Nebraska Nursing NEWS

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David Lawton, RN, PhD

Flu Pandemic: The Role of the Nurse

Nursing Education Opportunities Span the State of Nebraska

Registered Nurse License Renewal Begins August 1

Nebraska Health and Human Services System

Department of Services • Department of Regulation and Licensure • Department of Finance and Support

Official Publication of the Nebraska Board of Nursing

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David Lawton, RN, PhD, Health Surveillance Section Administrator for the Nebraska Department of Health and Human Services, is in charge of coordinating the public health efforts in the event of a pandemic.

Executive Director's Message

It's that time of year again. It's time for license renewal. This year all Registered Nurse licenses expire on October 31. Renewal reminders will be mailed around the first of August. The advent of online renewal three years ago has greatly decreased the renewal problems and the time it takes to receive your renewed license card. But there are still some common problems encountered during each renewal. Here is my list of the top ten things to remember when renewing your license.

10 Use the online renewal option. It's easier, faster and problems are less likely to occur. If you don't have Internet access you can request paper forms and we will mail them to you.

9. Make sure you read each question carefully and answer each question accurately. Licensees seem to encounter problems with the question related to convictions. The question on convictions relates only to convictions since your last renewal.

8. Make sure you have all of your continuing competency documentation BEFORE you complete your renewal. We audit a percentage of nurses during each renewal. If you are audited you will be required to submit documentation of your continued competency.

7. If you need to change your name, you need to send us the appropriate documentation and make sure the change is made BEFORE you renew.

6. Use Internet Explorer instead of Netscape as your Internet browser to renew online. You may experience problems if you try to use any other Web browser.

5. Be sure to check that your address is correct. Your license card will be mailed to the current address we have on file. If you don't get your card within two weeks after you renew, contact our office.

4. Make sure you submit the appropriate fee. The fee this year is $78. You need to use a Visa or Master Card (either credit or debit) to renew online.

3. If you renew through the mail, make sure your renewal form and your check are sent in the same envelope.

2. If you are an APRN – CNM, CRNA or NP – you will need to renew your advanced practice license through the mail. You can still renew your RN license online. You must renew your RN license BEFORE your APRN license can be renewed.

1. Don't wait until the last week (or day) to renew your advanced practice license. Do it right away after you receive the renewal notice. It only takes a few days to receive your renewed license if you renew online. Mail renewal can take one to two weeks. If there is missing information or if errors need to be corrected it will take longer.

If you follow these ten suggestions your license renewal will be accomplished without difficulty. Happy renewal!

Charlene Kelly

Charlene Kelly

President's Message

Three controversial items/issues under regulatory scrutiny at the present time include:

- the National Council of State Boards of Nursing (NCSBN) Vision Paper regarding future regulation of Advanced Practice Registered Nurses;
- ongoing development of measures to ensure continued competence of all licensed nurses; and
- consideration of conducting criminal background checks for nursing licensure applicants.

I would like to focus on the first of these issues in this newsletter.

The Advanced Practice Registered Nurse (APRN) Advisory Panel stimulated much discussion at the NCSBN Midyear Meeting in Chicago this past March with presentation of a draft, *Vision Paper: The Future Regulation of Advanced Practice Nurses*. Of interest, the Executive Summary of the Vision Paper states, "In 10 years, NCSBN's desired APRN regulatory model will consist of three categories of APRNs: Nurse Anesthetists, Nurse Midwives and Nurse Practitioners."

Clinical Nurse Specialists (CNS) functioning in the traditional CNS role will not be considered APRNs, according to the Vision Paper. They will not have an additional advanced practice license nor will they have title protection. Clinical Nurse Specialists who currently have prescriptive authority and authority to make medical diagnoses and treat diseases will be "grandfathered" in and called Nurse Practitioners.

Proposed changes for future Nurse Practitioners would include completion of a broad-based educational program, completion of a core licensing exam and a residency program. Full licensure as a Nurse Practitioner would be obtained only after successful completion of a supervised residency program. Nurse Practitioners would have the option to specialize, such as a pediatric nurse practitioner or geriatric nurse practitioner. They would be able to identify themselves as specialists in a specific area after providing competency verification, such as certification, in that specialty area.

The Vision Paper does not address significant changes for Nurse Midwives and Nurse Anesthetists. As indicated above, the majority of changes focus on Clinical Nurse Specialists and Nurse Practitioners. There is continued dialogue and debate among professional nursing organizations, boards of nursing and in the nursing community regarding changes proposed in the Vision Paper. The APRN Advisory Panel is carefully considering comments and feedback on the Vision Paper. An educational session will be offered at the NCSBN Delegate Assembly in Salt Lake City, Utah, this August to provide the opportunity for further discussion of the Vision Paper. The Delegate Assembly will not be asked to vote on this Vision Paper in the Salt Lake City meeting. If you are interested in sharing comments about the proposed Vision Paper, please contact the Board of Nursing by email through Karen Bowen, our Practice Consultant, at karen.bowen@hhss.ne.gov.

(Note: *Vision Paper: The Future Regulation of Advanced Practice Nurses* is a PDF file and can be found at http://www.nacns.org/02_17_06%20APRN%20Vision%20Paper.pdf)

Marcy Echternacht

Marcy Echternacht

Nebraska Board of Nursing
Meeting Schedule 2006

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at http://www.hhs.state.ne.us/crl/brdmtgs.htm#Nursing or you may obtain an agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
Thursday, August 17	8:30 a.m.	Board of Nursing *(Disciplinary Case Review Meeting – Most of meeting in closed session)*	Staybridge Suites
Thursday, September 21	8:30 a.m.	Board of Nursing	Omaha, site TBA
Wednesday, October 18	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Suites
Thursday, October 19	8:30 a.m.	Board of Nursing *(Disciplinary Case Review Meeting – Most of meeting in closed session)*	Staybridge Suites
Thursday, November 16	8:30 a.m.	Board of Nursing	Southeast Community College Continuing Education Center
Thursday, December 21	8:30 a.m.	Board of Nursing *(Disciplinary Case Review Meeting – Most of meeting in closed session)*	Staybridge Suites

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Change in Prescriptive Authority for APRNs

Until July 14, 2006, licensed APRNs (nurse practitioners) could prescribe controlled substances Schedules III through V. They could also prescribe controlled substances listed in Schedule II used for pain control only and for a maximum 72 hour supply.

