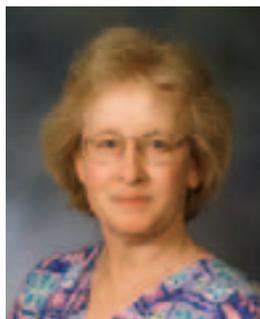


Twelve Nurses Who Touch Lives



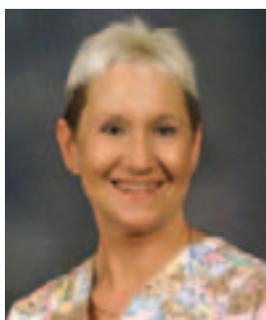
Jan Bauresis



Frances Chinske



Dasie Jackson



Kathie Mize



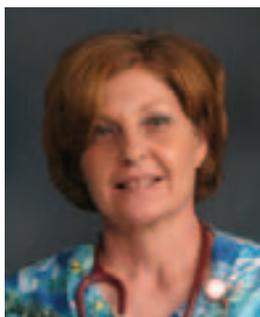
Kathryn Murray



Maureen Colvert Smith



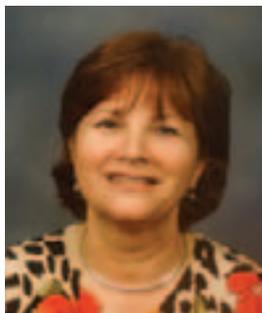
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RECRUIT NURSES. thinkaboutitnursing.com

Many of you have, no doubt, heard about the newly passed legislation that allows for the establishment of Medication Assistive Persons (M.A.P.s). Among other things, you've probably even heard that "those idiots at the Board of Nursing actually supported the bill!". Well, now it's time to weed out the rumors and misconceptions and present "just the facts, ma'am".



As you will read in this month's *Update* (and many of you are acutely aware of from your workplace) the nursing shortage is only worsening. The hardest hit setting is long term care, which also has one of the fastest growing patient populations. The Office of Long-Term Care has strict staffing ratios that require a set number of nurses per patient. These numbers are often hard for the facilities to reach, particularly when the facility is located in a rural area. Some of the difficulty in attracting qualified nurses is because of the workload.

The Arkansas Health Care Association, an advocacy group for owners of more than 95 percent of the licensed long-term care facilities in Arkansas, felt that if the workload of a nurse could safely be reduced by a non-nurse, it might help attract more nurses to the long-term care setting. They approached the Legislative Commission on Nursing which formed a task force to study the proposition. This task force was made up of legislators, nurses, consumers, and long-term care representatives.

Several states that utilize M.A.P.s were studied by the task force, and a couple of interesting discoveries were made. First, no state had reported an increase in medication errors after the introduction of M.A.P.s. Secondly, there were as many ways of implementing and regulating M.A.P.s as there were states. It was startling to see that in many states, the M.A.P.s were regulated by one agency and the nurses that delegate to them were regulated by another. To some of us on the Board, that seemed like a really bad situation.

By the completion of this study, it became increasingly obvious that legislation to establish M.A.P.s would be proposed, and that it had a very good chance of becoming law. This is where the Board had to make a decision to either dig in our heels and oppose the bill or help craft the bill and support it. We chose the latter for several reasons.

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. Notice that it makes no mention of protecting the nurses and their jobs. We are a board made up nearly entirely of nurses, and we are certainly nurse advocates, but our mission is very different

from that of an association. With our public protection mission in mind, we began working with those crafting the legislation to see that the public would, in no way, suffer as a result of the passage of a M.A.P. bill. But our unofficial position of nurse advocates also came into play, primarily by insisting that the ASBN regulate both the nurse and the M.A.P.

With the Board regulating the M.A.P. we have the authority to:

- Examine, certify, and renew the certification of qualified applicants for M.A.P.s
- Prescribe minimum standards and approve curricula for educational programs preparing persons for certification as M.A.P.s
- Survey the M.A.P. educational programs and approve only the programs that meet the requirements of the act. One key requirement is that M.A.P. educational programs include at least 100 hours of pharmacology.
- Establish the maximum number of M.A.P.s that may be supervised by a nurse (two)
- Designate the types of facilities that may use M.A.P.s (Long term care facilities only.)
- Establish rules, which determine the scope of work of a M.A.P.
- Oversee the continuing education of the M.A.P.
- Discipline the M.A.P. in accordance with the act

In a perfect world, nurses would be plentiful and eager to work in the long-term care setting, but this is a less than perfect, and political world. In a political world, bills get passed, both good and bad. If we chose to bury our heads and act like M.A.P. legislation would never pass, there was a chance that a large number of these safeguards that protect both the public and nurses, would have never been included in the bill. Our goal was to support a good bill rather than to oppose a bad one that would pass anyway. I think that our goal was met.

Oh, and remember that Office of Long-Term Care required ratio of nurses to patients? It's still there - M.A.P.s may only supplement nurses, not replace them.

(Space prevents me from going into detail on all qualifications and limitations of M.A.P.s and the rules and regulations that govern them, but this information will be available on the Boards web site www.arsbn.org.)



Dan West, RN



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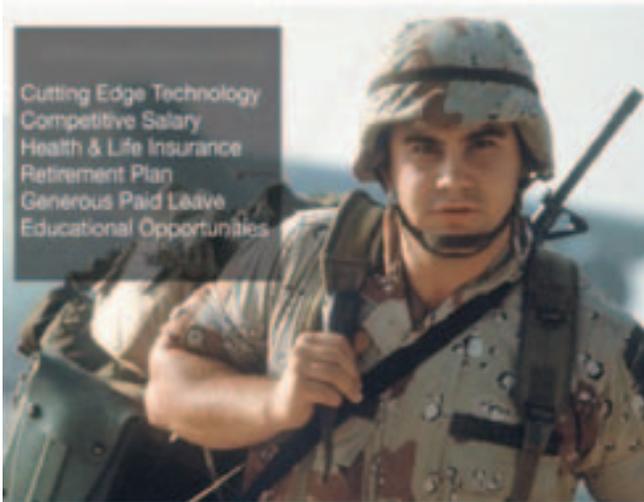
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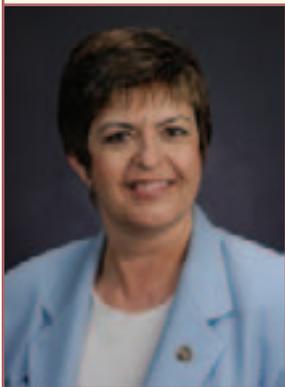
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Nurses Week begins each year on May 6th and ends on Florence Nightingale's birthday May 12th. The American Nurse's Association's theme for nurse's week this year is "Nurses: Many Roles, One Profession". The theme is most appropriate in discussing nursing as a career choice. How many other professions can you name in which you can graduate, not have to worry about finding a job, and if you get bored, can move into a hundred other practice areas without changing your profession? Nursing... it's not just a job or an occupation... it's a calling! I believe that with all my heart. My own daughter changed majors about five times, starting out and ending up in nursing. It was just what she was meant to do.

