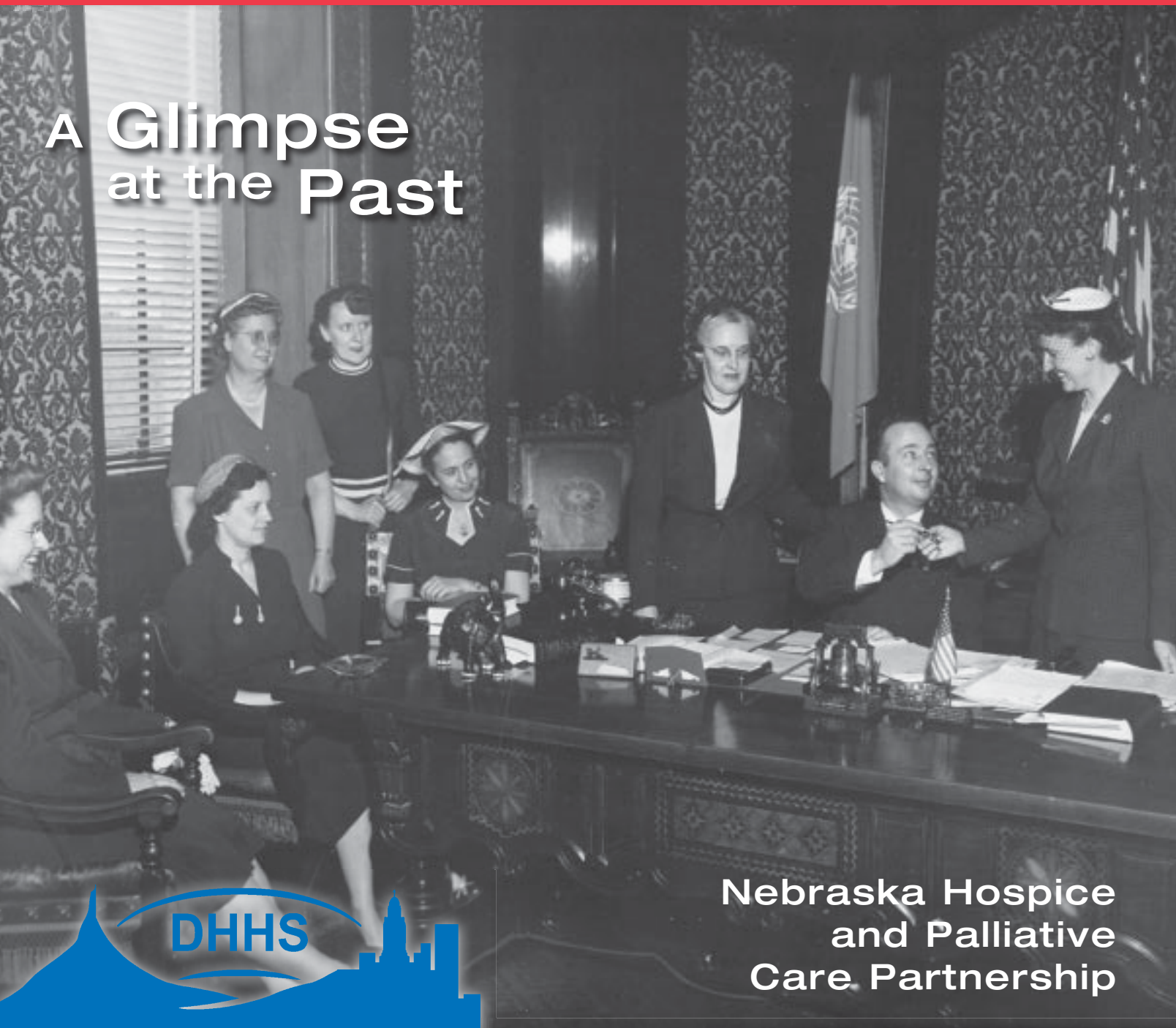


Nebraska Nursing NEWS

Volume 26 • Number 2 / Summer 2009

A Glimpse at the Past



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COVER

Gov. Robert Crosby with members of the Nebraska
Board of Nursing and Nebraska Nurses Association
at a bill signing in 1953 for the revised nursing
statutes.



President's Message

As graduation approaches, new graduates eagerly anticipate entering the workforce as newly licensed registered nurses upon successful completion of the NCLEX-RN exam. These

nurses will be expected to function at the “advanced beginner” stage of professional development at the time of graduation, according to Benner’s model of skill acquisition from novice to expert. They will need practice experience and support from experienced nurses to progress along the professional development maturational process to become “competent” nurses.

The quality of orientation and preceptorship experiences to assure a smooth transition from education to practice settings is extremely important. While excellent transition programs exist, literature suggests that both orientation and transition experiences for newly licensed LPNs and RNs are tremendously variable and may be nonexistent in some practice settings.

Inadequate transition experiences are associated with increased stress levels. A recent National Council of State Boards of Nursing (NCSBN) study shows increased stress levels are related to nursing practice errors. Inadequate transition experiences also influence retention. Literature reports between 35-60 percent of new nurses leave a position in their first year of practice, resulting in an estimated replacement cost of \$46,000 to \$64,000 per nurse. Transition programs significantly reduce first-year turnover to between six-13 percent, resulting in a positive return on investment for institutions that provide transition programs.

In the last issue of *Nursing News*, I presented the “Fact Sheet” in support of the reasons states should consider regulating transition to practice to improve patient safety and health care outcomes. The Transition to Practice Committee believes that all new nurses should be afforded opportunities for excellent transition to practice experiences.

Highlights of a working Transition to Practice Model which has been shared with states and stakeholders follows:

- NCSBN’s Transition to Practice model is intended to be collaboratively implemented with education, practice and regulation.
- This is an inclusive model which would take place in all health care settings that hire newly licensed nurses.
- This inclusive model applies to all educational levels of nurses, including practical nurses, associate degree, diploma, baccalaureate and other entry-level graduates.
- This is a flexible model which allows agencies to use their own residency programs as long as criteria of the Transition to Practice Model are met.
- Preceptor training is built in the model.
- New graduates must pass the NCLEX exam, obtain

employment as a licensed nurse, then enter a transition program during their first year of practice in the U.S.

- Transition to practice programs include a minimum six-month preceptorship with ongoing institutional support through the first year of practice.
- During the first six months of employment, the newly licensed nurse will complete the workplace orientation, work with assigned preceptor(s) and complete eight transition modules.
- The eight transition modules include delegation/supervision, role socialization, utilization of research, prioritizing/organizing, clinical reasoning, safety, communication and specialty content.
- The modules will provide interactive practice exercises for newly licensed nurses that are critical for public protection, such as experiences with prioritizing, delegating, supervising, decision making, communicating with interdisciplinary team members and implementing risk management principles.
- Precepted experiences will facilitate active learning and provide opportunities for ongoing feedback and reflection.
- License renewal will require verification that the new nurse has met the transition program requirement after one year in practice if mandated by the state.

The NCSBN Transition to Practice Committee will meet in July to continue work on model development. As always, I welcome your input.

