



ASBN

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September 2009

Update

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ARKANSAS NURSING HOME NURSES ASSOCIATION MEETING

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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.

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN
EDITOR LouAnn Walker

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



RETENTION IN THE WORKPLACE



September brings the last day of summer and the first day of fall. Although September in Arkansas feels a lot like any other summer month, fall officially begins Sept. 22, 2009, at precisely 4:18 p.m. CST. Not wanting to read the 9 million hits on Google™ when I tried to find out who decides when the first day of fall begins, I will just take it for granted that Sept. 22 is accurate.

With September comes the beginning of the fall semester at many colleges and universities.

Ambitious students aspiring to be nurses will begin the ever-popular fundamentals courses. I remember introducing myself to a group of new students at Jefferson School of Nursing and my closing remark was "Good Luck!" Jessie Clemmons, then director of the school, would reply, "Luck has nothing to do with it!" And she was right.

Recruiting new students is not hard these days. But retaining these nurses in the workplace is something that would behoove all of us. On our annual cruise this year, I asked the conference attendees what they believe needs to be done in regulation and health care to address retention in the workplace. Here's some of what I heard. We need:

- Employers to pay for continuing education and license renewals
- Good match with preceptor and ways to change in the process if not
- Respect for all levels of nursing
- Free counseling for stress relief and management
- Physicians to do more of their own "scut" work
- Yearly bonuses for years of service to the facility
- Encouragement for good work and not just criticism for what you should have done
- Better utilization of retired nurses
- Physicians and drug reps get free scrubs and meals at facilities, why not nurses?
- Develop meaningful mentorship programs for new employees
- Nurses to remember they were once new grads
- Lunch meetings about concerns

Now mind you, I didn't make these things up, nor did I word them differently from the original. You be the judge. If you think these retention strategies might work at your workplace, pass them along. Better yet, share your own ideas. Everyone wants to do a better job at retaining valuable staff.

At the Board of Nursing fall brings the time when some of our board members complete their appointments. Each October, the governor appoints new board members or may reappoint those who are not "term-limited." This year we have definitely one and potentially four board members leaving their positions. Two RN and two LPN board member positions are up for appointment. Of the two RN positions, one is for a diploma and one is for an associate degree prepared registered nurse. Qualifications include the individual must have been a nurse for at least five years, actively practicing for the last three years, the last two of which must have been in Arkansas. If interested, go to www.governor.arkansas.gov and follow the prompts under "Board Appointments" on the left side of the page.

Our president, Kathy Hicks, holds the term-limited position and is, therefore not eligible for reappointment. She has served the board for almost eight years now and has been a steadfast leader and staunch supporter for public protection. We will miss her, but wish her well in her next adventure! Until next time...

Faith A. Fields



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At Arkansas Hospice our mission is to enhance the quality of life for those facing terminal illness and grief by surrounding them with love and embracing them with the best in physical, emotional and spiritual care.

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(501) 748-3345

dklinck@arkansashospice.org

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PRESIDENT'S FAREWELL

This will be my last article, not only as president of the Arkansas State Board of Nursing, but also as an Arkansas nursing board member. My term of service is complete as of Oct. 2009. I was privileged enough to be appointed to two terms on the Board of Nursing. I could probably write a book about my experiences on the board. I was given an opportunity that very few people are given. I was given the opportunity to be able to serve not only the people of our state, but anyone who benefits from the nursing profession including the nursing profession itself.

One really does not realize the weight and responsibility that goes with the mission of the nursing board. "To protect the public,"- everything we do at the nursing board has to lead back to those four important all encompassing words. Some of the decisions have come very easy; some not so easy. My goal when I applied for appointment to the ASBN was to make a difference beneficial to the people of Arkansas by helping to ensure they were being ministered to by competent, well-educated, professional nurses.

I would like to think I have made a positive difference toward those efforts.

Nursing for me has been both a vocation and a career. I have never really been able to visualize being or doing anything else with my life professionally. I truly love nursing. I have been a practicing nurse for 42 years. No, I am not older than dirt. I graduated from a wonderful three-year diploma program (when I was 20). I sat for and passed my nursing boards back when boards took two days (locked in a monitored room with paper and pencil) to complete.

Sometimes I long for the days when nurses wore crisp white uniforms and starched caps. No one ever mistook nurses for any other group of employees. They were very recognizable and respected. Technology in health care has been a wonderful thing, but as with any advancement, there are gives and takes. Nurses, for the most part, have had to give up much of their patient contact time. The time when they are actually touching, assessing, reassuring and diagnosing their patient. I miss that one-on-one time I used to be able to share with my patients.

Someday I may say, "I am a retired nurse," but I will never say, "I used to be a nurse." It will never be something I was. I will always be a nurse. I may choose not to practice my skills, but nursing is such a huge part of whom I am that it is not easily separated out.

Over the last eight years, I have been fortunate enough to meet many wonderful people and make some lifelong friends. Nursing in Arkansas is alive and well! Some of our nurses are on the front lines working for regulation and innovation and for new ways to provide quality health care to the underserved and the noninsured. They are diligently working for the advancement of the nursing profession. I have been so blessed to be a part of that.

I would like to thank everyone for allowing me to serve the people of Arkansas as a member of the ASBN. I know it has made me a better nurse and I hope it has helped make those of you in the profession one as well.

I will miss you all.

Board Business

President Kathy Hicks presided over the disciplinary hearings held on July 22-23. Highlights of Board actions are as follows:

- Approved the rating scale for the nursing education scholarship/loan applications
- Approved policy for administration of the nursing education scholarship/loan program
- Approved the establishment of a memorandum of understanding with the Department of Higher Education for professional services in administration of the nursing scholarship/loan program, and that the board advertise the program as funding allows

BOARD MEETING DATES

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

Nurses – Save the Date

September

- 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. Sign up at www.nursesforthegirls.com today!

- Breast Cancer Awareness



November

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

December

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



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SPECIAL NOTICE

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses licensed by the Board and residing in Arkansas about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update's contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.

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
Jessica Gonzalez	Exam Application
Stacie Goodnight	L33798
Toni Diane McKeever	R42190
Amber Sanders	R73529
Nathan Shaheed	T01220
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175
Sally F. Williams	L26287



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NURSES – THE GIRLS ARE CALLING YOUR NAME!

Join the Largest Team of Nurses to Race for the Cure: Nurses for the Girls

It may be hard to believe, but October is right around the corner, and very soon the streets of downtown Little Rock will spill over with nearly 40,000 pink-clad participants in the 16th Annual Komen Arkansas Race for the Cure.

Finding a cure for breast cancer is important to all of us—so many of us are affected either directly or indirectly. When the Nurses for the Girls team was created by our team captain, Jaime Alverson—a labor and delivery nurse at Baptist Health—she shared her story about her mother, also a nurse, who died from breast cancer when she was a little over a year old. Soon after, we heard from other nurses sharing their personal stories of survival along with their stories of love and care towards patients undergoing treatment.

nurses
for the GIRLS

nursesforthegirls.com

Now is the time to join the cause at nursesforthegirls.com. Our team is primarily comprised of nurses, but anyone can join. Invite your friends and family to race alongside. Share your story with us on our Facebook page. When you become a member of our team, you'll also have the opportunity to support nurses through the ThinkAboutItNursing Scholarship Fund.