LB 994, passed in the 2006 legislative session, changed the limitation on prescribing authority for APRNs. APRNs will be able to prescribe controlled substances listed in Schedule II through V. Any restriction on the prescribing of Schedule II controlled substances for the APRN will be determined by the collaborating physician and the APRN and "will be recorded in the integrated practice agreement." The bill went into effect **July 14, 2006**.

If you have any questions about this change please contact Karen Bowen MS, RN, at karen.bowen@hhss.ne.gov or 402-471-6443.

Loans for Graduate Study for Nursing Faculty Made Available

The 2006 Legislature appropriated $150,000 for loans to individuals enrolled in Nebraska graduate nursing education programs. Loans for $5,000 will be awarded to individuals recommended by the graduate programs. Recipients will be eligible to receive $5,000 loans for up to three years for graduate study. Upon graduation recipients must teach in a Nebraska nursing education program for two years for each year that a loan was received. At the completion of the required period of teaching the loan will be forgiven. Recipients who do not graduate or do not fulfill the teaching requirement following graduation will be required to repay the loan.

It is anticipated that approximately 8-10 loans will be issued this fall. Additional loans will be issued as funds become available. Interested persons should contact the financial aid office at the program where they are enrolled after mid-July.

The purpose of this loan program is to encourage more people to pursue careers in nursing education. The shortage of nursing faculty is the number one reason for programs inability to increase student enrollment.

Registered Nurse License Renewal Begins August 1

The licenses of all Nebraska-licensed Registered Nurses expire on October 31, 2006. All nurses are encouraged to renew online. Renewal reminder postcards will be mailed to all currently licensed RNs around August 1. The online link to complete the license renewal process will be posted at http://www.hhss.ne.gov/crl/crlindex.htm on August 1. Online renewal requires payment of the $78 renewal fee with a credit card. If you wish to renew your license with a printed form through the mail you can either contact our office and a form will be mailed to you or you can download the form from our Web site. Complete instructions will be included on the reminder postcard. If you have had a name change, have not notified the department of your name change and you wish to have your new name printed on your license, you need to mail or fax the name change form and accompanying documents verifying the name change to the department BEFORE you renew online.

Any licensee who wishes to place his/her license on inactive status can make the change online or via mail. There is a one-time fee of $25 to place a license on inactive status.

Any licensee who wishes to place his/her license on lapsed status can do so online or via mail or telephone. There is no fee to place a license on lapsed status.

A license placed on inactive or lapsed status can be reinstated by applying, meeting the renewal continued competency requirements and paying the reinstatement fee.

All licenses must be renewed by midnight on October 31, 2006, to avoid paying the $25 late fee. All licensees who do not renew by October 31 will be mailed a notice that the license has expired. Licensees who continue to practice nursing after the expiration date will be assessed an administrative penalty fee of $10 per day for each day practiced. Licenses not renewed by November 1, 2006, will be lapsed for failure to renew.

A percentage of licensees will be randomly selected for audit following renewal. If you are selected for audit you will receive an audit notice. If audited, you will be required to provide verification of meeting the continued competency requirements. Licenses of persons who fail to comply with the provisions of the audit will be lapsed. To reinstate the license the individual will be required to apply for reinstatement and pay the reinstatement fee.

This year's license renewal fee is $78 - $1 more than the regular fee. In 2005 the legislature authorized a ***one-time*** assessment of $1 from each licensee to help support the Nursing Faculty Student Loan Program. LPNs will be assessed one additional dollar during next year's renewal.

Licensees whose employers pay their renewal fee are encourage to pay their own fee for license renewal and seek reimbursement from their employer following renewal. Having your employer pay the fee may result in a delay in the time required for processing the renewal application.

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By Juan Ramirez, PhD

Preliminary Report of the LPN Workforce Data

The state of Nebraska, along with another 30 states (which, according to projections, will grow to 44 states by the year 2020), is currently facing a nursing shortage. The LPN workforce data collected in 2005 contains information that will allow the Nebraska Center for Nursing to analyze the current shortage and to project the supply and demand for LPNs in the coming years.

Methodology

This is the third comprehensive survey that the Nebraska Center for Nursing has conducted regarding LPN workforce. Previous LPN surveys were conducted in the years 2000 and 2003. Workforce data was collected from LPNs during the license renewal process in 2005; tables were created by the Nebraska Evaluation and Research Center at the University of Nebraska-Lincoln. This data is currently being analyzed and a report prepared by the Nebraska Center for Nursing.

Preliminary Results

Demographics: The average age of LPNs has slightly decreased in comparison to previous years, from 44.6 years in 2000 to 44.06 in the current survey. The largest age group for LPNs is 41-50 years of age, and the second largest group is 51-60 years of age. The percentage of LPNs under 30 years of age has increased from 13.6% in 2003 to 15.7% in 2005, but the percentage of LPNs in this age group is still significantly less than the 42.3% in 1980. In terms of race/ethnicity, no significant changes have occurred in comparison with previous years. LPNs are predominately Caucasian/White (94.8%), while African Americans are the second most common ethnic group (2.6%). There has not been a noticeable change in gender distribution; women are still the predominant portion of the workforce with 97.3%, which is slightly lower than in the year 2003 and 2000 (97.5% and 97.9% respectively). LPNs report fewer dependent adults in their household in comparison to the previous years, from 19% in 2003 to 7.1% in 2005.

Salary: More LPNs report higher salaries in comparison to 2003, especially above the range of $25-35,000. This trend is appreciable in all higher salary ranges. On the other hand, lower salaries ($5-25,000 and <$5,000) were reported with less frequency than in 2003. See graph.

Employment Environment: In 2005, 97.4% of LPNs reported working in nursing full or part time. The highest percentage of LPNs reported working 40-50 hours per week (42.5%), followed by 34.5% working 30-40 hours per week. Most of the LPNs (97.4%) work in a nursing position that requires an LPN license. Also, a majority of LPNs (82.6%) work for one employer, 11.8% work for two employers, and 5.6% work for three or more employers. A smaller number of LPNs reported working for two or more employers than in 2003. The main activity that engages LPNs at work is patient care (85.9%). The second most common activity is teaching/instruction (3.6%). Long Term Care facilities are the major employer of LPNs with 38.9%, followed by Hospitals (24.7%) and Physician's Offices (20.7%).

