



ASBN

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Update

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THE FUTURE OF NURSING EDUCATION

Arkansas Legislature Takes Giant Step

NURSES WEEK

May 6th-12th

For schedule see page 5

NURSES DAY AT THE CAPITOL

VIOLATIONS, SELF REPORTING AND SECOND CHANCE PHILOSOPHY



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Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, Arkansas 72204
Telephone: 501.686.2700
Fax: 501.686.2714
Verifications: 501.682.2200
www.arsbn.org

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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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EDITOR LouAnn Walker

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

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Virginia Robertson, Publisher
vrobertson@pcipublishing.com
14109 Taylor Loop Road
Little Rock, AR 72223

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

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

NURSES - Come celebrate Nurses Week with us.
See pg 5 for special events

UNPRECEDENTED LEGISLATIVE MOVE

Since this issue is delivered to you in May, I wish you all a happy and healthy Nurses Day! I trust that your place of employment treats you special for the sacrifices you make and the work you do for the citizens of our fair state.

As we go to press, the legislative session is in full swing. As you read this, the session will have ended or will be very close to that point. A bright spot in an otherwise lackluster session for nursing regulation was the funding of some serious money for nursing education. The legislature voted (Act 9) to move \$500,000 out of the Board of Nursing coffers to fund scholarships for those nurses who are willing to teach in nursing education programs in the state. Our Board president, Kathy Hicks, tells you more about the scholarship fund in her message in this issue of the ASBN Update. Representative Tracy Pennartz, from Fort Smith, championed this legislation which had wide support from her general assembly peers. She successfully shepherded the legislation throughout the process, amending it as appropriate to ensure the language was just right for the needs of the state. If you are from her district, please share your gratitude for helping alleviate the nursing shortage. We know that in nursing education we have a bottleneck; more students who want to be nurses than we have capacity to teach them because of the severe nursing faculty shortage. This act is an effort to break open that bottleneck.

In other legislation, the state will be developing a much needed trauma system which will entail a communication mechanism amongst hospitals. Act 182 requires baccalaureate programs to accept all of the credit hours in an associate of science degree program such that the individual will be admitted as a junior in the four year program of study. It is not clear how this will affect baccalaureate nursing programs. The uniform emergency volunteer health practitioners' act passed, which will provide certain protection for nurses who respond to disasters. Act 355 passed and requires, among other things, licensed prescribers to have a patient/provider relationship with their patients before prescribing medications. This was already a requirement of ASBN rules, so it is not a change for advanced practice nurses. The measure was intended to discourage Internet prescribing.

House Bill 2220 was filed to restructure the Board of Nursing. The bill's sponsor wants to ensure that consumer representatives are not licensed or related to licensees of the nursing profession. He also expressed a need to increase the representation of advanced practice nurses who represent a growing percentage of the Board of Nursing licensees. HB1134 sought to provide increased access to care for Arkansans by eliminating the requirement for a collaborative practice agreement for APNs after a certain length of time working under a collaborative practice agreement. At the time this message was written, it was not known whether these two bills passed. You can find out at www.arkleg.state.ar.us.

Arkansas nurses and citizens of the state were dealt a blow this legislative session as the legislature narrowly passed a bill (Senate Bill 239) allowing physicians to delegate "simple procedures," including medication administration to unlicensed employees in their clinics. After extensive debate in both the Senate and the House, the bill passed, which will allow the Medical Board to establish rules to allow unlicensed individuals to do what previously took a nursing license to do. The bill's language for delegation is similar to the definition of practical nursing. Many nurses contacted the Board of Nursing by phone and e-mail asking what we were doing to stop this unprecedented legislative move. Each was told the same thing. Although we testified against the bill from a patient safety standpoint, it is not the Board of Nursing who is charged to protect the profession. That is the job of your nursing association. There are more than 46,000 nurses in the state, and if there were enough cohesiveness in this group, it would be a mighty force for public protection. So this Nurse's Day, as you celebrate the 96-year history of your profession, realize that it is up to you to stand up for it through www.arna.org or www.arlpna.org.

God Bless Us & Bless Us All



NURSING STUDENT LOAN PROGRAM FUNDING

I am sure that I do not need to tell you that there is a nursing shortage. As stated by the U.S. Bureau of Labor Statistics, in the November 2007 Monthly Labor Review, the latest projections are more than one million new and replacement nurses will be needed by 2016.

One of the main causes of the shortage is the lack of nursing educators. According to the National League for Nursing, one in five nursing faculty will retire in the next five years. The mean age of nursing faculty is 57 years of age.

In 2006, 1488 qualified applicants were denied admission to Arkansas nursing programs.

In 2007, 1194 qualified applicants were denied admission to Arkansas nursing programs.

According to the Southern Regional Education Board, Arkansas has projected 1115 annual nursing vacancies with no other professional group in higher demand than nursing.

The Arkansas Legislature has recently taken a giant step toward helping alleviate this problem in Arkansas. Reps. Pennartz, Shelby, Adcock, J. Roebuck, Hall, Hawkins, Gaskill, Cooper, Ragland, and Wells and Sens. Steele, Trusty, Lavery, Baker, and Horn recently sponsored House Bill 1022, an act to authorize additional funding for the nursing student loan program and to

promote teaching in nursing education programs

Gov. Beebe signed the bill on Feb. 3, 2009, and it is now law as Act 9.

The Nursing Student Loan Revolving Fund was created in the 1980s to address the nursing needs of Arkansas. The fund was re-established by Act 84 of 2003. However, less than 100 Arkansans were assisted to go to nursing school with the limited funds available.

Act 9 repeals the current statute to allow the Arkansas State Board of Nursing to give nursing loans not only to nursing students, but to individuals who will agree to teach nursing in Arkansas. If the loan recipient completes his or her nursing education and qualification as a registered nurse, licensed practical nurse, or nursing educator, the loans shall be "canceled" if the nurse or nurse educator practices or teaches in Arkansas for a period of time to be specified in rules. Also, Act 9 increases the amount of loans that may be made to any one student to \$20,000.

Rules consistent with Arkansas Code § 6-81-1401 - § 6-81-1412 for receiving funds from the Nursing Student Loan Program Funding are being developed. The Board of Nursing will make the information available when details are finalized.

Be sure to thank your representatives for supporting nurses in Arkansas and for assisting us in helping to alleviate the nursing shortage.



Nurse Educator Flies High



"The Navy wants to know if you would be interested in applying to fly with the Blue Angels when they do the air show at Jacksonville in October." (Message from my secretary, Carole Horner)

I give her a bewildered look. I'm thinking, "You're kidding, right?"

She waits for my answer, which is, "Of course, why not?"

Later that evening as I am telling my husband Dale, he asks, "Would you go if they pick you?"

"Of course, how could I not?"

Several weeks later, Ms. Horner slides a note onto my desk as I am in a meeting. The note says, "The Navy wants to know how old you are, how tall you are and how much you weigh?" I give her a look, write the answers on the slip of paper and slide it back to her.

Several weeks after that, the Navy recruiter calls me and says, "We know you educators are not 20-somethings in super physical condition, but do you think you are in reasonable physical shape?"

I tell him that I run 14-15 miles per week and compete in marathon

canoe racing. "Reasonable? Actually quite good for my age." He sends a physical form to have completed by my health care provider.

Another couple of weeks pass. I am notified that I am an alternate, but I should plan to be at the Jacksonville Air Force Base Wednesday morning,

There really are not adequate words to describe one of the most memorable experiences of my life. If you ask my husband, he will tell you, "She hasn't come down yet!"

