

arizona STATE BOARD OF NURSING

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REGULATORY JOURNAL

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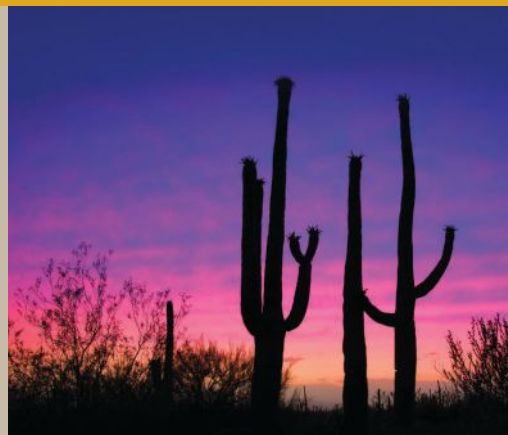
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From the Executive Director

JOEY RIDENOUR, RN, MN, FAAN

The Arizona Board of Nursing (AzBN) supports our military personnel and veterans returning to civilian life and wishes to express our gratitude for the sacrifices that they and their families have made on behalf of our nation. The healthcare skills that men and women acquire in the Armed Forces are valuable and may benefit an individual that decides to pursue a career in nursing.

This edition of the Arizona State Board of Regulatory Journal features the nursing leadership of Gateway Community College (GWCC) - Dr. Margi Schultz, Chair and Jeri Lastine, LPN Coordinator. They and other educators accepted the challenge of Arizona House Bill 2076, sponsored by Representative Sunny Borrelli, to translate the service member's military experiences to the veteran student role for success within the civilian nursing health care world.

The overarching goal of the GWCC veteran bridge/pathway program is:

"To develop a statewide bridge course/pathway based on the gap analysis for the military veteran educated in the medical field. The ultimate goal of the program was and still is not only to attain the certificate of completion in practical nursing, but to continue on to an associate degree in nursing, a bachelor's degree in nursing, and beyond."

The following is a summary from Dr. Schultz and Pam Randolph regarding the 50 Bridge Course Students who have completed the course work as of August 2015.

The pass rate of the Veteran's Bridge Course students who have elected to sit for the NCLEX-PN is currently 99%. Two Bridge Course students have successfully completed the RN Maricopa Nursing program at GWCC and additional students are either completing pre-requisites to enter the RN program or are currently in blocks 3 or 4. A total of 50 Veterans have completed the course with 17 to date achieving LPN licensure (cohort 3 has not had time to test).

The Gateway educators knowledge of the Operation Iraqi Freedom and New Dawn (OIF) and Operation Enduring Freedom (OEF) veterans was important in developing the a realistic, quality, transitional education program for the veteran students. Over the past two years Gateway has learned what is important for veteran student successful entry, progression, retention, and graduation from the nursing program. Using the National Council of State Boards of Nursing veteran gap analysis and cutting edge educational approaches tailored for the curriculum, as well as coaching; the program has been successful in expediting veteran student progression in the program.

Special thanks to Dr. Schultz, Jeri Lastine, GWCC faculty and the AzBN Education Task Force for developing an innovative educational bridge program for veteran students.



from left to right

Jennifer, RN - Telemetry
2015 DAISY Awardee*

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VETERAN'S BRIDGE COURSE

to Licensure as a Practical Nurse

By Margi Schultz RN, PhD, CNE, Chair, Gateway Community College Nursing Program
Pamela Randolph RN, MS, FRE,
Associate Director Education & Evidence Based Regulation Arizona State Board of Nursing

Introduction

In February 2013, Arizona House Bill 2076 (introduced by Representative Sunny Borrelli) was passed into law, allowing military Veterans with a healthcare designation to obtain licensure as a practical nurse after completion of a bridge course as approved by the Arizona State Board of Nursing (Board). The purpose of the bridge course was to fill any gaps between a healthcare Veteran's education and experience and completion of a traditional practical nurse program. In May 2013, the Board discussed this opportunity for Veterans and recruited a group of volunteer educators from around the state to partner with military consultants to create a state-wide Veteran's Bridge Course curriculum. The group worked diligently over the summer of 2013 and after presentation to the Board the first pilot course was approved in September, 2013 as a course to be offered at GateWay Community College (GWCC) in Phoenix, AZ. This article presents both the planning and implementation of the course along with the outcomes of the first three cohorts.