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- **Day Two:** At sea (conferences)
- **Day Three:** Yucatan, Mexico
- **Day Four:** Cozumel, Mexico
- **Day Five:** Belize City, Belize
- **Day Six:** At sea (conferences)
- **Day Seven:** At sea (conferences)
- **Day Eight:** Houston

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New Appointment to the Board of Nursing

Lori Smith, RN

Lori Smith, RN, Director of Nursing at the Mitchell Care Center, has been appointed to fill the open nursing administrator position on the Nebraska Board of Nursing.

Smith has been in her current position for three years. Prior positions included staff development and staff nursing. She completed her BSN in 1999 at the University of Nebraska Medical Center College of Nursing – Scottsbluff campus. Smith sought appointment to the board because she saw it as an opportunity to grow professionally, to gain new knowledge and to contribute to public safety. When asked for her impressions following her first board meeting, she said, "I didn't know the board was involved in so many different issues!"

Smith is married and has 13-year-old twin daughters. Most of her leisure time is spent in family activities. The Board of Nursing is pleased to have Smith as a member and looks forward to her contributions.

By Sheila Exstrom, PhD, RN

Nursing Education Opportunities Span the State of Nebraska

With the amount of media attention given to the nursing shortage, both on the national and the state level, it is a good to time to review how "widespread" and available nursing education is in Nebraska. The following eighteen communities have either a full campus or a satellite campus of a nursing education program:

Practical Nursing Programs

Alliance	Western Nebraska Community College
Beatrice	Southeast Community College
Broken Bow	Mid-Plains Community College—(Satellite)
Columbus	Central Community College
Falls City	Southeast Community College—(Satellite)
Geneva	Southeast Community College—(Satellite)
Grand Island	Central Community College
Kearney	Central Community College
Lincoln	Hamilton College
	Southeast Community College
McCook	Mid-Plains Community College—(Satellite)
Norfolk	Northeast Community College
North Platte	Mid-Plains Community College
Omaha	Clarkson College
	College of Saint Mary
	Hamilton College
	Metropolitan Community College
Scottsbluff	Western Nebraska Community College
Sidney	Western Nebraska Community College
Valentine	Mid-Plains Community College—(Satellite)

Registered Nursing Programs

Fremont	Midland Lutheran College—BSN Program
Grand Island	Central Community College—ADN Program
Hastings	Creighton University—BSN Program
Kearney	University of Nebraska Medical Center College of Nursing—BSN Program
Lincoln	BryanLGH College of Health Sciences—Diploma, BSN and Nurse Anesthesia
	Nebraska Wesleyan University—BSN (for RNs only) and MSN Programs
	Southeast Community College—ADN Program
	Union College—BSN Program
	University of Nebraska Medical Center College of Nursing—BSN Program
Norfolk	Northeast Community College—ADN Program
North Platte	Mid-Plains Community College—ADN Program
Omaha	Clarkson College—BSN and MSN Programs
	College of Saint Mary—ADN and BSN (for RNs only) Programs
	Creighton University—BSN and MSN Programs
	Metropolitan Community College—ADN Program
	Nebraska Methodist College—BSN and MSN Programs
	Nebraska Wesleyan University—BSN (for RNs only) and MSN programs
	University of Nebraska Medical Center College of Nursing—BSN, MSN, PhD programs
Scottsbluff	University of Nebraska Medical Center College of Nursing—BSN Program

Some of the above programs are relatively new programs. For example, Clarkson College PN program graduated its first class last year, Hamilton College PN program in Lincoln graduated its first class this year, and BryanLGH College of Health Sciences will graduate its first BSN class next year. At least two additional programs are also in various stages of planning/implementation, an ADN program at Western Nebraska Community College in Scottsbluff and an MSN program at the College of Saint Mary in Omaha.

This listing only shows the location of the programs. It does not show the increased enrollments that most programs have experienced, nor does it show that many of the programs offer courses in a number of different locations, including offering many courses by distance learning.

It also does not include all of the communities where the programs use clinical sites for student learning. A partial listing of additional communities that are used as clinical sites include: Albion, Ainsworth, Auburn, Aurora, Bayard, Bellevue, Blair, Bloomfield, Bridgeport, Chadron, Cheyenne, WY, Colorado Springs, CO, Council Bluffs, IA, Creighton, Crete, David City, Fairbury, Geneva, Gering, Gibbon, Gothenburg, Harrisburg, Hemingford, Holdrege, Kimball, Lexington, Louisville, Lusk, WY, Marysville, KS, Minden, Mitchell, Morrill, Murray, Nebraska City, Neligh, O'Neill, Osceola, Osmond, Papillion, Pawnee City, Pender, Phillipsburg, KS, Pine Ridge, SD, Plattsmouth, Seward, St. Paul, Superior, Syracuse, Tecumseh, Torrington, WY, Wahoo, Waverly, Wayne, West Point, Wisner, Wood River, Yankton, SD, and York. Many of these communities have facilities (schools, community agencies, hospitals, long term care facilities, correctional facilities, etc) that are utilized by more than one of the nursing programs in the state.

This article shows that nursing education in Nebraska is indeed a state-wide activity and involves the many institutions, both educational and health, that are located throughout our state.

A faculty role has given me the opportunity to wear multiple hats professionally. I love the excitement of teaching and learning with students; knowing I have impact on others' lives. I'm rewarded by seeing bright students pursue their goals, take on leadership roles, work on research and practice ideas that effect patient care and quality of life, and challenge themselves to do their best and experiencing many who actually do it!

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By Joyce Davis Bunger

Flu Pandemic:
The Role of the Nurse

Fear of the flu pandemic looms! Everyone is worried about what will happen when it strikes.

Experts suspect that 3 out of 10 people will have the symptoms. 50% of those with the symptoms will be hospitalized. People within the ages of 18-35 are most susceptible to the Avian Flu now circulating in Southeast Asia.

Whether or not the pandemic happens isn't the most important thing, being prepared in case it happens should be the focus of all people, according to Nebraska's chief nurse working on pandemic planning!

David Lawton, RN, PhD, Health Surveillance Section Administrator for the Nebraska Health and Human Services System, is in charge of coordinating public health efforts in the event of a pandemic.

David Lawton was hired to coordinate the health alert network to enhance organization in the event of a disaster or pandemic.

Since his hiring he has worked to assemble a communication system that includes all of Nebraska's physicians, hospitals, rural and public health clinics, nursing homes, pharmacies, city administrators and emergency medical teams. These contacts are instantly available by fax, email and voice messaging.

"With one short message, we can inform everyone within the state about a pandemic situation," said Lawton, "A while back when there was heightened concern about the availability of the vaccine for seasonal flu, it was through this network that we were able to deliver and monitor the supplies and get the vaccines distributed more effectively."