Oct. 15. Great, I will be in Houston at the NLNAC Program Evaluators Forum on Oct. 13-14. During the afternoon of Oct. 14, Ms. Horner calls to tell me I have been moved from alternate to flight status! (I learn later that Coach Pelphrey of the University of Arkansas was too tall, and I was to

take his place!)

We arrived at the Jacksonville AFB around 9:30 a.m. Wednesday. The Blue Angels staff gave the three of us, who each got a 50-minute flight aboard a Hornet F/A 18, an extensive orientation, suited us up, and strapped us aboard. The pilot, Lt. Frank Weisser, communicated throughout the flight, explaining the instrument panel, the flight routine and the purposes of each of the maneuvers we flew. We went ground to 30,000 feet in less than a minute; up, down, and all around; slow, fast, turn on a dime. There really are not adequate words to describe one of the most memorable experiences of my life. If you ask my husband, he will tell you, "She hasn't come down yet!"

Oh, and by the way, no, I did not throw up, and I did not pass out. And, yes, I would go again in a heartbeat!

Dr. Burris is chair of the College of Nursing at Arkansas Tech University in Russellville and serves on the Education Committee of the Arkansas State Board of Nursing.

STAFF DIRECTORY

ARKANSAS STATE BOARD OF NURSING

1123 South University Ave., Suite 800
 Little Rock, AR 72204
 Office Hours: Mon - Fri
 8:00-12:00; 1:00-4:30
 Phone: 501.686.2700
 Fax: 501.686.2714
 Verifications:
 501.682.2200
 www.arsbn.org

All staff members may be reached via e-mail by using first initial and last name@arsbn.org - i.e. ffields@arsbn.org

ADMINISTRATION

Faith A. Fields, MSN, RN
Executive Director

Robert Horn, *Imaging Coordinator*

Fred Knight
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Mary Trentham, MNSc, MBA, APN-BC
Attorney

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NURSES - Come celebrate Nurses Week with us.
 See pg 5 for special events

WHO ARE THE MOST TRUSTED PROFESSIONALS?

Nurses Shine as America's Most Trusted Profession

2008 Top Ten Honesty and Ethics Rankings by Profession

1. Nurses - 84 percent
2. Druggists/Pharmacists - 70 percent
3. High school teachers - 65 percent
4. Medical doctors - 64 percent
5. Policemen - 56 percent
6. Funeral directors - 47 percent
7. Accountants - 38 percent
8. Journalists - 25 percent
9. Bankers - 23 percent
10. Building contractors - 22 percent

Source: Gallup Poll, 2008 Survey on Honesty and Ethics

Nurses – Save the Date



May

- Nurses Week May 6-12
 - Celebrate Nursing at these events:
 - Naturals Baseball Game (NWA)
May 4 @ 7pm
 - Twisters Football Game
May 9 @ 7pm
 - Travs Baseball Game
May 10 @ 2pm
- For details, visit thinkaboutitnursing.com

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

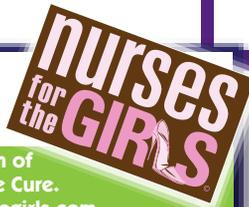
September

- Cholesterol Education
- Sept 19, 2009 APN Pharmacy Seminar, Little Rock, AR
- Prostate Cancer Awareness Wk: 21-27

October

• Join the largest team of nurses to Race for the Cure. Visit www.nursesfortheirls.com beginning May 1!

- Breast Cancer Awareness
- Oct 29-31 ARNA Convention, Doubletree Hotel/Statehouse Convention Center, Little Rock

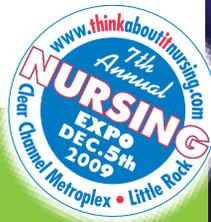


November

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

December

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





LETTER FROM THE EDITOR

Nurses have so many opportunities to make a difference, and you do! It's evident because, once again, the Gallop Poll has ranked nurses as the most trusted profession. For the past 10 years, except 2002, nurses were selected as most trusted. In 2002, after 9/11, firefighters were selected as most trusted. Nurses are on the frontline of health care providing highly skilled, safe and quality care in a variety of settings for patients and families, so they instill a great level of trust in nurses. Eighty-four percent of Americans call nurses' honesty and ethical standards either "high" or "very high." Having morality or good character might seem out-of-date, but it comes from Florence Nightingale's concern about "character"—she took nursing from being done by those not highly thought of in society to the respected profession that it is today. She demanded that those who entered the nursing profession be educated and of good character.

So whether you are a nurse in a long-term care facility, hospital, school, home care, research center or other setting, thank you for making a difference, and congratulations on being number one – again!

LouAnn Walker

ASBN Update Editor

Fish Swim, Birds Fly and Addicts Lie

Dealing with impaired addicted nurses, what a job! No thank you. This is when the nurse has gotten caught and more times than not, this behavior has been going on for quite some time. The individual is angry, resentful, scared, ashamed, devastated, in denial and very manipulative. This individual is typically broke, busted, and disgusted. When I say broke, I mean more than financially. Broken in spirit, out of control, bewildered at what has happened to him. Often times, the addict is the last to know that he or she is an addict. We addicts have to learn that denial is not a river in Egypt; denial is in our mind, and it is a strong delusion.

This is where Phyllis DeClerk and Fred Knight enter the picture representing the Arkansas State Board of Nursing. Their job is difficult to say the least. They will be talking to someone who is desperate and trying to minimize the damage of drug use and will lie if it serves his purpose. Confrontation is required, and in my case, it was met with resentment and more lies. Then the worst case scenario is made real – “We are taking your license and you need to get help!” At this point, I was ordered to go for an assessment by an addiction specialist (cost \$1,900.00). Then I was ordered to complete a 30-day inpatient residential treatment facility (cost \$3,500.00), to successfully complete the program, and then to report back to the Board for another hearing. After this day, for me, it got easier. The gig was up and I was busted, everyone would know.

After completion of my 30-day inpatient residential treatment, I met in front of the Board and was told that my license would be suspended for

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six months; after that I would be on probation for four years, I was fined \$1500.00, and that, I must enroll with daily drug screening. I called the drug screening company every day without fail, and if it was my day at random to drug screen, I would present myself to the correct location and give a specimen for testing within two hours of my call. This averages \$125.00 per month for 54 months (cost \$6,750.00). I was also instructed that I would attend 90 meetings of AA/NA in the next 90 days, and after that, I would attend three meetings a week for the next four years, to keep a record of those meetings (714 meetings), and report quarterly to the Arkansas State Board, in writing, regarding how I am doing.

And the intangibles, the looks you receive in public, fear of rejection with job interviews, feelings of, "I'm less than a good nurse, less than a trustworthy nurse, just not good enough." After being a nurse for the previous 25 years, not having a license meant not making very much money. Minimum wage jobs occupied the next six months (humility learned). After getting my nursing license back with probationary status, nursing jobs were not easy to obtain. Basically, hospitals don't want to hire people like "us," and upon each attempt to obtain work, "the discussion" would happen and you could pretty much tell you will not be getting that job.

So is the Arkansas State Board and "THAT" Phyllis DeClerk too hard on us who have found ourselves addicted? NO, absolutely not. Too soft? Absolutely not. For my situation, it was just right, and I think in most cases it is just right.

