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**PATIENT ABANDONMENT -
WHAT IS IT REALLY?**

**DECISION MAKING
MODEL - Position
Statement 98-6**

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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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THE LEGISLATIVE SESSION

Can you believe it is 2009? I usually dread odd numbered years because that's when we have legislative sessions, so it means I'm super busy. But since Arkansans voted to have a legislative session every year, I guess I'll dread even numbered years as well!

This legislative session, we can expect that legislators will focus somewhat on health care. According to the grapevine, there will be a bill to create a statewide trauma system that will be utilized to coordinate trauma services for the state. E.R. nurses and physicians will most likely be very supportive of such a system.

I am hopeful that legislators are willing to move \$500,000 out of the Board of Nursing fund balance to be used for scholarships for individuals willing to go back to school to become a nursing instructor. There have been many legislators interested in the nursing shortage and how they might address it during the session. Although the Board of Nursing does not have sufficient numbers of staff to administer such a scholarship program, we hope to have some of the funding go to allowing us to contract with an outside agency to handle the paperwork portion of the process.

Former Representative Sandra Prater and Representative Clark Hall sponsored an interim study proposal in 2008 to investigate the possible effects of removing the collaborative agreement from the requirements for an advanced practice nurse to receive prescriptive authority. At press time, the results of that study were not available. According to the 2008 Pearson Report, 11 states and the District of Columbia have no requirement for physician involvement in prescribing by the advanced practice nurse (APN). A number of states reportedly are seeking autonomous prescribing authority for the APN.

Perhaps a primer is in order! Advanced practice nurses were first authorized to prescribe in Idaho in 1972. So nurses have been prescribing now for 37 years in some parts of the country. All states have a mechanism by which the APN is allowed to prescribe medications. Some states allow the APN to prescribe all types of controlled substances. Some, like Arkansas, limit the prescribing to certain scheduled narcotics. In Arkansas, the authority to prescribe for qualified APNs was legislated in 1995. In order to prescribe in Arkansas, the nurse will have completed about seven years of education culminating in at least a master's degree and must be nationally certified in their specialty area. The APN must have completed certain pharmacotherapeutic coursework, have the equivalent of 300 hours preceptorship in prescribing and establish a collaborative practice agreement with a physician with a similar specialty or scope. The APN must establish protocols and a method of quality assurance for their practice. All in all, it is a rigorous process. Only the strong survive!

We are fortunate to have APNs to fill the gap in health care. Having all except two Arkansas counties designated by the federal government as medically underserved, we know that in many small towns, the APN is the only health care provider available. On behalf of the Board of Nursing, I would like to say thank you to all the nurses who provide care to our citizens and a special thank you to those APNs who go to the far reaching corners of our state to provide care which would otherwise be unobtainable. You are all helping to keep Arkansas healthy! Have a great year!

Faith A. Fields

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Board Business

LETTER FROM THE EDITOR

2009 already! It's hard to believe that I've had the honor of being the editor of the ASBN Update for a year now. It's been a wonderful challenge, and I appreciate every bit of feedback and support I have received from the ASBN staff and the many nurses I meet. I look forward to meeting and working with many more of you in our effort to fulfill the Board's mission.

Our mission is to protect the public and act as their advocate by effectively regulating the practice of nursing, and the ASBN Update is a wonderful way to communicate our purpose and message to our license holders.

In 2009, we'll continue to provide you current information on practice issues. In addition, we'll keep you informed on health care issues in this year's legislative session, appointment of new board member(s), and bring you up to date on the nursing shortage in Arkansas.

While computers and Blackberrys are super inventions (I definitely love mine), there is still something unique about sitting down and reading a magazine. It's all right there in front of you, doesn't require a battery, and if you spill something on it - it will dry without worry of it being ruined! So thanks for reading the ASBN Update, and I know a lot of you do because I've heard from many of you, whether it be a suggestion for an article, clarification of an article or a photo, or thanking one of the writers for bringing you information. We value your responses and viewpoints, so let me continue to hear from you.

E-mail me at lwalker@arsbn.org.



NEW BOARD OFFICERS ELECTED



Kathy Hicks, RN



Lori Eakin, LPN

The Board recently elected Kathy Hicks, RN, Springdale, to serve as president and Lori Eakin, LPN, Smackover, to serve as vice president. Congratulations Kathy and Lori!

GOVERNOR APPOINTS NEW BOARD MEMBERS

Three new members have been appointed by Gov. Mike Beebe to fill expired terms on the board. Cathleen Shultz, Ph.D., RN, CNE, FAAN, dean of the College of Nursing at Harding University in Searcy, replaces Stephanie Rockett as one of the baccalaureate degree members. In the other baccalaureate degree member position, Sandra Priebe, MSN, RN, risk manager in compliance at Baxter Regional Medical Center in Mountain Home, replaces Lepaine McHenry. Roger Huff, LPN, who works in hospice in Springdale, replaces Robert Currie.

WELCOME ABOARD!

The board is pleased to announce the addition of Tanya Warden to the board staff. Warden joins the staff as a data entry secretary. She was born and raised in Little Rock and previously worked for the Department of Human Services and Alltel Corporation. Warden is studying health administration at the University of Phoenix. When not working or studying, she enjoys movies, reading, Web page design, and traveling.



2009 BOARD MEETING DATES

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

*WILL DECIDE BY SEPTEMBER IF DATES ARE NEEDED.

Scope of Practice of LPN/VNs Working in Dialysis Units

As part of the FY08 NCSBN strategic plan, the need to analyze the scope of practice of LPN/VNs working in dialysis units was identified. This report addresses that need by using the Centers for Medicare and Medicaid Services (CMS) federal standards as a basis for analysis as well as by reviewing the ability of LPN/VNs to perform nursing activities frequently performed in dialysis units.

In April 2008, the CMS final standards for all Medicare approved dialysis facilities in the United States were released. These standards are part of the End Stage Renal Disease (ESRD) Quality Initiative. The initiative was launched nationally in November 2002 for nursing homes and later expanded to include home health care agencies, hospitals, and kidney dialysis facilities.

The ESRD Quality Initiative was stimulated by the high rate and cost of Americans suffering from ESRD. In 2005, over 400,000 Americans suffered from ESRD. Medicare costs for the ESRD program were \$17 billion in 2002, an increase of 11 percent compared to the previous year. In 2003, over 340,000 individuals received dialysis treatments in approximately 4,500 facilities in the United States. An objective of the ESRD Quality Initiative is to support significant improvement in the quality of dialysis care.

Regarding LPN/VN scope of practice in dialysis units, the federal regulations give the following guidance:

1. The key role of an LPN/VN is to provide patient care, the role of the RN is to provide patient assessment, patient education, and to supervise...
2. The facility nurse manager cannot be an LPN/VN. It must be an RN.
3. LPNs may be charge nurses (nurse responsible for each shift) provided they meet the following criteria:
 - a. Twelve months nurse care experience;
 - b. Three months nursing care experi-

ence with patients on maintenance dialysis; and

- c. Work under the supervision of a registered nurse in accordance with state nursing practice act provisions.
4. RNs must be on the premises during dialysis except in the situation when the temporary use of an experienced LPN/VNs for infrequent occasions when the lack of an RN would force the facility to close for the day.
 5. LPN/VNs may be used as preceptors to PCTs under the direction of an RN. State Board's practice provisions must be adhered to.

A review of existing state laws revealed that many of the CMS federal standards are consistent with state nursing practice acts. For instance, using the RN in the role of patient assessment, patient education and supervising LPN/ VNs with LPN/VNs providing patient care; the use of LPN/VNs working as a staff nurse in a dialysis unit providing care and treatments to patients; and the facility nurse manager requirement of being an RN is consistent with all states' nursing practice acts. There were also no state statutes/rules found which would not allow an LPN/VN to be used as a preceptor to PCTs under the direction of an RN.

The two aspects of the standards in which conflicts were found with state practice acts concern the use of LPN/ VNs as charge nurses and overseeing dialyses. A survey was sent to boards of nursing asking if LPN/VNs were permitted to be a charge nurse of a dialysis unit. Of the 17 boards responding, only one state indicated that LPN/VNs are permitted to be the charge nurse of a dialysis unit. However, it should be noted that six states indicated that this is not addressed in their practice acts.