Future health pandemics or disasters will make use of the Public Health Situation Room. When an emergency or threatening situation occurs, key parties are asked to congregate in the Situation Room to discuss and monitor the situa-

David Lawton, RN, PhD, is Health Surveillance Section Administrator for the Nebraska Department of Health and Human Services

tion. The room includes satellite connections and video conferencing to enable representatives from all over the state to participate. Strategies can be discussed and agreed upon rapidly and coordination can begin, enabling a quicker means of combating the disaster.

Through an arrangement with the Nebraska Grocery Industry Association, merchants are encouraged to put those food items and supplies on sale or in a special section of the store so families can purchase these items gradually.

Nurses are asked to learn all they can about the pandemic flu and to educate those around them about the implications. The public needs to be informed about pandemic flu so that they can take preventive measures and be prepared to take care of themselves and their families.

In addition, nurses will be asked to work within their hospitals, clinics and their communities to develop strategies to enable them to continue to provide health care after the flu hits.

It is anticipated that more than 4,000 patients in the state could require mechanical ventilation. Not only do we not have that many ventilators, not enough nurses are trained to operate them. It is expected we will see more "Parking Lot Clinics" to give people in the early stages of the flu the antibiotics they need to prevent the illness from getting worse. More and more information will be distributed showing people how to take care of themselves in their homes.

David Lawton feels being a nurse has helped him accomplish his goals at the Department.

"Nurses are critical thinkers. They are innovators. They know how to problem solve. And they know 'systems'—whether it is the body or a system of managing information. Who better to coordinate the safety, security and health (of Nebraskans)?"

Lawton was not a public health nurse—until now. He was on the faculty of Clarkson College for ten years, teaching informatics and management. Prior to teaching at Clarkson, he worked as the Director of Nursing at St. Elizabeth Regional Medical Center in Lincoln. Before he moved to Nebraska he was a nursing administrator in Veterans Administration throughout the United States. With every position he was asked to design new processes and introduce new technology.

His wife, Claudia, has been and is a public health nurse. And true to her pro-

Will the seasonal flu shot protect me against pandemic influenza?

- No, it won't protect you against pandemic influenza. But flu shots can help you to stay healthy.
- Get a flu shot to help protect yourself from seasonal flu.
- Get a pneumonia shot to prevent secondary infection if you are over the age of 65 or have a chronic illness such as diabetes or asthma. For specific guidelines, talk to your health care provider or call the Centers for Disease Control and Prevention (CDC) Hotline at 1-800-232-4636.
- Make sure that your family's immunizations are up-to-date.

"Should the pandemic Flu attack, strategies being discussed include bringing nurses in from out of retirement and the current workforce working longer hours to ensure sick individuals get the health care they need," said Lawton. According to Lawton this poses a couple of concerns—unlicensed individuals are not trained to give injections, but more importantly, they do not have the nursing assessment skills needed to ascertain the severity of the illness and recommend treatment.

Most nurses are expected to be placed in triage positions to enable the sickest people to get helped fastest and to provide remedies to those not as sick so they will be able to return to their homes to recuperate.

His message to Nebraska nurses: Take care of yourself and your families FIRST! If the pandemic attacks, it is expected (in the worst case scenario) that 30% of the workforce could get sick. That 30% includes nurses and their families.

"It is critical that nurses make sure their families have the food and supplies they need stockpiled in the event they are not there to care for their families (or they get sick themselves!)."

"We live in a 'just in time,' environment," warns Lawton. Hospitals and grocery stores alike usually maintain a 3-day supply. Once the 3-day supply is gone, their inventory is depleted. That is why it is very important for everyone to stockpile food and supplies.

Take common-sense steps to limit the spread of germs. Make good hygiene a habit.

- Wash hands frequently with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put used tissues in a waste basket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.
  Stay at home if you are sick.

It is always a good idea to practice good health habits.

- Eat a balanced diet. Be sure to eat a variety of foods, including plenty of vegetables, fruits, and whole grain products. Also include low-fat dairy products, lean meats, poultry, fish, and beans. Drink lots of water and go easy on salt, sugar, alcohol, and saturated fat.
- Exercise on a regular basis and get plenty of rest.

fession, she gave their three children very practical Christmas gifts. She filled large red tubs with all the food and supplies they would need should the pandemic strike!

Flu in general is described as a "large particle, airborne pathogen—easily avoided by good hygiene." Wash your hands and insist others living and working with you do the same.

"And be prepared to take care of each other!" Lawton emphasized. "The Red Cross will be there to take care of the elderly…but they have stated they will not be able to take care of everyone—it will be up to us."

Nebraska's nurses need to be up for the challenge.

Joyce Davis Bunger is Assistant Dean, Creighton University School of Nursing

How does seasonal flu differ from pandemic flu?

	Outbreaks	Immunity	Those at Risk	Health Systems	Vaccine	Anti-Virals	Symptoms	Deaths
Seasonal Flu	Seasonally	Built up from previous exposure	Very young, elderly, those in poor health	Can usually meet needs flu season	Based on known strains; available for	Adequate supplies available	Fever, cough, runny nose, muscle pain	Average of 36,000 a year in U.S
Pandemic Flu	Rarely	No previous exposure; little or no immunity	Everyone, including healthy people	May be overwhelmed	Probably wouldn't be available in early stages	May be in limited supply	More severe; complications more frequent	675,000 in U.S., 1918 outbreak

What can you do now?

Stay Healthy

Get a pneumonia shot to prevent this severe flu complication.

Get seasonal flu shots. They won't protect you against pandemic influenza, but they can help you stay healthy and protect your lungs from damage by regular flu.

Make good hygiene a habit to avoid germs. Wash hands with soap and water; cover your coughs and sneezes, using your upper sleeve if you don't have a tissue; stay home if you're sick.

Maintain your overall health to improve your body's ability to fight off illness. Eat a balanced diet, drink plenty of water, exercise on a regular basis and get plenty of rest.

Keep Informed
Keep track of latest news and medical

Pandemic Flu Planning

Store a two-week supply of water and food.

Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs. Have nonprescription drugs and other health supplies on hand.