The Arkansas State Board has a responsibility to the public to make sure the people who are privileged to be called nurses are not impaired, and I think they do a good job of this. It takes a lot to recover from addiction, and recovery is NOT going to happen with a letter of reprimand or a slap on the wrist. I have needed every step taken by the Board to ensure my recovery. I am one grateful recovering addict who is appreciative of Ms. DeClerk and Mr. Fred Knight for the often thankless job they do to help nurses recover and regain their careers. I have found recovery to be the best thing in my life, and the spiritual growth that comes with recovery has been priceless. I have now completed the four years of probationary status

and currently have 1,693 consecutive days completely clean and sober by the grace of God. Do I wish this had not occurred to me? Do I wish to shut the door on this chapter of my life? NO. It took what it took; I am a stronger person and a better person who has learned the full meaning of hope, faith,

and love. I feel I can use this experience to help and understand others, and that is exactly why I became a nurse. Do I recommend this road of addiction for others? Absolutely not!

Charles Les O'Neal, RN
November 17, 2008

NURSING-YESTERDAY, TODAY AND TOMORROW

By **Melda Sue Logan**, RN, MSN Retired;
Cheryl Hickman, RN, BSN, MS

Nursing has been, and continues to be, a wonderful career. Unlike 30 and 50 years ago, today, many diverse opportunities exist in the profession of nursing. Over the years, nursing education transitioned from the traditional hospital diploma program to programs in universities and colleges. While the art of nursing is still being taught, today's fast paced health care system has changed the culture of nursing.

In the past, patients stayed for many days in the hospital and the nurse got to know "their patients." Today, the length of time a patient stays in the hospital has been greatly reduced. Surgical procedures are being done on an outpatient basis today that only a few years ago entailed a substantial hospital stay. Historically, nurses focused on many comfort measures such as preparing the patients for meals, morning and bedtime care that included bathing and other daily living activities, talking and listening to patients, and preventing skin breakdown, to name a few. In years past, staffing was consistent on hospital units and did not fluctuate with patient census. Patients were not as sick, Intensive Care Units (ICU) were emerging, and technology was not as advanced.

Today, nurses have more "bells and whistles" than ever before in the history of the profession. Until the late 70s, and on into the 80s, a nurse had to rely mainly on their assessment skills to provide safe, competent patient care. In today's world of advanced technology, an array of medical equipment and medical avenues are available to assist nurses with their nursing care. Increased technology, shorter length of stay for patients, sicker

It is both the art and the science of nursing that we as professionals must cherish and employ in our practice today, tomorrow and always.



patients, and an aging work force now contribute to the significant change in the work environment and the nursing culture. A few years ago, nurses wrote pages of nursing notes; today, nurses can point and click to make entries on an electronic medical record. The electronic medical record now includes documentation that is necessary to meet Joint Commission requirements, CMS requirements, and necessary documentation to support the nursing care given in the event he/she should be questioned as to whether standards of care were met.

Strong assessment skills and being an intent listener to the patient symptoms continue to be attributes of a good nurse. While in today's health care system, nurses have access to more diagnostic and patient care equipment, there is no substitute for strong assessment and communication skills. Good assessment skills are

still as important today as they were in the past. Machines cannot tell a nurse everything, and machines can fail. Good communication and assessment skills, compassion, providing comfort measures, and being a patient advocate, coupled with being a safe and competent practitioner are hallmark qualities in the art of nursing.

Today's technological advances have helped the health care professions greatly. An excellent example is the medication administration process using a machine (pyxis) and bar coding technology. In years past, nurses had to handwrite every medicine card for each patient and use trays for "passing" the medication—medicines were "poured" from a stock cabinet. This process left the door open for increased errors. Today, every medication is bar coded before being administered to a patient. The pyxis machines have all patient information downloaded, and there are red flags that alert nurses to potential errors such as the wrong patient, wrong time, wrong pill, etc. This medication administration process helps the nurse and protects the patient. Bar coding helps to ensure that the right medicine is given to the right patient.

Infection Control (IC) Departments did not exist in the 70s. IC departments began to increase in the 80s and are mandatory today. Pre-1980, Methicillin Resistant Staph Aureus (MRSA) was rare, and hand washing was usually done only after dressing changes or cleaning patients. Today, MRSA is no longer rare, and strict Body Substance Precautions, an increase in the use of gloves and hand washing guidelines must be followed with all patients.

Continued on page 18

NURSES - Come celebrate Nurses Week with us.
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501.686.2700 **Update**

FAQS

Q Why do you publish disciplinary actions taken?

A This information is published for several reasons, including to:

- Identify and report public data to which the public is entitled regarding licensees who have violated the statutes.
- Put employers on notice of the initial actions taken by the Board and subsequent status changes of the licensee.
- Inform nurses of the consequences of violation of the Nurse Practice Act, increase awareness and reduce the likelihood of violations.
- Provide a picture of the scope of the problem and demonstrate that the Board has a mechanism in place to address the problem.
- Assure other nurses and the public that corrective steps have been taken or the individual is removed from practice until such time as the nurse is deemed able to practice safely.

Q How do compact licenses work?

A A nurse can hold a license only in one compact state when your primary residence is in a compact state. You may work in any other compact state on that compact license. Single state licenses are issued to persons who live in a non-compact state and want to work in Arkansas or to a nurse whose license is encumbered (under disciplinary order) and does not have permission to work outside the state.

Q I recently went to work at a rather large, well-established medical clinic. Certified medical technicians and unlicensed, on-the-job trained personnel administer medications. I am expected to delegate injections and such to these unlicensed personnel. Is this legal?

A No. As a licensed nurse, you may not delegate the administration of medication to unlicensed personnel.

Q Once I have received discipline, will my license always be “flagged”?

A Yes. When an employer checks the registry, if you have received discipline, it will direct them to contact our Board office (this is also the case if your license is under investigation). At that point, the employer will be told the status of your license, the expiration date, and that you are or were under a period of discipline. They may request a copy of the disciplinary documents under the Freedom of Information Act. If the license status is under investigation, the employer is not informed as to the reason of the investigation since it is active.

Q What is a medication assistant?

A Act 1423 of the 2005 Arkansas legislative session authorized the use of trained and certified medication assistants in nursing homes in Arkansas. Medication assistants are required to successfully complete an education program and pass a certification exam before being allowed to function in the role of medication assistant certified (MA-C) in a nursing home.

Medication assistants are utilized in over 30 states in the United States and have proven to effectively reduce the number of medication errors in nursing homes. The use of medication assistants in Arkansas nursing homes will allow the nurse to spend more time focusing on the residents and supervising the care given by the CNAs, resulting in quality care for our most vulnerable population.

NURSES DAY AT THE CAPITOL



The Arkansas Nurses Association (ARNA) and the Arkansas Nursing Students' Association (ANSA) sponsored Nurses Day at the Capitol on Friday, March 6. Nurses and student nurses provided various health screening activities for Arkansas Legislators in the Capitol Rotunda. Nurses and student nurses had the opportunity to meet and greet legislators from their own districts during the morning activities. There were display exhibits from ARNA, ANSA, and others, including the Arkansas State Board of Nursing. The ARNA Health Policy Committee and Martha Perry, ARNA's lobbyist, conducted a legislative briefing on the issues and bills coming before the Arkansas General Assembly during the 2009 session.



Baptist Health School of Nursing students and instructor with Rep. Ann Clemmer



UIAMS students performing a blood glucose screening



Jefferson School of Nursing students and instructors with Rep. Stephanie Flowers



ASBN Board Member Darlene Byrd and ASBN Executive Director Faith Fields assisted nurses and nursing students in determining their legislator

Nurses and student nurses provided various health screening activities for Arkansas Legislators in the Capitol Rotunda. Nurses and student nurses had the opportunity to meet and greet legislators from their own districts during the morning activities.