Nurses for the Girls would like to thank KTHV's Stefanie Bryant, Jeff Matthews and Lisa Fischer from B98.5, and all of the Citadel Broadcast stations for supporting our efforts!



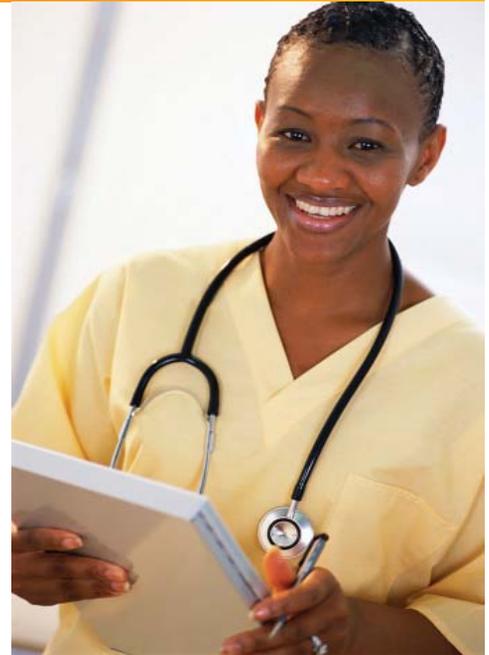
Team Captain Jaime Alverson and Today's THV Noon Show Anchor Stefanie Bryant



Jeff & Lisa from B98.5's Morning Rush



Nursing: Your Career and Your Responsibilities



February 18

St. Vincent Infirmary
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April 29

St. Bernard's Medical
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225 E. Jackson
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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: [] September 22 [] October 7 [] November 10

NAME _____ LICENSE NUMBER _____

CITY _____ ZIP _____ PHONE _____

E-MAIL ADDRESS _____

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



LETTER FROM THE EDITOR

Welcome, Missouri! Missouri recently passed legislation to join the Nurse Licensure Compact (NLC). The state will begin the rule writing process to work toward implementation of the NLC in 2010. However, no implementation date has been set as of this article. Arkansas was futuristic and in 2001, became one of the first states to enact the NLC. The NLC allows a licensed nurse who resides in a Compact state and claims that state as her primary state of residence to practice nursing in other Compact states with multistate licensure privileges. The nurse is required to practice according to the laws and rules of the state in which the practice occurs. All NLC states are required to participate in a coordinated licensure database called Nursys®, which aids the NLC in the advancement of its objective to enhance public protection through timely and more complete information sharing. The other states that have enacted the legislation allowing for participation in the NLC, include: Arizona, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin. For more information on the NLC, go to the National Council of State Boards of Nursing's Web site, www.ncsbn.org and choose Nurse Licensure Compact.

Looking into our future, the Board is planning for a paperless license system. The reasons for a paperless license system include identity theft, fraud and imposters, employer ability to rely upon online licensure as primary

source verification, and the reduction of costs and errors associated with printed wallet cards. Some boards of nursing who have gone paperless over the last few years are Texas, Mississippi, Maryland, Maine, New Hampshire, New Mexico, North Carolina and Ohio. The Board will keep you informed of this process and prepare you and the health care community as this system nears implementation.

ASBN Update seeks to help Arkansas nurses remain up to date with the regulatory aspect of practice that is vital to our mission of protecting the public. We always appreciate your feedback.

LOUANN WALKER
ASBN UPDATE EDITOR

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ARKANSAS NURSING HOME NURSES ASSOCIATION MEETING

By Jackie Gray, EdD, MNSc, RN, ASBN PROGRAM COORDINATOR

The Arkansas Nursing Home Nurses Association held its quarterly meeting July 17 in Little Rock. The meeting kicked-off with a panel discussion moderated by Peggy Moody, RN, LNHA, Catlett Care, regarding medication assistants-certified (MA-Cs) in Arkansas nursing homes. Many states successfully utilize the medication assistant, including Arkansas' border states of Texas, Missouri and Oklahoma. Louisiana is in the process of writing medication assistant rules and Tennessee passed its legislation on medication assistants and is waiting signature by the governor. In Arkansas, Act 1423 of 2005 allows the use of MA-Cs in nursing homes.

The panel consisted of Dr. Jackie Gray, program coordinator, from the

Arkansas State Board of Nursing, the state agency that regulates MA-Cs; John Tipton, Pharm.D., in charge of pharmacy surveyors from the Office of Long-Term Care; and Mrs. Dorrie Staal, RN, director of nursing at Twin Rivers Health and Rehabilitation at Arkadelphia.

Gray presented an update on regulation, availability of training programs and current research that supports the use of MA-Cs in the nursing home. Two recent studies report that MA-Cs make no more errors



L to R: Dorrie Staal, RN; Peggy Moody, RN, LNHA; John Tipton, Pharm.D.; Jackie Gray, EdD, MNSc, RN

than nurses and with the utilization of MA-Cs, resident care improves, job satisfaction is increased and job stress among nurses is reduced.

Tipton discussed MA-Cs from a surveyor's perspective. He assured the group that the surveyors were supportive of MA-Cs and treated them no differently than nurses during the observation of the medication pass. Tipton noted that he recently surveyed a nursing home where the MA-C did an excellent job passing the meds.

Staal outlined the successful implementation of MA-Cs at Twin Rivers Health and Rehabilitation. She stressed that even though nurses are still the managers of the medication administration; it is very important to orient them to their new role to become more involved in patient care.

Interest from the audience was great as evidenced by the many questions asked of the panelists.

Nurses heard other presentations during the daylong meeting, including Act 718 of 2009 regarding CPR in the nursing home and an update from the Arkansas Accord/Culture Change project.

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Fields Receives National Award



ASBN Executive Director Faith Fields holding the R. Louise McManus Award

Faith Fields, MSN, RN, executive director, Arkansas State Board of Nursing, was honored in August with the National Council of State Boards of Nursing's prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN. Fields served on the NCSBN board of directors for four years, two of which were as president of the organization, a position never held before by an Arkansan. In addition, she served on the NCLEX® examination committee; co-chaired the nurse licensure compact administrator's group; chaired the operations task force for multi-state legislation and the Nursys® advisory panel; and served twice on the NCLEX contract negotiation team, NCLEX evaluation task force, NCLEX summary profiles focus group and several times served as chair of the elections committee. She served as liaison to the Institute of Regulatory Excellence, advanced practice committee and Nursys advisory panel. She serves as a member of the NCSBN advanced practice committee. Her contributions have consistently been substantial to improve nursing regulation. We congratulate her on her accomplishments and this well-deserved honor.



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A nurse will be chosen as a finalist from each county or hospital in Arkansas and recognized in *ASBN Update* magazine. From those finalists, one winner will be chosen to receive a prize package and be featured on the cover of *ASBN Update*. Send your nomination soon because submissions will only be accepted through January 31, 2010.