Items to have on hand:

- Ready-to-eat canned meats, fish, fruits, vegetables, beans, soups.
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter or nuts
- Dried fruit
- Crackers
- Canned Juices
- Bottled Water
- Canned or jarred baby food and formula
- Pet food
- Prescribed medical supplies
- Soap and water or alcohol-based hand wash
- Medicines for fever
- Thermometer
- Anti-diarrheal medication
- Vitamins
- Fluids with electrolytes
- Flashlight
- Batteries
- Portable radio
- Manual can opener
- Garbage bags
- Tissues, toilet paper, disposable diapers.

BryanLGH Staff is Saving Lives

Success in ICU leads to national recognition

Here are just a few of the many employees who help us provide the safest possible care at BryanLGH.

Some is not a number, soon is not a time. That's the rallying call from Institute for Healthcare Improvement (IHI) president Donald Berwick, MD, that launched an obsession across America to implement proven, evidence-based practices that could save an additional 100,000 lives by June 2006.

At BryanLGH Medical Center, perfecting and expanding patient practices already in place has led to dramatic results and national recognition. Thanks to the teamwork among doctors, nurses, therapists and other staff members throughout the medical center, that theme is a reality here — the time is now and we are saving lives.

IHI started a campaign in December 2004, asking 3,000 hospitals to implement six evidence-based interventions to decrease patients' risk for infection, complications and adverse outcomes. IHI selected BryanLGH as a mentor hospital because of our success in reducing ventilator-associated pneumonia (VAP), one of the six areas of intervention. As part of IHI's Campaign Mentor Hospital Network, our staff offers advice, support and clinical expertise to other hospitals that are working to reduce VAP rates.

What is VAP? It's a life-threatening lung infection that can develop in patients dependent on mechanical ventilators to help them breathe. This leading killer among hospital-acquired infections used to be assumed as a risk when on a ventilator. Pioneering hospitals, including BryanLGH, have changed this mindset and are leading the way to making VAP a rare event.

To reduce VAP, hospitals embraced changes, including raising the head of the patient's bed to an angle of 30-45 degrees and making sure patients are weaned off ventilators as soon as possible. In addition

to these, a multidisciplinary team at BryanLGH established daily processes among physicians, nurses, therapists and others. These led to dramatically reduced rates of VAP.

Success through teamwork

"Teamwork and a passion for consistent practices have been critical to our success," says Karen Dike, RN, director of critical care services. "Every person, every time, following clinically proven practices — this is our commitment to high-quality patient care."

It's a commitment that's paid off. In March, our cardiac and medical/surgical intensive care units celebrated a full year without a VAP case. Our neuro/trauma ICU is challenged with greater obstacles due to ongoing life-saving procedures that require frequent lowering of the head of the bed; even so, VAP rates there remain below the national average. A BryanLGH team also is researching innovative ways to further address VAP in this patient population.

We're in elite company — only 15 hospitals were nominated to be mentor hospitals. "These results are truly remarkable," IHI's Berwick says. "The challenge now is to make this the new standard of care across the country."

Commitment never ends

It's important for families to know the care BryanLGH provides to their loved ones is at the forefront of medical practices nationwide. "Our accomplishments in these initiatives are the result of a tremendous amount of work and dedication by staff members and doctors throughout the medical center," Dike says. "Our commitment is never ending — today's results are setting the standard for care, and our results in years to come will raise that standard even higher."

We're meeting every IHI initiative

Here's how we've succeeded in meeting the five other IHI initiatives:

☐ Prevent infections in patients who receive medicines and fluids through central lines by using proper hand washing and cleaning patients' skin with chlorhexidine soap:

- Infection rate at BryanLGH is significantly better than the national average.
- Implemented innovative sterile procedure cart and practices to further promote a sterile environment.

☐ Prevent deaths from heart attacks by delivering evidence-based care, including appropriate administration of aspirin and Beta blockers:

- Introduced cardiac alert response, communicating with paramedics in the field regarding medications. This ensures ED and cath lab are ready when patients arrive.
- Response times are significantly less than the American College of Cardiology goal.

☐ Prevent surgery patients from developing infections:

- Revised timing and selection of antibiotics for optimal infection prevention.
- BryanLGH West operating rooms provide the highest level of fresh air circulation.

☐ Activate rapid response team at the first sign that patient's condition is worsening:

- BryanLGH Rapid Response Team (BRRT) responds to bring ICU nurses and respiratory therapists to where a patient is in need.

☐ Prevent medication errors:

- Medication reconciliation efforts under way.

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BryanLGH orthopedic care earns national ranking

BryanLGH Medical Center is among the top five percent of American hospitals for orthopedic care. That's according to HealthGrades, which recognized BryanLGH with its 2006 Orthopedic Care Award for clinical excellence.

For the fourth year in a row, BryanLGH ranks best in the state for joint replacement surgery. Physicians and staff here offer the latest surgical technology; for example, "quad sparing" total knee replacement uses a minimally invasive technique avoiding the need to snip quadriceps tendon and muscle. "High flex fixed knee" replacement allows for deep knee bending activities after surgery.

Anterolateral total hip replacement requires a small, two-three-inch incision, avoiding muscles and tendons, reducing recovery time, and speeding a return to every day activities.

"It's an honor to be ranked among the finest hospitals for orthopedic care," says Craig Ames, president and chief operating officer at BryanLGH. "Congratulations go to our physicians and staff because their dedication to quality and teamwork continues to result in outstanding outcomes for patients in our region."

BryanLGH received best-possible, five-star ratings for overall orthopedic services, joint replacements and spine surgery, as well as the No. 1 ranking in Lincoln for pulmonary services and gastrointestinal care.

"Patient care staff at BryanLGH is devoted to satisfaction for all orthopedic patients including trauma, fractures, repairs, total joint replacements, athletic injuries and other conditions of the musculoskeletal system," says Julie Twiss, RN, orthopedics nurse manager. "We have skilled and innovative orthopedic surgeons who choose to perform these procedures at BryanLGH Medical Center, knowing their patients receive a high quality of care and achieve great outcomes."

HealthGrades is the nation's leading provider of independent hospital ratings. Recognition is based on HealthGrades' annual analysis of more than 37 million patient discharges from about 5,000 hospitals.