Finally, the CMS federal standards allow the temporary use of an experienced LPN/VN for infrequent occasions when the lack of an RN would force the facility to close for the day. This situation was not found to

be addressed in state nursing practice acts.

Some nursing activities which could be requested of LPN/VNs working in a dialysis unit were not addressed in the CMS federal standards, namely delegation, administration of IV medication/therapy and the administration of blood/blood products.

DELEGATION

The NCSBN definition of delegation is the transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The delegator retains accountability for the delegation. According to the NCSBN Concepts and Decision-Making Process National Council Position Paper (1995):

The delegating nurse is responsible for an individualized assessment of the patient and situational circumstances, and for ascertaining the competence of the delegatee before delegating any task. The practice-pervasive functions of assessment, evaluation and nursing judgment must not be delegated. Supervision, monitoring, evaluation and follow-up by the nurse are crucial components of delegation. The delegatee is accountable for accepting the delegation and for his/her own actions in carrying out the task.

The decision to delegate should be consistent with the nursing process (appropriate assessment, planning, implementation and evaluation). This necessarily precludes a list of nursing tasks that can be routinely and uniformly delegated for all patients in all situations. Rather, the nursing process and decision to delegate must be based on careful analysis of the patient's needs and circumstances. Also critical to delegation decisions are the qualifications of the proposed delegatee, the nature of the nurse's delegation authority set forth in the law of the jurisdiction, and the nurse's personal competence in the area of nursing relevant to the task to be delegated.

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2009 FORECAST

2009
2009 2009

2008 was a year of unexpected challenges in our economy that affected health care and many other industries. I recently attended the 2008 National Policy Conference for the National Quality Forum (NQF) titled *Quality at the Crossroads*. The presidential elections provided a platform for many of the discussions, which centered on the need to reshape the agenda for health care reform.

There are six areas of health care identified as being in need of transformation. They are:

1. Setting national priorities and goals and aligning actions for significant improvements.

2. Reducing the tremendous waste from overuse.
3. Changing the orientation of payment from volume to value.
4. Innovating delivery system changes to improve coordination and achieve better outcomes.
5. Assuring high quality health care for all Americans through equitable provision of evidenced-based services.
6. Organizing communities and multiple stakeholders to bring national policy positions and supports to fruition at the local level.

The keynote speaker, Susan Dentzer, editor, *Health Affairs*, lead the audience through an interesting dialogue compar-

ing the current health care system with a "house of cards" on the verge of collapse. Although she made many poignant remarks concerning the need for improved access to care, one of her suggestions was a call to regulators to broaden scopes of practice to allow non-professionals to fill gaps in resources and perform procedures that are designated solely to health professionals. This comment creates great concern for me! How can we really call for "quality health care" when we are not willing to insure that the most "qualified health professional" is providing the care? This seems to be a paradox. Nursing must be ever vigilant as patient advocates to

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ensure that we are protecting the public from non-licensed personnel performing duties clearly reserved for licensed professional nurses.

Also, throughout the conference, there was an interesting contrast played out between the lack of access to care and overuse. Janet Brownlee, a visiting scholar at National Institute of Health's Clinical Center Department of Bioethics, addressed the topic of overuse and correlated the national debt with "too much medicine."

As we move into 2009, there will be a strong emphasis on the need for outcome measurement and better coordination of care among health care providers. As nurses, we are positioned to make contributions in both of these areas. We also have an opportunity to impact reform of our health care delivery system through nursing research, health promotion, nursing education, and interdisciplinary collaboration. Let's get geared up for the challenge and be prepared to respond to the health care needs of our consumers!

Thanks to Maryann Alexander, RN, Ph.D., for comments on National Quality Forum Conference.

Nurses – Save the Date

January

- Nurses Day at the Capitol: 27th

February

- American Heart Month
- Women's Heart Health Wk: 1-7
- Patient Recognition Week: Feb 1-7

March

- CE Cruise: Mar 29-Apr 5
visit thinkaboutitnursing.com
for more info
- National Nutrition Month

April

- Child Abuse Prevention Month
- Administrative Professionals Wk: 19-25

May

- Celebrate Nursing
Travs Game: May 10
More events to be announced!

- Nurses Week: 6th-12th
- School Nurse Day: 6th
- Student Nurses Day: 8th



June

- Professional Wellness Month
- Nursing Assistants Wk: 11-18
- Prostate Cancer Awareness Day: 21st

July

- Independence Day: July 4
- Mental Illness Awareness

August

- Immunization Awareness
- Spinal Muscular Atrophy Awareness Month

September

- Cholesterol Education
- Prostate Cancer Awareness Wk: 21-27

October

- Race for the Cure
More info coming soon!
- Breast Cancer Awareness



November

- National Hospice Month
- American Diabetes Month
- Great American Smokeout: 20th

December

- 7th Annual
Nursing Expo: 5th
Clear Channel
Metroplex, 9a-3p



Clarification of "WHAT CONSTITUTES A SCHEDULE II DRUG?"

In the November 2008 *ASBN Update*, an article was printed related to Schedule II drugs. There have been comments from our readers related to some of the content. We want to clarify several points in the article.

The advanced practice nurse mentioned who self-reported writing a prescription for a Schedule II drug did inadvertently write a prescription for Codeine, but it was not in a cough medicine (our error). She did receive a Letter of Warning, which is non-disciplinary. She was commended for her honesty.

We had a couple of phone calls related to dextropropoxphene and hydrocodone concerning whether or not their classifications had changed. The notation at the bottom of the article reported that the article was describing the basic or parent chemical.

For example, dextropropoxphene, bulk (non-dosage forms), is a CS-II, while preparations containing it are CS-IV. Codeine alone is a CS-II, but in combination with other active ingredients may be a CS- III (pain) or CS-V (cough suppressant). Hydrocodone by itself is a CS-II, but combined with other substances is a SC-III (e.g. Hycodan) or V. The DEA is currently reviewing hydrocodone combination products and may increase the regulatory control from Schedule III to Schedule II in the future.

It is important for APNs with DEA registration who may prescribe controlled substances to be knowledgeable about the appropriate Schedule drugs fall within, as they can only prescribe Schedules III – V in Arkansas. The DEA Web site has a wealth of information about controlled substances - www.usdoj.gov/dea/.

ASBN NOTICE OF INSUFFICIENT FUNDS

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

Rosa Marie Bradley	L16658	Amber Sanders	R73529
Kim Dean Carmichael	L38334	Nathan Shaheed	T01220
Michelle Davis	R66067	Angela Shupert	L37543
Stacie Goodnight	L33798	June Elizabeth Sivils	L30290
Jessica Gonzalez	Exam Application	Della Williams	L28175
Toni Diane McKeever	R42190	Sally F. Williams	L26287
Becky Pearrow	R44401		



PATIENT ABANDONMENT - WHAT IS IT REALLY?

WHAT IS PATIENT ABANDONMENT?

The Arkansas State Board of Nursing does not specifically address patient abandonment. The Board only has authority to take disciplinary action in specific cases based on its interpretation of what constitutes professional misconduct. All complaints alleging patient abandonment received by the Board are evaluated on a case-by-case basis. The Board has no jurisdiction over employment related matters such as staffing issues and mandatory overtime. Appropriate and adequate staff to care for patients is the responsibility of the employer. From the Board's standpoint, patient abandonment evaluation is focused on the relationship and responsibility of the nurse to the patient.

For patient abandonment to occur, the nurse must have:

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

Once the nurse has accepted the responsibility for the nursing care of a patient, severing the nurse-patient relationship without giving notice to the appropriate person may lead to discipline for unprofessional conduct. Refusal to accept an assignment is not considered patient abandonment nor is refusal to work additional hours or shifts. While nurses who refuse to accept certain patient assignments may not be violating the *Nurse Practice Act*, the nurse must



be willing to accept the consequences of such a decision on the employer-employee relationship.

ABANDONMENT or EMPLOYMENT ISSUES:

The following situations ARE examples of patient abandonment and may be subject to disciplinary action:

- A licensed nurse accepts an assignment of patient care and leaves the facility; staff and supervisors are not aware the nurse is not in the facility, nor has the nurse given a status report on her patient to another qualified nurse;
- Leaving without reporting to the oncoming shift;
- Sleeping while on duty.