Send your nomination to:
NURSING COMPASSION
P.O. Box 17427
Little Rock, Arkansas 72222
Or email: serwin@pcipublishing.com



2008 Nursing Compassion Award Winner Jasper Fultz, LPN



2009 Nursing Compassion AWARD





The annual pass rate is calculated every year (July 1-June 30) for each nursing program in Arkansas. The Arkansas State Board of Nursing Rules requires each program to achieve at least a 75 percent annual pass rate. Programs that do not achieve this standard must submit documentation to the ASBN which outlines the steps that will be taken in order to improve the pass rate. Programs not achieving greater than 75 percent pass rates for three consecutive years will be placed on conditional approval status. The pass rates for the past five years can be accessed on the ASBN Web site under the Educational Resource link.

REGISTERED NURSE PROGRAMS July 1, 2008-June 30, 2009

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Arkansas Rural Nursing Education Consortium (ARNEC)	107	91	85.0
Arkansas State University, ADN	97	87	89.7
Arkansas State University, BSN	81	60	74.1
Arkansas Northeastern College – Blytheville	69	61	88.4
Arkansas Tech University	55	49	89.1
Baptist Health School of Nursing	157	145	92.4
East Arkansas Community College	22	18	81.8
Harding University	64	51	79.7
Henderson State University	25	18	72.0
JRMC School of Nursing	16	15	93.8
National Park Community College	68	65	95.6
North Arkansas College	29	27	93.1
Northwest Arkansas Community College	73	67	91.8
Ouachita Technical College	24	20	83.3
Phillips County Community College/U of A	29	25	86.2
Southeast Arkansas College	23	20	87.0
Southern Arkansas University	68	63	92.7
U of A Community College – Batesville	41	37	90.2
University of Arkansas at Fayetteville	96	85	88.5
University of Arkansas at Fort Smith	96	88	91.7
University of Arkansas at Little Rock	109	99	90.8
University of Arkansas at Monticello – BSN	25	24	96.0
University of Arkansas at Monticello – ADN	3	3	100
University of Arkansas at Pine Bluff	11	4	36.4
University of Arkansas for Medical Sciences	132	124	93.9
University of Central Arkansas	79	77	97.5

PRACTICAL NURSE PROGRAMS July 1, 2008-June 30, 2009

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Arkansas Northeastern College – Burdette	32	30	93.8
Arkansas State University – Mountain Home	15	12	80.0
Arkansas State University – Newport	30	21	70.0
Arkansas State University Beebe – Searcy	26	26	100
Arkansas State University Technical Center	48	45	93.8
Arkansas Tech University – Ozark	49	39	79.6
Baptist Health School of Nursing	111	102	91.9
Black River Technical College	37	35	94.6
Cossatot Technical College	25	21	84.0
Crowley's Ridge Technical Institute	16	14	87.5
National Park Community College	34	31	91.2
North Arkansas College	28	28	100
Northwest Technical Institute	38	37	97.4
Ouachita Technical College	60	57	95.0
Ozarka Technical College	56	42	75.0
Phillips Community College/ U of AR – DeWitt	13	13	100
Pulaski Technical College	30	28	93.3
Rich Mountain Community College	25	22	88.0
Southern Arkansas University – Technical	11	11	100
Southeast Arkansas College	51	46	90.2
SouthArk Community College	65	46	70.8
St. Vincent's School of Practical Nursing	18	18	100
Univ. of AR Community College – Batesville	30	29	96.7
Univ. of AR Community College – Hope	26	24	92.3
Univ. of AR Community College – Morrilton	33	32	97.0
Univ. of AR at Fort Smith	26	25	96.2
Univ. of AR Monticello College of Technology – Crossett	10	10	100
Univ. of AR Monticello College of Technology – McGehee	20	17	85.0

Restraint Reduction in Arkansas: It Is the Right Thing to Do

Cecilia Vinson, MSN, RN, STATE RESIDENT ASSESSMENT INSTRUMENT COORDINATOR, DEPARTMENT OF HUMAN SERVICES' OFFICE OF LONG TERM CARE



The Federal Nursing Home Reform Act of 1987 and state laws protect nursing home residents' right to live with dignity and self-directed care.

More than 17,000 Arkansans live in nursing homes and the state expects that number to increase as baby boomers enter into a post-retirement age. With so many Arkansans needing the medical and custodial care these facilities provide, it is imperative the individuals, their families and health care professionals are educated about federally guaranteed rights.

The Federal Nursing Home Reform Act of 1987 and state laws protect nursing home residents' right to live with dignity and self-directed care. These laws further prohibit the use of physical restraints imposed for purposes of discipline or convenience that are not required to treat the resident's medical symptoms.

The Centers for Medicare and Medicaid Services (CMS) defines physical restraints as "any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body."

As the state agency responsible for nursing home oversight, the Office of Long Term Care (OLTC) monitors the appropriate use of restraints. Prior to restraining a resident, the nursing home

must identify that the resident has a specific medical symptom that it cannot address by another, less restrictive intervention and a restraint is necessary to:

- ▶ Treat the medical symptom; or,
- ▶ Protect the resident's safety; or,
- ▶ Help the resident attain or maintain his or her highest level of physical or psychological well being.

A physician's order alone is not sufficient to justify the use of a restraint.

It is further expected that the nursing home engage in a systematic and gradual process towards reducing the use of the restraint (e.g., gradually increasing the time for ambulation and strengthening activities).

Nursing homes may use restraints as a temporary intervention while the actual cause of the medical symptom is being evaluated and managed. Additionally, as noted above, restraints may be used:

- ▶ As a symptomatic intervention to prevent a resident from injuring himself or others;
- ▶ To prevent the resident from interfering with life-sustaining treatment; or,
- ▶ When no other less restrictive or less risky interventions exist such as toileting, proper seating, assessment for pain, half lap table, walking schedules to name just a few.

In all cases, the use of restraints

should be of brief duration and, as noted, the nursing home cannot use them for discipline or convenience.

Although nursing homes can use physical restraints under the CMS standards, it is important to note that growing evidence indicates physical restraints have a limited role in medical care. Restraints limit mobility and increase the risk for a number of adverse outcomes. Physical restraints certainly do not eliminate falls. In fact, in some instances reducing the use of physical restraints may actually decrease the risk of falling.

According to the Journal of the American Geriatrics Society, one of the strongest predictors of restraint use is staff (i.e., registered or licensed practical nurses and nursing assistants) attitudes along with the proportion of residents with impaired mobility and behavioral symptoms. The study also found a widespread and erroneous belief among nursing staff that restraint reduction would require more staff and increased resident supervision.