Background

In February 2013, the White House released a report titled, "The Fast Track to Civilian Employment: Streamlining Credentialing and Licensing for Service Members, Veterans and their Spouses." Based on this document, Representative Borrelli introduced HB 2076 (military applicants; license requirements) to the Arizona legislature. Representative Borrelli was interested in helping military Veterans with a health care designation and military transcripts get jobs as licensed practical nurses. To do that, Veterans needed to meet the educational criteria for practical nurse licensure and the Board needed statutory authority to approve a limited program to address gaps between military education and an approved LPN program. It was fortunate that the National Council of State Boards of Nursing (NCSBN) released a gap analysis

titled, "A Comparison of Selected Military Health Care Occupation Curricula with a Standard Licensed Practical/Vocational Nurse Curriculum." This gap analysis became the foundation for creating the curriculum for the Veteran's Bridge Course.

The Task Force

The purpose of this task force was: To develop a statewide bridge course/pathway based on the gap analysis for the military veteran educated in the medical field. The ultimate goal of the program was and still is not only to attain the certificate of completion in practical nursing, but to continue on to an associate degree in nursing, a bachelor's degree in nursing, and beyond.

There were many volunteers for this group; ultimately, the group was comprised of RN and LPN educators from rural and urban areas of Arizona and a representative from the Board. Several members had military experience and experience with healthcare designated military personnel (See participant list at the end of this article).

The task force considered a variety of sources in deriving the curriculum including: existing literature, policy statements from other boards of nursing, military curriculum documents, past analyses by Board staff, military personnel experiences and student group input. Early on, task force members identified priority content gaps in military education as related to LPN scope of practice. The group held several detailed discussions before agreeing on the amount and type of didactic education, clinical experience and simulation that would be needed to prepare the student for PN licensure. Core knowledge, skills, abilities and attitudes were written into the curriculum. Student learning outcomes and the course organization relied heavily on the current GWCC Practical Nurse curriculum.

The task force explored the option of “testing out” the skills of incoming students, knowing there could be a wide range of knowledge and skills coming into the program. Long discussions ensued regarding the efficacy of assessing each individual student for placement. Schools who utilize skill testing for student placement were contacted and testing rubrics were reviewed. Ultimately, the group came to the conclusion it would be best in this short, intense course to provide review and practice of all basic skills to all participants, knowing some would be more advanced in certain areas than others. As can be seen from the comments on evaluation, students did not object to this review and practice; in fact the majority of students expressed appreciation for the skill labs and simulation which was included in the clinical portion of the course.

The task force also wanted the course to serve as a foundation to encourage graduates to enter an RN or other health care education program. When the draft was nearing its final form, consultants from various branches of the military and Veteran’s organizations, additional faculty, as well as Veteran students who had previously completed the GWCC Fast Track Practical Nurse program reviewed the draft and provided recommendations for the final course outline.

Course Design

Eligible students included any person who completed military health care training to include but not limited to: Basic Medical Technician Corpsman Program (Navy and Air Force), Air Force Independent Duty Medical Technician, Army Health Care Specialist or an LPN who needs a refresher course.

Based on the gap analysis and the purpose of the course, the group structured the course as follows:

- 8 didactic credits (120 hours);
- 4 credits of lab/simulation/clinical/Pharm/IV skills (180 hours)
- Total of 12 credits/300 clock hours

The Veteran’s Bridge Course was envisioned as a hybrid course of approximately 14 weeks with nearly 50% of the didactic content online. Lab sessions consisted of skill stations and testing with a heavy emphasis on intravenous skills. Both high and low fidelity simulation was incorporated. Clinical experiences were more heavily weighted in areas not covered in most military healthcare education: maternity nursing, pediatrics, and long-term care. Acute care experiences were also provided to round out the course.