At the state level, prior to her death, Dr. Charlene Kelly applied for a transition to practice grant. Her Executive Director’s Message, in the Fall 2008 issue of *Nursing News*, announced that the Nebraska Board of Nursing was awarded a significant grant from NCSBN for this project. The Board of Nursing will work with the Nebraska Nursing Leadership Coalition to develop a transition to practice program adaptable to acute and long term care facilities in urban and rural settings. Charlene stated, “The purposes of this project are: 1) to develop and pilot test transition curricula, including a training program for preceptors, 2) to identify barriers, facilitators and costs associated with implementation, and 3) to evaluate the effectiveness of the transition to practice program and desirability of widespread implementation.”

Her visionary work will continue in our state—a final tribute to Charlene’s exemplary leadership.

Marcy Echternacht

A Glimpse at the Past

As we celebrate the board's centennial this year, we look at the past and the changes and strides that have been made over the last 100 years. But sometimes the more things change, the more they stay the same.

I have been looking through the minutes of some of those first board meetings. I want to share with you some of the highlights of some of those early meetings.

July 1, 1910: New board members had been appointed. The minutes and treasurer's reports from previous meetings had not been found. The meeting was spent in answering correspondence. Forty-three letters were answered. Discussion included development of a syllabus for all the training schools.

July 14, 1910: The board met at the Sick Babies Camp in Omaha. They approved expenditures for letterhead, application blanks, envelopes and postage in the amount of \$58.40. This left a balance of \$253.05. Thirty-eight applications were approved. The secretary was to complete the applications and send them to the Lincoln Business College to have the names printed before obtaining signatures. Many other applications were reviewed and returned to the senders to be completed correctly.

July 27, 1910: The board met at the Nebraska Orthopedic Hospital. This meeting "continued over three days time on account of the signing of certificates by the State officers". A secretary's book was purchased for \$1.73.

August 16, 1910: Diploma signatures were delayed "on account of the illness of the Honorable Governor".

August 18, 1910: The board finalized the curriculum for the training schools and it was placed in the hands of the printer. Discussion occurred regarding a fee of \$5 for non-residents trained in Nebraska. The report of training schools in Nebraska was reviewed. It was determined that one school was not eligible "as Miss Nystruck, the superintendant who has been signing blanks of application for Registration is not a graduate nurse – not even a trained nurse".

October 12, 1913: The board met at Clarkson Hospital. They discussed the inspection of training schools. The board set permanent dates for the examination in May and November.

November 26 & 27, 1913: The examinations were held at the Senate Chambers in Lincoln. Certificates were duplicated for three nurses from the M. E. Hospital in Omaha whose certificates were lost in the tornado.

December 11, 1913: The board completed the grades from the November examination. It was decided that each nurse must complete all hospital service prior to application for registration.

March 18, 1914: The following training schools were approved for one year based on the inspections: in Lincoln – Dr. Balley's Sanitarium; in Omaha - M.E. Hospital, Clarkson Hospital, Omaha General, Swedish Mission, St. Catherine's and Douglas County. The following schools were approved for six months: Orthopedic Lincoln, Nebraska State Hospital, Presbyterian and South Omaha. The division of subjects for selecting examination questions was made and included Materia Medica, Urinalysis, Anatomy & Physiology, Dietetics, Medical Nursing, Hygiene, Obstetrical Nursing and Gynecology, Surgical and Bacteriology, Children's diseases and Nervous and Mental Disorders. It was decided to give twelve questions in each area.

June 1, 1915: The board made the rule that applicants who failed to appear for the examination at the appropriate time would fail the examination.

Nebraska Board of Nursing

Meeting Schedule 2009

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 12:30 p.m. The agendas for the meetings are posted on our Web site at <http://www.dhhs.ne.gov/crl/brdmtgs.htm> or you may obtain an agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
June			
Thursday, June 11	8:30 a.m.	Board meeting	Gold's Room 534
July			
Wednesday, July 8	1:30 – 3:00 p.m.	Issues Forum	Gold's Room 531
	3:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 531 Gold's Room 530
Thursday, July 9	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 534
August			
No Board of Nursing meeting in August			
Tuesday August 11-Friday August 14		NCSBN Annual Meeting	Philadelphia, PA
September			
Wednesday, September 9	1:30 – 3:00 p.m.	Discipline case review	Gold's Room 534
	3:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	Gold's Room 530 Gold's Room 532
Thursday, September 10	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Gold's Room 534
October			
Wednesday, October 7	3:30 – 5:00 p.m.	Issues Forum	Gold's Room 531

Thursday, October 8	8:30 a.m.	Board meeting	Gold's Room 534
November			
Thursday, November 12	8:30 a.m.	Board meeting (Discipline case review-most of meeting in closed session)	Omaha - TBA
	2:00 – 5:00 p.m.	<i>Practice Committee</i> <i>Education Committee</i>	
December			
Thursday, December 10	8:30 a.m.	Board meeting	Gold's Room 531

Gold's Building, 1050 N Street, Lincoln, Nebraska 68508

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Board Vacancies

The Nebraska Department of Health and Human Services is currently seeking individuals interested in serving on the Board of Advanced Practice Registered Nurses, Board of Nursing, Nebraska Center for Nursing Board and the State Board of Health.

Application documents for the Board of Nursing and Board of Advanced Practice Registered Nurses are available online at www.dhhs.ne.gov/crl/Board_Vacancies.htm.

BOARD OF NURSING

The State Board of Health will make appointments to the following positions at their Nov. 16, 2009, meeting:

- Associate Degree or Diploma Nurse Educator Member – Statutory Requirements: 1) Licensed as a Registered Nurse in Nebraska, 2) Graduate degree in nursing, 3) Minimum of five years experience in administration, teaching, or consultation in nursing education, 4) Employed as an associate degree or diploma nurse educator.
- Practical Nurse Educator Member – Statutory Requirements: 1) Licensed as a Registered Nurse in Nebraska, 2) Graduate degree in nursing or a related field of study, 3) Minimum of five years experience in administration, teaching, or consultation in practical nurse education, 4) Employed as a practical nurse educator.
- Staff Nurse Member – Statutory Requirements: 1) Licensed as a Registered Nurse in Nebraska, 2) Minimum of five years experience in nursing, 3) Employed as a staff nurse in the provision of patient care services.

NOTE: The State Board of Health shall attempt to ensure that the membership of the Board of Nursing is representative of acute care, long-term care, and community-based care. A minimum of three and a maximum of five members shall be appointed from each congressional district, and each member shall have been a bona fide resident of the congressional district from which he or she is appointed for a period of at least one year prior to the time of the appointment of such member.

BOARD OF ADVANCED PRACTICE REGISTERED NURSING

The State Board of Health will make an appointment to the following position at their Nov. 16, 2009, meeting:

- Nurse Practitioner Member – Statutory Requirements:
 - 1) Active certification as a Nurse Practitioner in Nebraska for the five years just preceding appointment and shall maintain this certification while serving as a board member,
 - 2) Actively engaged in practice as a Nurse Practitioner for the five years just preceding appointment and shall maintain such practice while serving as a board member. Active practice means devoting a substantial portion of time to rendering professional services,
 - 3) Resident of Nebraska for one year and shall remain a resident of Nebraska while serving as a board member.