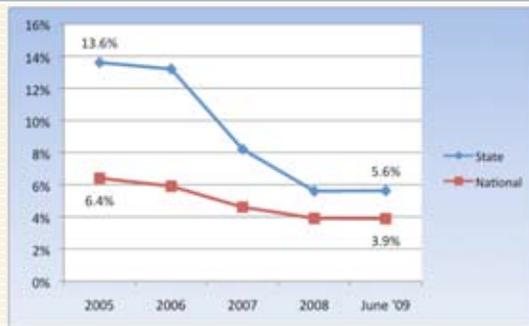
Arkansas nursing homes have taken significant steps toward reducing the use of physical restraints. In 1988, CMS (then named the Health Care Financing Administration) reported average nursing home use of restraints to be 41 percent with Arkansas ranked as one of the highest in the nation. Fourth quarter data for 2008 reports indicate Arkansas is ranked eighth in the nation with a restraint rate of 5.62 percent. (Graph 1)

With October being Resident Rights month, we as nurses should view physical restraints as an intervention of last resort, emphasize and promote decision making by residents and

Continued on next page

remember that everyone has the right to as much freedom and dignity as possible.

For more information about restraint reduction contact OLTC at 501.682.8430 or visit www.medicare.gov/NHCompare/home.asp or www.afmc.org



Graph 1: Arkansas Nursing Home Restraint Data 2005-June '09

Source: Minimum Data Set (MDS) Data indicating the percent of residents with the daily use of a trunk, limb or chair that prevents rising restraint.

University of California at San Francisco (UCSF)-Stanford University Evidence-based Practice Center Subchapter 26.2. Interventions that Decrease the Use of Physical Restraints" of the Evidence Report/Technology Assessment, No. 43 entitled, "Making Health Care Safer: A Critical Analysis of Patient Safety Practices." The full report can be accessed at <http://www.ahrq.gov/qual/errorsix.htm>

Karlsson S, Bucht G, Eriksson S, Sandman P. Factors relating to the use of physical restraints in geriatric care settings. *Journal of the American Geriatrics Society*. 2001;49(12):1722-28.

Centers for Medicare & Medicaid Services. State Operations Manual, Guidance to Surveyors for Long Term Care Facilities, Appendix PP, Rev. 15, Updated June, 2006. F221 Physical Restraints (pp 54-60). Available: http://cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltc.pdf

Prostate Cancer Screening

By Helen Baldwin, MBA, RN, EXECUTIVE DIRECTOR
ARKANSAS PROSTATE CANCER FOUNDATION

There is indeed a dilemma surrounding the diagnosis and treatment of this insidious and potentially life-threatening disease. The prostate specific antigen (PSA) and digital rectal exam (DRE) are imperfect indicators, yet the death rate from the disease has consistently decreased since its inception in the early 1990s. Fortunately, there are promising new discoveries that will allow providers to more accurately differentiate the life-threatening cancers from the less threatening.

Some professional organizations, such as the American College of Physicians and the U.S. Preventive Services Task Force, do not recommend regular screening. They believe some of these cancers may never affect a man's health and treating them could cause temporary or long-lasting side effects such as impotence and incontinence.

The American Urological Association (AUA), College of American Pathologists, National Comprehensive Cancer Network (NCCN) and the Arkansas Prostate Cancer Foundation (APCF) believe evidence shows that finding and treating prostate cancer early, when treatment might be more effective, may

save lives. The goal is to preserve nerves and vessels and therefore, lifestyles.

World-class cancer treatment centers, including Johns Hopkins, MD Anderson and Sloan Kettering make up the NCCN. They have combined their considerable data to conclude that the rate of increase in the PSA, also known as PSA velocity (PSAV), is even more indicative of aggressive prostate cancer than the score itself.

The facts remain that Arkansas' men are now more likely to die from prostate cancer than Arkansas' women are from breast cancer; the premature death rate from prostate cancer has increased by 60 percent (before age 65); and African American men and those with a family history have a significantly higher risk.

This year, Rep. Fred Allen of Little Rock, prostate cancer survivor and APCF director, proposed House Bill 1031, which Gov. Beebe signed. Act 75 requires health insurance carriers to provide at least one screening per year for any man 40 years and above, according to NCCN guidelines.

Prior to this mandate, many insurers would pay for one prostate specific antigen (PSA) per year beginning at age

50 and earlier if the history and physical included family history or symptoms. The significance of the Arkansas mandate is that its coverage will now include establishing a baseline screening at age 40 with recommendation to repeat at six months to five years depending on the results. Providers will be more inclined to measure PSA velocity.

Although the act includes the phrase "qualified medical professional," the intent was not to exclude APNs. The operative word here is qualified. Because the definitions of "medical" and "health care" are not standardized, it is important to monitor the definitions as they become part of statute, insurance policy or regulation.

We welcome your observations and recommendations. For more information, contact The Arkansas Prostate Cancer Foundation at 501.748.1249, 1.800.338.1383 or info@arprostatecancer.org.

P.S. Are you interested in helping us at screening events by drawing PSAs or performing DREs in your area? As long as you have a current license and volunteer, you are exempt from liability.

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Monday, Apr 19 – Fun Day At Sea
Tuesday, Apr 20 – Fun Day At Sea
Wednesday, Apr 21 – Puerto Vallarta, Mexico
Thursday, Apr 22 – Mazatlan, Mexico
Friday, Apr 23 – Cabo San Lucas, Mexico
Saturday, Apr 24 – Fun Day At Sea
Sunday, Apr 25 – Los Angeles (Long Beach), CA

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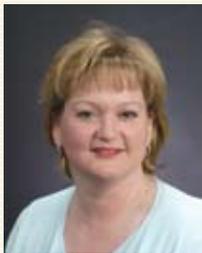
Prices for this cruise and conference are based on double occupancy (bring your friend, spouse or significant other please!) and **start as low as \$820 per person** (not including airfare). If you won't be attending the conference, you can deduct \$75. A \$250 non-refundable per-person deposit is required to secure your reservation for the cruise, **BUT please ask us about our Cruise LayAway Plan.**

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POE TRAVEL





ARE YOUR FORMS *COMPLETE?*

by Darla Erickson, CPA, Administrative Services Manager

You can do most things online with the Arkansas State Board of Nursing and this is the best option. So, if it can be done online, we encourage you to do so. However, there are still a few items the board must process with a check or money order and a paper application. Each month the ASBN mails application forms back to people for various reasons. The following are simple tips to avoid being one of the people who receive a returned application from us.

READ THE INSTRUCTIONS

• Everyone is busy, but failing to read the appropriate instructions is not the best way to save time when it comes to your licensure. You can answer most questions by doing this simple step.

PLEASE SIGN

• The main reason the board returns forms is that the applicant did not sign it. You must complete and sign your money order or check as well.

COMPLETE THE ENTIRE FORM

• Another common problem is the applicant submits an incomplete form. The applicant must answer all questions.

Please check both sides of the form(s) and be certain all required fields are completed.

• If the board requires a notarized form, please do so. The board considers the application incomplete if you omit this step.

INCLUDE THE CORRECT FEE

• The board often returns applications because the person did not include the fee or the incorrect fee was included with the form. If you are paying by a check or money order, please DO NOT include the additional processing fee. This fee only applies when submitting a paper application and paying by credit card.