Final Lab and clinical hours were determined as follows:

- 40 hours long term care/acute care
- 25 hours pediatric clinical/lab
- 25 hours maternity clinical/lab
- 45 hours alternative/simulation
- 45 hours IV/Pharm

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Course Content

Course content included care of geriatric, adult, pediatric, and childbearing clients. Within these populations of care, areas of didactic and clinical focus included:

- Role of the practical nurse collaborating with other members of the healthcare team;
- Concepts of health promotion and disease/illness prevention;
- Therapeutic communication techniques;
- Nutritional concepts;
- Medication administration including pharmacokinetics and pharmacodynamics of medications, nursing considerations in medication administration, and dosage calculation;
- Anatomy and physiology and pathophysiologic
- Documentation and concepts related to information technology.
- Concepts of delegation, prioritization and management of care for the practical nurse

See Figure 1 for Course Competencies and Figure 2 for Course Outline



Lessons Learned

As with all well-planned good intentions, there are simply times things don't go as hoped and planned. Several students – especially in the first two cohorts – let us know in no uncertain terms what we were doing incorrectly! The team listened and made revisions along the way. Here are a few “pearls of wisdom” from the GWCC teaching team.

- Transcript Evaluation Expertise: Each school should ensure that they have the necessary expertise to evaluate military transcripts. While these transcripts may seem simple, there are many different courses to review for the “health care designation” part of the criteria. At GWCC, these military courses are then substituted for the first semester of the practical nurse program with the Bridge Course meeting the criteria for the certificate of completion. One student from the second cohort wrote, “passing the course was actually easier than getting into the course.” Unfortunately, that might have had a ring of truth to it for the first few cohorts!
- PN scope of practice: The role of the LPN is different than a Registered Nurse (RN). A successful LPN program is not a “watered down” RN program, nor is it the first half of a RN program. LPNs have specific skills and knowledge, which need to be clearly articulated throughout the program of study. We at GWCC were fortunate to have a dedicated LPN faculty and advisor team to facilitate the course and routinely review and update the curriculum based on student evaluations. We were also fortunate that many of these were, themselves, military veterans.
- Re-think online: The original program of study called for almost 50% of the didactic content to be offered online. While it sounded good to all, students reported a feeling of disconnectedness and lack of structure in the theory portion. Approximately halfway through the first cohort, additional face-to-face classes were added including review sessions to assist students in learning the content. In subsequent

Continued on page 10

cohorts, the online portion of the content was reduced to 25% which has been well-received by students and faculty.

- **Saturday Sessions:** Lab and clinical sessions were originally scheduled for Saturdays with the assumption that the students would be working Monday through Friday and available on weekends. This was a false assumption because many of the students were in the military reserves which entailed service every other weekend. Again, a quick change was needed and we are now facilitating the majority of lab and clinical sessions on weekdays whenever possible.
- **Veterans Center:** It is important for a college to realize many Veteran students are also integrating into civilian life which can be challenging. Some concerns of our students were: finding work while in school, reuniting with family, integrating back into civilian work, and emotional/psychological stressors such as post-traumatic stress disorder. Our Veteran’s Center at GWCC is an important resource for these students.
- **Not just for Veterans:** We discovered that if the course was ONLY for Veterans, students would not be able to access financial aid (GI benefits, federal financial aid, etc.). Armed with this information and experience in teaching LPN refresher students, we were able to gain Board approval to add LPN refresher students to this group. This blending of the two groups worked well as both unique student cohorts come with varying levels of experience and skills.

Evaluation

The following is a summary of the groups to date. The pass rate of the Veteran’s Bridge Course students who have elected to sit for the NCLEX-PN is currently 99%. Two Bridge Course students have successfully completed the RN MaricopaNursing program at GWCC and additional students are either completing pre-requisites to enter the RN program or are currently in blocks 3 or 4. A total of 50 Veterans have completed the course with 17 to date achieving LPN licensure (cohort 3 has not had time to test). The chart below contains representative course comments of the first cohort and the changes made at GWCC.

Cohort	Grads	Positive Comments	Negative comments	Changes made
Feb-June 2014	20	<ul style="list-style-type: none"> -Loved the clinical and labs -Faculty made the information easy to understand -Appreciated the option to use what I had learned and feel ready to enter RN program -Clinical in long-term care facility was eye-opening -OB part was awesome 	<ul style="list-style-type: none"> -Need more lab time with hands on practice -More simulation, please! -Want more in-person class time; -The online information is not easy to follow and needed more explanation -Getting into the program was a hassle 	<ul style="list-style-type: none"> -Decreased hybrid component Adjusted schedule to week-day labs -Added more hands-on practice to lab hours -Added open lab hours for all students -Implemented adaptive testing -Based on faculty evaluation – students were provided extra time learning basics.