THE DEADLINE FOR SUBMISSION OF AN APPLICATION AND SUPPORTING DOCUMENTATION IS AUG. 1, 2009.

Letters of reference must also be received by this date. If selected for a personal interview, applicants will meet with the State Board of Health on Sunday afternoon, Sept. 20, 2009, in Columbus, or on Sunday afternoon, Oct. 18, 2009, in Lincoln. The interview lasts approximately 10 minutes in duration.

Send your name and address to the contact information below if you would like to receive an application packet. Be sure to identify the name of the board and position of interest.

Monica Gissler
DHHS, Public Health, Licensure Unit/RPQI
P.O. Box 95026
Lincoln, NE 68509-5026
Email: Monica.Gissler@nebraska.gov
Phone: 402/471-6515; Fax: 402/471-0383

Appointments to the Nebraska Center for Nursing Board, the Nursing Home Advisory Council, and the State Board of Health are made by the Governor. Online application forms are available at http://www.gov.state.ne.us/bc/board_comm.html, or by contacting Peggy King of the Governor's Staff for Boards and Commissions at 402/471-1971.

NEBRASKA CENTER FOR NURSING BOARD

This board is a policy-setting board for the Nebraska Center for Nursing. There is one vacancy for a nurse educator to be recommended by the Board of Regents of the University of Nebraska.

NURSING HOME ADVISORY COUNCIL

This council is to advise and assist the department in carrying out the administration of the Health Care Facility Licensure Act and the rules, regulations, and standards adopted and promulgated pursuant thereto, as the same apply to nursing homes. There are vacancies for a Lay Member and for a Registered Nurse Member.

STATE BOARD OF HEALTH

This board shall: 1) Adopt and promulgate rules and regulations for the government of the professions and occupations licensed, certified, registered, or issued permits by the Division of Public Health of the Department of Health and Human Services, including rules and regulations necessary to implement laws enforced by the division; 2) Serve in an advisory capacity for other rules and regulations adopted and promulgated by the division, including those for health care facilities and environmental health services; 3) Carry out its powers and duties under the Nebraska Regulation of Health Professions Act; 4) Appoint and remove for cause members of health-related professional boards as provided in sections 38-158 to 38-167; 5) At the discretion of the board, help mediate issues related to the regulation of health care professions except issues related to the discipline of health care professionals; and 6) Have the authority to participate in the periodic review of the regulation of health care professions. There is one vacancy for a nurse member.

If you know of someone who may be interested in serving as a public member on a health-related professional licensing board, committee, or council, please provide the Licensure Unit with their name and contact information. There are 16 public member positions that will be filled in November 2009 by the State Board of Health. Applications are due by Aug. 1, 2009.

Board of Nursing Updates

New Board Members

The Board of Health appointed three new members to the Board of Nursing in December. We welcome Susan James, LPN, Anthony (Tony) LaRiche, Consumer and Kathryn (Kathi) Yost, RN.

Susan graduated from Metro Tech Community College 1979. She began her nursing career working for a travel agency and providing staff relief at Omaha area hospitals. She returned to Kearney in 1983 and has worked in several long term care facilities. She also works part time at Phelps Memorial Health Center in Holdrege and Good Samaritan Hospital in Kearney. Susan received her LPN-C in 2002. She also keeps busy with her own business in hand crafts and primitive antiques. She has one son, a teacher and a daughter who is presently in nursing school. She also has twin grand-daughters and one grandson. Susan looks forward to serving on the board.

Tony has been married 27 years and has two adult daughters. He graduated cum laude from Vanderbilt University with a BA in 1974. His law degree is from California Western School of Law, where he graduated cum laude with a JD in 1977. He practiced law in Phoenix Arizona from 1977 to 1987. He moved to Cleveland, Ohio, in 1987 and was a Chevrolet dealer until 2005. He sold the business and moved to Lincoln in 2007. While in Arizona, Tony served as a public member on the Arizona State Board of Nursing and developed a desire to continue that public service here in Nebraska.

Kathi graduated from West Nebraska General Hospital School of Nursing and is celebrating 40 years in nursing. She had held a variety of positions at the Scottsbluff hospital, now Regional West Medical Center, including staff nurse, charge nurse, unit director and house supervisor. She completed her BSN in 1995 from UNMC. She currently works in the out patient surgery department. In addition, she teaches

medication aide classes at Western Nebraska Community College. Kathi is also active in her church, community volunteer programs and serves on committees for care and practice at the hospital. She is married and has two daughters and sons-in-laws and four grandsons. Kathi considers serving on the Board of Nursing an honor.

Board Officers

The Board of Nursing elected officers at their February meeting. The officers for 2009 are:

Marcy Echternacht, President
Mary Megel, Vice-President
Mary Bunger, Secretary

The meeting schedule for the Board of Nursing as well as meeting agendas and minutes, can be found on our Web site, www.dhhs.ne.gov/crl/nursing/nursingindex.htm.



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Employers and the general public can now verify licenses and receive a detailed report within minutes, free of charge. This report will contain the name, jurisdiction, license type, license number, compact status (multistate/single state), license status, expiration date, discipline against license and discipline against privilege to practice (PTP)

of the nurse being verified. Currently nursys.com is the only verification tool available that provides status of a multistate licensee's privilege to practice in remote Nurse Licensure Compact (NLC) jurisdictions.

Nurses

When a nurse applies for endorsement into a state, verification of existing or previously held licenses may be required. A nurse can use Nursys.com to request verification of licensure from a Nursys licensure participating board. A list of licensure participating nursing boards can be found at nursys.com.

In order to be eligible for a multistate license in the NLC, the nurse must legally reside in an NLC state. An active, unencumbered, multistate license allows the nurse to practice in all NLC jurisdictions. Questions

about NLC eligibility and legal residency can be directed to the board of nursing in the nurse's state of residency.

Verifications can be processed by completing the online Nursys verification process. The fee for this service is \$30.00 per license type for each state board of nursing where the nurse is applying. Nursys license verification is sent to the endorsing board immediately. Please visit www.nursys.com for more details.

For more information, email nursys@ncsbn.org, call 312.525.3780 or visit nursys.com.

Additional information on the NLC is available by visiting: <https://www.ncsbn.org/nlc.htm>

Make sure your family has a plan in case of an emergency.

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NEIGHBORHOOD MEETING PLACE: _____
 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

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Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
 TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
 TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
 TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Ready 



AFTER TREATMENT, AFTERCARE

Recovery can be a new concept to recovering professionals, their families and their colleagues. Sometimes there are misconceptions and fears accompanied by unreasonable expectations of the involved parties. It is important to have patience with recovering individuals and to become familiar with the recovery process in order to be able to give them positive support.

One very important aspect of an ongoing recovery after primary treatment is aftercare, also known as continuing care. Each professional in treatment develops his/her own aftercare plan prior to discharge to ensure a successful recovery. One important component of this plan is weekly in-person attendance at a professionally facilitated aftercare group. Weekly attendance at a professionally facilitated aftercare group provides the recovering professional an opportunity to continue to address primary recovery issues, especially those unique to health service professionals. Weekly attendance also requires

personal accountability to the group leader and group members for sobriety and recovery.