• Do not round your payment up or down. Pay the exact amount. We will not keep the change for a "pizza fund" nor do we have a "give a penny, take a penny" cup like your local gas station. If the amount is not correct, we will return it to you.

FORMS SENT TO OUR OFFICE IN ERROR

• Requests for nurses' verifications may be returned as well. You should process verifications for participating states

through www.nursys.com, you may call 501.682.2200 to use the free phone verification and follow the prompts, or you can find the information with a subscription from Information Network of Arkansas, 501.324.8900.

OTHER HELPFUL INFORMATION

• You can make an address change online. However, changing your name on your nursing license requires a copy of your marriage license, divorce decree or other legal document stating the legal name change.

• If you are no longer practicing nursing, you can place your license on Inactive Status. Please note that if it is after the expiration date on your license, it is too late to take this option.

It is easy to overlook these simple steps. The forms must be complete and signed before we can process them. Please help us to serve you better. Double-check your form and payment before mailing, or better yet, go online at www.arsbn.org to complete transactions, as the screen will not allow you to advance without answering all the required questions.

NATIONAL PREPAREDNESS MONTH | **SEPTEMBER 2009**

Prepare. Plan. Stay Informed

The Department of Homeland Security highlights emergency preparedness through National Preparedness Month, a nationwide effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools.

The Ready Campaign and its DHS partner Citizen Corps ask individuals to do three key things: get an emergency supply kit, make a family emergency plan, and be informed about the different types of emergencies that could occur and their appropriate responses. Recommended items to include in a basic emergency supply kit, and more information, including a family emergency plan template, is available on the Ready Web site (ready.gov) or by calling 1-800-BE-READY.

ARE YOU READY



Jackie Gray, EdD, MNsc, RN, ASBN PROGRAM COORDINATOR

Advanced practice nurses who intend to prescribe controlled substances must have a Drug Enforcement Administration registration number. The board sends information to the APN related to obtaining a DEA registration when the prescriptive authority is issued. The APN should not apply for the DEA registration until the APN license and the prescriptive authority certification has been issued.

The DEA registration is renewed every three years. If you do not get a renewal notice within 30 days of expiration, contact the DEA office at 1.888.514.7302.

Did you know when you move to a new practice location, you must notify the DEA so that it can issue you a new certificate? You can make the change or request a form online at the DEA Web site, www.DEAdiversion.usdoj.gov. If you fail to change your practice address, you will not receive a renewal application, as the DEA will only send it to the address on file and no one will forward it.

A practitioner's manual is available from the DEA that provides information about prescribing and administering controlled substances and answers to frequently asked questions. You may download it from the DEA Web site. There is also

a mid-level practitioner's manual that may be more relevant to the APN, but it is under revision at this time. The practitioner's manual will provide general guidance.

Remember that you must send a copy of your DEA registration to the board. (See ASBN Rules, Chapter 4, Section VIII, D.3.b). Send us a copy of the DEA registration number via postal mail or by faxing to us at 501.686.2714. If you have questions, contact Dr. Jackie Gray at 501.686.2725 or e-mail jgray@arsbn.org.

Source: *Practitioner's Manual (2006). Drug Enforcement Administration, Office of Diversion Control.*

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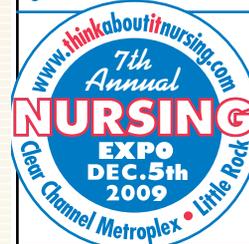
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Update

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Nursing Students from UA-Fort Smith travel to Uganda, East Africa

by Pam Blesch, MSN, RN, CNOR, Assistant Professor, BSN Program, University of Arkansas - Fort Smith
Peggy Kelly, BSN, RN, Instructor, PN Program, University of Arkansas - Fort Smith

In May 2009, a group of four nursing students and three faculty members from the University of Arkansas at Fort Smith boarded a plane that took them half way across the world to a place they will never forget. As part of the first Maymester International Studies program, this group traveled to Uganda, East Africa, to work at CURE International Children's Hospital. CURE International is a nonprofit faith-based organization that provides state-of-the-art care to children around the world. Little did this group know they were about to embark on a trip that would change their view of nursing care forever.

Each day began with a 15-minute walk to the hospital from the hotel. The hotel was clean and nice and included

amenities such as a fan, mosquito net, wash pan for doing one's laundry and an occasional gecko (a little lizard that eats mosquitoes). After arriving at the hospital, activities included working



Each day began with a 15-minute walk to the hospital from the hotel. The hotel was clean and nice and included amenities such as a fan, mosquito net, wash pan for doing one's laundry, and an occasional gecko (a little lizard that eats mosquitoes).

in the Intensive Care Unit and Ward, assisting with treatments (commonly a cerebral tap to drain excess spinal fluid)

and observing surgical procedures. One particularly interesting story involved a six-year-old boy from Nairobi, Kenya.

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His name is Roger* and he had been diagnosed with a malignant tumor of the brain and admitted for craniotomy and tumor removal. Students were able to see and talk with Roger and his mom prior to surgery, observe his surgery and then care for him post operatively. Students far away - back in Fort Smith, Ark., also participated in Roger's story. As part of an international community service project, the UA-Fort Smith Student Nurses' Association donated the money (\$1,000) that totally funded Roger's surgery.

The students and faculty members quickly immersed themselves quickly into Ugandan culture. With the slow pace of African culture, there is never a sense of urgency or hurried activity. Teatime is important and they take it daily at 10 a.m. and 2 p.m. (whether vital signs have been completed or not). Meals usually consist of beans, rice, greens and fried flat bread.

Nursing care has a different focus in Uganda. Each mother, not the nurse, is responsible for bathing and feeding the

child, changing the bed and washing the sheets (in a bucket) and hanging them outside to dry. The mother sleeps alongside the child, usually in the same bed. The nurses' responsibilities consist of technical tasks including medication administration and assessment of vital signs. There are few stethoscopes and the assessment of changes in a child's condition is more of a nurse's instinct rather than a systematic approach. Because of the hospital's lack of an organized head-to-toe assessment and complete documentation, changes in a child's condition may have taken longer to detect. This is one area where the students and faculty may have made a difference. They modeled head-to-toe assessments and eventually developed a pediatric systems assessment tool to assist with the identification and documentation of daily findings. Students were surprised to find that a list of potential nursing diagnoses for each child is located at the front of each chart.

Although air conditioning is not

available in the patient care areas, advanced technology included modern laboratory equipment, a CT scanner (one of six in Africa) and up-to-date sterilization techniques in the theatre (surgical suite). The hospital does observe surgical asepsis, as well as meticulous hand washing.

While there are many parallels between Ugandan health care and health care in the United States, there are significant differences. This experience made it clear that there is more than one correct method to achieve satisfactory results. Future transcultural health experience trips will offer students university credit as well as exposure to international health care.

This group of people began the journey thinking they had a broad base of knowledge to share. What they discovered is the entire experience at CURE International Children's Hospital contributed to each member's enhancement of cultural awareness and personal growth.