The following situations are NOT examples of patient abandonment. They may be considered examples of employer-employee issues and will not subject the licensee to disciplinary action by the Board. The Board has no authority over employer-employee relationships.

- Resigning without notice;
- Giving a two-week notice but only working one week of that notice;
- Failure to return to work from a scheduled leave of absence;
- Refusing to come in and cover a shift;
- No call/no show for a scheduled shift;
- Refusal to work beyond a previous-

ly agreed upon work period provided at the time of the request to work the next shift, the nurse informs the supervisor or employer that he or she is unable to do so;

- Refusal to work in an unfamiliar, specialized, or "high tech" patient care area when there has been no orientation, no educational preparation or employment experience.

WHAT IF I LEAVE BEFORE THE END OF MY SHIFT?

Once a patient assignment has been accepted and the nurse severs the nurse-patient relationship without giving notice to the appropriate person, that nurse is subject to discipline for unprofessional conduct pursuant to ASBN Rules, Chapter 7, Section XV.A.6.i.i:

- 6. The term "unprofessional conduct" includes, but is not limited to:**
- i. Leaving a nursing assignment without notifying appropriate personnel.**

Therefore, if you were at work and left your patient assignment without giving notice to your supervisor and a status report on your patients, you would be guilty of patient abandonment.

All the requirements for patient abandonment must be present for disciplinary action to occur. However, if, for example, you are a nurse in a long-term care facility and the ONLY licensed provider in the building at the end the shift. If there were no one with a license available to relieve you, the Board would not support you leaving those patients without any licensed supervision. As previously stated, all allegations of patient abandonment are reviewed on a

case-by-case basis.

WHAT IF I QUIT MY JOB WITHOUT NOTICE?

From the Board's viewpoint, this is an employment issue not a licensure issue, PROVIDED that the nurse does not have patient responsibilities at the time. Leaving a nursing assignment does not apply when the nurse completes his/her scheduled shift and then turns in notice of resignation.

ABANDONMENT occurs when the nurse voluntarily removes himself/herself from the immediate setting where care is being delivered and has not given notice to his/her supervisor and a status report to another qualified nurse who can assume responsibility for the patient's care.

WHAT IF I REFUSE TO REMAIN ON DUTY FOR AN EXTRA SHIFT?

Refusing to work additional hours or shifts is NOT patient abandonment provided the nurse has appropriately notified the supervisor and reported off to another nurse. Facilities should have written policies in place to describe circumstances requiring mandatory overtime and how the staffing of mandatory overtime is to be resolved. Failure of a nurse to comply with a facility policy involving mandatory overtime is an employer-employee issue, not a regulatory issue. Nurses must exercise critical judgment regarding their ability to practice safely when declining or accepting requests to work overtime. The nurse must be able to recognize when his ability to safely provide patient care is compromised and has the responsibility of reporting this inability to his supervisor. A sleep deprived or fatigued nurse may have diminished ability to provide safe patient care.

WHAT IF I REFUSE TO COME IN AND WORK?

Refusal to report to work is an employment issue, not a regulatory issue. Patient

abandonment can only occur after the nurse has come on duty for the shift and accepted the patient assignment. If the nurse never accepts the patient assignment, this requirement is not met.

WHAT IS THE RESPONSIBILITY OF MY NURSE MANAGER?

The nurse manager is accountable for assessing the capabilities of personnel in relation to the patient needs and then assigning nursing care to qualified personnel. The nurse manager's responsibilities also include making judgments about situational factors such as the nurse's fatigue or lack of orientation to a unit that would influence a nurse's capability to deliver safe care. The nurse manager should be aware that he/she could be subject to disciplinary action by the Board for assigning patient care responsibilities to nursing staff when the manager knows, or should reasonably know, that the assignment may affect the compe-

tency of the nurse. It is also important for nurse managers and nursing staff to resolve conflicts so that the best interests of the patients are served.

WHAT IS EMPLOYER ABANDONMENT?

Employer abandonment occurs when a nurse fails to give reasonable notice to an employer of the intent to terminate the employer-employee relationship. The Board has no jurisdiction to interpret or resolve issues related to employment or contract disputes.

WHOM CAN I CONTACT FOR MORE INFORMATION?

Debbie Jones, assistant director of nursing practice, addresses questions about nursing practice. She may be reached at 501.686.2700 or via e-mail at djones@arsbn.org. Mary Trentham, ASBN attorney, may be reached at 501.686.2741 or via e-mail at mtrentham@arsbn.org.

NURSYS.com

As of January 1, 2009, Nursys.com nurse license verification moved exclusively to an online application process. Paper Nursys verification request forms will no longer be accepted by the National Council of State Boards of Nursing.

DECISION MAKING MODEL

The following position statement, the Decision Making Model, is provided as a special pull-out section for reference when making decisions about your scope of practice.

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.

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities.

The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice,

all nurses should remain current and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way.

The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice.



THE PRACTICE OF NURSING

The Practice of Professional (Registered) Nursing:

The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation fall within the professional nurse scope of practice.

The performance for compensation of any acts involving:

- the observation, care and counsel of the ill, injured or infirm;
- the maintenance of health or prevention of illness of others;
- the supervision and teaching of other personnel;
- the delegation of certain nursing practices to other personnel;
- administration of medications and treatments

where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences. ACA § 17-87-102 (6) (A-E)

The Practice of Advanced Practice Nursing:

The advanced practice nurse shall practice in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in the ASBN Rules. The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained.

The delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as advanced nurse practitioners, certified nurse anesthetists, certified nurse midwives, and clinical nurse specialists. ACA § 17-87-102 (4)

The Practice of Registered Nurse Practitioner Nursing:

The delivery of health care services for compensation in col-

laboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. ACA § 17-87-102 (8) (A)

The Practice of Practical Nursing:

The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention, and evaluation, fall within the LPN/LPTN scope of practice.

The performance for compensation of acts involving:

- the care of the ill, injured, or infirm;
- the delegation of certain nursing practices to other personnel under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. ACA § 17-87-102 (5)

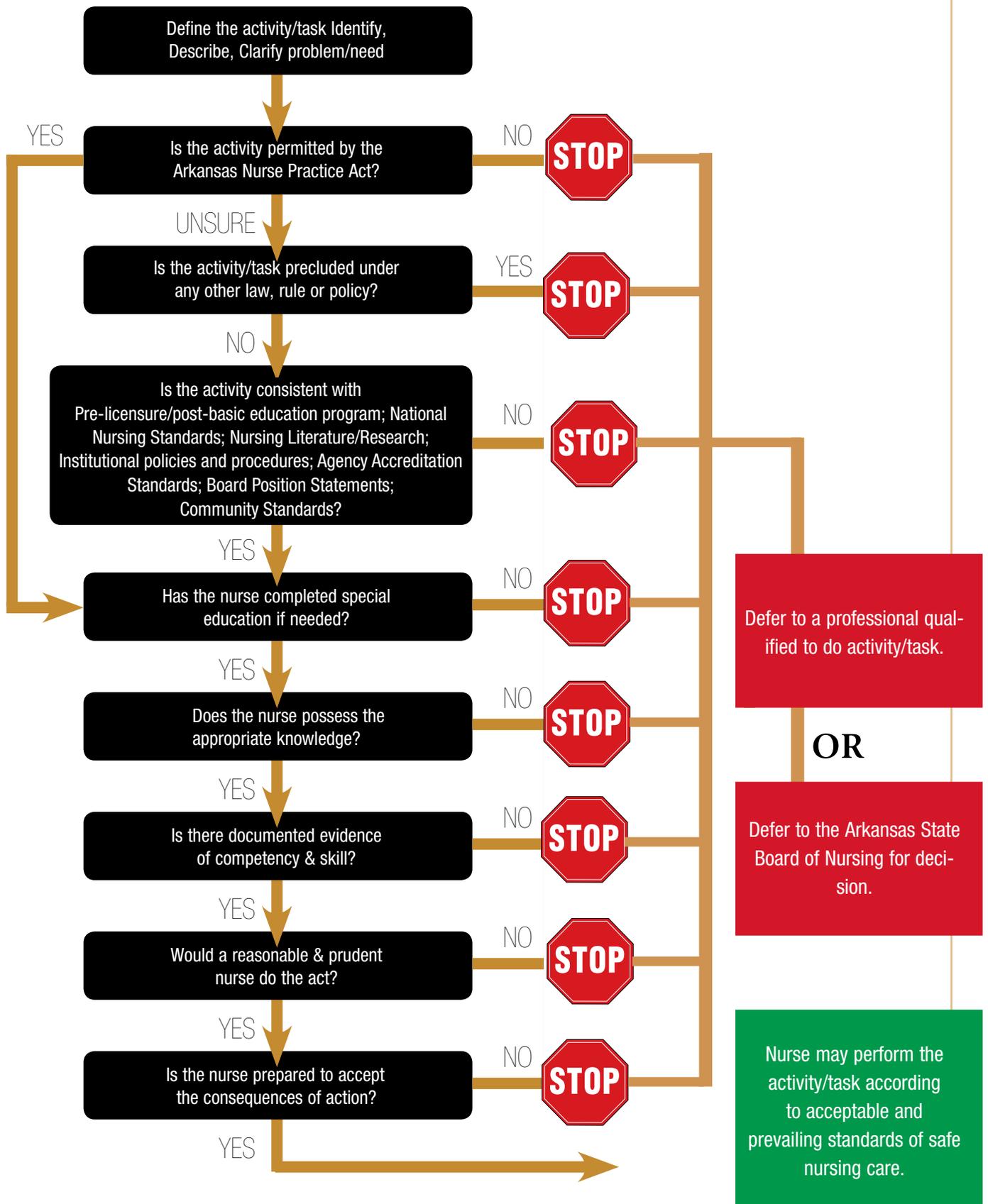
The Practice of Psychiatric Technician Nursing:

The performance for compensation of acts involving:

- the care of the physically and mentally ill, retarded, injured, or infirm;
- the delegation of certain nursing practices to other personnel

the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. ACA § 17-87-102 (7)

SCOPE OF PRACTICE DECISION MAKING MODEL



DECISION MAKING PROCESS

GUIDELINES for DECISION MAKING

1. Define the Activity/Task:

Clarify what is the problem or need?
Who are the people involved in the decision?
What is the decision to be made and where (what setting or organization) will it take place?
Why is the question being raised now?
Has it been discussed previously?

2. Is the activity permitted by Arkansas Nurse Practice Act?

NO—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.
Yes—Go to Question # 5—Special education needed?
Unsure— Go to Question # 3—Precluded by other law, rule, or policy?

3. Is activity/task precluded under any other law, rule or policy?

No—Go to Question #4—Consistent with....
Yes—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.

4. Is the activity consistent with:

Pre-licensure/post-basic education program
National Nursing Standards
Nursing Literature/Research
Institutional policies and procedures
Agency Accreditation Standards
Board Position Statements
Community Standards?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.
Yes—Go to Question # 5—Special education needs?

5. Has the nurse completed special education if needed?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.
Yes—Go to Question # 6—Possess appropriate knowledge?

6. Does nurse possess appropriate knowledge?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.
Yes—Go to Question #7—Documented competency?

7. Is there documented evidence of competency & skill?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.
Yes—Go to Question #8—Reasonable & prudent nurse?

8. Would a reasonable & prudent nurse perform the act?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.
Yes—Go to Question #9—Prepared to accept consequences?

9. Is nurse prepared to accept the consequences of action?

No—Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.
Yes—Nurse may perform the activity/task according to acceptable and prevailing standards of nursing care.



The nurse is constantly involved in the decision-making and problem solving process, whether as a staff nurse or a manager, regardless of the practice setting. Although their perspectives are different the process is the same. The following steps are basic to the process.

Clarify: What is the problem or need?

Who are the people involved in the decision?
What is the decision to be made and where (what setting or organization) will it take place?
Why is the question being raised now?
Has it been discussed previously?

Assess: What are your resources?

What are your strengths?
What skills and knowledge are required?
What or who is available to assist you?

Identify Options: What are possible solutions? What are the characteristics of an ideal solution?

Is it feasible?
What are the risks?
What are the costs?
Are they feasible?
What are the implications of your decision?
How serious are the consequences?

Point of Decision: What is the best decision? When should it be done?

By whom?
What are the implications or consequences of your decision?
How will you judge the effectiveness of your decision?

APPLICATION OF GUIDELINES FOR DECISION MAKING

Clarify what it is you are being asked to do:

- Gather facts that may influence the decision.
- Are there written policies and procedures available to describe how and under what conditions you will perform this task?
- Does the new responsibility require professional judgement or simply the acquisition of a new skill?
- Is this a *new* expectation for all RNs? LPNs? LPTNs?
- Has this been done before by others in your unit or health care facility?
- Is it just new to you?
- What about the other facilities in your community or region?
- What are the nurse manager's expectations about you or other RNs, LPNs, LPTNs, becoming responsible for this procedure?
- When will this become effective?
- Will there be an opportunity to help you attain the needed clinical competency?
- Who will be responsible for the initial supervision and evaluation of this newly performed task?
- Will you be given additional time to learn the skill if you need it?

Assess:

- Are you clinically competent to perform this procedure?
- Do you currently have the knowledge and skills to perform the procedure?
- Have you had experience in previous jobs with this procedure?
- Who is available to assist you who has that skill and knowledge?
- Is that person accessible to you?
- Do you believe you will be able to learn the new skill in the allotted time?
- How can you determine that you are practicing within your scope of nursing?
- What is the potential outcome for the patient if you do or do not perform the procedure?

Identify options and implications of your decision. The options include:

- The responsibility/task is not prohibited by the Nurse Practice Act.

If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility.

You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.

If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary.

At this point you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications. In other words, is this procedure new to you, but nurses in

other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care. Be open to alternatives.

In addition, consider resources which you can use for additional information and support. These include your professional organization, both state and national, and various publications. The American Nurses Association Code for Nurses, standards on practice, and your employer's policies and procedures manuals are valuable resources. The Nurse Practice Act serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law.

POINT OF DECISION/IMPLICATIONS.

Your decision may be:

ACCEPT the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual. You are now legally accountable for its performance.

AGREE to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation. You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure that documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial in-service, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.

REFUSE to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit (if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer's grievance procedure.

For additional information on the Nurse Practice Act, Rules and Position Statements see the ASBN Web site: www.arsbn.org

Approved: November 1998 • Revised: January 1999

HELP US HELP YOU



Have you seen the cell phone commercials where calls are dropped at inopportune times? Unfortunately, this does not only happen on TV. Much like those commercials, the staff at the Board of nursing are sometimes working with “half” of a phone number while the person who left the message is frustrated that no one called them back.

Although the example above may seem a bit dramatic, we really do meet similar challenges. Here are some suggestions of ways you can help us to help you...

- When you leave a voice mail message, please speak slowly and clearly. It is also a good idea to repeat the phone number where you would like for us to contact you. Be sure to include the

area code.

- If you are calling from a cell phone, please try to call from an area that you know gets good reception. If you know you are in a “dead zone,” it would probably be best to use a land line telephone.
- The best way to contact us is via e-mail. Each staff member’s e-mail is listed on our Web site at www.arsbn.org, or if you know the name of the person you are trying to contact, you can reach the staff member by the first initial of the first name and full last name @ arsbn.org. (i.e. the e-mail address for Darla Erickson would be derickson@arsbn.org).
- If you are contacting us by e-mail or through our Web site, first check your

settings on your computer. Filters, firewalls, etc. may block our responses.

- If you contact us by e-mail or through the Web site, include your telephone number as well as your e-mail address in the correspondence. (Then, if we get the notice from the system administrator that “this message is undeliverable,” we still have a way to contact you.)
- Always put your license number on all communications. Amazingly enough, even if your name is pretty unique, there is a good chance there are more people with the same name. Figuring out which person is requesting information or sending a payment can be difficult, if not impossible.

The staff of the Arkansas State Board of Nursing strives to provide good customer service. However, as you may guess from the requests above, we sometimes encounter obstacles that make it difficult to respond as we would like. Please assist us in our quest to better help you.