Southeast Arkansas College students and instructor



UALR nursing students



ASBN staff attending, from L to R: Susan Moore; Lori Gephardt; Pamela Tyler; Faith Fields, MSN, RN; Lauren Belt; Matt Stevens



UAM College of Technology-Crossett nursing students and instructors with Rep. Eddie Cheatham



UAM College of Technology-McGehee nursing students and instructors with Rep. Robert Moore



Baptist Health School of Nursing students with Lt. Gov. Bill Halter



Nursing students from attending colleges or schools

Hospitals gain new patient safety tool

Quality Excellence is state's first Patient Safety Organization

By **Jennifer Barnett Reed**, MSJ, and
Pam Brown, RN, BSN, CPHQ,

A decade after the landmark Institute of Medicine report "To Err is Human: Building a Safer Health System" focused new attention on the issue of patient safety, our nation's hospitals have made progress, but many are still struggling with high rates of medical errors.

Hospitals in Arkansas and nationwide now have a new patient safety tool at their disposal: the Patient Safety Organization. In February, Quality Excellence Inc. was named the state's first PSO, a designation given by the federal Agency for Healthcare Research and Quality.

The PSO system was created by Congress to help lower the incidences of medical harm in U.S. hospitals — including hospital-acquired infections, pressure ulcers, surgical mistakes and medication errors. The Institute for Healthcare Improvement, which defines "medical harm" as unintended physical injury resulting from or contributed to by medical care (including the absence of indicated medical treatment)

that requires additional monitoring, treatment or hospitalization or results in death, estimates that there are 15 million such "harm events" every year.

The PSO system addresses a major hurdle to patient safety outlined by the AHRQ. "To Err is Human" spotlighted a serious need to capture and analyze data related to incidences of medical harm, and, according to the AHRQ, individual facilities and states have encouraged hospitals to report their patient safety events. This process has been hindered, however, by two problems, according to the AHRQ. First, the fear of lawsuits, professional sanctions and damage to their reputations has made physicians and hospitals reluctant to submit their patient safety data for peer review. Second, this kind of data has not been collected in a standardized format, making it difficult to aggregate information from multiple institutions.

PSOs remove these barriers by providing data analysis that is both

confidential and legally privileged. Information submitted to PSOs will not be subject to subpoenas or use in civil lawsuits or criminal, administrative or other proceedings. The Department of Health and Human Services' Office for Civil Rights is responsible for enforcing the confidentiality and privilege protections of the PSO system. Breaches of confidentiality may result in civil monetary penalties.

Because of these legal protections, Quality Excellence Inc. PSO will be able to contract with hospitals to analyze their data on medical errors to identify risks and hazards, and then work with the hospitals to create solutions in a confidential, legally protected and non-punitive environment.

Quality Excellence Inc. is a for-profit subsidiary of the not-for-profit Arkansas Foundation for Medical Care, the Medicare and Medicaid Quality Improvement Organization for the state of Arkansas. For more information, call Quality Excellence Inc. at 501-351-5964.

DID YOU KNOW??

...that the Arkansas Poison Center (APCC) is the only poison center in the state and is certified by the American Association of Poison Centers? The APCC, located in the College of Pharmacy at the University of Arkansas for Medical Sciences (UAMS), hotline number can be contacted 24 hours a day, seven days a week, at 1.800.222.1222, free of charge. Please share with patients the availability of the APCC hotline number in case of a poison exposure. Some poison exposures can be prevented, but not all of them. APCC encourages providers to have their number readily available for consultation. The APCC is staffed by registered nurses and doctors of pharmacy whom are Certified Specialists in Poison Information.

The APCC helps control the ever increasing health care

costs by diverting and preventing unnecessary emergency room visits. In fact, in the majority of poison exposures, treatment in a health care facility is not necessary. Frequently a call to the APCC can be managed safely at home, school or place of work thereby freeing the space of already crowded emergency rooms. Often tap water irrigation of the eyes, rinsing skin with water, or simple observation for symptoms is the only care needed.

The American Association of Poison Control Centers estimates that an average call to a poison center in the United States saves approximately \$560.00 in unnecessary medical expenses. The APCC estimates it saved Arkansas over 5 million dollars in 2008!

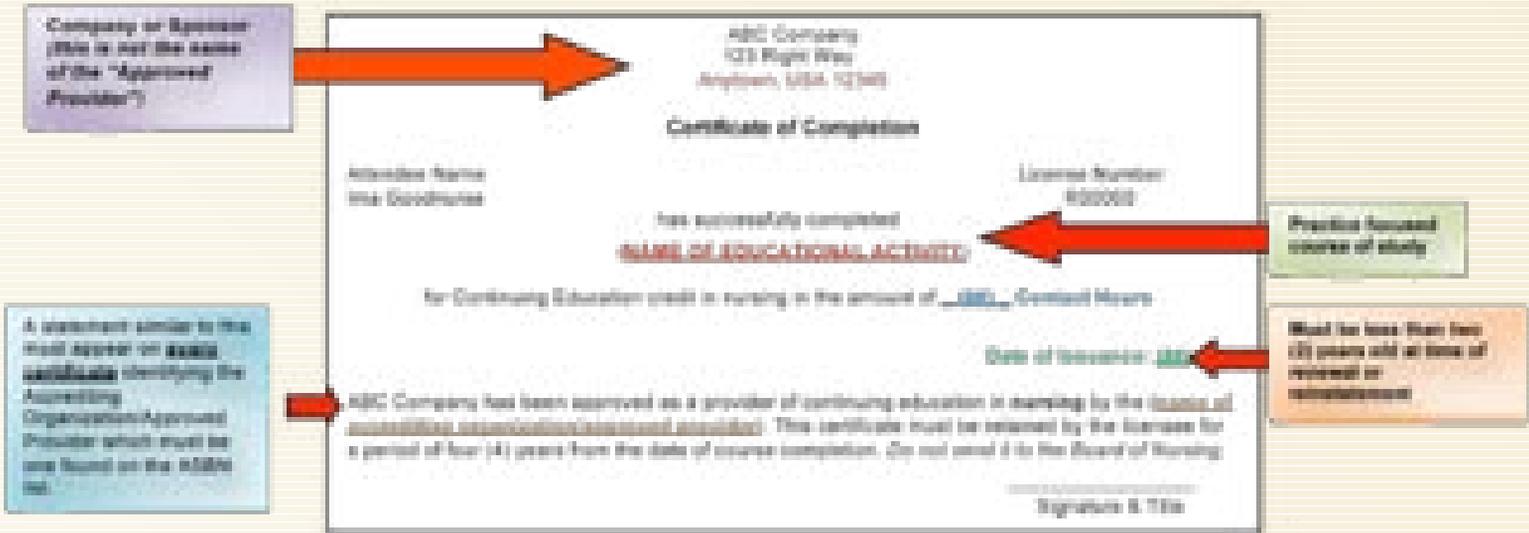
Nursing-Yesterday, Today and Tomorrow

Continued from page 14

In the early years of nursing, physicians, nurses and other health care providers had time to conduct round table discussions on the job which were teaching and learning opportunities. Today, the fast paced and complex health care arena requires a more formal educational and competency based teaching model. Much has changed in the profession of nursing through the years, and change will continue; what cannot change is the nurse's commitment to be a patient advocate.

*While the art of nursing
is still being taught,
today's fast paced health
care system has changed
the culture of nursing.*

Throughout the years, nursing has been, and hopefully will always be, the glue that holds the health care team together. Nurses must never let the glue that binds good nursing practice and patient care lose its cohesive properties. Patients – then, now, and in the future – will always look to the nurse to help them become well again. Nurses continue to use their competent practice to help heal. It is both the art and the science of nursing that we as professionals must cherish and employ in our practice today, tomorrow and always.