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2nd Group started 7/2014; completed 12/2014 (16 students)

- Good opportunity to learn/relearn skills
- Loved the instructors – helpful many had military background
- I could put in a chest tube but didn't know how to give a bed bath – who knew!
- It's great Veterans are able to use what they learned from real life job
- Some material could be condensed
- The (GWCC) program itself is a great idea for military members with training as the military is based on more emergency care and critical care – never learned the basics
- Loved the OB/Peds – great hands-on!
- I thought I knew many things, but this was eye-opening
- Instructors were all knowledgeable and wanted everyone to succeed

3rd group started 2/2015, completed 6/2015 (16 students)

- The best thing about this semester has been learning new tools for being a nurse and the instructors
- The semester has gone quickly and I got to review information I knew as well as learn new skills
- The OB and pediatric information was great – super instructor
- Good blend of online and in-person – I was able to keep up and not feel stressed!
- The course was the best. Being able to use what I did in the military was great
- The instructors are really good and the program is fast-paced but good!
- It is accelerated and doesn't spend too much time on what I already knew
- The facts are clear – this is the first program I'm aware of that actually takes into account military experience and the instructors recognize this fact as well.
- This is the best program I could imagine. I so appreciate GW doing the bridge program and while getting enrolled was a little tough, the class itself has been excellent

Next Steps

The next cohort is getting ready to start at GWCC and at this writing; the Bridge Course team has spent the summer reviewing evaluations and updating the curriculum. Representative Borrelli recently paid us a visit and expressed his appreciation for the program

and his desire that the course be offered at community colleges throughout the state. GWCC is making continuous improvements to the course and eager to share the curriculum, forms, and any resources to help other schools offer this option.

Conclusion

In Arizona a group of educators in conjunction with our Board designed and implemented an effective Bridge Course for Veterans with health care designations to allow them to attain LPN licensure. The outcomes of the course included 50 graduates, positive student evaluations and 9 graduates enrolled in an RN program.

With thanks to the excellent GWCC Bridge Course team – Jeri Lastine, MSN, RN, Program Coordinator; Nancy Dunn, MSN, RN (Captain, Navy Reserves); Suzanne Clifford, MSN, RN; Pat Novak, MSN, RN; Adrian Stauffer, MSN, RN; Manny Moneda, RN, (Air Force Reserves, Ret.)

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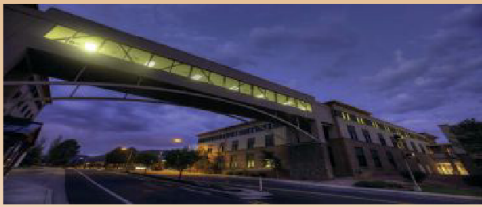
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Brian Stewart, Pima Community College, Center for Training and Development
Sharon Caves, Pima Medical Institute, Mesa
Debra Colbert, Breckinridge School of Nursing @ ITT Tech
Bruno Talerico, Southwest Skill Center at Estrella Mountain Community College
Pam Fuller, President, Chamberlain College of Nursing
Marty Mayhew, Pima Community College RN Program
Peg Erdman, Northland Pioneer College
Freya Brewer, Chamberlain College of Nursing
David Kutzler, Pima Community College, Center for Training and Development
Carolyn McCormies, Eastern Arizona College
Pamela Randolph (Arizona State Board of Nursing).

Figure 1. Veterans Bridge Course Competencies

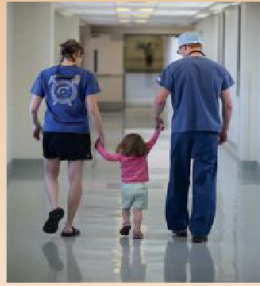
Specific course competencies included:

- 1) Discuss the differences between current military healthcare role and practical nursing.
- 2) Demonstrate therapeutic communication skills and caring behaviors to clients and their families across the lifespan.
- 3) Demonstrate critical thinking skills and problem-solving to provide holistic nursing care to clients.