The ability for an LPN to delegate to unlicensed assistive personnel (UAPs) varies among the states. According to the NCSBN survey of Boards of Nursing, Member Board Profiles 2007, 50 percent (n=30) of Boards of Nursing allow delegation to UAPs by LPN/VNs. To further evaluate whether an LPN/VN can delegate to UAPs in a dialysis unit, boards of nursing were surveyed. Responses, though low (n=17; 29 percent), indicate that the set-

Ability of the LPN/VN to administer IV Medications/Therapy Among Boards of Nursing		
IV Activity	Yes	No
Assess IV site and flow rate?	40	3
Give medications through a peripheral line (IV or IVPB)?	39	2
Medications given IVP through a peripheral line?	22	18
Medication given IVPB or IVP through a central line?	23	19
Give TPN?	27	16
Start or restart an IV on a client 16 years old or younger?	29	13
Start or restart an IV on a client older than 16 years?	34	7

ting is not a factor in terms of whether an LPN can delegate to a UAP. Sixteen states reported that their delegation laws/rules are not setting specific. Only one state re-

plied that while the LPN/VN can delegate to a UAP, their rules specifically stated that only a registered nurse or physician may delegate dialysis to a certified dialysis technician.

IV MEDICATION ADMINISTRATION/IV THERAPY

Although most boards of nursing practice acts allow the LPN/VN to give oral medications, they vary greatly on the ability of LPN/VNs to give IV medications and IV therapy. Results of an NCSBN study (2005) indicates the ability of an LPN to administer IV medication/therapy among boards of nursing. Above are the results from that study.

As can be seen there is a wide variation among boards of nursing regarding the ability of LPN/VNs to administer various aspects of IV medications/therapy. Assessing the site, monitoring the flow rate, and starting IVs on adults are most frequently allowed. Giving medications IVP is allowed least frequently. Some states identified a need for the LPN/VN becoming certified or gaining some type of education to be qualified to do some of these tasks.

According to O'Keefe (2005), many boards have specific stipulations such as only a specific list of medications can be given by the LPN such as IV heparin and IV saline. One board of nursing stated that only the LPN/VN who works in chronic dialysis could give specific IVP medications. Some boards require the RN to verify the competence of the LPN/VN.

BLOOD TRANSFUSIONS

According to the NCSBN study (2005), 36 boards of nursing allow LPN/VNs to monitor blood transfusions, though five do not. However, only 18 boards of nursing allow LPN/VNs to administer blood products; 22 do not. Some boards require

PRESSURE ULCER RATES INCREASING

NEW CMS INITIATIVE AIMED AT PREVENTION

By Jennifer Melton, BSN, RN, Patient Safety Academic Detailer, Arkansas Foundation for Medical Care.



Although pressure ulcers are preventable in most every case, the prevalence of pressure ulcers in health care facilities is increasing. Pressure ulcer incidence rates vary considerably by clinical setting — ranging from 0.4 percent to 38 percent in acute care, from 2.2 percent to 23.9 percent in long-term care, and from 0 percent to 17 percent in home care (Lyder 2003).

It is estimated that 2.5 million patients are treated for pressure ulcers in U.S. acute-care health facilities each year (Lyder 2003 and Gill 2006). Pressure ulcers cause considerable harm to patients, hindering functional recovery and frequently causing pain and the development of serious infections. Pressure ulcers have also been associated with an extended length of stay, sepsis, and mortality. In fact, nearly 60,000 U.S. hospital patients are estimated to die each year from complications of hospital-acquired pressure ulcers. The estimated cost of managing a single full-thickness pressure ulcer is as high as \$70,000, and the total cost for treatment of pressure ulcers in the U.S. is estimated at \$11 billion per year

continued from previous page

additional education if the LPN/VN wished to work with blood transfusions. There are five boards that reported that LPN/VNs aren't taught to monitor blood transfusions in their basic programs and therefore must document additional training in this area before they are allowed this responsibility. Another three boards say that LPN/VNs can administer blood transfusions when they provide evidence that they have had additional education.

SUMMARY

According to the CMS, the number of dialysis units is projected to increase in the future. This document focused on a comparison of state LPN/VN scope of practice with the new CMS federal standards. Other areas considered are delegation by LPNs to UAPs, IV medication/therapy and blood

(Redelings 2005 and Gill 2006).

Pressure ulcers have been addressed by the Joint Commission, the Institute for Health care Improvement's 5 Million Lives Campaign and the Advancing Excellence in America's Nursing Homes campaign. Although the focus for preventing and treating pressure ulcers has been on nursing homes in the past, hospitals are now charged with addressing this problem. It is hoped that cross-setting efforts between nursing homes and hospitals will not only provide an opportunity to reduce the incidence of pressure ulcers, but also reduce the costs involved.

The Centers for Medicare and Medicaid Services (CMS), under contract with the Arkansas Foundation for Medical Care and other Quality Improvement Organizations across the country, has developed a new program aimed at furthering those goals. The National Patient Safety Initiative is part of the QIO Ninth Statement of Work, a three-year contract that runs from August 2008 through July 2011. AFMC will oversee Arkansas' participation in the program.

transfusions. Regarding the CMS federal standards, three areas of the CMS standards appear to be consistent with most board of nursing practice acts.

The remaining two areas, regarding the LPN/VN being in charge of a dialysis unit and the presence of an LPN/ VN, as opposed to an RN, during dialysis, appears to be most often either against most nurse practice acts or not addressed. It should be noted that throughout the CMS federal standards document, statements referring to the need for all dialysis nurses to adhere to their state practice requirements, can be found.

Laws regarding delegation and IV medication/therapy were also reviewed. Few states allowed the LPN to give IV saline or heparin and none were found which

The measure for the nursing home pressure ulcer initiative will involve relative improvement rates, and the measure for hospital pressure ulcer rate will derive from Medicare claims data. This will be based on the Hospital Acquired Condition/Present on Admission Indicator initiative. Evaluation related to both components will be based on an expected eight percent relative improvement rate.

True continuity of care can only be achieved when health care professionals from all settings are comfortable discussing their strengths, weaknesses, goals, fears and ultimately, their individual needs. Realizing the role of each person in the health care continuum and celebrating the power of that synergy will lead to improved quality of care in all settings.

References:

Lyder CH. Pressure ulcer prevention and management. JAMA. 2003;289(2):223-226.
Reddy M, Gill SS, Rochon PA. Preventing pressure ulcers: A systematic review. JAMA. 2006;296:974-984.

allowed the LPN to give blood/blood products or to access central lines.

The CMS federal standards can be found at the following link:
<http://www.cms.hhs.gov/center/esrd.asp>.

References:

NCSBN. (2007) Member Board Profiles 2007, Chicago, Illinois: Author
NCSBN (2005) Practical Nurse Scope of Practice White Paper, Chicago, Illinois: Author
O'Keefe, C. (2005) State Laws and regulations specific to Dialysis: An overview. Nephrology Nursing Journal, 32 (1). 31-37.

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CONTINUING EDUCATION: *THE ACADEMIC OPTION*

By Sue A. Tedford, MNSc, RN, Director of Nursing Education



Patient safety has become a major concern of our society during the past several years. According to a 2000 report by the Institute of Medicine, *To Err is Human*, 98,000 Americans are dying each year as a result of preventable medical errors. The health care field is very dynamic, which makes it difficult to keep up with new methods of providing safe patient care. As one way of assisting nurses with keeping up-to-date, the Arkansas Board of Nursing began requiring continuing education for license renewal in July of 2003.

In Arkansas, there are three different methods of obtaining the required continuing education. They are:

Fifteen (15) practice focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN

OR

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

OR

Completed academic course in nursing or related field

The academic option is becoming more popular because we are seeing a trend of more nurses going back to school to further their education. There are fast-track programs for LPNs to become a RN and RN programs offering a RN to BSN option. In addition, many RNs are going back to school for their master's and doctoral degrees.

Not all college courses will count for license renewal. The course must be relevant to nursing practice and provide for professional growth of the licensee. Prerequisites, such as anatomy and physiology, general psychology, chemistry and algebra are not accepted. Completion of one college semester hour with a grade of C or better during the licensure period will be sufficient to meet the requirement for license renewal.

Continuing education is a part of the process of maintaining competency in the nursing profession. It is our obligation to the public to provide safe patient care throughout our career.