Many studies have substantiated the importance of weekly aftercare meetings to success with long-term recovery. Aftercare groups are now available online but in-person programs are recommended by the Nebraska Licensee Assistance Program (NE LAP) for health service professionals who need to have the highest level of accountability for their successful recovery.

Ongoing aftercare group attendance can be a measure of the strength of the professional's commitment to recovery. The NE LAP recommends aftercare for a minimum of six months if treatment was an intensive outpatient program and for one year if it was a residential or inpatient program. History has shown that if attendance at (commitment to) weekly aftercare declines, the commitment to recovery declines and the risk for relapse increases.

An established aftercare plan for a health

service professional also usually includes regular attendance at AA or NA self-help meetings, counseling and a health care professionals' 12-Step support group. It is important that the aftercare plan for a health service professional takes into account the unique issues related to public safety, practice demands and personal recovery needs. A well developed aftercare plan provides a clear outline of expected recovery activities and allows for the monitoring for a successful recovery process. Ongoing monitoring of aftercare progress can help the health service professional stay on track with their recovery and ensure a safe and successful practice for the individual, their colleagues and the public.

If you have further questions about the Nebraska Licensee Assistance Program, or feel that you may benefit from assistance from the NE LAP, please contact the NE LAP Coordinator, Judi Leibrock or NE LAP Counselor Tricia Veech, at (800) 851-2336 or (402) 354-8055.

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Safe Syringe and Needle Practices

Steven R Wooden, MS CRNA

Patient safety is the number one priority of the Advanced Practice Registered Nurse (APRN) Board. It is always distressing and disappointing when we find evidence of APRNs who practice in such a way that endangers a patient. It is our job to review those cases and recommend actions to prevent injury to patients.

Those of you who have been practicing as long as I have can remember a time when reusing syringes, IV fluids and tubing was a common and accepted practice. Some of these practices were a carry-over from a time when our patient contact items were cleaned, re-sterilized, and reused. Many providers thought that if they were careful not to contaminate a syringe or tubing it was OK to use it on the next patient. In the last several years, there have

been some excellent studies and some high profile patient cases that have shown us this practice is not safe under any circumstances.

The tragic event that focused national attention on the issue of syringe and tubing reuse occurred in Fremont, Nebraska between 2000 and 2002. Almost 100 patients were infected with Hepatitis C because of the practice of syringe and tubing reuse in a clinic. Since then there have been other high profile cases including a case in Las Vegas, Nev., where 50,000 patients were exposed to potential infections because of similar unsafe practices. One of the patients infected in the Nebraska incident wrote that “the factors that caused the Nebraska tragedy still occur every day in healthcare facilities throughout this country”. This practice must stop!

The American Association of Nurse Anesthetists (AANA) has made an exceptional effort to inform CRNAs throughout the country of the patient risks of inappropriate medical device reuse. (The following AANA position is applicable for all health care professionals and across care delivery settings.)

Providers :

1. Should never administer medications from the same syringe to multiple patients, even if the needle is changed
2. Never reuse a needle, even on the same patient
3. Never refill a syringe once it has been used, even for the same patient

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4. Never use infusion or intravenous administration sets on more than one patient
5. Never reuse a syringe or needle to withdraw medication from a multidose medication vial
6. Never reenter a single use medication vial, ampoule or solution.

The bottom line is that needle, syringe and tubing reuse is an infection risk to patients that is unacceptable in today's health care environment. For more comprehensive information on the subject of the safe practice of syringe and needle use, members of the AANA can access www.aana.com. I would recommend that any health care provider review the information provided on

this subject by the Center for Disease Control (CDC) at www.cdc.gov/ncidod/dhqp/bp_hepatitisc.html. This is an excellent resource describing the transmission risks of Hepatitis C in the healthcare setting.

Steven Wooden is a member of the Nebraska Advanced Practice Registered Nurse Board and currently is serving as vice-president of the board.

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Activities of the Center for Nursing

Sheila Exstrom, RN, PhD

With the absence of Dr. Charlene Kelly's position for the time of her lengthy illness and eventual death and with the administrative assistant position that supported the activities of the Center for Nursing not being filled when it became open, the activities of the Center for Nursing have been slowed, but they have not been totally curtailed as evidenced herein.

The 16 member board continues to meet on a bi-monthly basis. Members are appointed/reappointed by the governor as required on a three-year rotational basis. The current membership is:

Florence Brown, RN, Omaha
Lela Claussen, Kearney
Linda Dulitz, LPN, Ord
Nolan Gurnsey, LPN, Bassett
Sharon Hayek, RN, Hastings
Diane Hoffmann, RN, North Platte
Pamela List, RN, Beemer
Patricia Lozez, RN, Lincoln
Judy McGee, RN, Fairbury
Steve Pitkin, RN, Kearney
Brendon Polt, Lincoln
Larry Rennecker, Lincoln
Terri Spohn, RN, Firth
Marilyn Valerio, RN, Omaha
Carol Wahl, RN, Kearney
Mary Wendl, RN, Omaha

Maintenance of Data

To plan for meeting the nursing needs of Nebraska, the Center has developed a predictive model for the needs of both RNs (at various levels of educational preparation) and LPNs. This model is monitored by analyzing the data that is collected each year through the license renewal process.

On even numbered years, the RN data is received and on odd numbered years, the LPN data is received. The center has a research assistant who analyzes the data. Other information that is also collected on a periodic basis is an employee survey which reports open positions and identifies barriers to recruitment and retention of nurses. The center also receives the report of student enrollments and graduations from the nursing programs which is compiled from the annual reports that are provided by the nursing programs in the state. Currently the center has asked Dr. Ellen Piskac to replicate her doctoral thesis with the nursing programs in Nebraska to determine the demographic characteristics of faculty, the satisfactions and dissatisfactions of being a faculty member and the predicted turnover.

Presentations

Members of the Board have done a number of presentations regarding the purpose and accomplishments of the Center for Nursing. A second reason for the presentations is to demonstrate that a nursing shortage is not a nursing problem, but it is a public health problem. This past year presentations have been given to: the aides to the state senators, the CEOs of the Nebraska Hospital Association, the Rural Health Organization, the Public Health Association, the Creighton University Alumnae Day, and the Methodist College Research Day and the National Organization of Nurse Leaders, District I.

Some other specific activities that

are related to the goals of the center for nursing include:

To maximize the hours actually performing patient care when the students are in the clinical areas, the center is pursuing with the nursing education programs, and the clinical agencies the use of a student passport. The passport would eliminate the need of redundant orientation to those topics that are required of all clinical agencies such as HIPPA training, CPR certification, Universal Precautions, etc.

To maximize the use of the clinical facilities, the center is exploring with the nursing education programs and the clinical agencies the use of central scheduling of clinical experiences.

To provide for monies to maintain the Center for Nursing and to be able to take donations to use for student and faculty loans and scholarships the center is exploring the development of a 501c3 designation for a foundation arm of center board.

To provide information on a timely basis about the activities of the center and to make the manpower (supply and demand) research studies that they produce they maintain a Web site which is center4nursing.com. Please become familiar with the website and feel free to contact the Center for Nursing if any additional information is needed or desired.