Continued on page 14



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EOE

- 4) Review types, classifications, pharmacokinetics, and pharmacodynamic properties of selected drugs.
- 5) Apply principles of safe medication administration for childbearing, pediatric, adult, and geriatric clients.
- 6) Perform data collection techniques for childbearing, pediatric, adult, and geriatric clients.
- 7) Implement the established plan of care for childbearing, pediatric, adult, and geriatric clients.
- 8) Apply anatomy and physiology, and pathophysiologic concepts to the care of clients with selected health alterations across the lifespan.
- 9) Apply integrated nutritional concepts that support health promotion and disease prevention to clients across the lifespan.
- 10) Identify developmental stages and transitions for adult, child-bearing, pediatric, and geriatric clients.
- 11) Demonstrate safe techniques and competent care in providing interventions for clients receiving intravenous therapy.
- 12) Calculate medication dosages safely and accurately.
- 13) Practice within the regulatory, legal and ethical frameworks of practical nursing.
- 14) Demonstrate safe performance of selected clinical skills/procedures.
- 15) Communicate significant client findings and events to the registered nurse and other members of the healthcare team.
- 16) Demonstrate culturally sensitive care.
- 17) Describe the role of the practical nurse in the management of a group of clients under the direction of a registered nurse using time management, interpersonal communication, delegation and organizational skills.
- 18) Apply elements of technology and information management to document and report client findings and conditions.
- 19) Demonstrate safe and competent care in providing nursing interventions for clients across the lifespan.
- 20) Identify various healthcare roles that are part of the healthcare team and differentiate the LPN role as defined by the Arizona State Board of Nursing.

Figure 2. Veteran's Bridge Course Outline

I. Critical Thinking

- A. Nursing Process
- B. Data Collection
 1. Components of a Health History
 2. Full vs. Focused Assessment
- C. Planning
- D. Implementation
- E. Evaluation
- F. Documentation
 1. Electronic Medical Record
- G. Caring for the Pediatric/Adult/Geriatric and Childbearing Patient
 1. Therapeutic Communication

II. Role Development

- A. Role transition from Veteran healthcare worker to the role of the

Practical Nurse

- B. Collaboration within the Health Care Team
 1. Communication
 2. Conflict Resolution
 3. Delegation
 4. Role in Patient Education and Discharge Planning
- C. Scope of Practice
 1. Standards of Practice for the Practical Nurse
 2. State Nurse Practice Act
 3. Agency Specific Guidelines
- D. Legal and Ethical Considerations in Patient Care
- E. Licensure Process
 1. National Council Licensure Examination
 2. State Board of Nursing
- F. Transition into Employment Sector
 1. Professional appearance
 2. Professional communication
 3. Resumes
 4. Interview skills

III. Holism

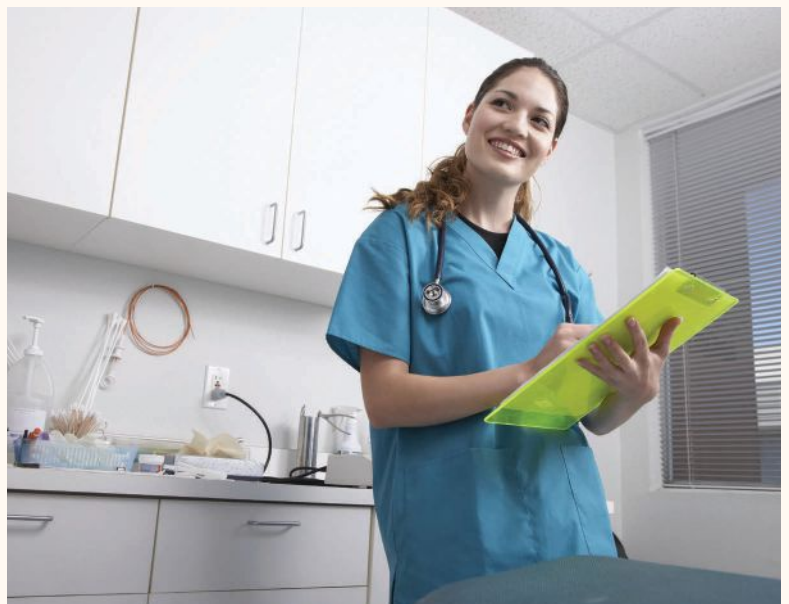
- A. Religious and Spiritual Considerations
- B. Cultural Considerations
- C. Developmental Life Span Considerations
 1. Stages of Growth and Development for Pediatric/Adult/ Geriatric and Childbearing Patients
- D. Health Promotion and Disease Prevention for Pediatric/Adult/ Geriatric and Childbearing Patients

