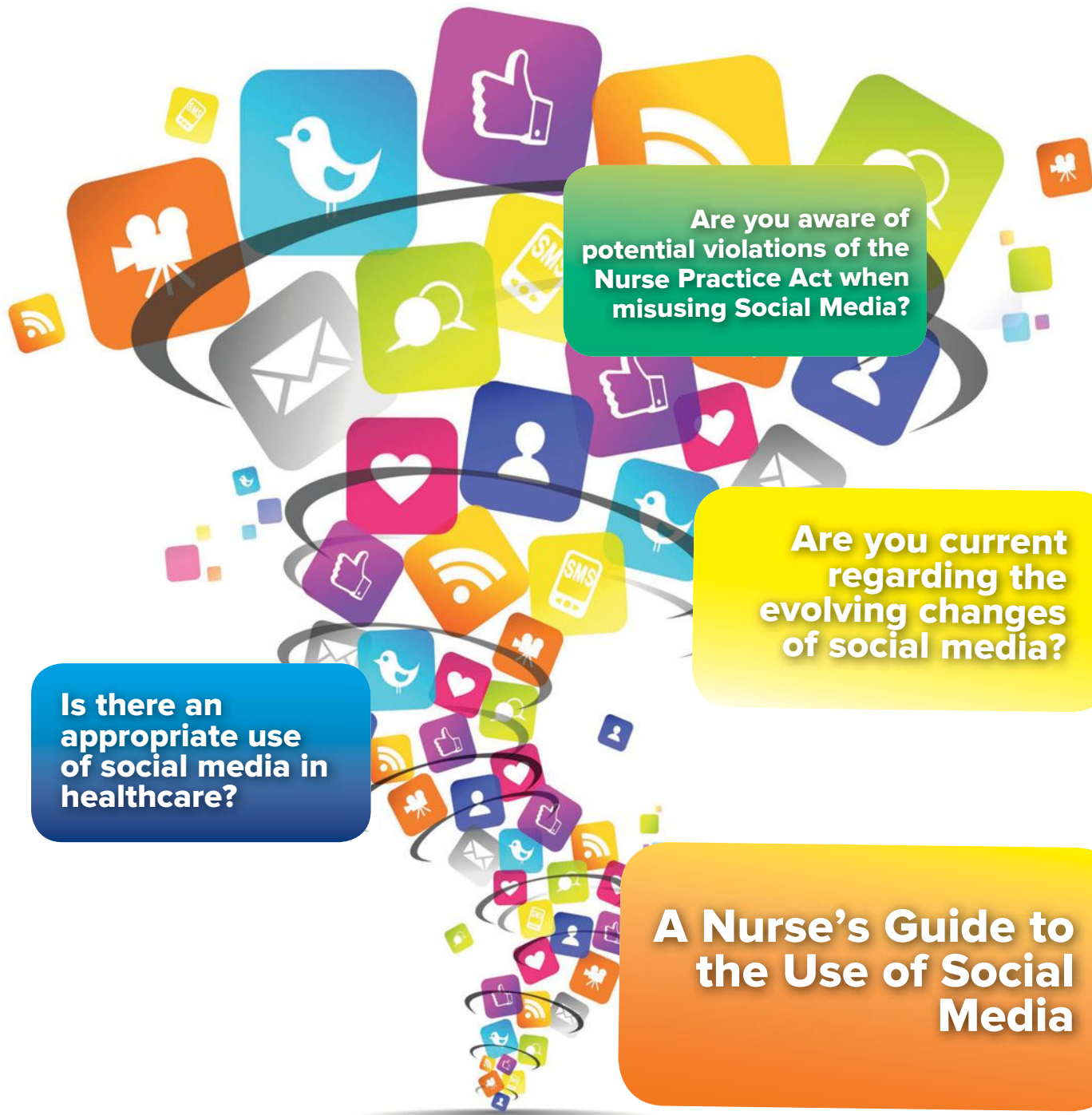


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REGULATORY JOURNAL



Is there an appropriate use of social media in healthcare?

Are you aware of potential violations of the Nurse Practice Act when misusing Social Media?

Are you current regarding the evolving changes of social media?

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Phone: 602.771.7800
Main fax: 602.771.7888
CANDO fax: 602.771.7882
General e-mail: arizona@azbn.gov
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From the Executive Director

JOEY RIDENOUR, RN, MN, FAAN

According to the U.S. based National Council of State Boards of Nursing (NCSBN) (2011), breaches of privacy and confidentiality can be intentional or inadvertent and can have serious implications for nurses, their patients, and their employer. These breaches can occur in a variety of ways, including comments on social media sites in which a patient is described in sufficient detail to be identified; referring to a patient in a degrading or demeaning manner; or forwarding videos or photos of patients to colleagues.

In a survey conducted by NCSBN around the misuse of social networking, 33 state boards of nursing (of the 46 that responded) indicated having received complaints about nurses who had violated patient privacy by posting information on social networking sites. Twenty six of those boards took disciplinary action (Cronquist & Spector, 2011). A 2010 survey of Canadian nursing regulators revealed similar concerns about social-media activities including posting pictures of clients, posting descriptions of identifying events, and using social networks to air grievances and complaints about colleagues, clients, and employers (Anderson & Puckrin, 2011).

Nurses are professionally accountable for developing an understanding of the boundaries between private, public, and professional life and acting accordingly. However, as online activity increases, such boundaries can become blurred (Anderson & Puckrin, 2011).

Jean Barry, MSN, RN, Nicholas R. Hardiker, PhD, RN (2012), referenced five areas of practice implications that are particularly important for nurses to adhere to:

- Be aware of and adhere to legal, regulatory, educational institution, and/or employer requirements, guidelines, and policies. Legal authority is of particular importance when providing health information, advice, or services through social media, as the recipient of these services could reside outside the area in which the nurse is licensed to practice.

- Maintain patient privacy and confidentiality at all times. Do not take photographs or videos of patients on personal devices, including cell phones. Do not distribute by any electronic media, any patient-related image, or information that may be reasonably anticipated to violate a patient's rights to privacy or confidentiality, or otherwise degrade or embarrass the patient (NCSBN, 2011).

- Do not discuss work-related issues online, including conversations about patients or complaints about colleagues (NMC, 2011).

- Be aware that everything you post online is public, even with the strictest privacy settings. Once something is online, it can be easily copied and redistributed. Presume that everything you post online will be permanent and will be shared (NMC, 2011).

- Report objectionable material (ANA, 2011; NCSBN, 2011) and take action if you are the subject of complaints or abuse via social media (NCSBN, 2011).

Social media continues to evolve over the past five years and its use will continue to increase exponentially. In this edition of the Arizona Regulatory Journal, the NCSBN White Paper: A Nurse's Guide is provided to communicate clearly and effectively to nurses about the appropriate use of social media. It is essential that healthcare organization policies and guidelines continue to advance to keep pace with socio-technical advances and with employment, regulatory, and legal decisions that are made regarding its use. Individual nurses need to avoid the pitfalls that surround the use of social media. Social media misuse can negatively and profoundly impact patients, colleagues, educational institutions and employers.

Joey Ridenour RN MN FAAN

Joey Ridenour RN MN FAAN

White Paper: A Nurse's Guide to the Use of Social Media

Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize

electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that

their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse's conduct.

continued >>>

BON Implications

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse's license or suspension of the nurse's license.

Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations

may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences,



including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as "cyber bullying." Such activity is cause for concern for current and

future employers and regulators because of the patient- safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.¹ The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.

¹ One such waiver states, "By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose." Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from <http://www.youtube.com/watch?v=X7gWEgHeXcA>



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STAFF DIRECTORY

ADMINISTRATION

Joey Ridenour, RN, MN, FAAN
Executive Director
602.771.7801
jridenour@azbn.gov

Judy Bontrager, RN, MN
Associate Director, Operations
& Licensing
602.771.7802
jbontrager@azbn.gov

Nikki R. Austin, JD, RN
Associate Director,
Compliance & Hearings
602.771.7819
naustin@azbn.gov

Pamela Randolph, RN, MS, FRE
Associate Director Education &
Evidenced Based Regulation
602.771.7803
prandolph@azbn.gov

Valerie Smith, RN, MS, FRE
Associate Director Complaints &
Investigations
602.771.7804
vsmith@azbn.gov

Dolores Hurtado,
Senior Investigator to the Associate
Director of Complaints/Investigations
- Intake Triage Coordinator
602.771.7845
dhurtado@azbn.gov

Susie Flores
Administrative Assistant to the
Executive Director
602.771.7806
sflores@azbn.gov

Becky Melton
Administrative Assistant to Associate
Director Operations/RN-LPN
Exams
602.771.7805
bmelton@azbn.gov

Lila Wiemann
Administrative Assistant
lwiemann@azbn.gov

CANDO

Janet (Jan) Kerrigan, RN, BSN
Nurse Consultant
602.771.7864
jkerrigan@azbn.gov

Olga Zuniga
Administrative Secretary
602.771.7865
ozuniga@azbn.gov

COMPLAINTS-INTAKE

Dolores Hurtado,
Senior Investigator
Complaints-Intake Triage
Coordinator
602.771.7845
dhurtado@azbn.gov

Lynette Lohsandt
Senior Investigator
Applicant Triage
602.771.7827
lloh sandt@azbn.gov

EDUCATION

Ronda Doolen, RN, BSN, MSN
Education Program Administrator
602.771.7877
rdoolen@azbn.gov

Frannie Breed, RN, BSN
Nurse Practice Consultant/CNA
Programs
602.771.7857
fbreed@azbn.gov

Helen Turner-Epple, BS
Administrative Assistant
602.771.7856
hturner@azbn.gov

FISCAL SERVICES

Randi Orchard
Fiscal Services Manager
602.771.7810
rorchard@azbn.gov

Norma Salter
Accounting Technician
602.771.7809
nsalter@azbn.gov

HEARINGS

Trina Smith
Legal Assistant
602.771.7852
tsmith@azbn.gov

INVESTIGATIONS

Janeen Dahn, PhD, RN, FNP-C
Advanced Practice Nurse Consultant
602.771.7814
jdahn@azbn.gov

Kristen Wilson, RN, MSN, CNS,
PMHNP, BC
Advanced Practice Nurse Consultant
602.771.7811
kwilson@azbn.gov

Kristi Hunter, MSN, FNP-C
Advanced Practice Nurse Consultant
602.771.7854
khunter@azbn.gov

Carla Stapleton, MHA, RN
Nurse Practice Consultant
602.771.7849
cstapleton@azbn.gov

Michael Pilder, MSN, PHCNS-BN
APHN-BC
Nurse Practice Consultant
602.771.7816
mpilder@azbn.gov