National Networking

The Centers for Nursing from each state hold an annual meeting. The Nebraska CFN has always attended the meetings and at many of them has presented their activities and research



Center for Nursing Board members

Back Row, L-R: Sharon Hayek, Steve Pitkin, Lela Claussen, Diane Hoffman, Brendon Polt. Front Row, L-R: Nolan Gurnsey, Pat Lopez, Linda Dulitz, Judy McGee, Marilyn Valerio, Carol Wahl, Mary Wendl.

information. This year the annual meeting was not attended.

Dr. Eleanor Howell, Creighton University, submitted a Robert Wood Johnson/AARP grant last year on behalf of the state to be invited to attend a Nurse Education Capacity Summit. Nebraska was one of 49 states that submitted an application. Eighteen states were chosen to participate in the Summit. Nebraska was not one of them.

As a follow-up to that application, Nebraska was invited to resubmit an application for technical assistance. The Nebraska team was then invited to attend this year's (the second) Nursing Education Capacity Summit that was held in Baltimore in February. The conference was attended by Rosalee Yeaworth, RN, PhD, AARP representative, Marty Fattig, CEO from Nemaha County Hospital, Trish Lenz, RN director of Patient Care at Seward Hospital,

Elizabaeth Herbek, Methodist Hospital Foundation, and Marilyn Valerio, RN, PhD, Chair, Center for Nursing and team leader of the team. The summit was sponsored by The Center to Champion Nursing in America, a joint initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation. Other members of the Nebraska team that were unable to attend the summit include: Sen. Tim Gay, Dr. Sheila Exstrom, Dr. Ellen Piskac, Cindy Hadenfeldt, Elissa Dahlberg, Workforce Development, Laura Redoutey, Maxine Guy, Dr. Eleanor Howell and Linda Ollis.

Following the summit, a Memorandum of Understanding was sent from the Center to Champion Nursing in America. The CCNA thanked the members of the Nebraska State Nursing Team that attended the second Summit on Nursing Education Capacity and their

willingness to continue the work to expand the nursing education capacity in Nebraska. The Nebraska State Nursing Team identified two specific strategies for increasing the state's nursing education capacity. These are:

1. Increase the number of graduate prepared nurses for faculty and other positions
2. Implement a pilot web-based clinical scheduling program in eastern Nebraska to expand use of clinical sites.

CCNA listed various technical assistance that they could offer the Nebraska team and in return requested that Nebraska offer to mentor other state teams and learning collaboratives in the areas of implementing a Student Passport Program.

The purpose of this article was to provide an update on the continuing activities of the Nebraska Center for Nursing.

Nebraska Hospice and Palliative Care Partnership

By Tracy Rathe, Communications Coordinator

Brenda Wagner is a nurse. But first, she is a daughter. So, when her 64-year-old father, Dwain, told her he had been having headaches, she feared it might mean that the lung cancer he had been diagnosed with months earlier had spread. She was right; it had spread to his brain.

“The doctor told us that with treatment he had a few months to live. Without treatment, he had a few weeks,” said Brenda. She and her family began researching options, including hospice. After enduring months of chemotherapy and radiation therapy that made him weak, overwhelmed with side effects, and bound to a wheelchair, Dwain chose to quit treatment.

“We couldn’t figure out why his doctor wasn’t talking to him about hospice at that point,” said Brenda. “As a nurse, I didn’t want to have to be the one to bring it up to my family. But nobody else was offering it as an option.”

Brenda contrasted the experience with her father to how we make major purchases in our lives. “A car salesman, for example, goes through every last detail before we buy a car. But when it comes to life, no one explains that this is what you can expect or these are your options. Hospice is one of those details but it doesn’t always get discussed.”

The family contacted a local hospice provider, who came to Brenda’s parents’ house to meet with them. The hospice then let Dwain’s physician know that the family and Dwain were ready for hospice.

Hospice allowed Brenda to be the daughter, not the nurse. With emotions running high, the hospice team was able to reinforce information that had already been discussed as a family.

The hospice nurse provided medication to manage



Dwain and Daughters

Lots of **options**. Lots of **specialti**



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Dwain's headaches. The social worker walked the family through advance directive paperwork, allowing Brenda's father to make his end-of-life wishes known. The bath aide helped Dwain regularly, sometimes also providing other help like making lunch. Supplies such as oxygen, a wheelchair and a raised toilet seat were provided.

"Those who work in the medical profession are accustomed to the physical changes that take place with a dying individual. But others are not. The hospice nurse did a good job of explaining things to my family," said Brenda.

Before hospice, Dwain's time was spent going from one doctor's appointment to another. "I think he would have enjoyed life more had he not had to spend so much time in appointments. With hospice, he didn't have those anymore. I wish he would have had hospice longer," said Brenda. "I'm not for treatment or against treatment. I just want to let others know that the biggest thing about hospice is it respects the wishes of the terminally ill."

Dwain died less than two months after beginning hospice care.

Brenda wants to share her family's story because, she says, education is important. "Families may be too intimidated to ask questions because they don't know what to ask or because they aren't a medical professional," said



Dwain Johnson

Brenda. She stresses the importance of asking questions and knowing the options for your loved one, and what a "good experience" hospice was for her family.

Brenda and her family are grieving, remembering the proud father of three girls who loved horses, remodeling and playing cards every weekend. Nearly a year after Dwain's death, Brenda, her sisters and her mother, Janet, are taking advantage of another benefit of hospice: bereavement counseling.

"It was nice to be able to sit down – all of us – and talk with the counselor," said Brenda.

To learn more about hospice or to find a hospice in your area, go to nehospice.org.



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Licensure Actions

The following is a list of licensure actions taken between Dec. 1, 2008 and March 31, 2009. Additional information on any of these actions is available by calling (402) 471-4923.

Licensee	Date of Action	Action	Violation
Shelby Bauers LPN	12/12/08	Revocation	Unprofessional Conduct-Failure to follow policies and procedures implemented in the practice situation to safeguard patient care.
Nancy Dailey LPN	12/12/08	Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license.
Victoria Dunn LPN	12/19/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Melissa Galvin LPN	12/29/08	Probation	Misdemeanor conviction which has a rational connection with fitness to practice the profession.
Jennifer King LPN	12/18/08	Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license.
Holly Mayer LPN	12/30/08	Suspension	Habitual Intoxication or Dependence. Misdemeanor conviction which has a rational connection with fitness to practice the profession.
Kristy Simeon LPN	12/29/08	Suspension	Unprofessional Conduct-Falsification of patient records.
Lori Strand LPN	12/19/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practices based upon the level of nursing for which licensed.
Laura Thelen LPN	12/12/08	Censure Civil Penalty	Misrepresentation of material facts in procuring or attempting to procure a license. Unprofessional Conduct-Practice of the profession without a current active license or temporary permit. Failure to report misdemeanor convictions in accordance with the state mandatory reporting law.
Joanna Warnke LPN	12/29/08	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Committing any act which endangers patient safety or welfare. Misdemeanor conviction which has a rational connection with fitness to practice. Habitual intoxication or dependence.
Latisha Williams LPN	12/29/08	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Falsification of patient records and failure to maintain an accurate patient record.
Trudi Wise LPN	12/29/08	Revocation	Unprofessional Conduct-Failure of a licensee who is the subject of a disciplinary investigation to furnish the Board or its investigator with requested information or requested documents.
Constance Cameron RN	12/12/08	Suspension	Practice of the professional while the ability to practice is impaired by alcohol and or controlled substances. Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
Leona Drullinger RN	12/12/08	Suspension Civil Penalty	Unprofessional Conduct-Falsification or misrepresentation of material facts in attempting to procure nursing employment. Failure to report employment termination in accordance with the state mandatory reporting law.
Cynthia Lenahan Ventry RN	12/12/08	Revocation	Violation of previously imposed conditions of probation.
Julie Moore RN	12/29/08	Probation	Unprofessional Conduct-Failure to utilize appropriate judgment and exercise technical competence in administering safe nursing practice based upon the level of nursing for which licensed. Failure to maintain an accurate patient record. Committing any act which endangers patient safety. Failure to report termination of nursing employment within the mandatory reporting time.
Susan Adams RN	1/16/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed.
Lori Armstrong RN	2/9/09	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report termination of nursing employment for alleged incompetence and poor nursing judgment.
Judith Bandars RN	3/17/09	Voluntary Surrender in Lieu of Discipline	