Licensure Actions

The following is a list of licensure actions taken between February 1, 2006 and April 30, 2006. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Frank Velazquez RN, CRNA	02/14/06	Censure and Civil Penalty	Unprofessional Conduct-Practice of the profession beyond its authorized scope.
Ronda Booth LPN	01/24/06	30 day Suspension / Civil Penalty	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care; misappropriation of medication from employer. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Sarah Hawthorne LPN	02/02/06	1 year Suspension	Violation of previously imposed terms and conditions of licensure probation.
Amy Henriksen RN	02/21/06	Initial License Issued on Probation	Previous disciplinary action taken on license to practice as a licensed practical nurse.
Sarah Nelson RN	02/27/06	Initial License Issued on Probation	Conviction of misdemeanors that have a rational connection with fitness or capacity to practice the profession.
David Peterson RN	02/14/06	Initial License Issued on Probation	Previous disciplinary action on license to practice as a licensed practical nurse.
Cynthia Wiekhorst RN	02/16/06	Probation	Unprofessional Conduct-Falsification of patient records. Failure to comply with the state mandatory reporting law by failing to report misdemeanor convictions in accordance with the state mandatory reporting law.
Orin Yung RN	02/16/06	Censure / Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgement; committing any act which endangers patient safety or welfare; leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for care can be made.
Judy Pribnow			
LPN, LPN-C	03/27/06	Censure	Unprofessional Conduct-Practice of the profession beyond its authorized scope.
Savitri Harrington LPN	03/06/06	60 day Suspension	Violation of previously imposed terms and conditions of licensure probation.
Christine Hotovy LPN	03/06/06	30 day Suspension / Civil Penalty	Unprofessional Conduct-Practice of the profession beyond its authorized scope. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Kathy Nebuda LPN	03/08/06	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Richard Perrine Jr LPN	03/08/06	Censure / Civil Penalty	Violation of an Assurance of Compliance
Stephan Grey RN	01/24/06	30 day Suspension / Probation	Unprofessional Conduct-Falsification of patient records; Failure to utilize appropriate judgement in administering safe nursing practice based upon level of nursing for which licensed.
Roxanna Grim RN	03/27/06	Probation	Habitual Dependence. Conviction of a misdemeanor which has a rational connection with fitness to practice the profession.
Cynthia Hobbs RN	03/08/06	Revocation	Habitual Dependence. Violation of the Uniform Controlled Substances Act.
Patricia Kisicki RN	03/08/06	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Philip Lofgren RN	03/27/06	6 month Suspension followed by Probation	Violation of previously imposed terms and conditions of licensure probation.
Diane Manetti RN	03/06/06	Retroactive Suspension followed by Probation	Unprofessional Conduct-Practice of the profession while ability to practice is impaired. Habitual dependence.
Annette Poppe RN	03/06/06	Revocation	Habitual dependence. Violation of the Uniform Controlled Substances Act. Practice of the profession while impaired.
Robert Ragan RN	03/27/06	Privilege to Practice in NE under Nurse License Compact Revoked	Disciplinary Action in Another State.
Holly Schmidt RN	03/08/06	Probation	Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care; Failure to maintain an accurate patient records. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Shannon Shepard RN	03/06/06	6 month Suspension Followed by Probation	Unprofessional Conduct-Misappropriating . . . personal items of a home health care client. Conviction of a misdemeanor which has a rational connection with fitness to practice the profession.
Carl Valenti RN	03/08/06	Initial License Issued on Probation	Unprofessional Conduct-Misrepresentation of material facts concerning convictions and licensure discipline on applications for licensure and employment in the State of Nebraska.
Kendra Wagner RN	03/06/06	Probation	Failure to demonstrate good moral character based on past alcohol-related convictions.

April Yoder RN	03/06/06	6 month Suspension	Unprofessional Conduct-Falsification of patient records; Failure to maintain an accurate patient record; Committing any act which endangers patient safety or welfare.
Donna Ferraguti LPN	04/26/06	License Reinstated on Probation	Previous Discipline
Carissa Rickard LPN	04/25/06	Temporary Suspension	Unprofessional Conduct-Committing any act which endangers patient safety and welfare.
Anissa Ross LPN	03/27/06	30 day Suspension	Unprofessional Conduct-Falsification of material facts in attempting to procure nursing employment.
Faith Thorpe LPN	04/19/06	Initial License Issued on Probation	Unprofessional Conduct-Misrepresentation of material facts concerning misdemeanor convictions on application for licensure.
Linda Wilson LPN	03/27/06	1 year Suspension	Unprofessional Conduct-Practice of the profession while ability to practice is impaired. Misrepresentation of material facts concerning misdemeanor convictions on application for licensure reinstatement. Conviction of misdemeanors that have a rational connection with fitness or capacity to practice the profession.
Nicole Gaona RN	04/19/06	Censure	Unprofessional Conduct-Failure to maintain an accurate patient record.
Susan Mahaffey RN	04/19/06	Censure	Unprofessional Conduct-Failure to seek consultation, collaboration or direction from another health care provider when warranted by patient condition.
Holly Major RN	03/27/06	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Gaylean Millsap RN	04/19/06	Censure	Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
Scott Wentworth RN	04/19/06	Censure / 30 day Suspension	Unprofessional Conduct-Falsification of patient records.
Janice Bergren RN	03/27/06	Voluntary Surrender in Lieu of Discipline	
Leona Drullinger RN	03/14/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing licensed; failure to maintain an accurate patient record. Failure to report employment termination in accordance with the state mandatory reporting law.
Susan Fox RN	03/02/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of nursing for which licensed.
Patricia Forch RN	03/08/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgement in administering safe nursing practice based upon level of nursing for which licensed; failure to seek consultation, collaboration from another licensed health care provider when warranted by patient condition.
William Gehl RN	02/08/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Heather Kilpatrick RN	03/03/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to exercise technical competence based upon the level of nursing licensed; failure to maintain an accurate patient record.
Sharon Rowe RN	03/03/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made.
Sherry Speer APRN	03/08/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record.
Linda Williamson RN	03/09/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct- Practice of the profession beyond its authorized scope.
Theresa Woodrum RN	04/06/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct- Practice of the profession beyond its authorized scope.
Vanessa Bardales LPN	02/16/06	Voluntary Surrender in Lieu of Discipline	
Carole Buckeye LPN	04/11/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to seek consultation, collaboration, or directions from another licensed health care provider when warranted by patient condition.
Charity Chloupek LPN	02/16/06	Voluntary Surrender in Lieu of Disciplin	
Mary Coil LPN	03/02/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made.
Michelle Georges LPN	03/14/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Misrepresentation of material facts concerning misdemeanor convictions on application for licensure.
Carol Hartley LPN, LPN-C	03/08/06	Voluntary and Permanent Surrender in Lieu of Discipline	
Sandra Parrish LPN	04/05/06	Non-Disciplinary Assurance of Compliance	Failure to utilize appropriate judgement in administering safe nursing practice based upon level of nursing for which licensed.
Dawn Sulley LPN	04/19/06	30 day Suspension and Probation for an Additional 6 months	Violation of previously imposed terms and conditions of licensure probation.
Rebecca Zahnow LPN	04/06/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety and welfare; Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made.