Rosemary Powell, RN, MA
Nurse Practice Consultant
602.771.7821
rpowell@azbn.gov

Ruth Kish, RN, MN
Nurse Practice Consultant
602.771.7823
rkish@azbn.gov

Stephanie Chambers, RN, MN
Nurse Practice Consultant
602.771.7818
schambers@azbn.gov

SENIOR INVESTIGATORS

Bonnie Richter
Senior Investigator
602.771.7828
brichter@azbn.gov

Daniel Phelan, BS, M Adm
Senior Investigator
602.771.7813
dphelan@azbn.gov

Diva Galan, LLM, JD
Senior Investigator
602.771.7851
dgalan@azbn.gov

Frederick Arias
Senior Investigator
602.771.7822
farias@azbn.gov

Jennifer McWilliams
Legal Assistant
602.771.7835
jmcwilliams@azbn.gov

Kirk Olson
Senior Investigator
602.771.7824
kolson@azbn.gov

Linda Monas
Senior Investigator
602.771.7826
lmonas@azbn.gov

Max Barker
Senior Investigator
602.771.7812
mbarker@azbn.gov

Michelle Morton
Senior Investigator
602.771.7850
mmorton@azbn.gov

LEGAL SECRETARIES

Lynette Lohsandt
Senior Investigator
602.772.7827
lloh sandt@azbn.gov

Gari Carrol
Legal Secretary
602.771.7841
gcarrol@azbn.gov

Richard Carr
Legal Secretary
602.771.7852
rcarr@azbn.gov

INFORMATION TECHNOLOGY

Adam Henriksen
602.771.7807
ahenriksen@azbn.gov

Cory Davitt
602.771.7808
cdavitt@azbn.gov

LICENSING

Barbara Melberg
Legal Secretary - CNA
Endorsements
602.771.7840
bmelberg@azbn.gov

Claudia Deines
RN/LPN Renewals
602.771.7833
cdeines@azbn.gov

Donna Frye
RN/LPN Renewals
dffrye@azbn.gov

Gail Maloney
CNA Renewals
602.771.7836
gmaloney@azbn.gov

Helen Tay
CNA Exam
602.771.7832
htay@azbn.gov

Lisa Hubbard-Cade
Advanced Practice Certifications
602.771.7843
lhubbard@azbn.gov

Monica Ortiz
RN/LPN Endorsements
602.771.7831
mortiz@azbn.gov

Naira Kutnerian
RN/LPN Endorsements
602.771.7834
nkutnerian@azbn.gov

MAILROOM

Karen Johnson
602.771.7876
kjohnson@azbn.gov

MONITORING

Tamara Greabell, MA, BSN, RN
Nurse Practice Consultant
602.771.7862
tgreabell@azbn.gov

Brent Sutter
Legal Assistant
602.771.7860
bsutter@azbn.gov

Esperanza Flores
Legal Secretary
602.771.7861
eflores@azbn.gov

RECEPTIONISTS

Nancy Davis
602.771.7872
ndavis@azbn.gov

Lisa Harper
602.771.7871
lharper@azbn.gov

Susan Kingsland
602.771.7873
skingsland@azbn.gov

RECORDS

Anne Parlin
602.771.7875
aparlin@azbn.gov

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- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself/herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation

to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.

- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be

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mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

Illustrative Cases

The following cases, based on events reported to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

SCENARIO 1

Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident's brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident's condition with the former coworker. The administrator of the group home learned of Bob's actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident's condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident's condition. The BON imposed disciplinary action on Bob's license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

This case demonstrates the need to obtain valid consent before taking photographs of patients; the impropriety

of using a personal device to take a patient's photo; and that confidential information should not be disclosed to persons no longer involved in the care of a patient.

SCENARIO 2

Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous nightshift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other dayshift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident's room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Somebody on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

Although no staff member had bothered to bring it to the attention of a supervisor, by midday, the director of nursing and facility management had become aware of the photo and began an investigation as they were very concerned about the patient's rights. The local media also became aware of the matter and law enforcement was called to investigate whether any crimes involving sexual exploitation had been committed.

While the county prosecutor, after reviewing the police report, declined to prosecute, the story was heavily covered by local media and even made the national news. The facility's management placed several staff members on administrative leave while they looked into violations of facility rules that emphasize patient rights, dignity and protection. Management reported the matter to the BON, which

opened investigations to determine whether state or federal regulations against "exploitation of vulnerable adults" were violated. Although the originator of the photo was never discovered, nursing staff also faced potential liability for their willingness to electronically share the photo within and outside the facility, thus exacerbating the patient privacy violations, while at the same time, failing to bring it to management's attention in accordance with facility policies and procedures. The patient in the photo was ultimately identified and her family threatened to sue the facility and all the staff involved. The BON's complaint is pending and this matter was referred to the agency that oversees long-term care agencies.

This scenario shows how important it is for nurses to carefully consider their actions. The nurses had a duty to immediately report the incident to their supervisor to protect patient privacy and maintain professionalism. Instead, the situation escalated to involving the BON, the county prosecutor and even the national media. Since the patient was ultimately identified, the family was embarrassed and the organization faced possible legal consequences. The organization was also embarrassed because of the national media focus.

A 20-year-old junior nursing student, Emily, was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. Emily was caring for Tommy, a three-year-old patient in a major academic medical center's pediatric unit. Tommy was receiving chemotherapy for leukemia. He was a happy little guy who was doing quite well and Emily enjoyed caring for him. Emily knew he would likely be going home soon, so when his mom went to the cafeteria for a cup of coffee, Emily asked him if he minded if she took his picture. Tommy, a little "ham," consented immediately. Emily took his picture with her cell phone as she wheeled him into his room because she wanted to remember his room number.

When Emily got home that day she excitedly posted Tommy's photo on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute little patient. Along with the photo, she commented,

"This is my 3-year-old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse." In the photo, Room 324 of the pediatric unit was easily visible.

Three days later, the dean of the nursing program called Emily into her office. A nurse from the hospital was browsing Facebook and found the photo Emily posted of Tommy. She reported it to hospital officials who promptly called the nursing program. While Emily never intended to breach the patient's confidentiality, it didn't matter. Not only was the patient's privacy compromised, but the hospital faced a HIPAA violation. People were able to identify Tommy as a "cancer patient," and the hospital was identified as well. The nursing program had a policy about breaching patient confidentiality and HIPAA violations. Following a hearing with the student, school officials and the student's professor, Emily was expelled from the program. The nursing program

was barred from using the pediatric unit for their students, which was very problematic because clinical sites for acute pediatrics are difficult to find. The hospital contacted federal officials about the HIPAA violation and began to institute more strict policies about use of cell phones at the hospital.

This scenario highlights several points. First of all, even if the student had deleted the photo, it is still available. Therefore, it would still be discoverable in a court of law. Anything that exists on a server is there forever and could be resurrected later, even after deletion. Further, someone can access Facebook, take a screen shot and post it on a public website.

Secondly, this scenario elucidates confidentiality and privacy breaches, which not only violate HIPAA and the nurse practice act in that state, but also could put the student, hospital and nursing program at risk for a lawsuit. It is clear in this situation that the student

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was well-intended, and yet the post was still inappropriate. While the patient was not identified by name, he and the hospital were still readily identifiable.

SCENARIO 4

A BON received a complaint that a nurse had blogged on a local newspaper's online chat room. The complaint noted that the nurse bragged about taking care of her "little handicapper." Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating "privacy laws" of the child and his family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her "little handicapper," there were comments about a wheelchair and the child's age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient's family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a frequent blogger on the local newspaper site; she explained that she

does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.

SCENARIO 5

Nursing students at a local college had organized a group on Facebook that allowed the student nurses' association to post announcements and where students could frequently blog, sharing day-to-day study tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical for the day pending an evaluation of the error. That evening, the students blogged about the error, perceived fairness and unfairness of the discipline, and projected the student's future. The clinical error was described, and since the college only utilized two facilities for clinical experiences, it was easy to discern where the error took place.

The page and blog could be accessed by friends of the students, as well as the general public.

The students in this scenario could face possible expulsion and discipline. These blogs can be accessed by the public and the patient could be identified because this is a small community. It is a myth that it can only be accessed by that small group, and as in Scenario 3, once posted, the information is available forever. Additionally, information can be quickly spread to a wide audience, so someone could have taken a screen shot of the situation and posted it on a public site. This is a violation of employee/university policies.

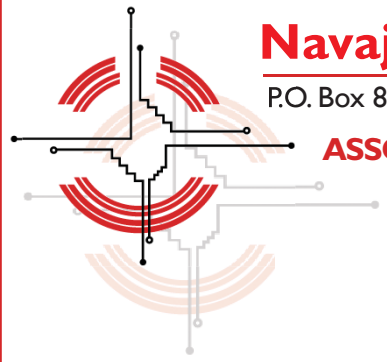
SCENARIO 6

Chris Smith, the brother of nursing home resident Edward Smith, submitted a complaint to the BON. Chris was at a party when his friend, John, picked up his wife's phone to read her a text message. The message noted that she was to "get a drug screen for resident Edward Smith." The people at the party who heard the orders were immediately aware that Edward Smith was the quadriplegic brother of Chris. Chris did not want to get the nurse in trouble, but was angered that personal information about his brother's medical information was released in front of others.

The BON opened an investigation and learned that the physician had been texting orders to the personal phone number of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that on the night of the party, the nurse had left the facility early. A couple hours prior to leaving her shift she had called the physician for new orders for Edward Smith. She passed this information onto the nurse who relieved her. She explained that the physician must not have gotten a text from her co-worker before he texted her the orders.

The BON contacted the nursing home



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and spoke to the director of nursing. The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.

The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse managers should be aware of these situations and take steps to minimize such risks.

SCENARIO 7

Jamie has been a nurse for 12 years, working in hospice for the last six years. One of Jamie's current patients, Maria, maintained a hospital-sponsored

communication page to keep friends and family updated on her battle with cancer. Jamie periodically read Maria's postings, but had never left any online comments. One day, Maria posted about her depression and difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. Jamie knew Maria had been struggling and wanted to provide support, so she wrote a comment in response to the post, stating, "I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday." The site automatically listed the user's name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her and said, "I didn't know you were taking care of Maria. I saw your message to her on the communication page. I can tell you really care about her and I am glad she has you. She's an old family friend, you know. We've been praying for her but it doesn't look like a miracle

is going to happen. How long do you think she has left?" Jamie was instantly horrified to realize her expression of concern on the webpage had been an inappropriate disclosure. She thanked her friend for being concerned, but said she couldn't discuss Maria's condition. She immediately went home and attempted to remove her comments, but that wasn't possible. Further, others could have copied and pasted the comments elsewhere.