Licensee	Date of Action	Action	Violation
Catherine Basham RN	2/9/09	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report a misdemeanor conviction.
Carla Bird RN	2/9/09	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report a misdemeanor conviction.
Beverly Briese Baker RN	3/17/09	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to maintain an accurate patient record and committing any act which endangers patient safety and welfare.
Kimberly Denklauf RN	2/26/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Lisa Deuel RN	3/17/09	License Reinstated on Probation	Previous disciplinary action.
Rita Hart RN	1/16/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to maintain an accurate patient record. Departure from or failure to conform to the standard of acceptable and prevailing practice of the profession. . . regardless of whether a patient is injured. . .
Adam Hinrikus RN	1/16/09	Suspension	Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to maintain an accurate patient record. Misappropriation of medications of a patient or agency. Practice of the profession while the ability to practice is impaired by controlled substances.
Susan Koneck Simonsen RN	3/5/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety and welfare.
Debra Krekovich RN	1/26/09	License Reinstated on Probation	Previous disciplinary action
Debra Kurlmel RN	3/20/09	License Reinstated on Probation	Previous disciplinary action
Jean Mink RN	3/17/09	Suspension	Habitual Intoxication or Dependence. Violation of the Uniform Controlled Substances Act. Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Misappropriation of medication of a patient or agency. Practice of the profession while ability to practice is impaired by controlled substances.
Jay Murray RN APRN-CRNA	1/16/09	Suspension Probation	Unprofessional Conduct-Committing any act which endangers patient safety or welfare. Dishonorable Conduct Failure to report suspension of nursing employment in accordance with the state mandatory reporting law. Conviction of a misdemeanor which has a rational connection with fitness to practice the profession. Practice of the profession while the ability to practice is impaired by alcohol.
Patrick O'Hanlon RN	2/9/09	Non-disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report a misdemeanor conviction.
Nichole Olberding RN	2/9/09	Non-disciplinary Assurance of Compliance	Failure to comply with the stated mandatory reporting law by failing to report a misdemeanor conviction.
Dawn Ritenour RN	2/13/09	Non-disciplinary Assurance of Compliance	Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Samuel Smith RN	3/2/09	Initial License Issued on Probation	Misdemeanor convictions which have a rational relationship to fitness to practice.
Rebecca Taylor RN	1/8/09	Probation	Habitual Intoxication or Dependence.
Diana Dally LPN	3/24/09	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgment and exercise technical competence in administering safe nursing practice. Pattern of negligent conduct. Failure to report employment termination in accordance with the state mandatory reporting law.
Ann Davis LPN	1/16/09	Non-disciplinary Voluntary Limitation	

DISCIPLINARY ACTIONS

Licensee	Date of Action	Action	Violation
Richard Dermody LPN	2/11/09	Revocation	Dishonorable Conduct-Falsification of material facts in a material document connected with the practice of nursing. Unprofessional Conduct-Administering any controlled substance for other than a medically accepted therapeutic purpose.
Ken Dzodzomenyo LPN	3/12/09	Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare and falsification or misrepresentation in material facts in attempting to procure nursing employment. Violation of an Assurance of Compliance. Failure to report employment termination in accordance with the state mandatory reporting law.
Irene Flores LPN	2/19/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made.
Ann Handy LPN	1/16/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Failure to exercise technical competence based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare. Failure to report employment termination in accordance with the mandatory reporting law.
Gail Henry LPN	3/17/09	Voluntary Surrender in Lieu of Discipline	
Karen Brown Hester LPN	1/20/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Committing any act which endangers patient safety or welfare.
Daniel Hurlburt LPN	2/27/09	Initial License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness to practice.
Nancy Jacobson LPN	3/17/09	Suspension	Practice of the profession in a pattern of negligent conduct. Practice of the profession while the ability to practice is impaired. Unprofessional Conduct-Failure to utilize appropriate judgment and exercise technical competence to administer safe nursing practice based upon the level of nursing for which licensed. Failure to report loss of employment due to alleged incompetence. . . in accordance with the state mandatory reporting law.
Christine Kamphaus LPN	1/16/09	Revocation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare. Violation of the Uniform Controlled Substances Act.
Kristi Leeper LPN	2/29/09	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction and termination of employment in accordance with the state mandatory reporting law.
Janice Leffers LPN	2/9/09	Non-disciplinary Assurance of Compliance	Failure to report termination of nursing employment in accordance with the state mandatory reporting law.
Kimberly Linn LPN	3/24/09	Multistate Licensure Privilege to Practice Revoked	Violation of the Uniform Controlled Substances Act Habitual intoxication or dependence.
Doris Oberhelman LPN	1/16/09	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure. Failure to follow policies or procedures implemented to safeguard patient care.
Shireen Pollock LPN	2/16/09	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Jennifer Schimonitz LPN	2/29/09	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.
Joyce Sokolik LPN	1/16/09	Censure	Violation of the Uniform Controlled Substances Act
Jean Taylor-Pinto LPN	1/16/09	Censure	Practice of the profession beyond authorized scope. Unprofessional Conduct-Misappropriation of medication, supplies or personal items of a patient or agency.

Licensee	Date of Action	Action	Violation
Ramona Zirretta LPN	1/16/09	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to furnish the Department with such evidence he or she may have relative to any alleged violation which is being investigated.
Susana Urbano LPN	3/19/09	Temporary License Suspension	
Daniel Wooden LPN	2/23/09	Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession. Practice of the profession without a valid nursing license.
Nicole Runge RN	12/12/08	Temporary License Suspension	
Karen Vivian RN	12/12/08	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.
Carrie Zamora RN	12/29/08	Censure	Violation of previously imposed conditions of probation.
Denis Elliott RN APRN-CRNA	3/23/09	Temporary License Suspension	
Gwenetta Sender RN	12/1/08	Non-disciplinary Assurance of Compliance	Failure to report licensure discipline in another state in accordance with the state mandatory reporting law.
Catherine Prettyman LPN	12/15/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed.
Michelle Landolt RN	2/27/09	Non-disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.