NCLEX® PASS RATE

The Board calculates the NCLEX pass rate on the fiscal year, which is July 1 through June 30. This includes only those persons who have tested during that time, not necessarily graduated the same time. Consequently, these figures will not necessarily provide the class pass rate of each school. Although most schools graduate in May, many graduates do not test until after July 1 or into the next fiscal year. For example, this past year the University of Central Arkansas had 12 graduates take the NCLEX with 12 passing, part of the graduates were from the May 2007 class and the rest from the May 2008 class. They did have 67 graduate in May 2008 and 65 of those tested after July 1, 2008, and will be counted on the school's fiscal NCLEX pass rate for 2009.

The nursing programs pass rates for the past five years are on our Web site, www.arsbn.org, under Educational Resources. Once there, choose Nursing Programs and NCLEX Pass Rates. If you are interested in specific graduate and pass rates for a specific class, we encourage you to contact the nursing programs.



NURSING STUDENTS “TAKE AIM” AT THIS YEAR’S FLU SEASON.

Between the hours of 7:00 a.m. and 7:00 p.m. on November 6 and 7, University of Arkansas at Monticello College of Technology, McGehee, practical nursing students and nurse educators assisted county health units in Drew, Desha and Chicot County to administer over 4,500 injections of flu vaccine. Clinics were held in Dumas, McGehee, Lake Village and Monticello. During the clinic, each nurse educator managed four students who kept them very busy. Although slightly nervous at first, it didn't take long for the students to become comfortable with the process. This is the second year that the school has assisted with flu clinics in the area. Nursing Director Peggie Orrell said, “The students look forward to the opportunity to give vaccinations to patients of all ages, ethnicities, shapes and sizes. We love working with the nurses in the county health units during the flu clinics. We help them, and they help our students to become confident and expert at giving injections. I think this is a great example of collaboration where two systems work together for the good of each other and the community.”

*Contributed by Peggie Orrell, RN, BSN,
director of Health Occupations, UAM College
of Technology, McGehee*

If your nursing students are doing something newsworthy and you would like to share it with nurses and other nursing students, send an article (with photo if possible) to lwalker@arsbn.org for possible inclusion in the ASBN Update.



APNs and Collaborating Physician's Scope of Practice

Scope of practice determines what types of clients the advanced practice nurse can see and what procedures the APN can perform. The basis for the APN's scope of practice is the graduate education and certifying body parameters. Most scopes of practice are in a narrowly defined practice arena, such as pediatrics, women's health or psychiatric/mental health. A broader scope of practice for the APN is in family or adult specializations. The collaborating physician must have a comparable practice in scope, specialty or expertise to that of the APN for all APNs with prescriptive authority.

The Arkansas State Board of Nursing *Rules*, Chapter 4, Advanced Practice Nursing, Section VIII, Prescriptive Authority, A.5. states that the APN must submit a collaborative practice agreement with a physician... "who has a practice comparable in scope, specialty or expertise to that of the advanced practice nurse."

So what if the collaborating physician decides to change his practice and he no longer has a scope, specialty or expertise that matches the APN's scope of practice? Physicians have a much broader education than the APN and have more flexibility through fellowships, additional education, etc. to change their practice. What does the APN do then? If the physician's scope, specialty or expertise has changed to one that is not comparable to that of the APN, then the APN must locate another physician willing to collaborate. This is probably not a common occurrence, but it could happen!

ATTENTION APNs WITH PRESCRIPTIVE AUTHORITY

THE ASBN NEEDS:

- The original Collaborative Practice Agreement (not a fax or a copy!)
- A back-up physician on a single physician collaborative practice agreement with a comparable scope, specialty or expertise, who agrees to be available when the collaborating physician is unavailable for consultation and referral – must also sign the agreement.
- Written notification of termination of collaborative agreements, including the date and physician(s) names, the next working day following termination.
- Copies of APN's DEA registration – may be faxed or mailed to the ASBN.
- Official transcript and verification of certification for post-master's certificates prior to practicing in the new specialty area (may also need an updated collaborative practice agreement).

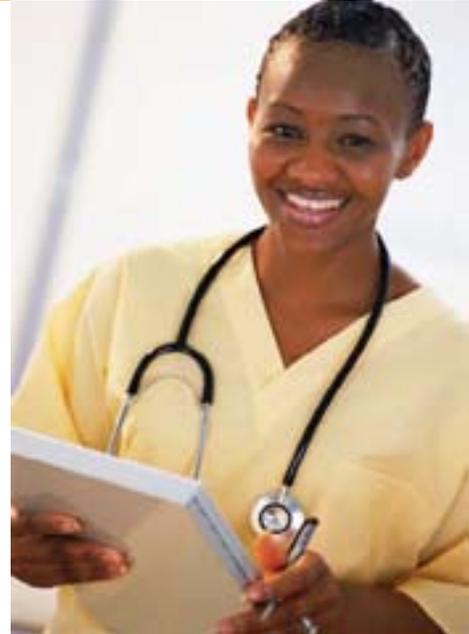


DID YOU KNOW??

...that regardless of the title within a facility (e.g. dean, vice president, director, head nurse, etc.), supervising nurses who allow nurses to work on an expired license may be subject to discipline by the Board? The *Nurse Practice Act* ACA § 17-87-104 (a)(1) states that "it shall be a misdemeanor for any person to: (C) Practice professional nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing as defined by this chapter unless licensed by the Board to do so." A nurse who is not currently licensed is violating this part of the Act.

It is each nurse's responsibility to maintain a current license, but it is also the employer's responsibility to ensure that licenses are current on employment and are renewed before the expiration dates. Pursuant to ACA §17-87-309(a)(6), the Board of Nursing has sole authority over the nurse's license and may discipline a licensee upon proof of, among other things, unprofessional conduct. It could be considered unprofessional conduct for a nurse to supervise another nurse who is not properly licensed.

Nursing: Your Career and Your Responsibilities



February 18 St. Vincent Infirmary
Two St. Vincent Circle
Little Rock

April 29 St. Bernard's Medical
Center Auditorium
225 E. Jackson
Jonesboro

September 22 Northwest Arkansas
Community College
White Auditorium
One College Drive
Bentonville

October 7 Baptist Health School
of Nursing
11900 Colonel Glenn
Little Rock

November 10 Southern Arkansas
University
100 E. University
Magnolia

**REGISTRATION
FEE: \$45.00
(includes lunch)
Pre-registration required
Fees are non-refundable**

SCHEDULE

8:00 a.m.	Registration
8:30 a.m.	Board of Nursing Overview
8:45 a.m.	Medication Errors and Patient Safety
9:30 a.m.	Break
9:45 a.m.	Ethics: Don't Leave Home Without It
10:30 a.m.	Protect Yourself: Defending Your License to Practice
11:30 a.m.	Lunch
12:15 p.m.	CSI: What Not to Do
12:45 p.m.	Just In Time: A Primer For Just Culture
1:45 p.m.	Break
2:00 p.m.	Myths and Mysteries of Addiction
3:00 p.m.	Break
3:10 p.m.	Are You Ready for NCLEX®?

Continuing Education Workshop sponsored by Arkansas State Board of Nursing

Continuing education awarded is 6.25 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.25 contact hours. Application for CE Approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. E-mail lwalker@arsbn.org if you have questions.

REGISTRATION FORM

Mail completed registration form and \$45.00 registration fee (in-state check or money order) to ASBN, 1123 South University, Suite 800, Little Rock, AR 72204. Registration must be received one week prior to workshop.

Check date you plan to attend: [] February 18 [] April 29 [] September 22 [] October 7 [] November 10

NAME _____ LICENSE NUMBER _____

CITY _____ ZIP _____ PHONE _____

E-MAIL ADDRESS _____

(to receive an e-mail confirming receipt of registration)

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

Brewer, Linda Sue Laswell
L38357, Rose Bud
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,000

Brown, Michael Marston
C00697, R35640(PS-Inactive), Hooks
A.C.A. §17-87-309(a)(4),(6),(7)&(9)
Probation - 1 year
Civil Penalty - \$750

Crites, Denys Suzanne Musch
L41679, Springdale
Probation Non-Compliance
Suspension - 1 year, followed by
Probation - 3 years
Civil Penalty - \$1,500 + prev.