This issue of the *ASBN Update* focuses on the nursing shortage and what better time to give attention to this important subject than during the month that we celebrate "Nurses Week". The over 46,000 nursing licenses issued makes the nursing profession the state's single largest healthcare profession. But there are not enough of us! There are many reasons that we continue to have cyclical nursing shortages. Those reasons have been discussed in the media ad nauseum. What I want to know is... what should we be doing to make sure it stops happening?

To answer this question, the Legislative Commission on Nursing has evolved into what is currently being called The Arkansas Nursing Workforce Center. The Center will be able to address the nursing workforce on an ongoing basis so that, hopefully, the cyclical nature of a shortage can be avoided. The center will focus on recruitment, retention, diversity, grant funding, awareness and the many topics and issues involved with the shortage of nurses. I have great hopes for the workforce center to be a clearinghouse of information and education for employers, businesses, nursing educational programs and the community regarding issues related to the supply of nurses within the state. Nurses, you are one of our state's most valuable resources.

Arkansas nurses, I applaud you this nurses' week for your tenacity, hard work, dedication and zeal for the profession and most importantly, for the patients you serve. According to her museum in Europe, Florence Nightingale's greatest achievement was raising nursing to the level of a respectable profession. Nurses' devotion and commitment have entitled them to be ranked at the top of the most trusted professions. Florence would be proud of each of you!

Faith A. Fields

Faith A. Fields, MSN, RN

Retraction: In the last issue it was erroneously reported that the bill SB119 to increase CRNA corporation fees had passed. This bill has not yet passed in the legislature. We apologize for any inconvenience this may have caused.

From the Editor

From one health care professional to another I'd like to wish you a **HAPPY NURSES WEEK!!**

Our July issue of the *ASBN Update* will focus on "Where Nurses Work". I am looking for articles from nurses working in a variety of nursing areas. It's an opportunity to see your name in print! Please forward to ARCaple@arsbn.org.

I am sure everyone is aware of the recent plight of Terri Schiavo, her husband and her family. In response to this recent dilemma, I ask everyone to make sure that their family and loved ones are aware of their personal wishes regarding end of life care. We each have and are entitled to our personal beliefs. With this in mind we should relieve our family and/or loved ones from having to make these painful decisions for us in a time of grief. By the time you read this my parents, children, siblings and their families will have all gathered. We will have made known and executed our living wills. I encourage everyone to do the same while you can. Then, in the case of the unexpected, your wishes will be known and, hopefully, followed. You can also help as a health care professional by rephrasing the question of "What do you want done in case of...?" Instead, ask, "What would your loved one have wanted us to do?" This will not relieve the grief of loved ones, but might help alleviate the guilt or fighting that could ensue when one's wishes aren't known. Don't put this off until tomorrow because as medical professionals we know that sometimes tomorrow never comes...

Alisa R. Caple

WIN DINNER FOR TWO!!

Find the "Thinkaboutitnursing" logo in this issue of the Update. Cut it out and mail it to:

Thinkaboutitnursing, P.O. Box 17427, Little Rock, AR 72222

Entries received by May 31st will go into the drawing to win dinner for two courtesy of Publishing Concepts, Inc. Good luck and good hunting!



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A 4-Person Scramble

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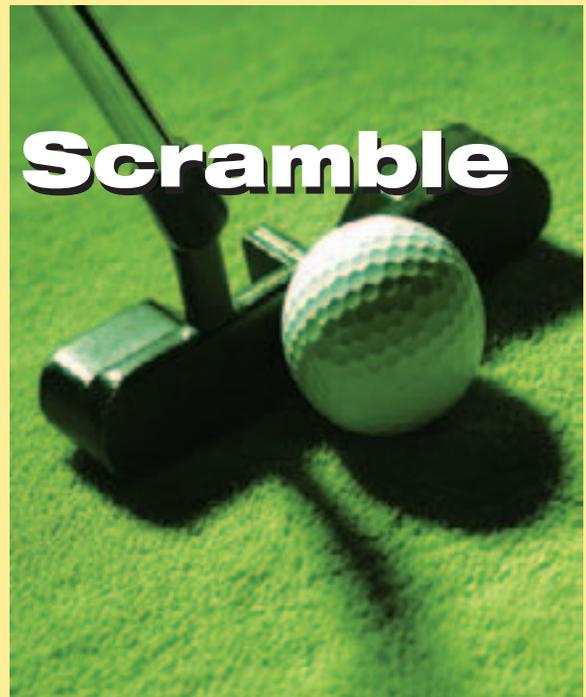
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501-686-2725

or email scholarshipfund@arsbn.org



BOARD MEMBER PROFILE

Name: Lawana Waters, RN
Place of birth: Magnolia, AR
Family members: husband Doug; son Brandon

Town/County of residence: Hope; Hempstead County

Education: Red River Vo-Tech (now UACCH) LPN program 1983; Associate Degree in Nursing, Buchanan School of Nursing, Texarkana, TX 1986.

Length and area of nursing practice/experience: I've worked for Medical Park Hospital in Hope since first becoming a nurse in 1983. I worked in Med/Surg for 2 years, then transferred to the Nursery in 1985. I transferred to Home Health in 1995, then returned to my current job in the Nursery in 1999.

When appointed to board: October 1997
Thoughts on being a board member: This has been one of the most valuable and rewarding experiences I've ever had. I have learned so much over the past 7+ years, from past and present Board members to the excellent staff at the ASBN. I've



even learned from the nurses who've come before us for discipline, particularly the ones who've faced up to and dealt with the problem that caused them to be in trouble in the first place. I

am very grateful to Governor Mike Huckabee for my appointment to the Board, and to Medical Park Hospital for allowing me the necessary time off to serve as a Board member.

Thoughts on role of Board: Our mission is to protect the public, and that has to always be the guiding principle in everything we do. But I believe we also protect the profession of nursing by the legislation we promote and by monitoring nursing education programs in the state. We also educate nurses through the seminars that our staff presents around the state every year.

Pets: My 2 miniature dachshunds, Peanut and Odie.

Favorite book: I like any book by John Grisham; currently, I'm reading the Stephanie Plum series by Janet Evanovich.

Leisure activities: Gardening, boating, walking, reading, crossword or jigsaw puzzles.

GOVERNOR APPOINTS NEW BOARD MEMBER

Governor Mike Huckabee recently appointed Frank G. Fusco to the Board. Mr. Fusco is the representative of the elderly population on the Board. Mr. Fusco was a former Newspaper Editor, Retail Store owner and a Cattleman. Mr. Fusco is married and the father of three. He also has three grandchildren, is an Air Force veteran, and is a member of the American Legion and Shrine Legion of Honor. He was appointed to the Selective Service Board by President Ronald Reagan and served twenty years in that position. Mr. Fusco is now retired residing in Arkansas.

MEET THE STAFF

Name: LouAnn Walker, Executive Assistant
Place of Birth: Little Rock, Arkansas
Family Members: Husband-Dennis married for 24 years, two daughters Allison 20 a junior at Hendrix College and Kristin 16 a senior at Bryant High School.

Favorite Color: Blue

Leisure Activities: Reading, flower & vegetable gardening, playing games/board games with my family, playing BUNCO, video poker.