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self-reported to the BON and is awaiting the BON's decision.

This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any

continued >>>



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type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

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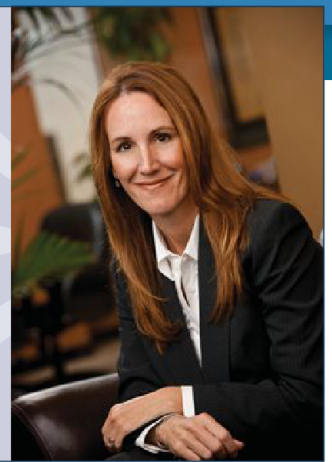
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ARIZONA STATE BOARD OF NURSING EMPLOYMENT OF NEWLY LICENSED RN'S SUMMARY REPORT 2013

PAMELA K. RANDOLPH RN, MS

ASSOCIATE DIRECTOR EDUCATION AND EVIDENCE BASED REGULATION

Review of Problem

Efforts to increase the number of new nurses were supported both nationally and locally from 2002 through 2007. Funding for nursing programs and subsidies for students increased. Throughout the early and mid-2000's, a shortage was experienced and an even worse crisis predicted. The prime strategy for alleviating this predicted shortage was to increase the supply of new nurses. Future predictions were based on the average age of the RN and assumptions regarding retirement and economic growth (Buerhaus, 2009). Students were recruited into nursing with promises of easy employment, job mobility and high salaries.

However, with the recession and unanticipated growth in nursing program enrollments, those projections have been modified. Aurebach, Buerhaus and Steiger (2011) reported that the registered nurse supply is growing faster than projected due to younger individuals entering the profession. Mancino (2013) questions whether future demand can be measured using models of the past. She believes it is time to re-calculate the number of RNs needed for the future.

Arizona Supply and Demand for RNs--2013

In an effort to quantify the overall supply and demand in Arizona for nurses in 2013, the following methodology was used:

- The US Department of Labor (2013) predicts a national 19% growth in RN employment from 2012 to 2022, meaning that 526,800 new RNs will be needed to account for job growth.
- Utilizing US Census Bureau

(2013) estimates, Arizona is home to approximately 2.1% of the national population (6,626,624 (AZ pop)/316,128,839 (US pop),

- Arizona should be expected to produce 2.1% of the job growth total RNs needed from 2012-2022 (11,062 or 1,100 per year).
- In 2014 there are 25,820 nurses with active RN licenses age 56 and older who may retire in the next 9 years.
- Arizona will need to replace retiring nurses at approximately 2,600 per year.
- Of approximately 17,400 RNs due to renew in 2013, 4,507 did not renew, indicating that not all attrition is due to reaching retirement age.
- Subtracting the estimated 2,600 nurses who are expected to retire, Arizona lost 1,907 nurses due to attrition which would include moving to another state, changing careers or leaving nursing practice before retirement age.

- In 2008 only 85% of the RN renewal population worked in nursing (*a 15% downward adjustment to demand is made for nurses not working in an RN job*) (AZHHA, 2009)
- Approximately 65% of nurses who renewed in 2008 were working full time (AZHHA, 2009) (*A 5% downward adjustment to demand is made for part-time workers needing replacement*)
- Based, in part, on longitudinal data gathered for this report, it is assumed that endorsing RNs and new graduates are seeking full-time employment in nursing.
- 127 RNs reactivated their license following a refresher course in 2012.

Currently Arizona appears to have a greater supply of RNs than jobs available, however these data should be interpreted cautiously and require additional exploration. Additionally, it is reported

Table 1.

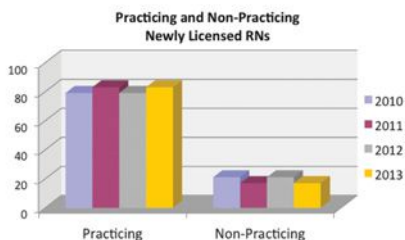
| Estimate of demand for new RNs 2013 | Numbers | Actual supply of new RNs in 2013 | Numbers |
|---|-------------|----------------------------------|---------|
| Retire/replacement | 2,600 | Endorsement (FY 2013) | 2,100 |
| New Job Growth | 1,100 | Exam (new grads) | 2,700 |
| Attrition | 1,907 | Refresher/re-entry | 127 |
| Demand Adjustment for Part-time and non-nursing | 20% (-1220) | No supply adjustment | |
| Total Demand for FTE RNs | 4,485 | Total Supply FTE RNs | 4,927 |

that employers are seeking experienced nurses (endorsement nurses) rather than the more readily supplied new graduates. Therefore there is an imbalance between employer expectations and preferences (experienced nurses) and available nurses (non-experienced nurses). A more complex factor that cannot be fully accounted for is that nearly all newly licensed nurses are seeking full-time positions, however many retiring nurses are retiring from part time positions. However, these data are consistent with new graduate employment experiences in Arizona.

Results--2013

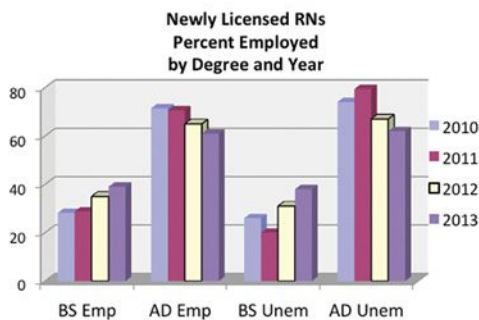
In an effort to understand employment of newly licensed RNs in Arizona and provide longitudinal comparison data, the Arizona State Board of Nursing surveyed all persons licensed by exam (e.g. new graduates) in Arizona between October 1, 2012 and September 30, 2013.

Electronic mail surveys were sent on October 7, 2013 to 2605 RNs with e-mail addresses who were initially licensed October 1, 2012-Sept. 30, 2013. Of that total, 165 surveys were returned undeliverable resulting in a surveyed population of 2,437 RNs. There were a total of 709 respondents yielding a response rate of 29%. Of those responding, **83%** indicated they were practicing as an RN and **17%** indicated they were not currently practicing as an RN. This represents a slightly better employment outlook for newly licensed nurses when compared to previous years.



Type of Nursing Program

There were few differences between practicing and non-practicing RNs based on educational preparation in 2013. Thirty-nine percent of practicing nurses held BSN or higher degrees compared to 38 percent of non-practicing nurses, indicating little preference among all employers for BSN or higher prepared nurses.



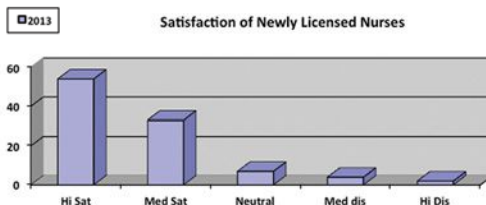
Length of Licensure

Length of licensure was different between the practicing and non-practicing groups with 85% of the non-practicing nurses licensed less than 6 months, versus 56% of practicing nurses. This result is quite different from previous years where the majority of practicing nurses were licensed 6 months or greater. The chart below illustrates differences between practicing and non-practicing RNs over length of licensure. The most common length of licensure (43%) for practicing nurses was 3-6 months, compared to 9-12 months 2011 and 2012 and 1-3 months (30%) in 2010.



Employed RNs

For the first time, newly licensed nurses were asked about job satisfaction. The majority of respondents (53%) reported being highly satisfied, with 33% reporting mild to moderate satisfaction. Only 6% of newly licensed nurses reported any level of dissatisfaction, with 2% being highly dissatisfied.



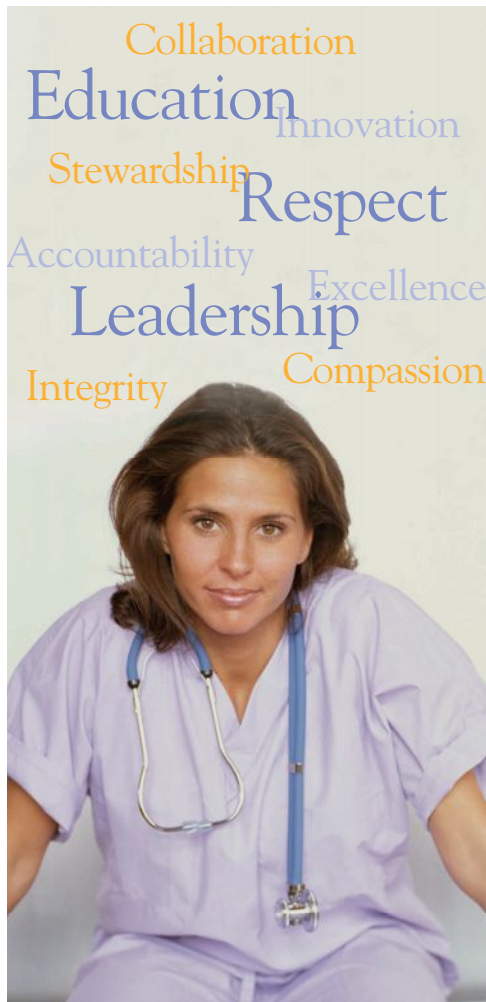
Factors that influenced choice of employment

Respondents were then asked to check the top 3 reasons for choosing their current practice setting. The majority (52%) choose type of unit. The second most frequently cited factor was location of the worksite (41%). Five responses were chosen by 33-35 percent of respondents: salary (35.1%), hours (35%), availability of openings (34%) and staff attitudes (33%). Table 1, below, provides a list of the responses and the percent who identified the item as one of the top three factors in choosing employment.

| Workplace Factors most Important to newly licensed RNs | Percent |
|--|---------|
| Type of unit | 52% |
| Location of worksite | 41% |
| Salary | 35.1% |
| Hours | 35% |
| Benefits | 34% |
| Availability of openings | 34% |
| Staff Attitudes | 33% |
| Mentorship program | 25% |
| Educational opportunities | 25% |
| Evidence-based institution | 13% |
| Previous Employer | 12% |
| Magnet Status | 10% |
| Clinical ladder | 7% |

Residency Experience

Newly licensed employed nurses were asked about whether their employers offered a residency experience to help them transition into practice. For the first time since this survey began in 2010, over half the respondents (53%) reported that their employer offered such a program. Ninety-four percent of those whose employer offered a residency program worked in acute care settings; 2% worked in long-term care. For acute care nurses, the most common length of the residency program was 2-3 months (36%). However 20% reported a residency program of greater than 6 months, nearly the same as 2012 (22%). Six percent reported less than a month. For those nurses working in non-acute care settings, the length of residency was shorter with 54% reporting less than a month. Only



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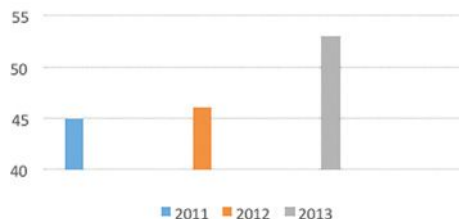
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one respondent reported a residency lasting longer than 6 months. Experts suggest (Instituted of Medicine, 2011; Benner, Stupen, Leonard & Day, 2010) that residency program be 6 months to one year in acute care and at least 3 months in non-acute settings.