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Nebraska Center for Nursing Update

The terms of four Center for Nursing board members expired on 6/21/2006. Gloria Gross, RN, PhD, Board of Regents representative, Linda Lazure, RN, PhD and Barbara Wenz, RN, both Board of Health representatives have served on the board since its inception in 2000. These members are not eligible for reappointment. The Board presented these members with a commemorative desk clock as a token of appreciation at their June 1 meeting. Judy McGee, RN, Board of Health representative, is eligible to serve another term on the Board. The Board is currently awaiting appointments and reappointments to the board by the Governor.

The board has refocused their activities, identifying at least one priority related to each of their four goals. Priorities include attracting more men and minorities into nursing, surveying nurses who do not renew their licenses to learn the reason for non-renewal, hosting a conference focusing on retention issues, securing funding for the Nursing Faculty Student Loan Program and engaging stakeholders in the work of the Center. Data collection and analysis continues to be another important focus of the board.

For more information on the Center for Nursing visit www.center4nursing.org

Nebraska Center for Nursing board members from L to R are: Carol Wahl, Linda Dulitz, Larry Rennecker, Kim Woods, Gloria Gross, Marilyn Valerio, Pat Lopez, Nancy Shirley, Barb Wenz, Rosalee Yeaworth, Shirley Travis, and Judy McGee. ***Not pictured:*** *Linda Lazure, Florence Brown, September Stone and Pat Karsk.*

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NCLEX® Examination Item Development

NCSBN depends on practicing nurses to assist in the NCLEX® item development process. Panel members travel to Chicago (all expenses paid) to write or review test items for the NCLEX® examination. On site training is provided. As an NCLEX® panel member you not only have the opportunity to earn contact hours, but also to network with your nursing colleagues on a national level.

To qualify, you must be a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) in the jurisdiction where you practice. Specific requirements for the volunteer panels also include:

Item Writers must be a RN or LPN/VN for the NCLEX-PN® exam and a RN with a masters degree or higher for the NCLEX-RN® exam; and be responsible for teaching basic/undergraduate students in the clinical area.

Item Reviewers must be a RN or LPN/VN for the NCLEX-PN® exam and a RN for the NCLEX-RN® exam; and currently employed in a clinical setting, working directly with nurses who have entered practice within the last 12 months.

Panels are held throughout the year. This is your opportunity to contribute to the continued excellence of the nursing profession. You can apply today online at www.ncsbn.org At the homepage in the far left column under Testing Services Announcements you will see the link for the Item Development On-line Application. Thank you.

The **Practical Nursing Program** at **Hamilton College** is growing, and **YOU** can have an impact.

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Patty Duncan by phone (402) 572-8500
or email: pduncan@hamiltonomaha.edu
or send resume to Hamilton College via fax: (402) 408-1909
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attention: Patty Duncan

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Program Manager Nurse Aide and Medication Aide Programs

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Cheryl Walburn, RN, MSN
Nurse Aide Testing, Central Nebraska and Lincoln area

Roxanne Gould, RN, BSN
Nurse Aide Testing, Omaha area

Kathy Eberly
Credentialing Specialist Medication Aide and Nurse Aide Programs

Nancy Stava
Credentialing Specialist Nurse Aide Program

Wanda Wiese
Credentialing Specialist Nurse Aide Registry

Denise Rhone
Credentialing Specialist, Medication Aide Program

Juan Ramirez, PhD
Research Assistant Nebraska Center for Nursing

Anne Beckius
Staff Assistant I Nebraska Center for Nursing and Nursing Loan Program

Nebraska Licensee Assistance Program (NE LAP)

http://www.lapne.org/

Funded by a portion of the fee for each license issued, renewed, or reinstated, the Nebraska Licensee Assistance Program (NE LAP) is available to health care professionals. At the heart of the NE LAP program is help for eligible individuals with substance abuse and addiction problems. In addition to providing an opportunity for individuals seeking confidential evaluation and assessment, NE LAP offers educational programs that may be customized to differing audiences. Following is a partial list of presentation topics and their potential audiences: Introduction to the Licensee Assistance Program and Other Peer Assistance Programs (targeted to employers, human resource specialists, students, and supervisors; Chemical Dependency and the Health Care Professional (targeted for students, health care professionals and administrators); Intervention for the Chemically Dependent Health Care Professional (targeted for administrators and supervisors).

Whether desiring to arrange for an individual contact or making arrangements for an educational program, NE LAP may be reached at (402) 354-8055 or (800) 851-2336. Judi Leibrock MHR, LPC, LADC, licensee assistance coordinator, may be reached by e-mail at: jleibro@bestcareeap.org.

If you would like information about how to locate a 12-step support group meeting or a support group for health care professionals in recovery meeting in your community, contact Judi Leibrock.

MANDATORY REPORTING

All nurses are required by law to self-report any felony or misdemeanor convictions within 30 days of the conviction. Nurses must also report loss of employment due to incompetence, negligence, unethical or unprofessional conduct or physical, mental or chemical impairment.

In addition each nurse who has first hand knowledge is required to report the following related to other nurses:

- Gross incompetence
- Pattern of Negligent Conduct
- Unprofessional Conduct
- Practice while impaired by alcohol, drugs or physical, mental, or emotional disability.
- Violations of other regulatory provisions of the profession

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Registry Action on Nurse Aides & Medication Aides

From 03/01/06 to 05/31/06, the following medication aides have been removed from the medication aide registry:

Name	Medication Aide Reg #	Action	Date Entered
Cooper, Melany	39478	Moral Character	04/25/06
Diltz, Holly	51735	Competency Violation	04/12/06
Dusty, Ell	51337	Moral Character	04/05/06
Hauf, Penny	54302	Moral Character	05/22/06
Kittelmann, Crystal	49036	Moral Character	05/02/06
Pelling, Donna	49439	Failure to Pay Fees	05/02/06
Presher, Kathleen	51004	Moral Character	05/02/06
Reaves, Diana	55325	Failure to Pay Fees	05/03/06
Spencer, Mary Beth	49097	Moral Character	03/08/06
Wallace, Lanita	49733	Moral Character	03/24/06