WILL THIS CONTINUING EDUCATION ACTIVITY COUNT FOR LICENSE RENEWAL?

We receive numerous phone calls and e-mails from nurses asking, “Will this continuing education activity count toward my requirement for license renewal?” If you are meeting the requirement by contact hour activities, we have designed an example of a certificate of completion that demonstrates compliance with the law.

CONTACT HOUR OPTION

Number of contact hours: This information must be listed on the certificate. Fifteen practice-focused contact hours are required for on-time renewals. For a late renewal/reinstatement you must complete twenty (20) contact hours.

Date: The completion date must be listed on the certificate. The activity(s) must be completed and dated no more than two years prior to renewal/reinstatement.

Title: Include the full title of the educational activity.

Course: Must be practice-focused education specific to your job duties. For nurses not currently practicing, course of study may be selected from a variety of topics.

Name of Accrediting Organization/Approved Provider

Statement: This information should be the accrediting organization and not the company or sponsor of the activity. The name of the accrediting organization must be included on every certificate. There will be a statement similar to: “This activity has been approved for nursing continuing education by ” (this is where the accrediting organization is found).” The most common accrediting

organization of nursing continuing education is the American Nurses Credentialing Center’s Commission on Accreditation (ANCC), but there are many others that are acceptable. The accrediting organization must be one of the organizations found on the “ASBN Approved Accrediting Organizations/Approved Providers” list. The list can be found on the ASBN Web site, www.arsbn.org, through the Continuing Education link on the left side of the home page.

Rules governing continuing education require that you maintain copies of certificates of completed contact hour activities earned during your licensure period. If you are only keeping a “list” of courses completed via the Internet for your records or if your employer keeps a file – that is okay, but it is your responsibility to also maintain copies of certificates for each course of study for a minimum of four years. A number of nurses, at times, have found it impossible to retrieve copies of the certificates at a later date. If you are selected for a random audit, you will receive notification by mail asking that you demonstrate compliance by submitting copies of your documents for review by the ASBN. Submitting a list does not demonstrate compliance and will result in the issuance of a second request for appropriate documentation.

If in doubt whether a certificate will count toward your requirement for license renewal, compare it to the example and assess whether it contains all the necessary information. If it does, then there’s your answer!



ATTENTION EMPLOYERS

Tammy Odell St. John Sebren
Revoked L34392

Continues to seek employment in
the State of Arkansas as a licensed
nurse. Her license was revoked on
3-13-2002

Rules were implemented on January 1, 2004, that required the schools of nursing to include intravenous therapy in the licensed practical nurse education curriculum. Licensed Practical Nurses (LPN) who graduated prior to January 2004 are required to have a post graduate course on intravenous therapy or be able to show that their school's curriculum included intravenous therapy at the time of their graduation. The Board of Nursing collaborated with the directors of the LPN education programs to develop minimum training standards for the LPN, licensed psychiatric technician nurses (LPTN) or LPN student. Employers who provide intravenous therapy courses for LPNs may also use the guidelines as a baseline for their course content. Even though the LPN may have had an intravenous therapy course, pre or post graduation, the registered nurse (RN) who supervises the care assigned or delegated to the LPN continues to be responsible for assessing competency of the LPN. The LPN is responsible for requesting assistance when assigned or delegated a task that is outside of the LPN's personal scope of practice.

Guidelines for Teaching Content Related to IV Therapy for Arkansas Licensed Practical Nurses and Licensed Practical Nursing Students

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. The Arkansas State Board of Nursing developed Position Statement 98-6, Scope of Practice Decision Making Model, to enable nurses to determine if a specific task is within their personal scope of practice. It is recommended that this model continue to be used.

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, judgment, and knowledge required in professional nursing.
ACA § 17-87-102 (6)

Over time, it has become generally acceptable practice for the RN to delegate certain tasks related to intravenous therapy to LPNs and LPTNs who have completed training and have validated competencies. RNs are prohibited from delegating tasks

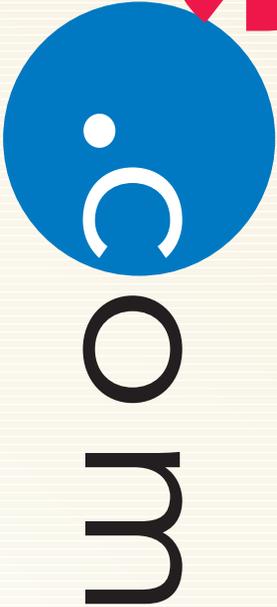
that require the substantial specialized skill, judgment, and knowledge required in professional nursing to an LPN or LPTN.

Minimum training for the LPN, LPTN, or LPN student who will be delegated IV therapy should include:

Anatomy and physiology;
Fluid and Electrolyte Balance;
Equipment and procedures in intravenous therapy;
Complications, prevention, and nursing interventions;
Introducing a peripheral intravenous device on an adult client;
Set-up, replace and remove intravenous tubing for gravity flow and/or pump infusion;
Perform intravenous infusion calculations and adjust flow rates on intravenous fluids;
Monitoring the administration of blood and blood products;
Administration of medications through a peripheral intravenous catheter by intravenous piggyback or intravenous push provided the medication does not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

Student Nurse

education / employment



The logo for arsbn.com features a blue circle containing a white lowercase 'c' with a white dot above it, resembling a stylized 'a' or a person's head. To the right of this circle, the text '.com' is written in a black, sans-serif font.

Violations, Self-Reporting and A Second Chance Philosophy

A second chance and the opportunity to begin again is evident at Baxter Regional Medical Center in Mountain Home, Arkansas, where nurses have found that the hospital's mission of doing the right thing for the patient extends to doing the right thing for the employee. For the nurse, the right thing may entail a journey from misjudgments to the act of self-reporting, the development of self-awareness and personal accountability, and a second chance at a renewed commitment to the nursing profession.

Reporting a fellow nurse for a violation of the *Nurse Practice Act* is one of our greatest responsibilities and yet is

"Failure is only the opportunity to begin again, this time more wisely." - Unknown

often one of the most difficult decisions. As nursing and health care leaders, we are focused on healing, compassion and concern; and it is the result of that self-reporting process and second chance where we can see the nurse truly healed and full of renewed compassion for the profession.

Whether in an acute care hospital,

long-term care facility, home health, hospice, or dialysis unit, we have the responsibility and accountability to report to the Arkansas State Board of Nursing violations of the *Nurse Practice Act*. Violations that would warrant reporting a nurse to the Arkansas State Board of Nursing include, but are not limited to:

- Alcohol intoxication
- Conviction of DWI or public intoxication
- Failing a drug screen for employment without a supporting legal prescription
- Failing a random or "for cause" drug screen without a supporting legal prescription
- Falsifying a prescription
- Drug diversion
- Failing to document after education and counseling have been provided at the employing facility
- Falsifying documentation after counseling and development of an action plan for improvement
- Endangering a patient
- Abandonment of a patient
- Failure to carry out physician orders after counseling and development of an action plan for improvement
- Failing to do your job as a nurse in whatever setting you are practicing after counseling and development of an action plan for improvement
- HIPAA violations

Any action that requires a licensed nurse to be removed from employment could also be good reason for reporting that nurse's behavior to the Arkansas State Board of Nursing.

At Baxter Regional Medical Center, the

interchange between nursing leadership and the Human Resources Department is key. Both departments are involved in the investigation of the nurse's behavior, conversations with the nurse, and later in decisions regarding when and how that nurse can be returned to employment under stipulations of the Arkansas State Board of Nursing and our facility's own *second chance agreement*.