Fontana, Krusti Shantell Carr
R69890, C01435, Bossier City, LA
A.C.A. §17-87-309(a)(6)
Probation - 1½ years
Civil Penalty - \$2,000

Fountain, Vanita Lashun Palmer
L35186, Fordyce
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,000

Gosa, Dennis Wayne
R76864, Rogers
A.C.A. §17-87-309(a)(1),(2),(4),(6)&(9)
Probation - 3 years
Civil Penalty - prev. bal.

Hall, Elizabeth Adrian
L48001, Tuckerman
A.C.A. §17-87-309(a)(2)&(3)
Probation - 2 years
Civil Penalty - 1,000

Herring, Kimberly Leann Herring Bagwell Baxter
R52262, L32407(exp), Jonesboro
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$2,000

Johnston, Rebecca Ellen Beal Bowen
R27574, P00881, Bryant
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation - 2½ years
Civil Penalty - \$1,000

Lambertus, Robert Allen
L42611, Sherwood
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500

McCash, Jo Ann Dooley
L30537, Farmington
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$500

McCauley, Tabitha Ba'Trese
L47279, Malvern
A.C.A. §17-87-309(a)(6)
Suspension - 1 year, followed by
Probation - 2 years
Civil Penalty - \$1,500

McLendon, Jackie Shauntel Canada Smith
R71336, L40251(exp), Camden
A.C.A. §17-87-309(a)(4)&(6)
Probation - 1½ years
Civil Penalty - \$2,000

Marsh, Michael Richards
L37948, Caneyhill
A.C.A. §17-87-309(a)(1),(2)&(6)
Probation - 1 year

Martin, Nancy Kay Lietzke
R43298, Farmington
A.C.A. §17-87-309(a)(1),(2),(4)&(6)
Probation - 1 year

Melton, Susan Leann Davis Nichols
R41200, Benton
A.C.A. §17-87-309(a)(4)&(6)
Probation - 1 year
Civil Penalty - \$500

Moore, Linda Faye Miller
R13512, Little Rock
A.C.A. §17-87-309(a)(2),(4),(6)&(9)
Probation - 1 year
Civil Penalty - \$2,200

Moore, William Scott
R49269, Maumelle
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500 + prev.

Morgan, Donna Rene Blackwood
R43339, Bastrop, LA
A.C.A. §17-87-309(a)(4)&(6)
Probation - 1 year

Offutt, Phyllis Ann Hall
L31383, Pine Bluff
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$1,000

Pearson, Leah Kristin Farnell
R67043, Benton
Letter of Reprimand Non-Compliance
Probation - 1 year
Civil Penalty - \$500

Richmond, Amanda Lynn
R80808, L45674, Salem
A.C.A. §17-87-309(a)(6)
Probation - 2 years

Riddle, Gregory Clay
L37697, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - prev. bal.

Robinson, Patricia Ann Hicks
L29100, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation - 1 year

Sayre, Addie Carin Smith
R74403, Little Rock
A.C.A. §17-87-309(a)(2)&(6)
Probation - 2 years

Shaver, Karl C.
R48580, Hindsville
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$500

Smith, Steven Rodney
L35599, Little Rock
A.C.A. §17-87-309(a)(4),(6)&(9)
Probation - 2 years
Civil Penalty - \$1,500

Snyder, Penny Jo Mullens
R26647, Batesville
A.C.A. §17-87-309(a)(6)
Probation - 1 year

Spencer, Joy Elise Bales
R52743, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation - 1 year

Stine, Jenni Rebecca Norwood
L33256, Bryant
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$2,000

Stuart, Julie Kathleen Johnson
R41341, L24604(exp), Prescott
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000 + prev.

Taylor, Brandy Lynn Cathcart
L39221, Doddridge
A.C.A. §17-87-309(a)(4),(6)&(9)
Probation - 2 years
Civil Penalty - \$1,000

Tschiemer, Pamela Dale Stephens
T01409, Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 2 years

White, Carrie Joy
R54497, Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 1 year

Young, Brooke Ann Poore
R82400, Benton
A.C.A. §17-87-309(a)(6)
Probation - 2 years

Younkin, Robin Lea
L43870(exp), Fayetteville
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation - 5 years
Civil Penalty - \$2,500

SUSPENSION

Alcorn, Patricia Partney
R13383(exp), P00121(exp), Jonesboro
Probation Non-Compliance
Suspension - 2 years, followed by
Probation - 3 years
Civil Penalty - \$2,500 + prev.

Cochran, Jamie Denise
R79771, Fort Smith
A.C.A. §9-14-239
October 3, 2008

Farrar, Gregory Wayne
L31227(exp), El Dorado
A.C.A. §17-87-309(a)(4)&(6)
Suspension - 2 years, followed by
Probation - 3 years
Civil Penalty - \$2,500

Jobb, Julie Anne Scott
R66287, Fayetteville
A.C.A. §17-87-309(a)(4)&(6)
Suspension - 1 year, followed by
Probation - 3 years
Civil Penalty - \$2,500

Judd, Heather Sloan
R79115, L45288, Maumelle
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,500 + prev.

Longshore, Jon Aaron
R67319, Springdale
Probation Non-Compliance
Suspension - 2 years, followed by
Probation - 3 years
Civil Penalty - \$2,500 + prev.

McDermott, Patrick W.
L41168, Blytheville
Probation Non-Compliance
Suspension - 2 years, followed by
Probation - 3 years
Civil Penalty - \$2,500 + prev.bal.

McKeown, Elizabeth Hope Stout Sivley
R55835(exp), Alma
A.C.A. §17-87-309(a)(4)&(6)
Suspension - 2 years, followed by
Probation - 3 years
Civil Penalty - \$2,500

continued >>

Pierce, Monica Sue Hogland
L29234, Wynne
Probation Non-Compliance
Suspension – 1 year, followed by
Probation – 2 years
Civil Penalty - \$1,000 + prev.

Saldana, Lucina Rashelle
L40309, Russellville
Probation Non-Compliance
Suspension – 2 years, followed by
Probation – 2 years
Civil Penalty - \$2,000 + prev.

Short, Jessica Hollywood
R72147, Gosnell
Letter of Reprimand Non-
Compliance
Suspended until terms are met

Wade, Carrie Ann
L45493, Hot Springs Village
A.C.A. §17-87-309(a)(4)&(6)
Suspension – 3 years, followed by
Probation – 2 years
Civil Penalty - \$2,500

Young, Amy Carol Miller
R73884, Bentonville
A.C.A. §17-87-309(a)(4),(6)&(7)
Suspension – 2 years, followed by
Probation – 3 years
Civil Penalty - \$2,500

VOLUNTARY SURRENDER

Cooley, Toni Ann
R33401, Flippin
November 7, 2008

Curtis, Steven Douglas
R44879, Hot Springs
November 10, 2008

Davis, Denise Gail Hynds
L14402, Story
September 30, 2008

Green, Margaret Schuhmacher
L44698, Ozone
November 3, 2008

Harris, Mickey Jo Gregory
R74253, Mountain View
September 30, 2008

Hunter, Heidi Lynette Allen
R70351, Bella Vista
September 30, 2008

McCain, Carri Marie Jeffers Schwartz
R66257, Fayetteville
October 17, 2008

McCoy, Christine Sue Wilson
R69929(exp), Huntsville
September 30, 2008

Nantz, Debra Fay Phillips
R00911, R19638, Benton
October 17, 2008

Thompson, Florence Elaine Marks
R31934, L21544(exp), Little Rock
October 31, 2008

Trout, Jo Ann Tims
L42384, Saffell
October 9, 2008

Smiley, Kathy Colleen Burns
R50226, Clever, MO
November 7, 2008

Wingfield, Janie Mae York
R24624, Okolona
September 30, 2008

REINSTATEMENTS

Cochran, Jamie Denise
R79771, Fort Smith
October 14, 2008

Dixon, Tina Marie Bundy
L41075(exp), Ozark
November 3, 2008

King, Joseph Keith
L41630, Pochahontas
September 17, 2008

Williford, Dayna Renee Ellis
R56144(exp), L31538(exp), Hot
Springs
November 3, 2008

REPRIMAND

Ball, Cynthia Ann Wiebe
R42358, Malvern
A.C.A. §17-87-309(a)(6)
September 18, 2008

