
October 19, 2007

Ballard, Annie Lorie Newton
Webb
R54719, Curtis
November 1, 2007

Camplain, Brent James
R70701, Little Rock
October 19, 2007

Cox, Leanne Voy Tennant Estes
R51867, Little Rock
October 3, 2007

Davis, Kristin Kay Kimbrow
R53082, Little Rock
October 19, 2007

Decker, Patricia Naomi
Vandenbiggelaar Barnett
R64958, Hot Springs
October 19, 2007

Johnson, Janna Denice Worsham
R68897, Osceola
October 3, 2007

Mayo, Kimberly Dawn Mathis
Marshall
R42180, Alexander
November 9, 2007

McCown, Courtney Elizabeth
L43037, North Little Rock
October 19, 2007

McDermott, Patrick W.
L41168, Blytheville
October 3, 2007

Meyer, Anita Kay Slape McElroy
R34564, Fayetteville
October 24, 2007

Moody, Pamela Rana Ellis
L37761, Earle
September 28, 2007

Napier, Barry Alan
R51874, Benton
September 19, 2007

Parker, Kelly Corrine McKinnis
L33486, El Dorado
November 1, 2007

Pickett, Christi Deann Statler
R44915, Bauxite
November 9, 2007

Raley, Shelley Jan
R73598, Star City
September 24, 2007

Ross, Lee Ann Lester
R56092, Pine Bluff
November 1, 2007

Scott, Rhonda Marie Martin
R63322, Rogers
November 2, 2007

Spickard, Eva Jo Combee Gilbert
R42976, Bauxite
November 9, 2007

Waddell, William Richard
R53426, North Little Rock
October 3, 2007

Weems, Tina Rachel Whitley
L20779, Benton
October 19, 2007

Wilson, Doris Jane McGee Ford
L23130, Batesville
October 19, 2007

APPEAL DENIED

Dean, Rose Marie Laird Harris
R79582, L30130, Pine Bluff

WAIVER GRANTED

Stewart, Dana LeAnn
RN Applicant

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- 3.) **Nursys® Nurses' verification.** Go to www.nursys.com. If the original state of nurse licensure is not a Nursys® participant, contact the original state licensing board.

continued from Page 25

reassurance to the public that healthcare workers are competent? In fact, there is no assurance at this time. Some Boards of Nursing have taken the position of requiring practice hours and/or continuing education. Neither one of these methods guarantees competency, but it is a good start.

Continuing education for license renewal has been required in Arkansas since July of 2003. Many nurses have been doing continuing education for their entire career, and other nurses have not done anything to keep up with the expanding knowledge base. Truly, if nurses are only maintaining their practice, they are really falling behind. Join this bandwagon and make continuing education more than something the Board requires – make it something you want to do to improve the care you provide to your patients.

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- 9:45 a.m. Chemical Dependency
- 10:45 a.m. Nursing Liability
- 11:30 a.m. Lunch
- 12:15 p.m. Mock Disciplinary Hearing
- 2:15 p.m. Break
- 2:30 p.m. Criminal Backgrounds
- 3:00 p.m. Break
- 3:05 p.m. NCLEX

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Tues.	"Fun Day" at Sea		
Wed.	St. Thomas / St. John	9:00 A.M.	8:00 P.M.
Thurs.	St. Maarten	7:00 A.M.	6:00 P.M.
Fri.	"Fun Day" at Sea		
Sat.	"Fun Day" at Sea		
Sun.	Miami	8:00 A.M.	

*Optional shore excursion to St. John available.

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