When meeting with the nurse to present findings from the investigation, we always discuss with the nurse our responsibility to report their behavior to the Arkansas State Board of Nursing, while also encouraging the nurse to self-report to the Board. Self-reporting can be the nurse's first step in the right direction toward recovery from an addiction or toward a commitment of better documentation of patient care. The nurse is provided with the Board's contact information and is given at least 24 hours to self-report prior to the Board receiving a call from Baxter Regional Medical Center. The Board may give some consideration to the nurse in determining the disciplinary requirements when the nurse has submitted a written self-report prior to receiving notice from another source.

Reports to the Board are made in writing with additional documentation provided upon subpoena request from the Board. Some general pieces of documentation usually requested by the Board include the nurse's application of employment, license number, and documentation of why the nurse's employment was terminated. In some situations, documentation provided to the Board will include information from patient charts as well as employee and/or physician statements.

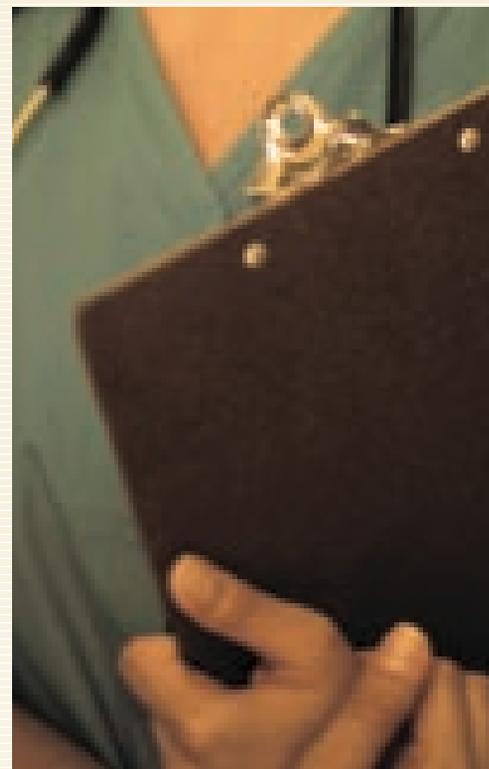
Built on a tradition started by retired CNO Margaret Fielding, RN, Baxter Regional Medical Center has served as home for nurses seeking a second chance. For those nurses who self-report to the Board, complete all requirements

of the Board, and are willing to complete our facility's requirements, we consider offering a second chance opportunity. Many of those second chance opportunities have proven to be successful and have resulted in a productive nurse being welcomed back into the profession they love.

Not only do we have a responsibility to report violations, but as leaders in the health care environment, we also have a responsibility to look internally and ask ourselves some key questions:

- How did our internal system fail this nurse?
- Were there signs and symptoms that something was wrong? Were they ignored?
- What, if any, action could have been taken which might have prevented this violation?
- Do we now have an opportunity to help others in similar situations by offering additional education and/or training?

Second chances are not always available, and if you are fortunate to be presented with a second chance, seize the opportunity which may change your life.



Board Business

- The Board of Nursing, in a March 2009 conference call, voted to rescind Position Statement 09-01 – Moderate Sedation Administration.
- Vice President Lori Eakin presided over the strategic planning session held on March 18 and the disciplinary hearings held on March 19.

WELCOME NEW EMPLOYEES

Lauren Belt joins the Arkansas State Board of Nursing as a receptionist/cashier. Her responsibilities include answering and transferring incoming telephone calls, receipting all monies/fees into the accounting database, and opening and distributing mail. Belt is a graduate of Cabot High School and earned her bachelor's degree in psychology and research from the University of Central Arkansas in 2008. When not working, Belt likes to watch scary movies. She has a fish named Macaroni and a Guinea pig named Henry, and her favorite quote is, "Everything will be okay in the end. If it's not okay, it's not the end."

Robert Horn is the new imaging coordinator at the Board. He attends Pulaski Technical College and is a Cisco Certified Network Associate. Previously, Horn worked as a network engineer for IK Electric, a firefighter with the Little Rock Fire Department and was a farrier for 13 years. About working at the ASBN, Horn stated, "I like the working environment, and the work schedule allows me to spend more time with my two daughters, Ellie and Emma." In his spare time, Horn likes to fly fish on the Little Red or White Rivers.

Welcome Lauren and Robert!

**Specialty Clinics Only!
Permanent Positions!**

2009 BOARD MEETING DATES

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.

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

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, Bobby Wayne
R73249, Forrest City
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$2,000

Caillouett, Terri Lynn Larson
R56461, Clarksville
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Campbell, Rita Gail Liles
R19977, L14845(exp),
Prescott
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$750

Dicks, Kimberly Laree Valdes
DeCamp
L32826, Mountain Home
A.C.A. §17-87-309(a)
(2),(6)&(9)
Probation - 1 year

Kunath, Katherine Ilene
Davidson
L44225, Flippin
Probation Non-Compliance
Probation - continue with
prev.

McGill, Nick R.
L44231, Cotter
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Miesner, Haley Dee Haney
L38695, Charleston
A.C.A. §17-87-309(a)
(2),(4)&(6)
Probation - 2 years

Urie, Brittney Dawn Wood
L45494, Morrilton
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$750

SUSPENSION

Bankston, Jackie Deshum Mays
R82160, L41025, Pine Bluff
A.C.A. §17-87-309(a)(6)
Suspension - 3 years, followed
by Probation - 2 years
Civil Penalty - \$2,500

Gerot, Liza Michelle Murphy
R32923, L20538(exp), Conway
Probation Non-Compliance
Suspension - 3 months, fol-
lowed by Probation - 1 year
Civil Penalty - \$750

Goodnight, Stacie Lynn Kelnhofer
L33798, Star City
Probation Non-Compliance
Suspension - 6 months, fol-
lowed by
Probation - 1½ years
Civil Penalty - \$500 + prev.bal.

Hendrickson, Amanda Lorene
R67968, Berryville
Letter of Reprimand Non-
Compliance Suspension - until
the terms are met February 11,
2009

Kirby, Laura Jo Lawhorn
T01345, Benton
Letter of Reprimand Non-
Compliance Suspension - until
terms are met
February 11, 2009

Lewis, Marianne
R29833, Springdale
Probation Non-Compliance
Suspension - 2 years, followed
by Probation - 2 years
Civil Penalty - \$2,000

McCutchen, Catherine Keller
R49709, Cabot
Probation Non-Compliance
Suspension - 6 months, fol-
lowed by Probation - 1 year
Civil Penalty - \$1,000

McGhee, Bobby
R63172, Lawson
A.C.A. §17-87-309(a)
(1),(2),(4),(6)&(7)
Suspension - until Louisiana
terms are met & license is eli-
gible for reinstatement, followed
by Probation - 1 year

Murphy, Ann Carol Saffold
Norrell
R68962, Star City
A.C.A. §17-87-309(a)(4)&(6)
Suspension - 3 years, followed
by Probation - 2 years
Civil Penalty - \$2,500

Pickard, Lynanne Glover
L45282, Lonoke
Probation Non-Compliance
Suspension - 1 year, followed
by Probation - 2 years
Civil Penalty - \$500 + prev.bal.

Stine, Jenni Rebecca Norwood
L33256, Bryant
A.C.A. §9-14-239
January 28, 2009

Trammell, Inas Lena
L42147, Mountain View
A.C.A. §17-87-309(a)(6)&(9)
Suspension - 1 year, followed
by Probation - 2 years
Civil Penalty - \$1,500

Walker, Wendel Fay Bell
L43327, Jonesboro
Letter of Reprimand Non-
Compliance Suspension - until
terms are met February 11,
2009

Zeiger, Kimberly Dawn Greene
R69215, L40577
Probation Non-Compliance
Suspension - 3 years, followed
by Probation - 2 years
Civil Penalty - \$2,500 + prev.
bal.