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“What makes something ‘good’ practice”

By Sheila Exstrom, RN, PhD, Nursing Education Consultant

Many calls each week are received in our office about what makes “good” nursing practice. We have many references that we as staff refer to and can refer the questioner to such as the regulations governing the provision of nursing care, the Scope of Practice Decision Tree, the Uniform Credentialing Act, the Nurse Practice Act and the regulations governing the practice of nursing, particularly section 101-007.03, which defines unprofessional conduct for which a licensee may be disciplined. Other resources include position papers by various nursing organizations including

the National Council of State Boards of Nursing and State Boards of Nursing Advisory Opinions. Specific employer policies and procedures are another source of information (assuming that they were developed using current standards as guidelines). But the focus of this article is to highlight the role of Standards of Care as developed, defined and published by professional nursing organizations and other health care organizations.

In years past, one could determine the “standard of care” for a practicing nurse by contacting the nursing programs in the immediate vicinity

or by surveying the employers in the surrounding area and ask “what are you teaching” or “how are you doing this” or “what is your policy regarding this?” This is no longer the “community norm” in our global society. Now the standards of care are “What is the standard regarding this as reported by the World Health Organization?” “What are the standards of care as published by United States Department of Health and Human Services?” “Does the American Nurses Association have any guidelines or standards regarding this?” The American Nurses Association as well as a number of other nursing organizations has published standards of care for a number of specialty nursing practices. There are standards for Medical-Surgical Nursing, Psychiatric Nursing, Orthopedic Nursing, Occupational Health Nursing, Maternal-Child Nursing, Obstetrical Nursing, Pediatric Nursing, Parish Nursing, just to name a few. The list of practice standards is continually growing. There are standards for nurse educators, for administering Cardio-Pulmonary Resuscitation and for other specific skills, including such things as administering chemotherapy or doing fetal monitoring, etc. There are standards of care for the various advanced practice nursing roles.

Every licensed nurse is expected to not only know the licensure laws that he/she is practicing under, but is also expected to know the Code of Ethics of the profession and the standards of care that he/she will be judged against to determine “what is good practice.”

Please refer to a related article in this issue written by Steve Wooden, CRNA.

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First Person Consent

By Stephanie Lochmiller, Public Relations Coordinator, Nebraska Organ Recovery System

Just what does that little red heart on your driver's license entail? What does it mean, and what can it do for others? Or maybe your driver's license does not have that little red heart, and you want to know how to get it there. The following is a history of the Nebraska Organ and Tissue Donor Registry and what it means to you.

As most people know, when you go to the Department of Motor Vehicles to get or renew your driver's license, you will be asked three questions pertaining to organ donation.

1. **Would you like to register to be an Organ, Eye and Tissue donor?**
2. **Would you like more information about Organ, Eye and Tissue**
3. **Would you like to donate \$1 to Organ, Eye and Tissue donation education?**

If you answer 'yes' to question number one listed above, you will notice that when you get your driver's license there will be a small red heart in the lower right hand corner. This signifies your consent to be an organ donor.

The Nebraska Organ and Tissue Donor Registry was established as a way for individuals to express their wishes to be an organ donor upon their death. In 2003, legislation was passed linking the Department of Motor Vehicles database of registered donors with the Nebraska Organ Recovery official registry. This allows Nebraska Organ Recovery 24 hour access to a database of all registered

donors in the state. Therefore, when a hospital contacts Nebraska Organ Recovery with a death, the registry can be accessed to see if the patient has consented to organ donation.

Also included in the 2003 legislation, Nebraska legalized first person consent. With the passing of this law, your consent to organ donation becomes legal informed consent. This is your way of taking one more step to ensure your wishes are fulfilled upon your death and taking the decision making burden off of your family. With First Person Consent, the family no longer holds the power to override your decision to donate. NORS however will still work very closely with

the potential donor's family to ensure that they continue to view donation in a positive light. Because of this, NORS strongly encourages you to discuss organ donation with your family now, so there are no misunderstandings in the future.

The need for donations is continually growing. The national transplant waiting list has exceeded 100,000 people, and each day 20 of these will die because they did not get the life-saving organ they needed. Right now in Nebraska about 500 people wait for an organ to save their lives, while each year Nebraska averages only 35 donors. To join the registry today, or to learn more, visit us at www.nedonation.org.

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Nebraska's *Exclusive* Heart Hospital



Since opening its doors in 2003, NHH has made patient outcomes and comfort priority one. Cardiologists, surgeons and a comprehensive team of medical specialists ensure that every patient receives the finest care possible. From admission to discharge, there is a deliberate integration of compassion, technology and expertise resulting in superior patient outcomes. For the third year in a row, NHH has been named one of the nation's 100 Top Hospitals for cardiovascular care by the healthcare business of Thomson Reuters.



Our Philosophy of Care

NHH raises the bar in how we deliver care. Patients enjoy the warm, personal atmosphere of a specialty hospital from the moment they enter the facility and are escorted to their room, where they will stay for their entire visit. The hospital admission is completed in the patient room with a computer at the bedside, rather than in an office. Our patient care model ensures continuity of care by providing the patient with one room that is able to provide all levels of nursing care including intensive care. This allows us to provide care without traditional nursing "units" or room-to-room transfers during the hospital stay. Many procedures can be done in the patient room such. If the patient must have a procedure in the Cath Lab or Operating Room they are prepared for the procedure and are recovered in their original room.

Nurses are assigned to the patient for the entire hospital stay, as long as the nurse is scheduled. This model allows our nurses to be informed and

the ability to establish a relationship with the patient and their family. Families are an integral factor in the healing process and are encouraged to be involved in the care. Visitors are welcome anytime and families are able to stay overnight in the patient room.

State-of-the-Art Technology

NHH is a state-of-the-art, all digital hospital. With computers in every patient room and the most modern technology, information can be gathered at the bedside and made available to health professionals as well as shared with the patient and their family. Having this technology allows nurses to do what they are trained to do – care directly for their patient. Patients and staff enjoy a full electronic medical record (EMR) that allows our clinical care team to have up-to-date information at their finger tips to facilitate quality patient care. By focusing care and using technologies that center on the patient, the physicians and staff of NHH are able to better care for the patient.

Our Nursing Team

Nurses at NHH enjoy a team atmosphere; an environment that centers around the patient. Our nurses appreciate **low nurse-to-patient ratios** which allow them to better serve patients. The concept of one room for all levels of care also allows the nursing staff to get to know our patients throughout their course of stay.

Another highlight of NHH nursing is **self-scheduling**. Increased flexibility allows our nurses to better meet personal obligations and goals such as spending more time with family, enjoying a more active social life, or taking educational classes. For some, self-scheduling also lowers the cost of child care and commuting.

NHH offers **guaranteed hours** without mandatory call-offs. This gives our nurses peace of mind. As an **agency free facility**, NHH is able to compensate our

own employees with excellent incentive pay for filling in shifts where we would have been short.

Nebraska Heart prides itself on providing state-of-the-art technology, facilities and services rivaled by none. However, the true heart of our organization is our staff. It's not just one cardiologist, one surgeon or one staff member that defines us. It's our entire team that makes Nebraska Heart, all heart.