**Name changed to protect identity.*

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Approved influenza vaccines for different age groups: United States, 2009-10 season [MMWR 2009;58]

MANUFACTURER	TRADE NAME/ VACCINE	PRESENTATION	AGE GROUP	NUMBER OF DOSES
Sanofi Pasteur, Inc.	Fluzone [®] TIV	0.25 mL prefilled syringe	6-35 months	1 or 2*
		0.5 mL prefilled syringe	≥36 months	1 or 2*
		0.5 mL vial	≥36 months	1 or 2*
		5.0 mL multidose vial	≥6 months	1 or 2*
Novartis Vaccine	Fluvirin [™] TIV	5.0 mL multidose vial	≥4 years	1 or 2*
GlaxoSmithKline	Fluarix [™] TIV	0.5 mL prefilled syringe	≥18 years	1
	FluLaval [™] TIV	5.0 mL multidose vial	≥18 years	1
CSL Biotherapies	Afluria	0.5 mL prefilled syringe	≥18 years	1
		5.0 mL multidose vial	≥18 years	1
MedImmune	FluMist [™] LAIV	0.2 mL sprayer	2-49 years	1 or 2**

TIV: Trivalent Inactivated Vaccine • LAIV: Live Attenuated Influenza Vaccine

*Two doses administered at least 1 month apart are recommended for children aged 6 months–8 years who are receiving TIV for the first time, and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

**Two doses administered at least 4 weeks apart are recommended for children aged 2–8 years who are receiving LAIV for the first time, and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

SOURCE: 2009 Recommendations of the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention

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LOUANN WALKER, PUBLIC
INFORMATION COORDINATOR

As many of you know, Feb. 3, 2009, Gov. Beebe signed House Bill 1022, an act to authorize additional funding for the nursing student loan program and to promote preparation of faculty for nursing education programs. Act 9 repeals the statute to allow the Arkansas State Board of Nursing to give nursing loans not only to nursing students, but the statute now allows scholarships/loans to be granted to individuals who agree to teach nursing in Arkansas.

The Education Scholarship Committee developed rules and policies consistent with Arkansas Code § 6-81-1401 - § 6-81-1412 for funding from the Nursing Student Loan Program Funding. The members of the committee represent the different educational levels of Arkansas nursing programs. The committee members are as follows: Practical nursing program - Peggie Orrell, U of A Monticello at McGhee; associate degree nursing program - Dr. Ann Schlumberger, U of A Little Rock; diploma nursing program - Laura Hamilton, Baptist Health School of Nursing; bachelor of science in nursing program - Dr. Rebecca Burris, Arkansas Tech University; master's of nursing program - Dr. Barbara Williams, UCA; and doctorate of nursing program - Dr. Elaine Souder, U of A for Medical Sciences.

In the first year of the scholarships, applicants must be teaching or hired to teach in an Arkansas nursing program. Plans are to disburse the initial scholarships for the spring 2010 semester. More details, including policies, rules and an application, will be available on our Web site, www.arsbn.org, in early fall.

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DISCIPLINARY DATA INFORMATION

(WHY AM I ON AN EXCLUSION LIST? – HOW DO I GET OFF OF IT? – EMPLOYERS TAKE NOTE)

PHYLLIS DECLERK, RN, LNCC, ASBN ASSISTANT DIRECTOR

The board receives questions about the Federal Exclusion list, usually when it is too late and the individual has been terminated from his or her place of employment due to the person being on the list.

When the board of nursing, of any state, disciplines an individual, the individual board has a responsibility to report certain disciplinary actions to the Office of Inspector General (OIG) with the Department of Health and Human Services. All nurses should understand the outcomes of disciplinary actions and to whom they report these actions.

OIG excludes you from working in any facility that Medicare, Medicaid and all federal health care programs reimburse. If a nurse's name is on this list, Medicare, Medicaid and any other plans and programs that provide health benefits funded directly or indirectly by the federal government will not provide payment for any items or services furnished, ordered or prescribed by this person. The important thing for a nurse or an employer to be aware of is this exclusion of payment not only applies to the excluded person but also to any employer of the excluded person.

If you have a license suspended for more than one year or have had a felony related to the discipline, your information is submitted directly to OIG from the board offices. OIG notifies the nurse by mail using the last known address supplied by the licensee. If a nurse is on this federal list and the exclusion term ends, reinstatement is not automatic. The excluded person must apply to be reinstated by writing to the Office of Inspector General within 90 days of the expiration of the minimum period of exclusion. If reinstatement is



denied, the nurse may reapply after one year.

A searchable database allows the users to enter the name of an individual or business to determine if exclusion

established by the Health Insurance Portability and Accountability Act (HIPAA). Its principal goal is to prevent health care fraud and abuse and to improve the quality of patient care within the United States. The board mandates all disciplinary actions be entered into the Healthcare Integrity

A searchable database allows the users to enter the name of an individual or business to determine if exclusion is in effect. Employers checking the list should ensure that they are using the correct spelling of an employee's name.

is in effect. Employers checking the list should ensure that they are using the correct spelling of an employee's name. The information is updated in the middle of the month and includes all actions taken during the prior month. You can find the above information, as well as much more information, at <http://oig.hhs.gov/fraud/exclusions/faq.html>.

In contrast to the above exclusion list, there exists the disciplinary databank

and Protection Data Bank (HIPDB). These actions are not subject to removal, as with OIG, but the individual board can update as the licensure disciplinary history changes.

If you find yourself disciplined by the board or are an employer of licensed nurses in any setting, you will want to make yourself aware of these reporting entities. Should you have an interest in viewing additional information, the HIPDB Web site is www.npdb-hipdb.gov.