Favorite Food: Mexican

My Best Time Of The Day Is: Early morning

My Family Thinks I Am: Caring; Too fanatical about cleanliness.

People Would Be

Surprised To Know: I, along with my husband, do the media presentation for contemporary worship at our church.

Three Adjectives That Others Would Use To Describe Me: Caring, organized and creative.

ASBN Workshops for 2005

Nursing 2005: What Every Nurse Should Know

The 2005 workshops will be presented around the state by the staff of the State Board of Nursing. The workshop is designed for all nurses and nursing students. It will cover topics such as the impaired nurse, legislation, leadership, unprofessional conduct and NCLEX. Each workshop will be held from 9 a.m. to 4 p.m. and will award 6.3 contact hours. The cost is \$45.00. The registration form and additional information is available on the ASBN webpage www.arsbn.org. We look forward to seeing you at one of these workshops.

Locations

June 16—Batesville
 UACCB Independence Hall Auditorium
 2005 White Drive

September 29—Magnolia
 SAU Grand Hall
 100 East University St.

October 6—Jonesboro
 St. Bernards Regional Medical Center Auditorium
 505 East Washington St.

November 15—Fort Smith
 Sparks Regional Medical Center
 Shuffield Education Center
 1311 South I St.

December 7—Springdale
 Jones Center (chapel)
 922 E. Emma Ave.

Nurse Managers and the Law

June 23, 2005
 6.9 Contact Hours

Target Audience: This workshop is intended for registered nurses functioning in the nurse manager role in any healthcare setting in Arkansas.

Topics Covered: role of the State Board of Nursing, advanced practice nursing, continuing education, delegation, scope of practice, grounds for disciplinary action (when/how to report), and tort law.

Registration begins at 7:45 am and the first session will begin at 8:30. The workshop will conclude at 4:00 p.m. The registration fee is \$50.00 (lunch is included).

Location

Baptist Health Medical Center
 J.A. Gilbreath Conference Center
 Conference Rm. 22
 Little Rock

Board Business



BOARD MEETING DATES

April 13 & 14 Disciplinary May 12 Business
May 11 Disciplinary June 8 & 9 Disciplinary

The public is invited to attend ASBN Meetings. Groups of more than five should contact Carmen Sebastino at 501.686.2730

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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 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.

FAQ

Frequently Asked Questions

Q. I received a letter about an audit of my civil penalty balance. If I agree with the amount, do I need to do anything?

A. Yes. Even if you agree with the balance listed in the letter, a response is required. There is a place on the bottom of the page

where you list your license number, the date, and sign that you agree with the amount. This form should be returned in the envelope provided. However, if you do not agree with the balance, you must attach documentation to support your reason for the difference.

BIG

Changes

at St. Bernards Medical Center in Jonesboro



There've been some changes made in the emergency department at St. Bernards Medical Center in Jonesboro—big changes.



Employees have substantially cut the length of time the average emergency patient must wait to see a physician. At the same time the department's Press Ganey patient satisfaction scores have skyrocketed.

Patient satisfaction in emergency now ranks in the top five percent nationally for departments that see more than 40,000 patients every year, and employees are working toward the 99th percentile.

"A little over year ago if you came to our emergency department, you would have found a packed waiting room," says Dr. Donald DeCarlo, ED medical director.

St. Bernards nursing leadership joined with a multi-disciplinary team which included nurses, physicians, patient care techs, customer service representatives and ancillary staff to improve things. Brainstorming sessions with the entire ED staff identified the biggest challenges as teamwork, communication (with each other, patients and families), wait times, physician admissions orders, lab turn-around time, team nursing and security.

To accomplish the overall focus of improving patient flow, employees set a 30-minute rule. "The goal is for the physician to see the patient within 30 minutes of his arrival," DeCarlo says.

Though census has increased by 14 percent over last year, emergency personnel have used a staff-driven set of objectives to cut a full hour off the turn-around time for patients.

"We can't always see every patient within 30 min-



utes,” DeCarlo says. “But on any given day we’re better than a lot of urgent care facilities or physician offices.”

How did they do it?

“The computer has helped,” says Gail Hall, RN, who has worked in emergency for five years. Computers have replaced paper documents for everything from patient registration (now accomplished at bedside in exam rooms) to instructions for at-home care after the visit.

“It is much faster to pull up an electronic chart,” she explains, adding that nurses don’t have to worry about reading someone’s handwriting. “In addition, the computer helps us know who needs help where within the department.”

“We’ve expedited the process for patients,” points out David Butler, RN, a three-year ED nurse. “The patients get back here faster, and we get to them faster.”

Staffing increases helped ensure success. Now on any given shift, six to 10 nurses, two to four patient care techs, one to three registration clerks and up to four physicians are working. An “express care” area accommodates patients with non-urgent needs. Expanded protocols allow nurses to start treatment quickly for things such as pneumonia, chest pain, COPD, GI bleeds and the like. And a floating triage nurse prioritizes care needs.

One thing that is emphasized is communication with patients. “When there are delays, we want people to be informed,” stresses ED Director David Keller, RN. “We all work on getting patients back in rooms and getting the physician to them as quickly as possible. But if that can’t happen, we tell them why.

“The way this staff works together as a team is wonderful,” emphasizes Keller.



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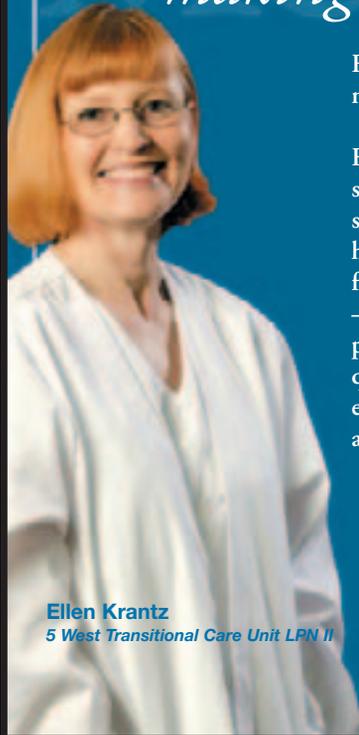
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The Implications of the Nursing Shortage

by Alisa R. Caple MNSc., RN, Director of Advanced Nursing Practice

THEY SAY THAT history repeats itself. Well, just as in the past, we are now facing a nursing shortage. Unlike the past, this one promises to be more severe, costlier, and has no clear answer of resolution.

We will all be affected by this shortage. Nurses at the bedside will take on more patient responsibilities; managers will become more responsible for the care their unit nurses provide; family, friends, etc. might not have the degree of required care during their hospitalization, etc. As a part time bedside nurse, I am very fortunate to work in a health care facility that strives and pushes to maintain a nurse/patient ratio that allows me to safely care for patients. Unfortunately this is not true of every facility, not only in our state, but nationwide. Maybe as a nurse I am more acutely aware of this fact. I do know that any loved one of mine, who has been hospitalized, will have a very active medical professional involved directly in their care.