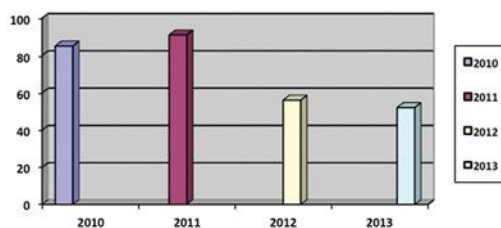
Percent of New RNs Who Experienced Residency Program 2011-2013



Non-Employed RNs

Similar to the three previous surveys, the most common reason cited for not practicing was “not enough jobs for new RN grads in the area” (52%), similar to the 56% of respondents who chose this in 2012. This same response was chosen by 85% of nurses surveyed in 2010 and 91% in 2011. In the past two years, fewer nurses perceived a difficult job market. Similar to 2012, 28% of respondents chose “do not have the experience background employers are seeking.” The chart below depicts the percent of new nurses who state there are not enough jobs for new RNs from 2010 to 2013.

% of RNs who claim not enough jobs



Discussion and Conclusion

These findings, when compared to other years, must be interpreted with some caution as the licensees surveyed were licensed between October 1 to September 30, rather than April 1 to March 30, the time span for the other surveys. This year's population included

a greater proportion of nurses who were licensed for a shorter period of time because more students graduate in May than any other time. One would expect to see less employment in this group. However, 2013 survey results indicate that RN graduates had less difficulty finding employment than during any other period surveyed. Fewer survey participants identified “lack of jobs” as a reason for unemployment. Whether this is a sustainable phenomenon or the early warning sign of the next nursing shortage, remains to be seen. While there is no difference in overall employment between associate and baccalaureate prepared nurses, anecdotal evidence suggests that baccalaureate prepared nurses may have more employment opportunities in acute care hospitals. National level data suggests that baccalaureate nurses were employed more frequently (Mancino, 2013).

Newly licensed nurses who are employed are overwhelmingly satisfied with their employment, an unexpected finding when compared to job turnover statistics in the first year of employment, estimated to range between 35%-60% (Holfer & Graf, 2006). A mixture of characteristics about the work itself and employment conditions are important to newly licensed RNs. Foremost among these is the type of unit, indicating that new nurses are looking for jobs in a unit of preference. Location of the workplace, as the second highest factor, may indicate that new graduates are interested in quality of life issues and work-life balance.

The 2013 data on residency programs suggests that more employers are offering residencies, although, given the plethora of data supporting residencies, this growth is slower than expected. The length of the residency program remains sub-optimal and residencies are almost exclusively offered in acute care settings.

In conclusion, the employment outlook for newly licensed RNs appears to have improved to a small extent in 2013. New RNs were more optimistic about employment opportunities and, if employed, were satisfied with their jobs. RNs are being employed closer to the time of licensure. There was no

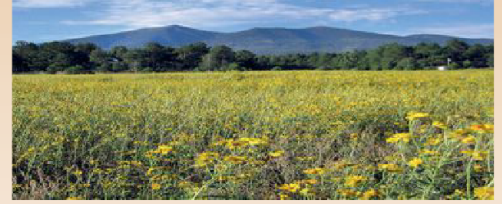
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difference in overall employment between associate degree educated nurses and baccalaureate degree educated nurses. Based on supply and demand estimates, Arizona is well positioned for the future as the supply of nurses appears to be greater than the estimated demand.

The complete report may be accessed at azbn.gov.

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| Day | Port | Arrive | Depart |
|-----|---------------------------|---------|---------|
| Sun | New Orleans, LA | | 4:00 PM |
| Mon | Fun Day At Sea | | |
| Tue | Cozumel, Mexico | 8:00 AM | 6:00 PM |
| Wed | Belize | 8:00 AM | 5:00 PM |
| Thu | Mahogany Bay, Isla Roatan | 9:00 AM | 5:00 PM |
| Fri | Fun Day At Sea | | |
| Sat | Fun Day At Sea | | |
| Sun | New Orleans, LA | 8:00 AM | |

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CNA DISCIPLINARY ACTION

JUNE 2013 - SEPTEMBER 2013

| EFFECTIVE DATE | NAME | CERTIFICATE | DISCIPLINE |
|----------------|--------------------------|---------------|---------------------|
| 9/17/2013 | Bell, Willie C. | CNA1000019500 | Voluntary Surrender |
| 9/6/2013 | Berresford, Stephanie L. | CNA1000003710 | Decree of Censure |
| 9/12/2013 | Brandon, Christopher S. | CNA362193837 | Certificate Denied |
| 9/4/2013 | Cicco, Brandi L. | CNA1000008635 | Revoked |
| 9/26/2013 | Coin, Jarel C. | CNA Applicant | Certificate Denied |
| 9/9/2013 | Coleman, Brittany L. | CNA Applicant | Certificate Denied |
| 9/4/2013 | Combo, Marilyn E. | CNA1000029891 | Revoked |
| 9/30/2013 | Cook, Carmen L. | CNA1000040074 | Civil Penalty |
| 9/16/2013 | Dutcher, Cathy J. | CNA999995021 | Certificate Denied |
| 9/9/2013 | Estep, Kandy S. | CNA Applicant | Certificate Denied |
| 9/4/2013 | Helvik, Michelle D. | CNA1000025719 | Revoked |
| 9/24/2013 | Hovey, Kalyn N. | CNA Applicant | Certificate Denied |
| 6/29/2013 | Kolb, Amy J. | CNA1000026345 | Revoked |
| 9/3/2013 | Lewis, David | CNA1000039805 | Decree of Censure |
| 9/8/2013 | Martinez, Veronica | CNA1000039726 | Revoked |
| 9/4/2013 | Pierce, Mayra G. | CNA Applicant | Certificate Denied |
| 9/23/2013 | Pinckard, Kayla M. | CNA1000024936 | Decree of Censure |
| 9/4/2013 | Underwood, Justin A. | CNA1000008174 | Revoked |
| 9/30/2013 | Valenzuela, Juanita S. | CNA1000011007 | Decree of Censure |
| 9/4/2013 | Wilson, Gwendolyn Y. | CNA022493103 | Revoked |
| 7/17/2013 | Zarow, Michael K. | CNA244214713 | Revoked |

CNA DISCIPLINARY ACTION

OCTOBER 2013 - JANUARY 2014

| EFFECTIVE DATE | NAME | CERTIFICATE | DISCIPLINE |
|----------------|-------------------------|---------------|---------------------|
| 12/1/2013 | Angulo, Christopher A. | CNA1000040790 | Decree of Censure |
| 1/9/2014 | Antone, Alice M. | CNA999950073 | Revoked |
| 10/28/2013 | Armstrong, Edwin W. | CNA893167103 | Certificate Denied |
| 1/1/2014 | Beanes, Bernadette | CNA1000035705 | Revoked |
| 10/31/2013 | Blevins, Michael D. | CNA Applicant | Certificate Denied |
| 10/16/2013 | Blount, Jennifer L. | CNA1000016023 | Decree of Censure |
| 12/18/2013 | Boland, Breanna K. | CNA1000041039 | Civil Penalty |
| 10/30/2013 | Bordonaro, Jacquelyn R. | CNA Applicant | Certificate Denied |
| 1/9/2014 | Boyd, Carlton L. | CNA063739633 | Revoked |
| 11/14/2013 | Burnett, Walter | CNA Applicant | Certificate Denied |
| 11/22/2013 | Carroll, Joann T. | CNA Applicant | Certificate Denied |
| 1/9/2014 | Cisneroz, Sonja M. | CNA1000015673 | Revoked |
| 11/22/2013 | Cole, Marius E. | CNA Applicant | Certificate Denied |
| 12/30/2013 | Crouse, Jodi L. | CNA Applicant | Certificate Denied |
| 10/7/2013 | Digiovanni, Evan K. | CNA1000021559 | Decree of Censure |
| 1/3/2014 | Dillard, Briana Y. | CNA Applicant | Certificate Denied |
| 11/5/2013 | Eddie, Dynette H. | CNA Applicant | Certificate Denied |
| 11/14/2013 | Eramo, Joseph | CNA Applicant | Certificate Denied |
| 1/11/2014 | Esham, Lisa M. | CNA1000007936 | Stayed Suspension |
| 12/11/2013 | Feldman, Michael | CNA1000014829 | Decree of Censure |
| 12/31/2013 | Fierroz, Veronica A. | CNA Applicant | Certificate Denied |
| 1/10/2014 | Forsythe, Josie A. | CNA1000000879 | Decree of Censure |
| 11/28/2013 | Gillespie, Mark W. | CNA Applicant | Certificate Denied |
| 11/7/2013 | Grimes, Lindsay A. | CNA Applicant | Certificate Denied |
| 10/17/2013 | Harbaugh, Marc R. | CNA436746441 | Certificate Denied |
| 12/30/2013 | Herrera, Walter | CNA Applicant | Certificate Denied |
| 12/26/2013 | Holland, Alma O. | CNA1000016684 | Voluntary Surrender |
| 10/29/2013 | Isaacs, Kelli K. | CNA Applicant | Certificate Denied |
| 11/4/2013 | Johnson, Michelle A. | CNA999996808 | Civil Penalty |
| 1/18/2014 | Kagwima, Elizabeth W. | CNA Applicant | Certificate Denied |
| 11/8/2013 | Key, Cynthia A. | CNA Applicant | Certificate Denied |
| 12/24/2013 | Lemaster, Lisa W. | CNA Applicant | Certificate Denied |
| 10/17/2013 | Martinez, Andy R. | CNA999994568 | Decree of Censure |
| 10/21/2013 | Matthews, Sherry L. | CNA1000040262 | Stayed Suspension |
| 12/10/2013 | Matulesky, Margaret M. | CNA1000040861 | Decree of Censure |