VOLUNTARY SURRENDER

Easterling, Carla Sue Knight Hill
L40209, Hope
February 3, 2009

Hughes, Sharon
L28935, Little Rock
January 14, 2009

McVay, Rhonda Tefaney Davis
R67797, Poyen
February 10, 2009

REINSTATEMENT WITH PROBATION

Wyatt, Sara Ann Edwardson
R74056(exp), L43079(exp),
Poughkeepsie
February 3, 2009
Reinstate to Probation - 1½
years
Civil Penalty - balance \$900

REINSTATEMENT

Artis, Serena Lee Terrell
L39599, Idabel, OK
January 21, 2009

Walker, Wendel Fay Bell
L43327, Jonesboro
February 11, 2009

REPRIMAND

Billings, Freda Lashell Walker
L19576, Texarkana
A.C.A. §17-87-309(a)(1),
§17-87-207(c)(2) & Rules
CE Late Fee - \$200
January 9, 2009

Finley, Shaunelle Donnette
L40911, Nashville
A.C.A. §17-87-309(a)(1)&(2)
December 15, 2008

Heckmann, Bradley Neal
R36086, Jonesboro
A.C.A. §17-87-309(a)(2)&(6)
January 8, 2009

Snow, Crystal Lunn
L48341, Mountain Home
A.C.A. §17-87-309(a)(1)&(2)
January 9, 2009

Teague, Debra Ann Simmons
L40591, Fouke
A.C.A. §17-87-309(a)(1),
§17-87-207(c)(2) & rules
CE Late Fee - \$750
January 9, 2009

Theaderman, Kai Lynn Neal
L30830, Hot Springs
A.C.A. §17-87-309(a)(6)
December 15, 2008

Throneberry, Ronald Real
R50510, Maumelle
A.C.A. §17-87-309(a)(6)&(9)
December 15, 2008

Trader, Tami Elizabeth
R82464, Taylorsville, GA
A.C.A. §17-87-309(a)(1)&(2)
January 9, 2009

Van Roekel, Alison Lynea
R79050, Austin
A.C.A. §17-87-309(a)(6)
January 8, 2009

Weiss, Dianna Lynne Deaton
Meserole
L31021, Amity
A.C.A. §17-87-309(a)(1),
§17-87-207(c)(2) & Rules
CE Late Fee - \$1,000
January 9, 2009

Woodell, Charlotte Helen
L48331, Little Rock
A.C.A. §17-87-309(a)(1)&(2)
January 9, 2009

REVOCAION

Cotton, Katherine Renee
Williams Stephens
R49363, North Little Rock
Suspension Non-Compliance
February 12, 2009

Crabtree, Randall Wayne
R50431, L26839(exp), Pleasant
Plains
A.C.A. §17-87-309(a)(2)&(6)
February 11, 2009

Montgomery, Raven Raquel
L38765, Little Rock
A.C.A. §17-87-309(a)
(1),(6)&(9)
February 11, 2009

York, Wendy E. Ellison Frye
Brock
L30633, Rison
17-87-309(a)(2)&(6)
and §17-87-312(e)(10)
February 12, 2009

PROBATIONARY STATUS REMOVED

Hutchens, Pamela Jo Bailey
R25109, West Fork
February 3, 2009

LICENSURE DENIED

Sanders, Jennifer Sue Buck
PN Applicant, Hot Springs
February 11, 2009

PROBATION

Ballard, Annie Lorie Newton Webb
R54719, Curtis
A.C.A. §17-87-309(a)(2),(6)&(9)
Probation – 1 year

Brooks, Kathryn Louise Ray
R80537, L40488(exp), Crosssett
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$2,500

Cagle, Zachary Wyatt
R76951, Sherwood
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,800

Davis, Gwynn Allison Vaughan
R20734, P00491, Little Rock
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Draper, Melanie Lynn Hedges
R72926, Malvern
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Gillenwater, Shelaine Faither
L48628, Glenwood
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation – 2½ years

Hannaman, Jennifer Ann Block
R68495, L36559(exp), Mena
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,000

Holt, Robin Denise
R78659, L43114(exp), Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$3,000

McElrath, Julie Ann
R38112(exp), P01131(exp), Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,500

McGee, Kristi
L46687, Batesville
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,000

Miller, Marsha Requita Miller Thompson
R55254, L31486(exp), Warren
A.C.A. §17-87-309(a)(6) and §17-87-104(a)(1)(D)(vii)
Probation – 1½ years
Civil Penalty – \$2,300

Ratliff, Tisia Dee Taylor
R45369, Springdale
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$2,000

Richter, Siri Gail Edwards
R14478, P00503, Pine Bluff
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$2,500

Simmons, Darlene Ruth
R80813, Eureka Springs
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,000

Stewart, Chyla Denell
L48570, Conway
A.C.A. §17-87-309(a)(2),(4),(6)&(9)
Probation – 2 years

Terrill, Lisa Ann Davis Brooks Fuson
L30634, Green Forest
A.C.A. §17-87-309(a)(2),(4),(6)&(9)
Probation – 2 years
Civil Penalty – \$1,000

SUSPENSION

Brooks, Angela Carole Hoofman
R68558, Helena
A.C.A. §17-87-309(a)(6)&(7)
Suspension – until Louisiana license is eligible for reinstatement, followed by Probation – 1 year
Civil Penalty – \$500

Needham, Erica Marie
R80453, L40553, Imboden
A.C.A. §17-87-309(a)(4)&(6)
Suspension – 3 years, followed by Probation – 2 years
Civil Penalty – \$2,500

Yeoman, Debra Jean
L42963, Winfield, KS
Probation Non-Compliance
Suspension – 2 years, followed by Probation – 2 years
Civil Penalty – \$2,000

VOLUNTARY SURRENDER

Addison, Paula Jane Cornish
R50981, Texarkana
February 23, 2009

Crawford, Pamela Darlene Meadows
R37068, T00165(exp), Mabelvale
February 12, 2009

Dunivan, Benjamin Dewayne
L31769, Newark
February 23, 2009

Gibson, Jennifer Diana Johnson
L41221, Dierks
March 13, 2009

McVay, Rhonda Tefaney Davis
R67797, Poyen
February 10, 2009

Moser, Krista Cheriee
R45023, Mabelvale
February 27, 2009

Norris, Fred L.
R71435, Bella Vista
February 12, 2009

Paulovich, Linda Gail Williams
A01105, R19518, P00383, Bryant
March 12, 2009

Ricardi, Alexandra Elizabeth Faris
L43780, Heber Springs
March 12, 2009

Worsham, Jenna Renee
L44086, Wilson
March 5, 2009

REINSTATEMENT WITH PROBATION

Boyett, Laura M. Heiser
R53621, White Hall
Reinstate to Probation – 3 years
Civil Penalty – prev.bal.
February 20, 2009

Brewer, Paula Kay Cobb Harris Hoofman
R66332, L37883(exp), Locust Grove
Reinstate to Probation – 2 years
Civil Penalty – prev.bal.
February 17, 2009

Byrd, Gloria Jean Dixon
R44182, Springdale
Reinstate to Probation – 2 years
Civil Penalty – prev.bal.
March 13, 2009