Fortunately, several individuals and companies are pursuing options to gain insight into a reasonable resolution of the current crisis. For instance, the Johnson and Johnson company is utilizing various means of providing relief for this shortage. A visit to their website which is dedicated directly to nursing will provide information www.discovernursing.com. The ASBN Update publisher, Publishing Concepts, Inc. (PCI) is very active in initiating and supporting activities that increase the public's awareness of the nursing shortage. PCI donates monies to the scholarship fund with each ASBN Update publication. They also support the Nursing Expo, Think About It Nursing www.thinkaboutitnursing.com, as well as the upcoming golf scramble.

What can you do as a nurse? Let your family and friends know what can and will happen if we don't turn this shortage around. Encourage those you know seeking a career, making a career choice or pursuing a career change to "Think About It-Nursing" or "Discover Nursing!" Support those companies and individuals that are interested in the future of the nursing professions by purchasing their products/services.

Let them know where you saw or heard their advertisement. Think about donating to the scholarship fund in your name or in the name of someone else. Stay informed of changes in nursing and how they impact us. We are over 47,000 nurses strong in the state of Arkansas. Making our voices heard should not be difficult.



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Can Technology Help to Reduce the Impact of the Nursing Shortage?



by Ed Sweeten, Information Systems Administrator

GOOD QUESTION, and one to which I didn't know the answer. So out came the researcher and what I found was, not only is technology being utilized to combat the nursing shortage, it is being used to improve the quality of care in so many ways it would be impossible to cover all of them in one article. I have decided to cover the items that I felt would impact the field of nursing directly. I have included some Web links that I uncovered during my investigation that I think you will find interesting.

Let's start with nursing education. Most of you know about Internet based courses and clinical simulators. What about a virtual clinical? Faced with the problem of fitting students into the limited space in the emergency room without jeopardizing patient safety, Walter Reed Army Medical Center is experimenting with a concept that uses a web cam, a portable camera, and microphones to allow students to get clinical experience over the Internet.

http://www.dcmilitary.com/army/stripes/9_49/features/32433-1.html

Another problem is logistics, how to move items from point A to point B without tying up critical medical staff giving them more time to concentrate on patient care. Simple, enter robotics. Specialized robots are being used in hospitals around the world to move everything from meals, supplies, medical records, samples, and even pharmaceuticals to and from different locations in a facility.

http://www.usatoday.com/tech/news/techinnovations/2004-07-06-hospitalbot_x.htm

Robots are also being developed to assist in other ways. A British developed robot has been designed to give injections.

<http://news.bbc.co.uk/1/hi/health/1205722.stm>

Robotic surgery is reducing patient stays.

<http://www.nurseweek.com/news/features/02-12/barcoding.asp>

Another robot has been designed to operate as a scrub nurse.

http://www.cumc.columbia.edu/news/in-vivo/Vol3_Iss01_jan26_04/surgery.html

Finally my favorite, NurseBot. NurseBot is being developed at Carnegie Mellon University. It is a robot designed to provide assistance to elderly patients and is currently being tested in nursing homes across the country. The developers envision that

someday it will be available to assist people in their homes and possibly provide companionship and medication reminders.

<http://www-2.cs.cmu.edu/~nursebot>

Don't worry, there is also a robotic doctor.

http://www.usatoday.com/tech/news/2004-05-11-robot-rounds_x.htm

Electronic patient records, bar code scanning, and computerized medication delivery systems are reducing record keeping times and errors, processing times, and medication delivery times and errors. But what if the patient could get multiple medications at predetermined times and dosages without nurse intervention or a patient who requires shots on a regular basis could wear a patch and receive the same medications without an in patient visit? In steps micro technology. Pen and jet injectors, micro needle, and micro processor research may provide the patient the ability to self inject or receive medications automatically through patches or other means.

<http://www.washingtonpost.com/wp-dyn/articles/A5993-2005Feb7.htm>

and

<http://www.nature.com/cgi-taf/DynaPage.taf?file=/nm/journal/v9/n1/full/nm0103-99.html>

Telecommuting and virtual nursing enable nurses to work out of their homes, provide services for multiple facilities or individuals, and may provide a way to monitor home patients and give medication reminders using the internet

<http://www.intellicare.com/popNews/virtualNurse.pdf>

These are just a few ways that technology is helping nurses. Technology will never replace the feeling of reassurance a patient can get after a visit from a nurse or the joy from a little conversation and a polite smile but it can give the nurse more time to concentrate on what they do best, caring for patients.

If you want to learn more a good resource is

<http://www.health-itworld.com/enews/>

Graduate Nurses—*Eat Them or Season*

by Janie Kehler, RN

IN RESPONSE TO the national shortage of nurses, enrollment in schools of nursing has continued to increase. In just a few short weeks, more than a thousand people will be graduating from nursing programs in Arkansas. Some of these graduates pursued their nursing degree straight out of high school, with no work experience. Some are empty nesters, having sought out a way to meaningfully interact with others. Some have come from other careers, seizing the opportunity to make a difference in others' lives. Others come, in midlife, determined to meet America's need for nursing professionals. Whatever their background, they will soon become your co-workers. Like other professionals, new nurses want their job to provide opportunities for advancement, recognition, and self fulfillment.

It will take years for the new graduate nurse to become as effective and efficient as a seasoned nurse. For that reason, ensuring retention strategies from day one is imperative. New nurses are vulnerable to a wide array of feelings that could impact their future perception of the nursing profession, which might adversely impact retention. We must look down the road to see how the consequences of what we do today will affect the nursing profession in the future.

Many hospitals employ a preceptor model to

orient new graduates into their nursing culture. Seasoned nurses may see the mentoring of new graduates as only the concern of the assigned preceptor. While a preceptor is charged with walking a new graduate through a skills checklist to ensure the institution's requirements for thorough orientation are met, every nurse has the responsibility to enhance learning opportunities, provide feedback, give support and offer encouragement. Every nurse, by virtue of innate nurturing qualities, should have a positive influence on the growth and development of new members of the profession.

While the new nurse is technically your peer, nothing can replace the skill, knowledge, and discernment you've honed over the years. Much has been

written about the concept of nurses eating their young, which refers to the lack of support provided to new graduates by experienced nurses. Wouldn't you rather use your intrinsic qualities of care and compassion to help shape and build a new generation of nurses you can proudly call your peers?

Following are some ways you can help ease the transition from student nurse to new nurse:

- Invite your new colleague to accompany you to the cafeteria on their first day - don't just tell them how to get there.
- Find out: Why did they go to nursing school? What are their expectations for their first year of nursing practice? What kind of nursing do they envision practicing in five years?
- Try to remember what it felt like when you first began practice as a nurse. They are feeling those same emotions - pride in conquering nursing school, anticipation of a new work environment, fear of the unknown, and anxiety about the NCLEX.
- Share opportunities for the new nurse to gain experience performing hands-on clinical skills.
- Be forthcoming with specific information about your unit and your facility. Share specific details not covered in new employee orientation.
- Consider new ideas, especially if you've been employed at the same facility for a number of years. Remember, these nurses have just spent considerable time, during their clinical experiences, at many other institutions. They have been exposed to a variety of protocols. Sometimes a fresh eye can reveal a new perspective.



Left to Right—Michelle Phillips, LPN, working with her preceptor, Janie Kehler, RN.

Them?