CNA DISCIPLINARY ACTION

CONTINUED

OCTOBER 2013 - JANUARY 2014

| EFFECTIVE DATE | NAME | CERTIFICATE | DISCIPLINE |
|----------------|-------------------------|---------------|---------------------|
| 10/17/2013 | Mcfeely, Kenneth C. | CNA Applicant | Certificate Denied |
| 1/18/2014 | Miranda, Monique E. | CNA Applicant | Certificate Denied |
| 12/9/2013 | Mizell, Karen | CNA1000040846 | Decree of Censure |
| 10/31/2013 | Mozdyniewicz, Ivona E. | CNA Applicant | Certificate Denied |
| 12/4/2013 | Murphy, John C. | CNA1000040793 | Civil Penalty |
| 1/8/2014 | Murphy, Lisa J. | CNA Applicant | Certificate Denied |
| 12/11/2013 | Natani, Kee S. | CNA Applicant | Certificate Denied |
| 12/24/2013 | Nlembe, Holly N. | CNA999999130 | Certificate Denied |
| 11/27/2013 | Owens, Renesha L. | CNA1000040794 | Civil Penalty |
| 10/1/2013 | Padilla, Raquel I. | CNA1000015806 | Revoked |
| 12/9/2013 | Pavlovsky, Christa J. | CNA999987664 | Decree of Censure |
| 11/4/2013 | Redhorse, Stephanie L. | CNA Applicant | Certificate Denied |
| 10/18/2013 | Reynolds Jr, Bernard W. | CNA Applicant | Certificate Denied |
| 12/19/2013 | Runnalls, Allison | CNA Applicant | Certificate Denied |
| 12/11/2013 | Sampson, Jennifer C. | CNA1000029331 | Decree of Censure |
| 10/11/2013 | Sandoval, Sonia M. | CNA999998065 | Revoked |
| 12/11/2013 | Schroeder, Gordon A. | CNA Applicant | Certificate Denied |
| 12/31/2013 | Shadowvine, Kenneth | CNA Applicant | Certificate Denied |
| 11/1/2013 | Simon, Carla E. | CNA Applicant | Certificate Denied |
| 1/9/2014 | Skinner, Nicole M. | CNA1000033185 | Revoked |
| 11/14/2013 | Stonkey, Tammy L. | CNA Applicant | Certificate Denied |
| 10/10/2013 | Taylor, Tammy D. | CNA162255403 | Stayed Revocation |
| 11/8/2013 | Thomas, Shantoya N. | CNA Applicant | Certificate Denied |
| 12/31/2013 | Toney, Tranetta L. | CNA Applicant | Certificate Denied |
| 1/21/2014 | Ume, Udodirim G. | CNA1000021966 | Civil Penalty |
| 1/14/2014 | Vincson, Takeyia S. | CNA Applicant | Certificate Denied |
| 11/8/2013 | Woods, Sonja C. | CNA1000035593 | Voluntary Surrender |
| 11/25/2013 | Yearley, Audrey R. | CNA Applicant | Certificate Denied |

CNA DISCIPLINARY ACTION

FEBRUARY 2014 - MAY 2014

| EFFECTIVE DATE | NAME | CERTIFICATE | DISCIPLINE |
|----------------|-------------------------|---------------|---------------------|
| 5/22/2014 | Augustiniak, Karin A. | CNA Applicant | Certificate Denied |
| 5/28/2014 | Bigcrane, Mariah R. | CNA Applicant | Certificate Denied |
| 5/21/2014 | Boker, Daniel E. | CNA Applicant | Certificate Denied |
| 5/19/2014 | Castaneda, Celestina M. | CNA1000042542 | Decree of Censure |
| 5/21/2014 | Confalone, Stacy R. | CNA Applicant | Certificate Denied |
| 4/30/2014 | Delena, Candice J. | CNA Applicant | Certificate Denied |
| 4/24/2014 | Duistermars, Kenneth O. | CNA1000036402 | Voluntary Surrender |
| 5/29/2014 | Estrada, Juan P. | CNA Applicant | Certificate Denied |
| 4/25/2014 | Evans, Valli J. | CNA999993220 | Voluntary Surrender |
| 5/21/2014 | Freese, Roman M. | CNA Applicant | Certificate Denied |
| 5/21/2014 | Gulley, Demerro J. | CNA Applicant | Certificate Denied |
| 4/30/2014 | Kirkpatrick, Porsche B. | CNA Applicant | Certificate Denied |
| 5/8/2014 | Krogmann, Janice A. | CNA1000042495 | Stayed Suspension |
| 5/5/2014 | Lupe, Robert G. | CNA1000001218 | Decree of Censure |
| 5/5/2014 | Martinez, Falisha S. | CNA Applicant | Certificate Denied |
| 5/9/2014 | Middleton, Elisa R. | CNA Applicant | Certificate Denied |
| 3/10/2014 | Morder, Randi L. | CNA1000026200 | Revoked |
| 2/13/2014 | Nanez, Wendy J. | CNA999947724 | Revoked |
| 4/28/2014 | Ragsdale, Angela M. | CNA1000042242 | Decree of Censure |
| 5/21/2014 | Ramirez, Andrea L. | CNA Applicant | Certificate Denied |
| 5/15/2014 | Sevilla, Samantha L. | CNA Applicant | Certificate Denied |
| 5/5/2014 | Smith, Heather A. | CNA Applicant | Certificate Denied |
| 5/28/2014 | Staggs, Shawn Michael | CNA1000035072 | Revoked |
| 5/2/2014 | Stark, Barbara P. | CNA1000014805 | Decree of Censure |
| 5/28/2014 | Stewart, Jana R. | CNA Applicant | Certificate Denied |
| 5/9/2014 | Stonkey, Tammy L. | CNA Applicant | Certificate Denied |
| 5/9/2014 | Tanasale, Barbara A. | CNA Applicant | Certificate Denied |
| 5/5/2014 | Ward, Shaundra Y. | CNA Applicant | Certificate Denied |

JUNE 2013 - SEPTEMBER 2013

| EFFECTIVE DATE | NAME | LICENSE | DISCIPLINE |
|----------------|--------------------------|------------------------|--|
| 7/29/2013 | Abalos, Kristen L. | RN119241/CNA999952656 | Decree of Censure |
| 7/1/2013 | Abat, Eric E. | RN135275 | Revocation |
| 6/12/2013 | Adamos, Ricardo D. | RN052346 | Decree of Censure |
| 9/27/2013 | Adams, Cheryl L. | RN128378 | Revocation |
| 8/16/2013 | Adams, Crystal M. | RN144663 | Decree of Censure |
| 8/11/2013 | Ahrens, Javan P. | LP048973 | Civil Penalty |
| 6/26/2013 | Allan, Dollie M. | RN098566 | Voluntary Surrender |
| 6/21/2013 | Alves, Robert P. | RN057915 | Reissuance with Stayed Revocation Probation |
| 05/24/2013* | Andrews, Michael S. | LP049344 | Suspension |
| 6/26/2013 | Bergstrom, Mia D. | RN Endorsement | License Denied |
| 8/12/2013 | Bernards, Nicole L. | LP045937/CNA1000009170 | Decree of Censure |
| 9/6/2013 | Berresford, Stephanie L. | LP046467/CNA1000003710 | Decree of Censure |
| 7/3/2013 | Bode, Sandra Mae B. | RN078224 | Reissuance with Stayed Revocation Probation |
| 7/1/2013 | Capin, Charlotte H. | RN083253 | Revocation |
| 9/26/2013 | Carrillo, Carol D. | LPN Reissuance | Reissuance Denied |
| 8/29/2013 | Casey, Michelle N. | RN169037 | Suspension |
| 7/25/2013 | Ceron, Hilario | RN069045 | Suspension |
| 9/4/2013 | Chanin, Michelle E. | RN153673 | Revocation |
| 8/13/2013 | Chilikwela, Benita | LP049532/CNA1000007042 | Civil Penalty |
| 6/27/2013 | Coogan, Luann M. | RN165063 | Revocation |
| 6/10/2013 | Corwin, Janice S. | LP020384 | Decree of Censure |
| 7/18/2013 | Coste, Lisa A. | RN154261 | Voluntary Surrender |
| 6/20/2013 | Crews, Juanita M. | RN143944 | Voluntary Surrender |
| 6/18/2013 | Delanty, Jason H. | RN113407 | Decree of Censure |
| 8/16/2013 | Dewey, Patricia T. | RN079657/LP005892 | Decree of Censure |
| 7/1/2013 | Engels, Teresa J. | RN095688 | Revocation |
| 6/20/2013 | Erdmann, Rachel S. | RN102203/AP3362 | Decree of Censure |
| 9/17/2013 | Esteban, Ernest C. | RN133038/LP030781 | Revocation |
| 6/20/2013 | Erdmann, Rachel S. | RN102203/AP3362 | Decree of Censure |
| 9/17/2013 | Esteban, Ernest C. | RN133038/LP030781 | Revocation |
| 7/1/2013 | Finks, Deborah L. | RN119208 | Revocation |
| 8/2/2013 | Fishler, Natalia A. | RN151619 | Decree of Censure |
| 5/8/2013* | Francis, Josephine J. | LP Endorsement | License Denied |
| 8/24/2013 | Gallegos, Brittany M. | RN181432 | Probation |
| 6/10/2013 | Gibson, John J. | RN147933 | Probation |
| 03/20/2013* | Giles, Sabrina C.K. | RN 144136, WI | Voluntary Surrender of Multi-State Licensure Privilege |
| 7/1/2013 | Gray, Robin E. | RN155668 | Revocation |
| 8/13/2013 | Harpel, Kathy S. | RN047137 | Probation |
| 7/26/2013 | Harris, Coretta | RN 149155, WI | Summary Suspension of Multi-State Licensure Privilege |
| 7/31/2013 | Harris, Victoria A. | RN037477 | Revocation |
| 9/4/2013 | Hill, Brenda Y. | LP023929 | Revocation |
| 9/4/2013 | Holmes, Denise R. | LP043368 | Revocation |
| 9/4/2013 | Hough, Candice N. | LP044633 | Revocation |
| 7/29/2013 | Howard, Christine D. | RN145533 | Voluntary Surrender |
| 9/27/2013 | Huntington, Jay P. | RN069147 | Summary Suspension |
| 6/14/2013 | Jackson, Carlene K. | RN155006 | Revocation |
| 8/20/2013 | Jackson, Elmer R. | LP041306/CNA999950413 | Suspension |
| 7/30/2013 | Jackson, Philecia N. | LP Exam | License Denied |
| 6/5/2013 | Kay, Lisa R. | RN162097 | Voluntary Surrender |
| 9/27/2013 | Kloster, Debra F. | RN165058 | Civil Penalty |
| 9/27/2013 | Laird, Matthew D. | RN141191 | Stayed Suspension with Probation |