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

of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

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

<p>PROBATION <i>Anderson, Adrienne Nicole Lee Sairls</i> L36320, Jonesboro A.C.A. §17-87-309(a)(2),(3)&(6) Probation – 3 years Civil Penalty - \$1,000</p> <p><i>Carey, Susan Paige Puckett</i> R63045, L36522(exp), Fayetteville A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty - \$1,000</p> <p><i>Dean, Kimberly Ann</i> L37639, RN Applicant, Pocahontas A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty - \$800</p> <p><i>Eddy, Joyce Lynn Baer</i> L22368, Arkadelphia A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty - \$1,000</p> <p><i>Looney, Elsie Renee</i> L48838, Rogers A.C.A. §17-87-309(a)(2),(4)&(6) Probation – 2 years</p> <p><i>Slack, Brenda Faye Smith</i> L25369, Marion A.C.A. §17-87-309(a)(2),(6) & 18 U.S.C. §1035 Probation – 2½ years Civil Penalty - \$1,250</p>	<p><i>Tosch, Amanda Jill Odom</i> R68166, Hope A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty - \$1,000</p> <p><i>Tubbs, Shonna Leandra</i> L46853, Cash A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty - \$1,800</p> <p><i>Wilkins, Gregory Steven</i> RN End. App., Munster, IL A.C.A. §17-87-309(a)(2),(4),(6)&(7) Probation – 2 years Civil Penalty - \$1,000</p> <p><i>Wyrick, Patricia Renae</i> R67996, Texarkana A.C.A. §17-87-309(a)(2),(4)&(6) Probation – 1 year Civil Penalty - \$500</p> <p>SUSPENSION <i>Boyster, Michelle LaJean</i> R71767, Bryant A.C.A. §17-87-309(a)(2),(4)&(6) Suspension – 2 years</p> <p><i>Bradshaw, Tonya Gail Kelly</i> L39979, Camden Probation Non-Compliance Suspension – 6 months, followed by Probation – 2 years Civil Penalty - \$1,200</p> <p><i>Clayton, Arletta Suzanne Benson</i> R56571, Paragould A.C.A. §17-87-309(a)(4)&(6) Suspension – 2 years, followed by Probation – 3 years Civil Penalty - \$2,500</p>	<p><i>Drabek, Geneva Carol Noles Ausbrooks</i> R33856, North Little Rock A.C.A. §17-87-309(a)(4) and Probation Non-Compliance Suspension – 1 year, followed by Probation – 2 years Civil Penalty - \$1,500</p> <p><i>Eudy, Melinda Martinek</i> R64108, Conway Probation Non-Compliance Suspension – 3 months, followed by Probation – 2½ years Civil Penalty - \$1,000</p> <p><i>Hagood, Thomas Harold</i> R66034, Hot Springs A.C.A. §17-87-309(a)(4),(6)&(7) Suspension – 2 years Civil Penalty - \$1,000</p> <p><i>Lovel, Tonya Joan Terry</i> R40129, Holiday Island A.C.A. §17-87-309(a)(6) Suspension – 2 years, followed by Probation – 3 years Civil Penalty - \$2,500</p> <p><i>Matchett, Melanie Karen Cullinan Matchett Pullen</i> R31764, Hot Springs Probation Non-Compliance Suspension – 6 months, followed by Probation – 2 years Civil Penalty - \$1,250</p> <p>VOLUNTARY SURRENDER <i>Ammons, Klaus J.</i> R26222, Barling May 20, 2009</p>	<p><i>Bell, Kimberly Diane</i> R53404, Elkins June 3, 2009</p> <p><i>Belt, Vicki Lynn Jackson</i> R19221, White Hall June 11, 2009</p> <p><i>Capps, Lacey Amber Whitmore</i> L44701, Fayetteville May 21, 2009</p> <p><i>Jeffcoat, Susan Kay Hicks</i> T01560, Benton May 13, 2009</p> <p><i>Light, Moncherri Lynn Taylor</i> L40666, Monticello June 5, 2009</p> <p><i>McKay, Shelly L.</i> R63853, Little Rock May 13, 2009</p> <p><i>McKeever, Toni Diane</i> R42190, Little Rock May 27, 2009</p> <p><i>Taylor, Kristen Marie Cuzzort</i> L25944(exp), Heber Springs June 8, 2009</p> <p>REINSTATEMENTS <i>Pollock, Lisa Raye Jones</i> L44544, Bastrop, LA June 1, 2009</p> <p>REPRIMAND <i>DePriest, Derek Glynn</i> R83286, North Little Rock A.C.A. §17-87-309(a)(6) April 7, 2009</p>	<p><i>Green, John Neil</i> R83401, Conway A.C.A. §17-87-309(a)(2)&(4) May 6, 2009</p> <p><i>Munn, Wanda Diane</i> L32787, Smackover A.C.A. §17-87-309(a)(6) May 6, 2009</p> <p><i>Rider, Blaine Emanuel</i> R83413, Jonesboro A.C.A. §17-87-309(a)(1) April 29, 2009</p> <p><i>Wonder, Brenda</i> L48685, El Dorado A.C.A. §17-87-309(a)(1)&(2) April 29, 2009</p> <p>PROBATIONARY STATUS REMOVED <i>Canady, Lori Lynn Bales</i> R64708, Bryant May 26, 2009</p> <p><i>Wallace, Shana Renee</i> R79607, Maumelle May 13, 2009</p> <p>APPEAL DENIED <i>DePriest, Derek Glynn</i> R83286, North Little Rock June 11, 2009</p>
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<p>PROBATION <i>Deshazier, Travis Fitzgerald</i> L30618, Pine Bluff A.C.A. §17-87-309(a)(4)&(6) Probation – 3 years Civil Penalty - \$500</p> <p><i>Farmer-Rhodes, Shannon Renae</i> R66312, Pine Bluff A.C.A. §17-87-309(a)(2)&(6) Probation – 1 year Civil Penalty - \$500</p>	<p><i>Gassaway, Brenda Louise Millican</i> R37108, Van Buren A.C.A. §17-87-309(a)(6) Probation – 2 years Civil Penalty - \$1,000</p> <p><i>Granger, Ricky Charles</i> C01384, R67990 (exp), Baton Rouge, LA A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty - \$3,000</p>	<p><i>Grant, Randi Jeanine Trivitt</i> R72563, Gainesville, MO A.C.A. §17-87-309(a)(4)&(6) Probation – 3 years Civil Penalty - \$3,000</p> <p><i>Heird, Lori Ann</i> R62770, Little Rock A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty - \$1,000</p>	<p><i>Iberg, Gayla Ann Iberg Mahan</i> L44798, Greenbrier A.C.A. §17-87-309(a)(6) Probation – 2 years Civil Penalty - \$1,000</p> <p><i>King, Dena Leigh Gabbard</i> R34432, Little Rock A.C.A. §17-87-309(a)(6) Probation – 1½ years Civil Penalty - \$1,700</p>	<p><i>McEntire, Lisa Michelle McEntire Mitts McEntire Self Wharton</i> R71892, L33571(exp), Belleville A.C.A. §17-87-309(a)(2)&(6) Probation – 1 year Civil Penalty - \$500</p> <p><i>McFarland, Amber Nicole</i> L46978, Viola A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty - \$1,000</p>
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Continued on next page

Ragan, Heidi Nalee Hebert
R64806, Rison
A.C.A. §17-87-309(a)(2)&(6)
Probation – 3 years
Civil Penalty – \$1,500

Stobaugh, Sarah Marie
R77253(exp), Conway
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,000

Swoyer, Melinda Jean
R79807, Mountain Home
A.C.A. §17-87-309(a)(2)&(6)
Probation – 1 year

Taylor, Kathy Jo Cockburn
R71122, Pocola, OK
A.C.A. §17-87-309(a)(2), (a)(4)&(6)
Probation – 3 years
Civil Penalty – \$1,450

Weston, Amber Carlene Elder
L43930, Mount Ida
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,800

SUSPENSION

Fortenberry, Regina D. Simmons
L39094, Tyrnza
Probation Non-Compliance and A.C.A. §17-87-309(a)(4)
Suspension – 6 months, followed by Probation – 2 years
Civil Penalty – \$1,250

Fuller, Alice Carolyn Grimmer
L24372 (expired), Adona
Letter of Reprimand Non-Compliance
Suspension – until terms are met