- Provide valid clinical rationale for your interventions. The worst thing a new nurse can hear when questioning the rationale behind a policy or protocol is "We've always done it that way."
- Be patient – learning curves are different. Try not to act hurried or stressed. Look for opportunities to praise their efforts. Recognize their achievements rather than their mistakes. Welcome and encourage questions.
- Be an advocate - speak up when criticism is unconstructive or unwarranted. Squelch tattling, particularly about a mistake.
- Encourage your employer to put protocol in place to provide a 5-10 minute "touch-base" meeting every day for the new nurse's first week, and once weekly for the first month.

An environment that promotes growth and development can help new nurses gain the experience and self-confidence needed to succeed in nursing. When nurses feel valued and empowered, they are more likely to remain in the profession. We should be proactive as mentors and identify impediments to establishing positive working environments where trust, pride, and camaraderie are the backbone. We should take personal responsibility for a positive work environment, which will in turn help ensure that today's new nurses become tomorrow's seasoned nurses.

Janie Kehler, R.N. is new to the nursing profession, having graduated with an Associate's Degree from U.A.L.R. in May 2004, following a nine-year hiatus from a career in healthcare marketing. She currently works as a staff nurse in the surgical services department of Conway Regional Medical Center.

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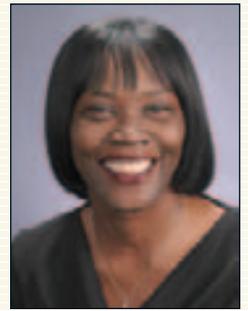


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The Nursing Shortage in Arkansas



by **Bernice Colston**, *Advanced Practice Secretary*

WHEN AN INDIVIDUAL decides to practice the profession of nursing, there are certain requirements to be met in order to safeguard the life and health of the people of Arkansas. An individual who, for compensation, practices or offers to practice professional or practical nursing in Arkansas, must provide evidence that they are qualified to practice and be licensed.

Here at the Board many licenses are issued everyday; Licensed Practical Nurses, Registered Nurses, Advanced Practice Nurses (CRNA, ANP, CNS, CNM), and Certificates of Prescriptive Authority. One would think because of the many licenses issued "Nursing Shortage!" would be out of the question, but yes, it's true.

Alisa R. Caple, Editor of the *ASBN Update* and Director of Advanced Nursing Practice is spearheading the ASBN Scholarship Fund's 1st Annual Golf Scramble. Alisa is also recruiting teams, sponsors and volunteers for this event. The Golf Scramble will be held June 13, 2005 at the Eagle Hill Golf and Athletic Club. The purpose of this Golf Scramble is to raise as much money as possible to go to the scholarship fund. The scholarships will be available to students seeking a career in nursing and to those of you seeking new careers.

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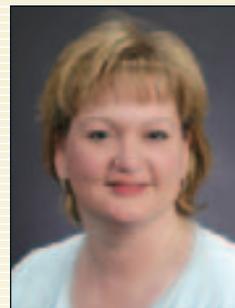
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ASBN—Working to Decrease the Nursing Shortage



by **Darla Erickson, CPA, Director of Accounting**

ONE OF THE BEST ways to combat a problem is through awareness. The nursing shortage is no different. This is what the “Think About It Nursing” campaign is all about—making people aware of the need for nurses, and the advantages of choosing nursing as a career.

Another way the Arkansas State Board of Nursing is trying to alleviate this shortage is by joining forces with many groups and organizations to help individuals with their nursing education. The Nursing Student Loan/Scholarship Program has been in place for the last two years. However, this program is on

hold until enough money can be raised to implement this program again.

We are actively pursuing avenues to raise funds to help more students with their nursing education. A new way you can have fun and help raise money for this program is by participating in the “1st Annual Golf Scramble.”

There are several ways you can help:

- 1) You can play golf. Registration fees will be used for the loan/scholarship fund.
- 2) Nurse Recognition – you can donate in honor of a special nurse who will have his or her name posted at the event, and will receive a “recognition”

note telling them you have donated to the fund in their honor.

- 3) Organizations can help by being a sponsor of the golf scramble while enjoying advertising benefits.

All profits will be donated to the Loan/Scholarship fund.

Of course, donations can always be made directly to the Arkansas State Board of Nursing designated for the Nursing Student Loan/Scholarship Fund.

You may visit our website at www.arsbn.org to find more information about the Nursing Student Loan/Scholarship Program. For more information about the golf scramble contact Alisa R. Caple @ 501-686-2725 or email ScholarshipFund@arsbn.org.



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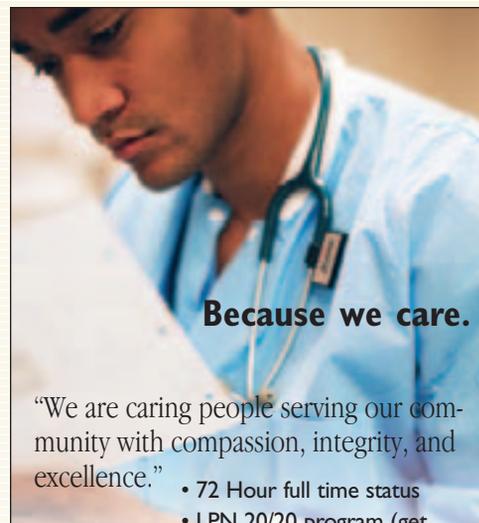
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What is the Real Problem in the Nursing Shortage?

by **Ruthanne N. Murphy, ASBN Nurse/Attorney**

I WAS RECENTLY SURPRISED to read on *Medscape* that the nursing shortage was no longer a problem. In my profession, I constantly hear about not having enough staff to provide the necessary care that we must be able to provide in our healthcare facilities. I wondered why Arkansas hadn't gotten the message that the problem had been relieved.

I know that our nursing schools tell us that there is an increased enrollment, but that doesn't seem like a long term solution to a problem that is only going to get worse as my generation of baby boomers ages. I have recently read that the former U.S. Secretary of Labor, Lynn Martin has stated, "This crisis will not be short termed. As a society we must be prepared to stay focused on this challenge for a significant period of time." I think she is absolutely right and we must work together to solve some of these ongoing nursing problems.

I think probably the obvious solutions have been written about as long as I have been a nurse. We need better staffing ratios, better working environments, and better benefits. I consider these to be an absolute must, if we are ever going to get ahead of this dilemma. I also think that nurses must be provided with the tools and the skills used by other professionals so they can deliver quality care using the most up-to-date technology available. While the numbers shortage is important, the nurses left in practice must be given the most up-to-date technology available to provide the best care to the largest population we can. I would like to think that better tools would allow us to

need fewer numbers of nurses. There are healthcare facilities that have the most up-to-date equipment and technology there is, but there are a great many more not willing to provide these assets to nurses or who simply can't afford to spend the money in their small facilities. Computers made their debut in healthcare in the late 1970's and I remember thinking at the time, it was a terrible idea. I suppose I should have realized that no computer was going to replace hands on nursing care, but could be used to cut down on time and expense of massive paperwork and make retrieval of vital patient information so much faster. Computers also make redundancy in treatment avoidable. I have read of all the advances in equipment that could be a huge asset to nurses like the self-contained patient transport system and the hand held patient assessment tools. I don't believe these tools will ever replace nurses' eyes, hands and hearts, but they may well

We need better staffing ratios, better working environments, and better benefits. I consider these to be an absolute must, if we are ever going to get ahead of this dilemma.

give the nurse more time to use these unique skills and make paperwork less time consuming.