JUNE 2013 - SEPTEMBER 2013

| EFFECTIVE DATE | NAME | LICENSE | DISCIPLINE |
|----------------|------------------------------|----------------------------|---|
| 7/1/2013 | Lamb, James R. | RN093041/AP2293 | Probation |
| 7/26/2013 | Landreth, Sally A. | RN127294 | Probation |
| 9/4/2013 | Lawrence, Celia L. | LP034775 | Revocation |
| 9/27/2013 | Lesperance, Dawn L. | RN076650/LP023777 | Stayed Revocation with Suspension |
| 6/14/2013 | Jackson, Carlene K. | RN155006 | Revocation |
| 8/20/2013 | Jackson, Elmer R. | LP041306/CNA999950413 | Suspension |
| 7/30/2013 | Jackson, Philecia N. | LP Exam | License Denied |
| 7/30/2013 | Littleman, Michelle G. | RN181257 | Stayed Suspension with Probation |
| 8/30/2013 | Lunawolfe, Maria S. | RN151919 | Decree of Censure with Fine |
| 9/20/2013 | Mackesy, Lucas N. | RN161340 | Civil Penalty |
| 6/6/2013 | McMahon, Shelley A. | LP047757/CNA1000019070 | Voluntary Surrender |
| 7/26/2013 | Mick, Carolyn J. | RN157290 | Summary Suspension |
| 6/26/2013 | Mikulich, Luke | RN167122 | Voluntary Surrender |
| 9/10/2013 | Miller, Angela M. | RN114201/LP035304 | Voluntary Surrender |
| 6/5/2013 | Mitchell, Tameka D. | RN170432 | Decree of Censure |
| 8/1/2013 | Mojica, Romina Fae Asun C. | RN141908 | Decree of Censure |
| 9/4/2013 | Morales, Louie | LP041530 | Probation |
| 9/27/2013 | Moran, Jessica L. | RN127124 | Stayed Revocation with Suspension |
| 7/26/2013 | North, Michelle E. | RN093050/AP4304/LP029701 | Probation |
| 9/5/2013 | Nwaohia, Nwadiuto J. | LP046735 | Voluntary Surrender |
| 7/11/2013 | Olson, Rebecca | RN098724 | Suspension |
| 9/20/2013 | Palmore, Nancy S. | CRNA Endorsement | Certification Denied |
| 8/16/2013 | Parker, Roanne M. | RN113919/AP2868 | Suspension |
| 8/9/2013 | Peterson, Tara L. | LP045119 | Probation |
| 9/10/2013 | Pickens, Sharon L. | RN044133 | Probation |
| 9/11/2013 | Pool, Deborah J. | RN036322 | Decree of Censure |
| 6/27/2013 | Rauchwarter, Mary J. | RN061146 | Reissuance with Stayed Revocation Probation |
| 7/26/2013 | Reed, Max H. | LP041973 | Summary Suspension |
| 9/13/2013 | Reed, Max H. | LP041973 | Voluntary Surrender |
| 8/15/2013 | Rollins, Lisa R. | RN093062 | Voluntary Surrender |
| 8/9/2013 | Roy, Jennifer G. | RN149753 | Probation |
| 7/3/2013 | Scacewater, Felicia B. | RN086691/CRNA0507/LP028129 | Civil Penalty |
| 7/1/2013 | Scroggins, Katherine C. | RN081946 | Revocation |
| 7/29/2013 | Shepis, Michelle N. | RN129469 | Probation |
| 7/24/2013 | Solik-O'shaughnessy, Dawn L. | RN088006 | Voluntary Surrender |
| 7/31/2013 | Somers, Colleen M. | LP034313 | Revocation |
| 7/1/2013 | Stack, Donna L. | RN110459 | Revocation |
| 8/23/2013 | Stamps, Toni D. | RN116652 | Voluntary Surrender |
| 7/25/2013 | Steinberg, Ariel B. | RN135149 | Stayed Revocation with Suspension |
| 8/3/2013 | Stevens-Hierpe, Vicki L. | LP031666 | Decree of Censure |
| 9/27/2013 | Stott, Julie A. | RN082346/AP1129 | Voluntary Surrender |
| 9/23/2013 | Stoykovich, Daylon D. | RN156000 | Voluntary Surrender |
| 8/23/2013 | Tanner, Laura E. | RN126412 | Voluntary Surrender |
| 7/1/2013 | Thomas, Madelynn K. | LP023539 | Revocation |
| 7/1/2013 | Tolbert-Ulloa, Connie S. | LP022227 | Revocation |
| 9/12/2013 | Tucci, Lindsay J. | LP049610 | Probation |
| 9/4/2013 | Vagedes, Heather N. | RN140400 | Revocation |
| 9/27/2013 | Wentworth, Dean R. | RN162375/AP3608 | Suspension |
| 6/19/2013 | Williamson, Wayne L. | RN161561 | Decree of Censure |
| 7/17/2013 | Zarow, Michael K. | RN Exam | License Denied |

RN/LPN DISCIPLINARY ACTION**OCTOBER 2013 - JANUARY 2014**

| EFFECTIVE DATE | NAME | LICENSE | DISCIPLINE |
|-----------------------|----------------------------|--------------------------------|---|
| 11/11/2013 | Allen, Roger G. | RN169677/CNA1000017600 | Decree of Censure |
| 11/19/2013 | Armenta, Frank | LP039908 | Decree of Censure |
| 1/22/2014 | Baddar, Moataz J. | RN154243 | Probation |
| 10/21/2013 | Baylor, Kay D. | RN070089/LP021952 | Probation |
| 12/1/2013 | Beaulieu, Janet L. | RN132393 | Voluntary Surrender |
| 10/22/2013 | Beauvais, Nadine A. | RN134978 | Decree of Censure |
| 10/21/2013 | Blanchette, Joni J. | RN087611 | Reissuance w/Stayed Revocation Probation |
| 1/6/2014 | Bolton, Theresa A. | RN109626 | Stayed Revocation with Suspension |
| 1/1/2014 | Brooks, Edward L. | LP044786/CNA1000006734 | Revocation |
| 1/9/2014 | Butler, Carren D. | RN200314, SC | Revocation of Multi-State Licensure Privilege |
| 1/31/2014 | Call, Erin K. | RN139668 | Decree of Censure |
| 12/19/2013 | Chillemi, Catherine E. | RN Endorsement | License Denied |
| 1/28/2014 | Colloca, James A. | LP Exam | License Denied |
| 11/5/2013 | Crooms, Erika L. | LP Endorsement | License Denied |
| 10/7/2013 | Digiovanni, Evan K. | RN182320/CNA1000021559 | Decree of Censure |
| 1/23/2014 | Dorn, Felicia M. | RN103084/LP032669/CNA878491803 | Voluntary Surrender |
| 10/28/2013 | Downs, Richard L. | LP043275 | Voluntary Surrender |
| 11/6/2013 | Edison, Tera J. | RN172798 | Revocation |
| 1/21/2014 | Fischer, Cherie D. | RN155563 | Stayed Suspension with Probation |
| 1/30/2014 | Franklin, Ellen M. | RN066010/AP2650 | Stayed Suspension with Probation |
| 11/22/2013 | Garza, Coreen E. | RN174140 | Decree of Censure |
| 11/22/2013 | Gebhardt, Pamela G. | RN030942 | Stayed Revocation with Probation |
| 1/21/2014 | Gebhardt, Pamela G. | RN030942 | Voluntary Surrender |
| 11/22/2013 | Graafell, Haakon J. | RN132534 | Civil Penalty |
| 11/22/2013 | Graham-Payne, Artiffany D. | RN130822 | Decree of Censure |
| 12/12/2013 | Graul, Terry L. | RN066900/AP1086/LP015988 | Civil Penalty |
| 11/22/2013 | Hanlon, Christopher L. | RN116197 | Voluntary Surrender |
| 11/7/2013 | Harding, Geri L. | LP Endorsement | License Denied |
| 12/31/2013 | Harris, Coretta | RN149155, WI | Revocation of Multi-State Licensure Privilege |
| 11/22/2013 | Harrison, Sharon L. | RN098555/SN0337/LP031818 | Decree of Censure |
| 12/19/2013 | Hickman, Sharon R. | LP042726 | Decree of Censure |
| 1/16/2014 | Hoffman, Pamela C. | LP033266 | Decree of Censure |
| 10/30/2013 | Huntington, Jay P. | RN069147 | Voluntary Surrender |
| 1/9/2014 | Isaac, Ursula D. | RN171143 | Revocation |
| 10/17/2013 | Jackson, Siska L. | RN Endorsement | License Denied |
| 11/6/2013 | Jenkins, Lori A. | RN159369 | Revocation |
| 10/8/2013 | Joaquin, Mary A. | LP019500 | Probation |
| 11/8/2013 | Jolly, Leslie L. | RN Endorsement | License Denied |
| 11/6/2013 | Jones, Audra E. | RN164544 | Revocation |
| 11/6/2013 | Jones, Craig L. | RN137444 | Revocation |
| 11/22/2013 | Kent, Alexandra B. | RN141693 | Stayed Revocation with Suspension |
| 10/31/2013 | Klein, Jan G. | RN Endorsement | License Denied |
| 10/16/2013 | Kubal, Monica E. | RN169666 | Decree of Censure |
| 1/31/2014 | Laningham, Lindsay R. | RN158672 | Stayed Revocation with Suspension |
| 1/22/2014 | Le, Phuong K. | RN151628 | Voluntary Surrender |
| 1/10/2014 | Lewis, Christy L. | RN160652 | Voluntary Surrender |
| 11/22/2013 | Lewis, Christy L. | RN160652 | Summary Suspension |
| 11/4/2013 | Liverpool, Michel I. | RN Endorsement | License Denied |
| 11/7/2013 | Lopez, Daniel A. | RN073488 | Probation |
| 10/8/2013 | Machado, Annalisa | RN158948/LP044470 | Stayed Suspension with Probation |
| 1/31/2014 | Mack, Norman N. | RN146159/LP018901 | Summary Suspension |
| 1/9/2014 | Magrady, Jennifer M. | RN171804 | Revocation |
| 1/9/2014 | Mainvielle, Rachel M. | LP039496 | Revocation |
| 12/2/2013 | Martelli, Joanne M. | RN111161/AP3300 | Decree of Censure |