Nebraska Heart Offers

- Excellent base compensation
- Great shift differentials
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- Guaranteed hours
- Flexible self-scheduling
- Work one of three weekends
- Low RN/patient ratios
- Agency-free facility
- Continuing Education
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To learn more about Nebraska Heart and our career opportunities, visit us online at www.nebraskaheart.com.



Registry Action on Nurse Aides & Medication Aides

From 12-01-2008 to 04-30-2009, the following nurse aides became 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
Kleta Allen	84369	Finding of Conviction	12-12-08
Marjorie Lee Cavitt	4597	Finding of Abuse	03-02-09
Desirae Lee Cole	74370	Finding of Conviction	04-07-09
Maria Kenley	43747	Finding of Conviction	02-14-09
Andrew David McQuoid	54543	Finding of Conviction	04-02-09
Debra Kay Munroe	57006	Finding of Conviction	03-26-09
Suzanne Peterson	64943	Finding of Conviction	03-02-09
Shaquiria Reese Shackelford	73855	Finding of Abuse	11-17-08
Winnfrida Shumba	49492	Finding of Neglect	11-21-08
Amanda Timmerman	63181	Finding of Conviction	04-22-09
Tina Trompke	82509	Finding of Conviction	04-22-09

The following Nurse Aide Actions were not received prior to the previous issue deadline. The following nurse aides are 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
Justine Fowler	77245	Finding of Conviction	11-21-08

From 12-01-2008 to 04-30-2009, the following individuals were removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Linda Ann Allen	41494	Competency Violation	01-31-09
Danielle Lynn Bruning	61432	Failure to Pay Fees	04-19-09
Lorina Chevon Farmer	56569	Failure to Demonstrate Good Moral Character	01-30-09
Douglas James Haggart	56288	Failure to Demonstrate Good Moral Character	02-11-09
Kelly Ann Knepfel	60919	Failure to Demonstrate Good Moral Character	01-30-09
Debra Kay Munroe	48580	Failure to Demonstrate Good Moral Character	12-06-08
Kwamena Robertson	47221	Failure to Demonstrate Good Moral Character	04-25-09
Nancy Jo Ruwe	59211	Failure to Demonstrate Good Moral Character	04-22-09
Roxie Lynn Steckel	58063	Competency Violation	12-12-08
LaVonne C. Yanke	40703	Failure to Demonstrate Good Moral Character	04-22-09

The following Medication Aide Actions were not received prior to the previous issue deadline. The following individuals have been removed from the Medication Aide Registry.

Name	Medication Aide Reg #	Action	Date Entered
Desirae Cole	60313	Failure to Demonstrate Good Moral Character	11-06-08
Malikah Scott	61554	Failure to Demonstrate Good Moral Character	11-27-08

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1989 Twenty Years Ago in Nursing News

- Three new board members were appointed; Alyce Maupin, RN, Judy Quinn, RN and Carol LeGrande, LPN.
- Nebraska was hosting the Area II meeting of the National Council of State Boards of Nursing. The member boards in Area II were Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin.
- The total number of RNs licensed was 17,421; total number of LPNs licensed was 6,404. There were 9 Nurse Practitioner licenses issued in 1988 bringing the total to 29. There was a total of 256 CRNAs.
- The board reviewed and commented on:
 - Proposed Model Standards for Endorsement from NCSBN
 - Proposed uniform requirements for licensure of Foreign Educated Nurses from NCSBN
- The board approved four new nurse practitioners.
- Reviewed the Draft of Proposed PN Test Plan.
- Applicants were being sought for NCSBN's Scoring Key Development Committee to work with the Computer Simulation Testing Project.
- A Professional Discipline Task Force was appointed by Dr. Wright, Director of Health, to look at the current disciplinary process.
- The board issued an opinion that "medications administered by subcutaneous and intradermal injection to promote the absence of normal pain sensation is appropriate practice for registered nurses".



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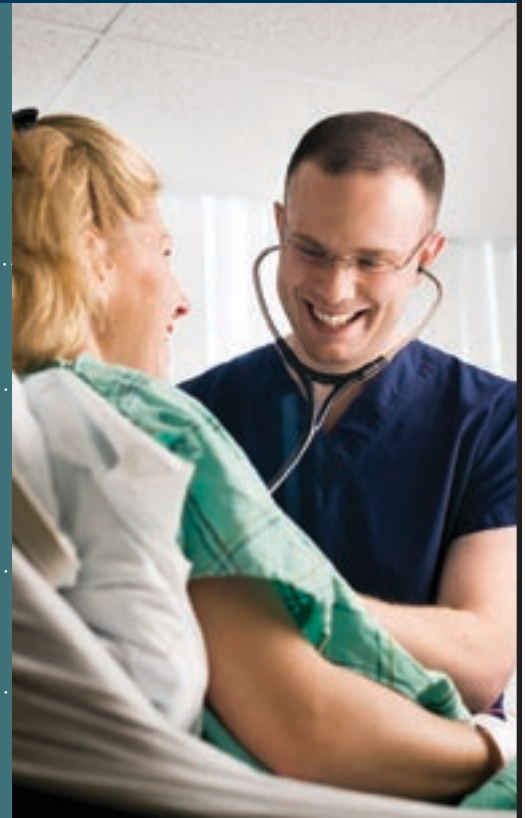
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If you do not have access to the Internet, please contact the Licensure Unit for information or questions concerning:

Nursing and Nursing Support

General Issues

Karen Bowen MS, RN
(402) 471-6443
karen.bowen@nebraska.gov

Advanced Practice Nursing

(APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS)

Initial Licensure

Licensure by Endorsement

Reinstatement of Licensure

License Renewal/Audit Questions

Angela Holly
(402) 471-2666
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Nursing Practice Issues

Karen Bowen, R.N., M.S.
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Registered Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement

Renewal/Audit Questions

Kelli Dalrymple
(402) 471-4375
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Licensed Practical Nurse

Licensure Based on Examination (NCLEX®)

Licensure Based on Endorsement

Renewal/Audit Questions

Mary Ann Moore
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Licensed Practical Nurse

CERTIFIED

Certification by Examination

Certification Renewal/Audit Questions

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Foreign Educated Nurses

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Nursing Statutes

Rules and Regulations

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Scope of Practice and Practice Standards

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Education Issues, Curriculum Revisions and

Nursing Program Surveys

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Refresher Course/Designing Own Review

Course of Study

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RN and LPN license reinstatement

Name and/or Address Change

(Please provide your name and Social Security number)

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Certifications/Verifications

Duplicate/Reissue Licenses

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Nursing Student Loan Program

Shirley Nave
(402) 471-0136

Probation Compliance Monitoring

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OR

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Complaint Filing

Investigations Division
(402) 471-0175

Medication Aide

Medication Aide Role and Practice Standards

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Medication Aide Registry and Applications

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Medication Aide Testing

Kathy Eberly
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Nurse Aide

Nurse Aide Role and Practice Standards

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Nurse Aide Registry

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Name and/or Address Change

(Please provide your name and social security number)

Nancy Stava
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Questions Related to: Interstate Endorsements,

Nursing Students, Military Training, Foreign

Trained Nurses

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Nurse Aide Testing

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General

Mailing Labels

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Information on Disciplinary Actions

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