Cain, Tabitha Tawana
L48118, Greenbrier
A.C.A. §17-87-309(a)(1),(2)&(6)
October 3, 2008

Griswold, Lasonya Michelle
R82034, Dumas
A.C.A. §17-87-309(a)(1)&(2)
September 4, 2008

Lipscomb, Rosanne Marie Obrien
R41110, L16997(exp), Jonesboro
A.C.A. §17-87-309(a)(1),
§17-87-207(c)(2) and Rules
Late Fee - \$1,000

Robinson, Kenneth Bernard Robinson
R54385, L26538(Inactive), Little
Rock
A.C.A. §17-87-309(a)(1)&(6)
§17-87-207(c)(2) and Rules
Late Fee - \$1,000
September 4, 2008

Vantassel, Pamela Kay Edgar
R51611, Bryant
A.C.A. §17-87-309(a)(6)
September 5, 2008

Von Dresky, Karen Kay Barley
R68127, Royal
A.C.A. §17-87-309(a)(6)
August 15, 2008

PROBATIONARY STATUS REMOVED

Bean-Huffman, Wanda May Worrell
R54452, Barling
October 3, 2008

Bour, Theresa Rose Ann Welsh
R26467, Little Rock
October 31, 2008

Cabaniss, Amanda Belle
R79823, North Little Rock
September 16, 2008

Fields, Dorothy Bevelyn Willbanks
Wooten
R40321, Elkins
September 11, 2008

Guinee, Timothy C.
R72284, North Little Rock
September 11, 2008

Horn, Leslie Denise
R74239, Camden
September 11, 2008

Ivester, Paula Marie Sprague
R70917, Little Rock
September 11, 2008

Kidd, Julie A.
R50405, Springdale
October 28, 2008

Langston, Karita Michelle Reyes Garcia
R70138, L39412 (exp), Bryant
November 10, 2008

Middleton, William James
L45669, Wynne
November 10, 2008

Skrivanos, William Taylor
R50325, Little Rock
September 11, 2008

Stone, Karen Michele Skinner Cossey
R39710, Conway
September 11, 2008

Vinson, Sharon Kay McCarty
L30346, Heber Springs
September 11, 2008

APPEAL GRANTED

Shelby, Matthew Walter
R81146, L34464(exp), Jonesboro
November 13, 2008

Stubbs, Christina Denise
L47824, Morrilton
November 13, 2008

REQUEST TO TAKE NCLEX

Clinkscale, Captola Michelle
PN Applicant, Marianna
Granted November 13, 2008

Lawrence, Leslie Diane Hogan
PN Applicant, White Hall
Denied November 12, 2008

Lejeune, Gina Marie
PN Applicant, Hot Springs
Granted November 13, 2008

WAIVER DENIED

Short, Rachel Teresa Castleberry
PN Applicant, Mt. Judea
November 12, 2008

WAIVER GRANTED

Morrissey, Quinton Robert
PN Applicant, Searcy
November 13, 2008

BOARD DISCIPLINARY ACTIONS
July 1, 2007, through June 30, 2008

ACTION	RN	APN	RNP	LPN	LPTN	TOTAL
Licenses Suspended	39	0	0	44	0	83
Licenses Revoked	3	0	0	1	0	4
Placed on Probation	102	2	2	35	0	141
Licenses Reinstated	25	0	0	29	0	54
Probation Removed	51	0	0	27	0	78
Written Reprimands	31	0	0	35	0	66
Voluntary Surrenders	35	2	1	42	0	80
Impostors Investigated	0	0	0	0	0	0
Prescriptive Authority Terminated	0	1	0	0	0	1
TOTAL	286	5	3	213	0	507
Administrative Hearings	35	3	1	43	0	82
Consent Agreements	113	1	1	42	1	158
Licensees Fined	121	1	1	67	1	191
Total Fines Assessed						\$255,550.00
Total Fines Collected						\$112,719.55

In addition, the Board sent non-disciplinary letters of warning as follows:

	RN	APN	RNP	LPN	LPTN	TOTAL
Letters of Warning	33	1	0	36	0	70

Q: What do I do if I have not received my renewal notice?

A: *It is no longer necessary to wait until you have received a paper form to renew, and it is each licensee's responsibility to ensure their nursing license is renewed by the expiration date. In our continuing effort to keep the cost of licensure at a minimum, we no longer automatically send out the paper renewal forms. The renewal cycle falls every two years at the end of the month of your birth – odd or even years as they coincide with your year of birth respectively, i.e., if you were born in an even numbered year, you would renew every two years on even numbered years. As a courtesy, we do send out a postcard renewal reminder to the last known address on record.*

Q: What do I do if I don't have a computer to renew my nursing license?

A: *Online renewal is the fastest and simplest way to renew your license. For those who lack Internet access at home, family and friends are often happy to help. Additionally, most employers allow their employees to utilize their computers to renew their licenses. Further, most libraries have computers with internet access available to the public, and there is often staff on hand to provide assistance.*

Q: What payment methods can I use to renew my license?

A: *There are two accepted payment methods for online renewals:*

1. Credit or Debit card – Visa, MasterCard or Discover cards may be used to pay online. If you do not have an available card, many banks and local merchants sell gift cards for specific amounts, and as long as they are one of the three types specified, these may be used for payment.

2. Electronic Checks – you may also opt to pay for your renewal via your checking account. You will be prompted for your account number and the routing number of the bank, both of which are listed at the bottom of your check. Payment will then be processed as a check and debited from your checking account.

Q: What happens if I do not renew my nursing license by the expiration date?

A: *If you do not renew your license by midnight on the expiration date, your license is considered expired and any nursing practice after that time will be considered unlicensed practice and will be subject to disciplinary action and civil penalty. A late fee and additional continuing education hours will be required for future renewal. Remember, there is no*

grace period for renewal, and extensions of expiration dates are not permitted.

Q: What are the requirements to renew an expired or inactive license?

A: *The continuing education requirement increases to 20 contact hours for non-active licenses. In addition to the renewal fee, an expired license will carry a \$100 late fee, and an inactive license will have a \$10 re-activation fee. If your license has been inactive or expired less than five years, you can reinstate/renew online after completing the continuing education requirement; if five years or more have elapsed since your license was active, you must submit a written request for a paper renewal application by mail or fax, listing your full name, current address and nursing license number and/or social se-*

curity number. If you have not practiced nursing in another state in the last five years, you will be required to complete a refresher course.

Q: How do I change my name?

A: Go to our Web site, www.arsbn.org, and click on FORMS. Then, choose NAME CHANGE REQUEST form and download. Mail or fax the completed form to ASBN, along with a copy of your marriage license or other legal documentation. If you are requesting a license printed with the new name, you must include \$25 with your request. After we receive your name change information in our office, you can expect to receive your new license in the mail within two to three weeks.

Q: Do I have to pay for a name change license if I renew at the same time?

A: No, as long as the name change has been submitted before you renew. If the renewed license has already been issued,



you will have to pay to have another license printed in the new name. Remember, licenses are printed out the morning of the first business day following renewal; be sure to submit your name change information far enough in advance to give us sufficient time to make the changes before you renew online.

Q: How do I place my license on inactive status?

A: Please send a written request by fax or mail of your intention to place your nursing license on an inactive status. Only an active license may achieve the status of inactive, so we must receive your request before the expiration date. Please include your license number, full name and current address.

In accordance with your request and the provisions of the Arkansas State Board of Nursing Rules, your license will be placed on inactive status. While on inactive status, you may not practice nursing in this state. You will not be subject to the payment of renewal fees, nor will you be required to maintain continuing education contact hours during that time.

Q: What if my license has been lost or stolen?

A: You may order a duplicate license for \$25. To order a license online, go to our Web site, and under ONLINE LICENSING, choose DUPLICATE LICENSE ORDERS. You will then enter your license and payment information.

Q: I'm not sure my online renewal went through. How can I know it's been processed?

A: At the end of the online renewal process, you will see a Payment Summary page with a box showing the details of the transaction, including your Order ID (confirmation) number. If you do not receive a confirmation number, the process was not completed.

Q: When can my employer verify my renewal?

A: Our records update every night; the day after you renew online, your employer can call our Nurse Verification Line or verify your license via our online verification system.