OCTOBER 2013 - JANUARY 2014

| EFFECTIVE DATE | NAME | LICENSE | DISCIPLINE |
|----------------|-------------------------|--------------------------------|---|
| 11/6/2013 | Martin, Stacy D. | RN134146/AP2230 | Revocation |
| 12/17/2013 | McConnell, Nickolas A. | RN183246 | Civil Penalty |
| 12/27/2013 | McGrath, Jacqueline A. | RN057437 | Probation |
| 10/25/2013 | McKee, Julie E. | LP025235 | Decree of Censure |
| 1/31/2014 | Miller, Phyllis D. | LP032030 | Decree of Censure |
| 11/5/2013 | Milles, Kevin J. | LP043941 | Revocation |
| 12/29/2013 | Moir, Myesha L. | RN166306/CNA1000015580 | Civil Penalty |
| 10/1/2013 | Molck, Christine C. | RN134502 | Voluntary Surrender |
| 12/4/2013 | Molina, Nazaria G. | RN131475 | Decree of Censure |
| 11/5/2013 | Montgomery, Kelly S. | RN122001 | Probation |
| 1/9/2014 | Moore, Kristen | RN100392/AP0211 | Revocation |
| 11/13/2013 | Myers, Christa A. | RN143310 | Probation |
| 11/22/2013 | Northern, Steven C. | RN182800 | Civil Penalty |
| 1/31/2014 | Nunez, Lauren F. | RN163590 | Summary Suspension |
| 11/5/2013 | Olson, Melissa B. | RN143665 | Revocation |
| 10/15/2013 | Paijean, Linda J. | LP049691 | Probation |
| 11/22/2013 | Pascarella, Leila X. | RN164509/LP045970 | Suspension |
| 11/8/2013 | Perez, Maria L. | RN129188/LP038660/CNA999988647 | Decree of Censure |
| 1/31/2014 | Peters, Michele M. | RN090110/AP1836 | Stayed Revocation with Probation |
| 12/9/2013 | Phillips, Kenneth D. | RN166032 | Voluntary Surrender |
| 11/5/2013 | Pittman, Julie | LP043943 | Voluntary Surrender |
| 11/15/2013 | Ramers, Samantha J. | RN133834 | Voluntary Surrender |
| 12/26/2013 | Ramsey, Cathy J. | RN155026 | Voluntary Surrender |
| 11/22/2013 | Randall, Brandon J. | RN157107 | Suspension |
| 10/24/2013 | Rawald, William J. | RN182605 | Decree of Censure |
| 11/8/2013 | Ray, William E. | RN000099458 | Revocation |
| 1/6/2014 | Reyes, Marshall L. | RN136183/LP022428 | Voluntary Surrender |
| 11/8/2013 | Richey, Diana M. | LP020094 | Revocation |
| 1/31/2014 | Rockwell, Beverly J. | RN057501 | Decree of Censure |
| 1/16/2014 | Sanchez, Misty B. | RN178448 | Voluntary Surrender |
| 11/22/2013 | Schlottmann, Susanne P. | RN124529 | Voluntary Surrender |
| 11/6/2013 | Sefranek, John T. | RN167737 | Revocation |
| 1/16/2014 | Shadron, Rachel V. | LP048067/CNA1000018184 | Voluntary Surrender |
| 10/3/2013 | Shilling, Aaron E. | RN182292 | Probation |
| 11/22/2013 | Slusser, Shamie M. | RN140542 | Decree of Censure |
| 11/22/2013 | Smith, Shannan I. | LP045260/CNA286949441 | Voluntary Surrender |
| 1/14/2014 | Smith, Shannon H. | LP039590 | Reissuance with Probation |
| 1/31/2014 | Springfield, Derek | RN117400/LP036464/CNA318671439 | Decree of Censure |
| 11/8/2013 | Storms, Tammy J. | RN149561 | Revocation |
| 11/22/2013 | Surofchek, Mitzi S. | RN142423 | Suspension |
| 1/18/2014 | Taylor, Darcel D. | RN098539/LP031433 | Stayed Suspension with Probation |
| 11/22/2013 | Tindal III, Walter J. | RN103019 | Summary Suspension |
| 10/8/2013 | Valdez, Vanessa N. | RN182416 | Civil Penalty |
| 1/31/2014 | Valiente, Arturo R. | LP046479 | Summary Suspension |
| 10/24/2013 | Van Gompel, Bethany L. | RN150608/AP5273/LP042975 | Probation |
| 10/12/2013 | Walker, Cindy K. | LP031281 | Decree of Censure |
| 1/6/2014 | Welch, Heidi L. | LP040399 | Revocation |
| 11/6/2013 | Wingate, Joe B. | RN083772 | Voluntary Surrender |
| 11/7/2013 | Wood, Ashley M. | RN156580 | Voluntary Surrender |
| 11/6/2013 | Wright, Amy L. | RN107728, NC | Revocation of Multi-State Licensure Privilege |
| 10/17/2013 | Zafirir, Barbara T. | RN070476 | Decree of Censure |
| 11/26/2013 | Ziarnick, Katonah S. | RN168444 | Revocation |
| 1/31/2014 | Ziv, Gail S. | RN045016/AP0033 | Probation |

RN/LPN DISCIPLINARY ACTION

FEBRUARY 2014 - MAY 2014

| EFFECTIVE DATE | NAME | LICENSE | DISCIPLINE |
|-----------------------|-----------------------------|-------------------------|-----------------------------------|
| 3/13/2014 | Aaron, Lori R. | RN159856 | Probation |
| 5/12/2014 | Abdi, Meredith J. | RN147896 | Probation |
| 3/11/2014 | Adams, Amy M. | LP038565 | Revocation |
| 5/5/2014 | Alves, Robert P. | RN057915 | Revocation |
| 3/19/2014 | Atkinson, Ann M. | RN138572 | Decree of Censure |
| 5/7/2014 | Banman, Christine D. | TRN185842 | Stayed Revocation |
| 3/29/2014 | Beall, Paula J. | LP047345 | Suspension |
| 5/16/2014 | Bean, Sheila C. | RN180883 | Summary Suspension |
| 3/26/2014 | Beardslee, Gordon R. | RN065973 | Voluntary Surrender |
| 5/5/2014 | Bellamy, Kimberly | LP041527 | Revocation |
| 5/5/2014 | Benton, Paul J. | RN124187 | Revocation |
| 3/17/2014 | Bolton, Theresa A. | RN109626 | Voluntary Surrender |
| 4/29/2014 | Boswell III, Benjamin W. | LP Endorsement | License Denied |
| 4/9/2014 | Brooks, Elizabeth K. | RN058707/AP0239 | Decree of Censure |
| 4/30/2014 | Brown, Janet H. | RN162549 | Voluntary Surrender |
| 3/13/2014 | Brown, Peary A. | RN105646 | Probation |
| 3/11/2014 | Bunge, Kristen M. | RN140023 | Revocation |
| 4/14/2014 | Burcham, Jill E. | RN185308 | Decree of Censure |
| 5/2/2014 | Butler, Caroline A. | RN154305 | Revocation |
| 3/11/2014 | Caffey-Means, Regina A. | LP Endorsement | License Denied |
| 5/16/2014 | Casey, John M. | RN185787 | Probation |
| 5/5/2014 | Casey, Michelle N. | RN169037 | Revocation |
| 3/11/2014 | Chandler, Tracy L. | RN151822 | Revocation |
| 2/28/2014 | Chasse, Katherine J. | RN111381 | Voluntary Surrender |
| 5/2/2014 | Cifelli, Carol A. | RN053355/LP017203 | Decree of Censure |
| 5/7/2014 | Clark, Kristine A. | RN140868 | Revocation |
| 4/11/2014 | Collver, Kimberly R. | RN000099297 | Voluntary Surrender |
| 3/7/2014 | Cooper, Kathy A. | RN134587 | Revocation |
| 3/24/2014 | Dela Rosa, Emily Angeli A. | RN123345/AP3520 | Decree of Censure |
| 2/26/2014 | Doyle, Coleen G. | RN101411 | Voluntary Surrender |
| 4/25/2014 | Easton, Liam M. | Reissuance RN Applicant | Reissuance Denied |
| 4/28/2014 | Evans, Jeff T. | LP Endorsement | License Denied |
| 3/4/2014 | Fanya, Eric N. | LP046931 | Decree of Censure |
| 5/28/2014 | Fortune, Diane M. | RN071870/AP1602 | Voluntary Surrender |
| 5/16/2014 | Froio, Jason M. | RN159677 | Revocation |
| 4/16/2014 | Gabler, Amber N. | TRN183877/LP046134 | Decree of Censure |
| 3/30/2014 | Gallegos, Kathleen A. | RN107055 | Decree of Censure |
| 3/11/2014 | Galvan, Lois M. | LP008627 | Revocation |
| 3/27/2014 | Gonda, Jessica M. | RN Endorsement | License Denied |
| 3/11/2014 | Grady, Colleen T. | LP044406 | Revocation |
| 3/17/2014 | Grady, Patricia A. | RN021011 | Voluntary Surrender |
| 2/5/2014 | Griffin, Lynna H. | LP038678 | Probation |
| 3/24/2014 | Hall, Rebecca A. | RN184972 | Decree of Censure |
| 3/6/2014 | Hansen, Michael R. | RN184743 | Probation |
| 5/22/2014 | Harrington, Tameria L. | RN103861 | Revocation |
| 3/3/2014 | Hayes, Aaron J. | RN165398 | Voluntary Surrender |
| 3/3/2014 | Heim, Patricia J. | LP032014/CNA312741943 | Voluntary Surrender |
| 2/14/2014 | Hoyt, Samantha J. | LP046319 | Probation |
| 2/17/2014 | Hudon, Jessica J. | RN165032/LP045827 | Probation |
| 1/31/2014 | Hungarland, Nancy S. | RN178605 | Civil Penalty |
| 3/23/2014 | Hutton, Rebecca A. | RN173397/AP4531 | Stayed Suspension with Probation |
| 4/16/2014 | Iheagwam-Ahante, Katrina N. | LP046791/CNA1000014414 | Voluntary Surrender |
| 3/14/2014 | Isaacs, Christina K. | RN069899 | Revocation |
| 5/27/2014 | Jackson-Glover, Dianette J. | RN133532 | Reissuance with Decree of Censure |
| 5/15/2014 | Jamieson, Nicholas A. | LP049573 | Decree of Censure |
| 2/19/2014 | Jefferson, Ryan L. | RN Exam | License Denied |
| 4/25/2014 | Kavanagh, Patricia L. | RN046275 | Voluntary Surrender |
| 3/21/2014 | Kecman Jr, Stevo | RN Endorsement | License Denied |
| 5/5/2014 | Kewenvoyouma, Kristie B. | RN150850 | Revocation |
| 2/3/2014 | King, Traci A. | RN109707/LP034506 | Decree of Censure |
| 3/28/2014 | Koepf, Susan S. | RN037706 | Probation |