Simmons, Joyce Katherine Rose
L40192, Leola
A.C.A. §17-87-309(a)(4)&(6)
Suspension – 2 years, followed by Probation – 3 years
Civil Penalty – \$5,300

VOLUNTARY SURRENDER

Beaird, Leah Beth
R77687, Little Rock
July 23, 2009

Bennett, Brenda Gale Cobb
R17680, Bauxite
July 20, 2009

Dicks, Kimberly Laree DeCamp
Valdes
L32826, Mountain Home
June 15, 2009

Donaldson, Danielle Kees
L46897, Hot Springs
June 11, 2009

Ford, Cheryl Ann Tremblay
L28945, Foreman
June 26, 2009

Goodman, Barbara Ellen Myers
R54249, Lamar
July 14, 2009

McLain, Laurene Carol Favre
L39650, Quitman
July 13, 2009

Mills, Amanda Michelle McCrary
L39014, Vilonia
June 30, 2009

Rowe, Amanda Kaye
L42172, Magnolia
June 29, 2009

Smart, Brian Henry
R82937, Aurora, IL
June 11, 2009

Spencer, Marilyn Elizabeth
Woodard
L43736, Clarksville
June 18, 2009

Staggs, Susan Hayes
R29896, Little Rock
July 21, 2009

Taylor, Brandy Lynn Cathcart
L39221, Doddridge
July 13, 2009

REINSTATEMENTS WITH PROBATION
Bennett, Stacy Lynn
R55888, White Hall
Reinstate to Probation – 3 years
June 30, 2009

McFarland, Amber Nicole
L46978, Viola
A.C.A. §17-87-309(a)(4)&(6)
Reinstate to Probation – 2 years
Civil Penalty – \$1,000
July 22, 2009

Stone, Tamatha Ann
R53078, Athens, GA
Reinstate to Probation – 2 years
July 1, 2009

REPRIMAND

Ashley, Cynthia Diane
L48806, Cabot
A.C.A. §17-87-309(a)(1)&(2)
May 28, 2009

Clark, Ginger Clark Rough
Shuffield
R55991, L27809 (expired), Mt. Ida
A.C.A. §17-87-309(a)(6)
June 1, 2009

Harris, Janice Renee
L48781, Buckner
A.C.A. §17-87-309(a)(1)&(2)
May 28, 2009

Lawrey, Debi Maxine
L48796, Hardy
A.C.A. §17-87-309(a)(1)&(2)
May 28, 2009

Lindsey, Pamela Louise Woods
R66268, L28458 (expired), Marshall
A.C.A. §17-87-309(a)(2)&(6)
May 28, 2009

Moring, Marilyn Grace
R77583, Van Buren
A.C.A. §17-87-309(a)(6)
June 9, 2009

Newberry, Laura Elizabeth
L45292, Paragould
A.C.A. §17-87-309(a)(2)
June 4, 2009

Redman, Dannah Augusta Treece
L25771, Mountain Home
A.C.A. §17-87-309(a)(1), §17-87-207(c)(2) & Rules
CE Late Fee - \$750
May 28, 2009

Roof, Joyce Earlene Reves Hopper
L24536, Mountain Home
A.C.A. §17-87-309(a)(6)&(9)
June 9, 2009

Stafford, David L.
R39265, Russellville
A.C.A. §17-87-309(a)(6)
June 10, 2009

REVOCAION

Lloyd, Lindsey Holt
L42358, Rogers
A.C.A. §17-87-309(a)(1), (a)(4), (a)(6), (a)(7) & (a)(9)
July 22, 2009

PROBATIONARY STATUS REMOVED
Brazzel, Janet Gertrude Eckart
R14378, Maumelle
June 15, 2009

McClain, Angela Carlene Burton
R38108, North Little Rock
June 25, 2009

Miller, Tina Louise Austin
R42872, El Paso
June 25, 2009

Perry, Wanda Sue O'Guinn
L16457, Banks
June 25, 2009

LICENSURE DENIED

Dunn, Veronica Sue
PN Endorsement Applicant
July 23, 2009

WAIVER GRANTED

Burke-Drye, Barbara A
MA-C Applicant, Amity
July 22, 2009

Immunizations: LET THEM HELP YOUR QUALITY IMPROVEMENT EFFORTS

By Paula Dyer, RN, MSN, APN, RN
Manager of Quality Programs, Arkansas Foundation for Medical Care

Improving adult immunization rates can impact quality improvement and save lives. The Centers for Medicare & Medicaid Services (CMS) has a national goal of immunizing at least 90 percent of patients aged 65 and older against pneumonia and influenza. This is part of a focus on reducing rates of acute care hospitalization. Incorporating a few strategies to improve immunization

rates can make a real difference for your patients and your facility. CMS recognizes the crucial role that health care professionals play in promoting, providing and educating Medicare patients about potentially lifesaving preventive services and screenings. Medicare now pays for more preventive benefits than ever before; however, many Medicare beneficiaries

are not yet taking full advantage of them, leaving significant gaps in their preventive health program.

INFLUENZA IMMUNIZATION

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness and at times can lead to death. The best way to prevent the flu is by getting a flu



Continued on next page

vaccination each year. According to the CDC, every year in the U.S., on average:

- Five percent to 20 percent of the population get the flu
- More than 200,000 people are hospitalized from flu complications
- 36,000 people die from flu

Influenza vaccination levels among adults age 65 or older remain well below the Healthy People 2010 objective of 90 percent coverage nationwide. Immunization rates based on survey data are as much as twice those based on claims data. The mean flu vaccination rate for this surveyed population was 74 percent — 73.5 percent for FFS and 76.9 percent for Medicare Advantage.

[PNEUMOCOCCAL PNEUMONIA IMMUNIZATION](#)

The Centers for Disease Control and Prevention reports the annual incidence of invasive pneumococcal disease as greater than 50 per 100,000 in the 65 and older population. This translates to more than 21,000 cases of invasive pneumococcal disease in this population every year.

The goal is to implement effective interventions to improve rates for influenza and pneumonia vaccinations among Medicare beneficiaries.

Strategy 1: Raise awareness

Strategy 2: Enhance delivery services

Strategy 3: Assess and resolve barriers

For the most current information about immunizations, visit the CDC Web site at www.cdc.gov/vaccines. You will find consumer and provider fact sheets, current information and steps you can take to protect yourself against infection.

Reference:

1. <http://www.cdc.gov/flu/keyfacts.htm> (accessed Jan. 29, 2007)

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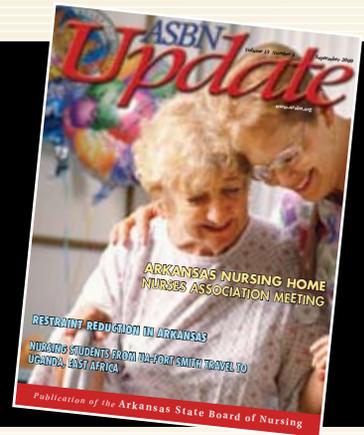
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