I recently was visiting with a nurse that was telling me about one of the larger hospitals new entry into a telemedicine unit that will allow a physician to monitor all the hospitals intensive care type units from one central location with cameras. I initially thought that sounded like a huge waste of valuable resources, but the more I thought about it, it could be very smart and could benefit the patient greatly to have another pair of eyes watching out for them. I have since spent some time reading about these new observation services and have found that hospitals utilizing these medical observation units have found them to be very helpful for patient care.

Any device that can improve the safety of IV medication administration is always a valuable service to nurses. A critical aspect of providing nursing care, is the ability to provide safe care. Any of these electronic marvels should be evaluated and embraced if they will cut down on nursing demand and provide safer care for the patient.

I recently read of mobile robots that will operate autonomously and be able to see, hear, smell and touch in finer resolution than people. It sounds somewhat scary. If this prediction is true, nursing of tomorrow will look nothing like nursing today. While this all sounds very science fiction, much of what nurses do today once seemed very far-fetched to me. Until we reach that day, I would urge nurses to be willing to embrace these new technologies so the impact of a nursing shortage is just another statistic and not a disruptive and costly threat to the public.

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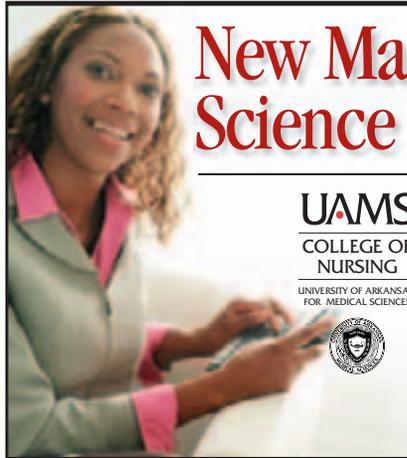
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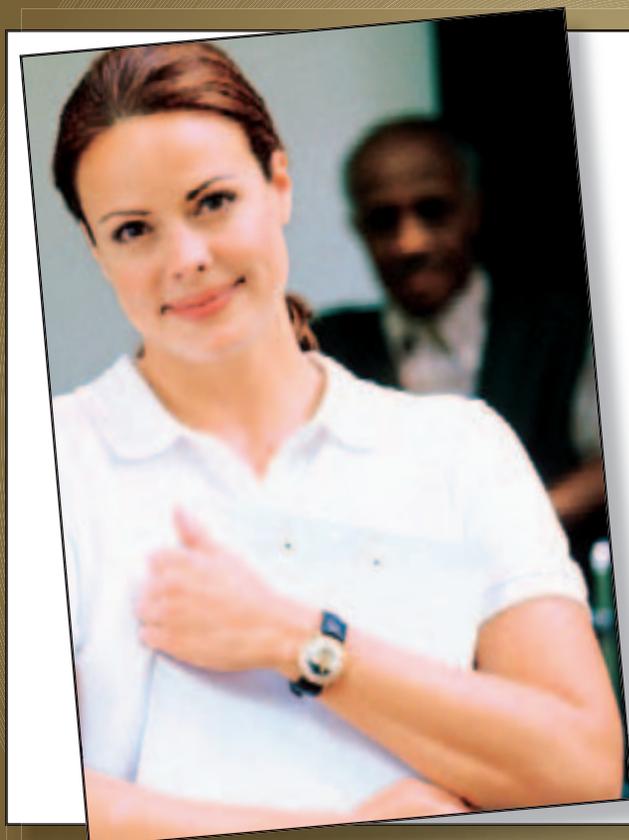
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Certification: *A Framework for Enhancing Competency of Temporary Workers*

by Michele Sacco, MS

THE GROWING SHORTAGE of nurses in America's hospitals has forced healthcare organizations to increasingly fill positions with temporary workers through contractual arrangements with staffing firms. More than 126,000 nursing positions are unfilled today and that number is expected to skyrocket just as 78 million aging baby boomers begin placing unprecedented demands on America's health care system. Today's nurse staffing problem is a major factor in emergency department overcrowding, cancellation of elective surgeries, discontinuation of clinical services, and the limited ability of the health system to respond to any mass casualty incident. In addition, nursing homes report an insufficient number of nurses to provide even the most basic of care, and some home health agencies are being forced to refuse new admissions.

With the reliance on agency nurses unlikely to ease in the near future, how do health care organizations know they are receiving competent, qualified services from these temporary workers?

Meeting a Need

The Joint Commission launched the new Health Care Staffing Services Certification Program in 2004 to meet these

quality oversight needs. The Joint Commission certification program offers an independent, comprehensive evaluation of a staffing agency's abilities to provide quality staffing services.

The Health Care Staffing Services Certification provides a comprehensive

evaluation of key functional areas such as processes for verifying the credentials and competence of health care staff. Standards also address topics such as leadership, managing human resources, performance measurement and improvement, and information



The Nursing Shortage

management. These critical issues are important to both staffing firms and the health care organizations that rely upon those firms. Now, healthcare organizations have a third-party source of information to assist them in making

standards require that certified health care staffing firms have a process to confirm that a person's qualifications are consistent with the assignments the firm is fulfilling. Joint Commission requirements include verifying



choices among staffing firms and supports efforts to improve the quality of care delivered to their patients.

Enhancing Staff Competency

Healthcare staffing firms must provide staff who ultimately provide safe, quality care to patients. For a staffing services firm to enhance quality of patient care, it must do more than just supply an individual and validate that he or she holds a current license. The firm must be able to ascertain the strengths and abilities of the staff that it represents and adequately match it with the needs of the customer.

Because most staffing services firms are not able to directly observe their staff actually delivering care, they must rely on self-reports from these temporary workers, along with clinical references and customer evaluations. To aid the healthcare staffing firm in its efforts to provide qualified, competent staff, the Joint Commission certification process established a series of human resources management standards that the health care staffing firm must comply with to achieve certification.

For example, Joint Commission

information on criminal background according to state laws, regulations, and customer requirements. In addition, staffing firms must conduct primary source verification for licensed independent practitioners such as advanced practice nurses who provide wound/ostomy care.

Because most staffing services firms are not able to directly observe their staff actually delivering care, they must rely on self-reports from these temporary workers, along with clinical references and customer evaluations.

Conclusion

Certification is a tool that can help healthcare staffing firms to improve operations and healthcare organizations to improve quality care and to control negative outcomes and risks.

- The benefits to healthcare organizations that use Joint Commission-certified staffing firms include:
- A greater level of confidence that the supplemental staff working in their organizations have met the rigorous requirements set by the Joint Commission, such as those related to the qualifications and competencies of nurses.
- Health Care Staffing Services Certification offers health care providers with a third-party source of information to assist them in making informed choices among staffing firms.
- Certification supports and facilitates healthcare organizations' efforts to improve quality and safety of care delivered to their patients.
- Certified staffing firms undergo many of the same rigorous requirements of Joint Commission-accredited healthcare organizations.