FEBRUARY 2014 - MAY 2014

| EFFECTIVE DATE | NAME | LICENSE | DISCIPLINE |
|----------------|---------------------------|---------------------------------|--|
| 5/16/2014 | Layaw, Karen R. | RN138514 | Probation |
| 2/12/2014 | Lesperance, Dawn L. | RN076650/LP023777 | Voluntary Surrender |
| 5/21/2014 | Lewis, Ann M. | RN185665 | Probation |
| 3/28/2014 | Lough, Tara M. | RN161733 | Suspension |
| 4/28/2014 | Lough, Tara M. | RN161733 | Probation |
| 3/28/2014 | Mack, Norman N. | RN146159/LP018901 | Stayed Revocation with Suspension |
| 3/26/2014 | Mack-Williamson, Afton F. | RN066056 | Civil Penalty |
| 2/14/2014 | MacLellan, S B. | RN148288 | Stayed Suspension with Probation |
| 3/12/2014 | Marchena-Perez, Susana M. | LP037550/CNA922553504 | Decree of Censure |
| 5/9/2014 | Matlock, Victoria A. | RN0571970, TX | Revocation of Multi-State Licensure Privilege |
| 3/7/2014 | McCullough, Acquilla | LP Exam | License Denied |
| 5/8/2014 | McLain, Sarah | RN113175 | Revocation |
| 4/14/2014 | Meggers, Karen L. | RN146529/CNA1000004494 | Stayed Revocation with Suspension |
| 3/7/2014 | Mick, Carolyn J. | RN157290 | Revocation |
| 4/8/2014 | Miller, Carole L. | LP050039 | Decree of Censure |
| 2/11/2014 | Miller, Julie M. | RN134141 | Voluntary Surrender |
| 3/9/2014 | Miller, Kenneth H. | RN109557/CRNA0400 | Decree of Censure |
| 3/11/2014 | Mitchell, Lacey L. | LPN Endorsement | License Denied |
| 2/21/2014 | Montgomery, Kelly S. | RN122001 | Voluntary Surrender |
| 3/28/2014 | Mucken, Sherill L. | LP017319 | Probation |
| 3/17/2014 | Nunez, Lauren F. | RN163590 | Voluntary Surrender |
| 2/12/2014 | Palmer, Melissa A. | LP047094 | Voluntary Surrender |
| 5/1/2014 | Pentland, Kathy I. | RN132985 | Voluntary Surrender |
| 5/5/2014 | Perlmutter, Crystal G. | LP965927 | Revocation |
| 2/24/2014 | Piotrowski, Elizabeth M. | RN070426/AP2353 | Probation with Civil Penalty |
| 3/14/2014 | Pritchert, Remy N. | LP047228 | Revocation |
| 4/9/2014 | Quiroz, Sapphire S. | RN158606 | Stayed Suspension with Probation |
| 4/24/2014 | Rabindranath, Benhur | RN053812 | Voluntary Surrender |
| 5/16/2014 | Rafferty, Wendi S. | LP046006 | Probation |
| 3/27/2014 | Rasmussen III, Roy P. | RN Endorsement | License Denied |
| 6/4/2014 | Rodriguez, Amie M. | LP050115 | Probation |
| 3/12/2014 | Rodriguez, Maria A. | RN151838/LP042077/CNA1000006065 | Revocation |
| 5/16/2014 | Rogers, Corie L. | RN167954 | Civil Penalty |
| 3/12/2014 | Sala, Ann I. | RN282121-3102UT | Decree of Censure |
| 3/28/2014 | Sipin, Crystal L. | RN811472, TX | Summary Suspension of Nurse Multi-State Licensure Privileges |
| 3/11/2014 | Slade, Bradley D. | RN125901 | Revocation |
| 3/18/2014 | Slobig, Maureen B. | RN060341/LP018718 | Decree of Censure |
| 5/13/2014 | Smith, Cynthia D. | RN164164 | Probation |
| 4/9/2014 | Smith, Ryan M. | RN168861 | Stayed Revocation with Suspension |
| 5/16/2014 | Steel, Adryon L. | RN158449 | Summary Suspension |
| 4/21/2014 | Steinberg, Ariel B. | RN135149 | Voluntary Surrender |
| 5/22/2014 | Stompro, David J. | RN086669 | Revocation |
| 2/4/2014 | Tanner, Michael E. | RN093151 | Voluntary Surrender |
| 4/17/2014 | Taylor, Elizabeth C. | RN154918 | Probation |
| 2/7/2014 | Taylor, Samantha J. | RN184153 | Probation |
| 3/28/2014 | Thomas, Teresa G. | RN120738 | Probation |
| 3/11/2014 | Thomas-Rucker, Deborah J. | RN056718 | Revocation |
| 5/5/2014 | Tindal III, Walter J. | RN103019 | Revocation |
| 5/2/2014 | Trujillo, Amanda L. | RN137552 | Revocation |
| 5/15/2014 | Urbina, Jennifer R. | RN123183 | Probation |
| 4/16/2014 | Valiente, Arturo R. | LP046479 | Voluntary Surrender |
| 5/24/2014 | Vega, Ivan H. | RN185788 | Decree of Censure |
| 4/5/2014 | Villaraza, Margarita K. | RN185059 | Civil Penalty |
| 3/27/2014 | Walker, Rebecca S. | RN Endorsement | License Denied |
| 4/7/2014 | Wallburg, Theresa L. | RN152392 | Decree of Censure |
| 5/5/2014 | Whitaker, Joyce M. | RN Reissuance Applicant | Reissuance Denied |
| 3/7/2014 | Whitten, Kristin P. | RN184702 | Probation |
| 5/22/2014 | Whitten, Kristin P. | RN184702 | Voluntary Surrender |
| 3/13/2014 | Williams-Shaw, James A. | LP038609 | Probation |
| 5/16/2014 | Wilson, Taylor C. | RN156335 | Revocation |
| 4/17/2014 | Zmudka, James E. | RN098725 | Stayed Revocation with Probation |

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| | |
|---------------|---|
| 9 - 9:05 | Welcome and Introductions K. Piotrowski |
| 9:05 - 10:15 | Describe/discuss purpose, benefits, outcomes (data-based) of the APRN Consensus Model (M. Cahill) |
| 10:15 - 10:50 | Participant discussion Consensus Model: Implications of Adoption in Arizona (M. Cahill, R. Quinn, K. Piotrowski, and D. Link - moderators and respondents) |
| 10:50 - 11:00 | BREAK |
| 11:00 - 11:40 | APRN Compact Legislation: Benefits, Implications, and Outcomes (J. Ridenour) |
| 11:40 - 12:00 | Participant discussion Compact Legislation: Implications of Adoption in Arizona (R. Quinn, R. Schaeffer, K. Piotrowski, and D. Link – moderators and respondents) |
| 12:00 - 12:30 | Legislating change in Arizona: Next steps (R. Hayes) |
| 12:30 | Adjournment |

Arizona is one of the states that has not adopted the APRN Consensus Model or Compact legislation, both associated with improved access to quality healthcare, particularly in rural states with underserved populations that have increasing health disparities. APRNs in the state of Arizona have identified these as priority policy changes for this decade. This activity/workshop would be preparatory to proposal introduction in 2015/16 and is necessary to improve APRNs' understanding of the purpose, implications, and possible benefits of these two pieces of legislation.

Objectives

1. Describe the NCSBN Campaign for Consensus Project
2. Analyze both process and outcomes of states that have attempted adoption of Consensus legislation.
3. Identify strategies to assure successful adoption of the Consensus Model of APRN Regulation.
4. Discuss the context (barriers, influencing factors, need) for Consensus legislation.
5. Describe and discuss the purpose and implications of APRN Compact Legislation.
6. Adopt a strategy to assure adoption of the APRN Consensus Model and Compact legislation in the state of Arizona.

Content Outline

1. Describe the NCSBN Campaign for Consensus Project (M. Cahill)
 - a. The development of The Consensus Model for APRN Regulation, Licensure, Accreditation, Certification, and Education (2008)
 - b. The project's strategic goals
 - c. The project's timeline
2. Analyze both process and outcomes of states that have attempted adoption of Consensus legislation. (M. Cahill)
 - a. Analyze the gains made by states through 2014 that are reflected in the NCSBN APRN Maps. Describe efforts that were successful as well as those that were unsuccessful and lessons learned from those attempts. Relate such learning to how it may be applied in Arizona.
3. Identify strategies to assure successful adoption of the Consensus Model of APRN Regulation.
 - a. Share the strategies advanced through the 2013 United National Strategy for the Consensus Model for APRN Regulation held in Chicago on August 28, 2013.
4. Discuss the context (barriers, influencing factors, need) for Consensus legislation. (Moderated Audience Discussion)
 - a. Present questions to the audience and exchange

ideas and information on the following topic areas:

- i. Analyze barriers to the adoption of the APRN title
 - ii. Discuss the factors and influences that create an identity as an APRN.
 - iii. Debate the need of disruptive Innovation in APRN education
 - iv. Review the work and composition of APRN legislative coalitions in the 2014 season and relate what may have contributed to success or failure of legislative attempts.
5. Describe and discuss the purpose and implications of APRN Compact Legislation.
 - a. The development of APRN Compact Legislation (R. Quinn)
 - b. The project's strategic goals (R. Quinn)
 - c. Outcomes from states that have adopted Compact legislation (R. Quinn)
 - d. Outcomes from Arizona after adopted RN Compact legislation (R. Quinn)
 - e. Moderated Group Discussion about APRN Compact legislation proposal (Moderated Audience Discussion)
 6. Adopt a strategy to assure adoption of the APRN Consensus Model and Compact legislation in the state of Arizona (R. Hayes)
 - a. Describe Arizona's Sunset Legislative Process for Professional Practice Changes
 - i. Timeline
 - ii. Benefits
 - iii. Potential Negative Consequences
 - b. Adoption of a "next steps" strategy and process for the state of Arizona (R. Quinn, D. Link, R. Schaeffer, a CNM, and CNS as well.

Speakers

Maureen Cahill, MSN, RN, National Council State Boards of Nursing
 Joey Ridenour, RN, MN, FAAN, Executive Director, AZ State Board of Nursing
 Randy Quinn, RN, MSN, CRNA
 Rory Hayes, MA, Lobbyist, AzNA

Additional Discussion Moderators:

Kathy Piotrowski, DNP, RN, CRNA
 Robin Schaeffer, MSN, RN, CNE
 Denise Link, RNP, PhD, CNE, FNAP

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