From 03/01/06 to 05/31/06, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Allard, Lisa	71277	Finding of Conviction	04/26/06
Box, Laurice	62561	Finding of Conviction	04/26/06
Codr, Kimberly	11865	Finding of Neglect	03/08/06
Cooper, Melany	39478	Finding of Conviction	04/25/06
Ell, Dusty	68439	Finding of Conviction	04/05/06
Franklin, Ramona	24326	Finding of Abuse	03/08/06
Hauf, Penny	23313	Finding of Conviction	05/22/06
Hogrefe, Elizabeth	36871	Finding of Conviction	03/08/06
Imig, Viva	24317	Finding of Neglect	03/16/06
King, Lindina	61920	Finding of Neglect	03/08/06
Lowry, Dorothy	39834	Finding of Conviction	05/22/06
Magdaleno, Corena	27543	Action Another State (Finding of Abuse in AZ)	03/25/06
McAlevy, Angelia	26607	Finding of Conviction	05/22/06
Meyerhoffer, Mark	63915	Finding of Neglect and Finding of Abuse	04/24/06
Ramirez, Valerie	66635	Finding of Conviction	04/24/06
Stewart, Clarence	47022	Finding of Conviction	05/10/06
Swartwood, Robin	22972	Finding of Conviction	04/26/06
Wilson, Sarah	46187	Finding of Conviction	04/25/06
The following name was inadvertently omitted from the previous issue:			
Behrends, Kandi	51552	Finding of Abuse	02/10/06

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Nursing History

by Charlene Kelly, Ph.D., R.N.

Ninety years ago the Board of Nursing had only been in place for six years. Here are some highlights from the 1916 Board of Nursing minutes:

***January** 21 – "Not having heard from Milford Home, as to whether or not there is a graduate nurse there, Secretary was instructed to write Miss Swann asking her to visit Milford and learn number of cases per month, who cares for patients, kind of delivery room, etc."*

The board discussed examinations issues: *"As paper No. 125 in obstetrics had been marked low and as applicants had received good grades in other subjects, it was thought that a mistake had been made and the Secretary was instructed to send the paper to Miss Sandman, Examiner in that subject, and ask her to look over the answers again."*

***February** 18, – "Miss Smith, Miss Stuff and Miss Bradley met with Governor Moorehead and Dr. Thomas in office of the former. The meeting was very informal, the Board of Examiners being at once informed that Governor Moorehead and Dr. Thomas 'had decided not to approve Rules 1, 2, 3, 4, 6, and 7 of the Requirements for Accredited Training Schools.' Asked what, then, would be required to define an accredited school, they replied, 'Inspection.' As to Rule 3 which provides for the subjects asked at examination, the gentlemen were asked how we should proceed without that rule. They took time to consider and agreed to rescind their former decision.*

"The subject of having an office in the State House so that the Secretary might be there permanently, was taken up and the Governor favored such a move as soon as it will be possible to arrange for it. The salary of the Secretary was discussed. For the present it will be placed at $50.00 and will be raised when funds warrant and when the Secretary has her office in Lincoln. $100.00 per month was the maximum at which the salary might be placed.

"The Board of Examiners, feeling that the decision of the Governor and the Superintendent of Public Instruction would retard greatly any progress toward raising the standard of nursing in Nebraska and also that without at least Rule 2, which requires a daily average of least fifteen patients, it would be impossible to define an accredited training school and further that without these rules Nebraska would find herself far below the requirements of other states, this Board decided to ask the Board for Registration to define accredited training schools for nurses and sent them the petition which follows."

Attached to the minutes is a petition asking the Board of Registration to define an accredited school for nurses in Nebraska. The petition basically states that the Board of Examiners had presented a rule to define accredited schools. This rule was not accepted so the Board of Registration needs to provide a rule that complies with Senate File 85 wherein the legislature has mandated that the Board adopt rules.

These early minutes make it clear that even 90 years ago the board faced issues of licensure, examination and rules/regulations. The issues haven't changed. Perhaps we've become more knowledgeable and refined in our approach to the issues, but differences of opinions still result in a lively discussion of the same issues faced 90 years ago.

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Twenty Years Ago in *Nursing News*

■ Louise Elliott RN, Leota Rolls RN, Martha Brown RN, Frankey Ostlund LPN and Mary Lou Holmberg RN were all reappointed to the board for a second term. Other members of the board were Corrine Pedersen (consumer), Mildred Rowley RN, Ellyn Holden LPN, Sheila Ciciulla RN and Karen Smith RN.

■ The board reported the intended release of recently completed LPN Guidelines intended to better define LPN practice.

■ Helen Meeks had recently been appointed as the director of the Bureau of Examining Boards for the Department of Health.

■ Board president Louise Elliott announced that the publication of *Nursing News* had been resumed following a temporary interruption due to staff vacancies.

■ Mary Neumann, RN, CNP wrote an article outlining the role of the Nurse Practitioner. The article focused on the role as a nursing role vs. a medical role and provided examples of the difference between the care provided for a patient by the physician and the nurse practitioner, pointing out the importance of the team approach

■ The National Council of State Boards of Nursing had appointed Mary Louise Stavropoulos as a member and Christy Ann Zlatkovsky Teeter as an alternate member of the Panel of Content Experts for the practical nurse licensure examination. The panel will meet in August in Monterey, California, as part of the test item development process.

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Practice FAQs

I just recently found out the "nurse" that works for my doctor is not a nurse but a medical assistant. Everyone in the office refers to her as a nurse, even the doctor. When she calls me she says this is Dr. Smith's nurse. I am not a nurse, but this does not seem right. Can she call herself a nurse when she is not a nurse?

— Joan R.

No, she cannot call herself a nurse. It is against the law for anyone who is not currently or formerly licensed as a nurse (Registered Nruse or Licensed Practical Nurse) to call themselves a nurse. The Board of Nursing has taken legal action against individuals who call themselves nurses and practice nursing, but are not licensed.

Nebraska Revised Statutes 71-1,132.17 state "in the interest of public safety and consumer awareness, it is unlawful for any person to use the title nurse in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse or a licensed practical nurse".

The statutes (Neb.Rev.Stat. 71-1,132.36) also state "any person violating the Nurse Practice Act is guilty of a Class III misdemeanor. Each subsequent offense is a Class II misdemeanor".

For More Information... Visit our Web site at: http://www.hhs.state.ne.us

If you do not have access to the Internet, please contact the Credentialing Division for information or questions concerning:

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Section Administrator
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Medication Aide Testing
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Nurse Aide

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