Michele Sacco is Executive Director of Health Care Staffing Services Certification Joint Commission on Accreditation of Health Care Organizations. For more information about Health Care Staffing Services Certification, please contact Michele Sacco at 630.792.5285 or msacco@jcaho.org.

Editor's Note: The first Joint Commission healthcare staffing services certification was awarded in December 2004 to NOVASTAFF Health Care Services Inc. in Oak Brook, Illinois. More than 100 other staffing firms have expressed their intent to seek certification.

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Disciplinary Actions

Diversity

Documentation

End of Life Care Pain Management

Ethics

Medication Errors

Nurse Practice Acts

Patient Privacy

Professional Accountability

Sharpening Critical Thinking Skills



Legislative Update

There were numerous bills filed this session, some of which affect nursing. At press time the legislative session was still in progress. You can find the status of any of the bills on the Internet at www.arkleg.state.ar.us. The following were active bills at the time this article was submitted. The bill's status at press time is listed in capital letters.

Act 61

Deletes the requirement that the board of nursing mail a renewal application to licensees and issue a paper license upon renewal. This provision sets the stage for the board to encourage online renewal and, in the future, grant a license that may be paperless. PASSED.

Act 490

The Patient Protection Act of 2005 concerning any willing providers. PASSED.

Act 1184

Increases the minimum number of nurse aide training hours from 75 to 90, adding 15 hours in Alzheimer's education. PASSED.

HB1466

Clarifies that certain convictions which have been expunged or sealed will not disqualify the individual from being able to hold a license and establishes permanent disqualification for certain convictions, even if expunged. PASSED.

Act 1438

Requires vision screening of certain school-aged children by an optometrist or ophthalmologist and rescreening by a nurse within one month if the child fails the initial screen. The bill requires the Department of Education to establish regulations on training of nurses to perform eye and vision screening. PASSED.

Act 1256

Provides for additional consideration in college admissions for individuals from medically underserved areas of the state who are interested in pursuing a nursing career. PASSED.

HB1783

Appropriates \$5,000,000 from General Improvement funds to the Department of Education to pay for school nurse salaries in public schools. PASSED.

Act 1440

Exempts consumer directed care from the requirement that the individual be licensed as a nurse to provide certain health maintenance activities in the home. Requires the Board of Nursing to determine what activities may not be exempted and to define the minimum qualifications for designated care aides. AMENDED AND PASSED.

HB2507

Allows an exemption from jury duty for nurses and others. IN HOUSE JUDICIARY COMMITTEE.

HB2613

Removes the requirement that a physician supervise a CRNA. RECOMMENDED FOR STUDY.

HB2835

Allowing medical assistants to perform "simple procedures" in a physician's office. WITHDRAWN BY THE SPONSOR.

HCR1006

Encourages the board of nursing and others to extend leniency in fees and a grace period for continuing education requirements to licensees who are activated members of the Arkansas National Guard and Reserves. PASSED.

SB119

Requires the health department to receive information from pharmacists regarding patient's prescribed controlled substances in order to identify and stop diversion of prescription drugs. RECOMMENDED FOR STUDY.

Act 1423

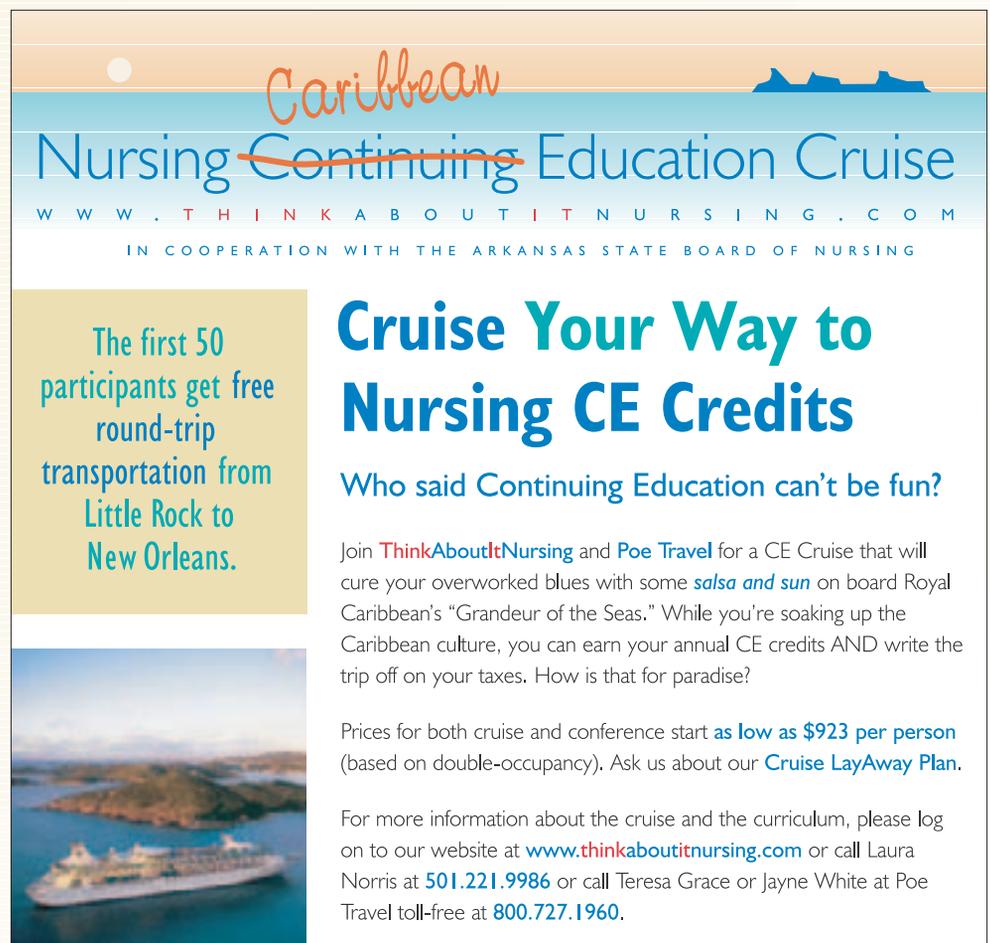
Establishes qualifications and oversight requirements by the board of nursing for medication assistive persons. PASSED.

SB= Senate Bill

HB= House Bill

HCR= House Concurrent Resolution

Act= Bill that has been enacted into law



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Disciplinary Actions

Disciplinary Actions—February 2005

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.