REINSTATEMENT

Johnson, Cristy Lynn
L40937, Pine Bluff
February 18, 2009

Kirby, Laura Jo Lawhon
T01345, Benton
February 20, 2009

REPRIMAND

Andrews, Jeffrey Douglas
L37739, Lavaca
LOR Rescinded
March 6, 2009

Batson, Theresa M.
R54997, Bryant
A.C.A. §17-87-309(a)(6)
February 10, 2009

Bergman, Deborah Darlene Samons
L35874, Maynard
A.C.A. §17-87-309(a)(6)
January 12, 2009

Branch, Mary Amanda
L45160, Cherokee Village
A.C.A. §17-87-309(a)(6)
January 12, 2009

Brands, Nancy Lee
R36954, Fayetteville
A.C.A. §17-87-309(a)(6)&(9)
January 12, 2009

Chadwick, Angela Malise Hayes
L29446, Walnut Ridge
A.C.A. §17-87-309(a)(6)&(9)
January 29, 2009

Emerson, Mindy Dawn Bridges
L41445, Palestine
A.C.A. §17-87-309(a)(6)
January 12, 2009

Hewett, Francene D. Ray
R53571, Fort Smith
A.C.A. §17-87-309(a)(6)&(9)
January 21, 2009

Higginbotham, Kristy Michelle Reed
L37967, Hamburg
A.C.A. §17-87-309(a)(6)&(9)
January 12, 2009

Langel, Marquita Antoinette
L44825, Pine Bluff
A.C.A. §17-87-309(a)(2)&(6)
January 12, 2009

McFarlin, Cinda Beth Alexander Evans
L34968(exp), Paragould
A.C.A. §17-87-309(a)(2)&(6)
January 22, 2009

McLain, Laurene Carol Favre
L39650, Quitman
A.C.A. §17-87-309(a)(6)
January 12, 2009

Morgan, Sherry Ann Knight Rodenberg Manning
R12007, Greenbrier
A.C.A. §17-87-309(a)(6)
January 14, 2009

Sadler, Anna Margaret
L09213, North Little Rock
A.C.A. §17-87-309(a)(6)
February 10, 2009

Smith, Kyra Jean Jerry
R82673, L31456, El Dorado
A.C.A. §17-87-309(a)(1)&(2)
February 5, 2009

Walker, Barbara Ann Watson Swift
L18969, Hot Springs
A.C.A. §17-87-309(a)(6)
January 12, 2009

Woodson, Debra Jean Townsend
L11257, Conway
A.C.A. §17-87-309(a)(6)
January 12, 2009

PROBATIONARY STATUS REMOVED

Ahsam, Barbara Helene Biglow
R40785, Little Rock
February 19, 2009

Alexander, Kimberly Shea Dollar
L37588, McCrory
February 19, 2009

Burton, Daniel Christopher
R67440, Heber Springs
March 11, 2009

Chronister, Barbara Steele
R39270, Greenwood
March 16, 2009

Cox, Tonia Sabrina Ragsdale
R30281, Benton
March 11, 2009

Dilley, Joan Carol Howie
R33291, West Helena
February 19, 2009

El, Carolyn Bey
R36543, Pine Bluff
February 19, 2009

Gunter, Susan Marie Taylor
R64909, Dover
March 16, 2009

Harper, Linda Gay Turner
R13495, Maumelle
March 16, 2009

Hoover, Cathy Leigh Wellman Hale Evans
R50607, Arkadelphia
February 19, 2009

James, Katherine Leslee
L45375, Pine Bluff
March 11, 2009

Juergens, Jennifer Rebekah Majors
R78708, Fayetteville
March 2, 2009

Myers, Rebecca Ann Whaley
R64255, Little Rock
March 16, 2009

Perkins, Michael Lynn
R63751, Holiday Island
February 19, 2009

Sharp, Lisa Ann Northcross
R51468, Huntsville
February 26, 2009

Sloan, James William
R54211, Bryant
March 11, 2009

Southerland, Susan Corinne
R33141, North Little Rock
March 16, 2009

LICENSURE DENIED

Whicker, Nancy Lee
PN Endorsement Applicant, Mena
March 19, 2009

APPEAL DENIED

Bergman, Deborah Darlene Samons
L35874, Maynard
March 19, 2009

WAIVER GRANTED

Looney, Elsie Renee
PN Applicant, Rogers
March 19, 2009

the value of Public Recognition

The Nursing Leadership Awards Recognition Program of the Central Arkansas Veterans Healthcare System in Little Rock is shared by Julie A. Brandt, MSN, RN, CNA-BC, associate director, Patient Care Services/Nurse Executive; Jean K. Zehler, MSE, RN, CNA-BC, magnet coordinator, Patient Care Services; and Donna R. Edwards, MA, RN, CNA-BC, deputy nurse executive of the Central Arkansas Veterans Healthcare System in Little Rock.

Title: Promoting Growth and Development of Registered Nurses through a Nursing Leadership Awards Recognition Program

Objectives: The Associate Director, Patient Care Services/Nurse Executive (AD/PCS-NE) at the Central Arkansas Veterans Healthcare System desired a program that would recognize staff nurses for outstanding contributions and accomplishments as well as providing visibility with nursing leadership.

Description of Activities: A Nursing Leadership Awards Recognition Program was initiated in March 2007. The goals of the program are to: 1) recognize RNs who have received an award, certification, higher level of degree or had significant involvement in community activities or projects, 2) promote communication between staff nurses and nursing leadership, 3) provide an avenue for nurse leaders to be accessible and visible to direct care nurses, 4) provide information related to performance measures and unit level scorecards that have met or not met targets, and 5) identify areas for improvement. Each quarter, the nurse

manager from each area identifies one RN for recognition through a write-up of the nurse's accomplishments.

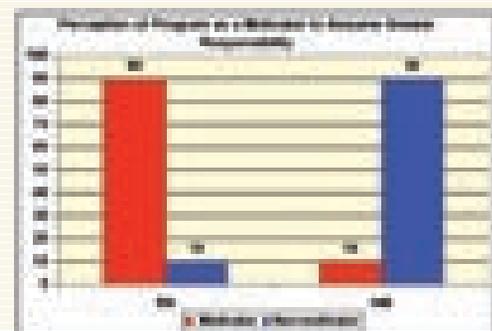


Following the staff recognition there is group discussion of issues, concerns, areas for improvement as well as identification of what is going well.

A recognition ceremony is held at each division of the medical center. Nursing leadership, nurse managers and staff nurses being recognized attend. The AD/PCS-NE reads the contributions and accomplishments of each individual and presents them with a token of appreciation. Following the staff recognition there is group discussion of issues, concerns, areas for improvement as well as identification of what is going well. Group pictures are taken and published in the quarterly nursing newsletter. To assess goal accomplishment and outcomes, nurse managers and staff nurse participants completed an evaluation of the program in November 2007.

Findings and Conclusions: The Nurse Leadership Awards

Recognition Program is seen as a positive program by the participants and nurse managers in providing the opportunity for recognition, and access to nursing leadership. The staff nurses rated the program higher than the nurse managers. The nurse managers rated it lower on communication with nursing supervisors and identifying areas for improvement, with an overall lower score. The area most significantly different was the perception of whether or not the program was a motivator for the staff nurse to assume greater responsibility. Ninety percent of the participants felt the program was a motivator. Several areas for improvement were identified, including: 1) publicize the event ahead of time, 2) honorees receive an invitation from the AD/PCS-NE, 3) honorees receive a certificate, and 4) more formalized agenda.



Implications for Nursing: The Nurse Leadership Awards Recognition Program can be adapted to any setting and provides staff nurses direct access to communicate in a formal setting with nursing leadership. The value of public recognition should never be underestimated.

Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, AR 72204

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