PROBATION

Blackmon, Vicky Lynn Spurgeon
Fitzgerald

R43056, Little Rock
(a)(6), CP \$500

Brizendine, Julia Grace Hansen
R35797, Hot Springs
(a)(6), CP \$750

Carroll, Janet Marie Hallmark Beard
R52484(exp), L21854(exp),
Jonesboro
(a)(4),(4)&(7)

Cate, Paula Lenee Lawrence
R40839, Malvern
(a)(4)&(6), CP \$800

Counts, Clay Egan
L35627(expired), Camden
(a)(4)&(6), CP \$800

Dunn, Jennifer Lin
L43450, Harrison
(a)(2)&(6)

Hall, Wendy Josette
R49903, Dumas
(a)(4)&(6), CP \$1,000

Jones, Wayne Herrel
R54666, Benton
(a)(6), CP \$900

Lerchen, Ronald Lester
L29762, Holiday Island
(a)(6), CP \$700

Mason, Karen Diane McEntire
L37989, Harrison
(a)(4)&(6), CP \$700

Miller, Tony Alan
R68565, Bigelow
(a)(6), CP \$500

Simons, Loura May
L19843, Beebe
(a)(4)&(6), CP \$1,000

Watts, Terri Lynne Lee
L11200, Springdale
(a)(4)&(6), CP \$500

SUSPENSION

Arnold, Tracy Renee Wilkins
L35526, Paragould
Probation Non-Compliance
CP \$750 + balance

Boone, Melissa Lee
L39678, Nashville
Suspension

Brown, Milford Anthony
R34042, C00623, Russellville
Probation Non-Compliance
CP \$2,000

Carder, Janice Lou
L38419, Colcord, OK
Probation Non-Compliance
CP \$2,500 + balance

Carter, Susan Jeanette Burton
L38399, Valley Springs
Probation Non-Compliance
CP \$1,000

Clifford Jay Cecil
R64665, Austin
(a)(6), CP \$1,000

Collier, Melissa Kay McDowell
L32724, Ft. Smith
Probation Non-Compliance
CP \$500 + balance

Hearn, Charles Brian
L33319, Hampton
Probation Non-Compliance
CP \$2,500 + balance

Merenko, Tina Rene Cowin
L41614, Jacksonville
Probation Non-Compliance
CP \$750 + balance

Ross, Lee Ann Lester
R56092, Pine Bluff
(a)(4)&(6), CP \$800
Course - Ethics of Nursing Practice

Tarkington, Nicholas Wilson
L24599, North Little Rock
A.C.A. §9-14-239\

Terry, Carmen Lynnette Andrews
R50077, Russellville
(a)(4)&(6), CP \$1,500

VOLUNTARY SURRENDER

Blackmon, Vicky Lynn Spurgeon
Fitzgerald
R43056, Little Rock

Blagg, Edward Perry
R41972, L27696, North Little Rock

Bolden, Betty Lou Smith
L09315, Little Rock

Cagle, Leslie Lynn Hunter
L37752, Conway

Christiansen, Retha Joann Meloy
L35093, Rogers

Hollimon, Donna Michelle West
L37778, Conway

Lamb, Margene Delores
R17425, Fayetteville

Richardson, Lula
R26811, Jonesboro

Sharp, Randall Floyd
T01221, Benton

Stark, Jill Loraine Pennington
L38652, Heber Springs

Turner, Angela Kaye Volner
L27167, Clarendon

REINSTATEMENTS WITH PROBATION

Gawthrop, Toni Fuller
R45070, Jasper
CP \$1,000

WAIVER GRANTED

Fernandez, Billie Jean Griffin
RN Applicant, Luxora
Permission Granted

ASBN HOT CHECK NOTICE

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie L16658

Garay, Tracey L37878

Gibson, Hubert L25188

McKee-Murphy, Bobbie L14764

Shaheed, Nathan T01220

Sivils, June Elizabeth L30290

Williams, Sally F. L26287

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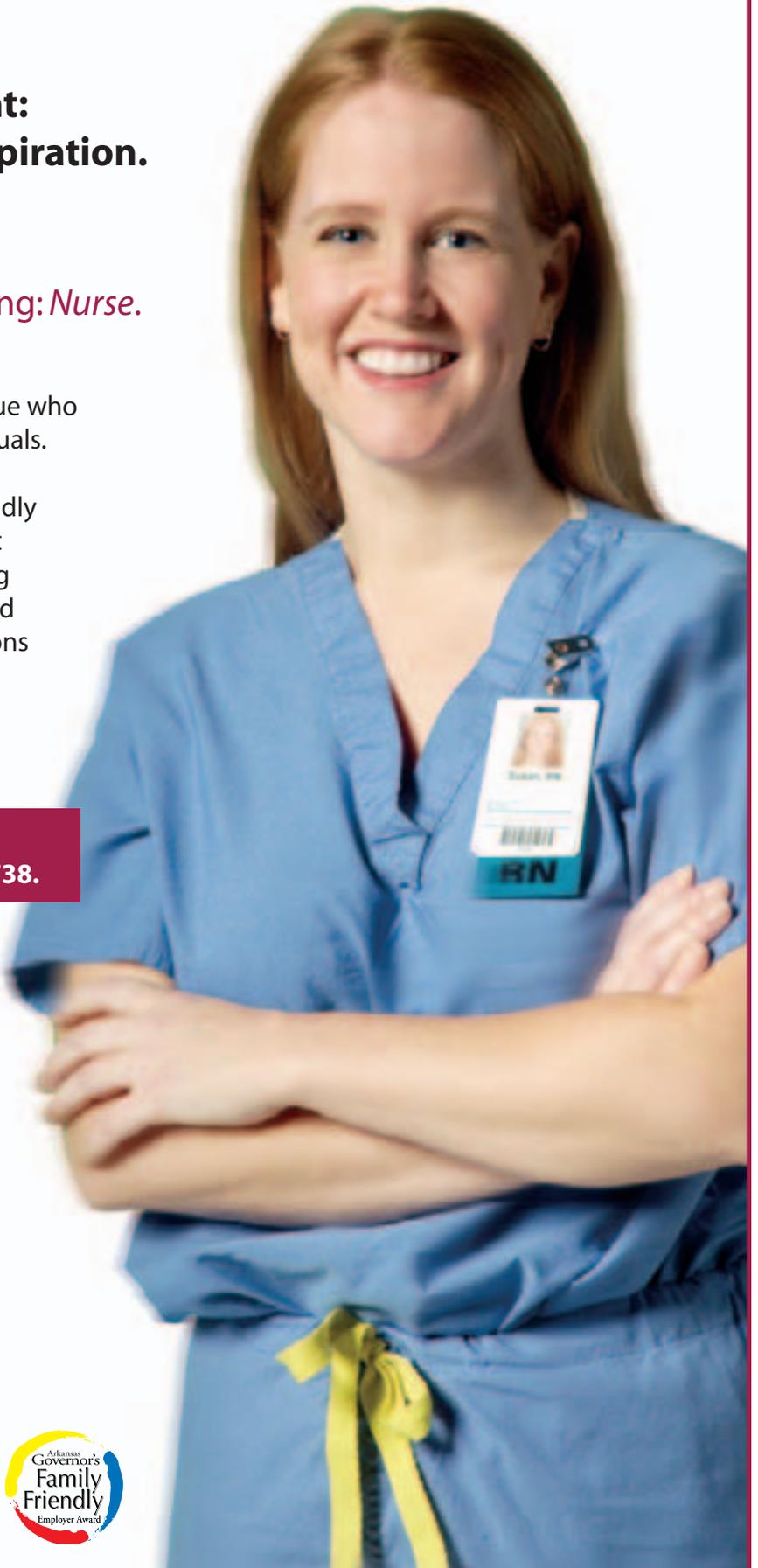
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