IV. Safe Nursing Practice

- A. Nursing Care of Adult/Geriatric/Pediatric Patients with Select Alterations in Health, Anatomy/Physiology/Pathophysiology, Applicable Laboratory and Diagnostic Examinations, Medical Management, Nursing Process, Pharmacokinetics and Pharmacodynamics of Applicable Medication Classifications
 1. Disorders of the Cardiovascular and Peripheral Vascular System
 2. Disorders of the Respiratory System
 3. Disorders of the Gastrointestinal System
 4. Disorders of the Endocrine System
 5. Disorders of the Immune System
 6. Disorders of the Integumentary System
 7. Disorders of the Hematologic and Lymphatic System
 8. Disorders of the Reproductive System
 9. Disorders of the Musculoskeletal System
 10. Disorders of the Genitourinary System
 11. Disorders of the Neurologic System
 12. Fluid/Electrolyte and Acid/Base Imbalances
 13. Cancer
 14. Mental Health Disorders

Continued on page 16

- a. Behavior Management
- b. Crisis Intervention
- 15. Surgical Patient
 - a. Preoperative
 - b. Intraoperative
 - c. Postoperative
 - B. Nursing care of the Antepartum Patient and Family
 - C. Nursing Care of the Intrapartum Patient and Family
 - D. Nursing Care of the Postpartum Patient and Family
 - E. Nursing Care of the Neonate
- V. Selected Clinical Skills/Therapeutic Procedures
 - A. Assisting with Activities of Daily Living
 - 1. Feeding
 - 2. Dressing
 - 3. Bathing
 - 4. Positioning
 - 5. Ambulating and Transferring Patients
 - 6. Toileting
 - 7. Grooming
 - B. Vital Signs
 - C. Internal and External Disaster Planning
 - D. Handling Hazardous and Infectious Materials
 - E. Ergonomic Principles
 - F. Use of Restraint and Safety Devices
 - G. Admission/Transfer/Discharge Procedures
 - H. Wound Care
 - I. Heat/Cold Therapy
 - J. Oxygen Therapy
 - K. Urinary Catheter
 - L. Ostomy
 - M. Nasogastric/Feeding Tube
 - N. Chest Tube
 - O. Care of the Patient Receiving a Blood Transfusion
 - P. Tracheostomy
 - Q. Electrocardiogram/Cardiac Monitoring
 - R. Wound Care
 - S. Medication Administration
 - 1. Medication Orders
 - 2. Drug Preparations
 - 3. Dosage Calculations
 - 4. Preparation of Medications
 - 5. Medication Administration Methods
 - 6. Documentation
 - T. Intravenous Infusion Therapy/Venipuncture
 - 1. Scope of the Practical Nurse
 - a. Arizona State Board of Nursing
 - b. Legal Implications
 - c. Documentation
 - 2. Blood Collection
 - 3. Principles of IV Therapy
 - a. Routine Care and Maintenance
 - b. Catheter Site Care
 - c. Flushing with Saline or Heparinized Saline
 - d. Client Evaluation
 - e. Equipment
 - 4. Complications/Adverse Reactions
 - a. Local
 - b. Mechanical
 - c. Systemic
 - 5. Insertion of Peripheral-Short IV Catheters
 - 6. Discontinuation of Peripheral IV Catheters
 - a. Peripheral-Short
 - b. Peripheral Midline
 - 7. Pharmacokinetics/Pharmacodynamics for Select IV Fluids and Medications
 - a. Hypo-/Iso-/Hypertonic Solutions
 - b. Premixed/Admixture Medications
 - 8. Dosage Calculations/Regulating Rates
 - 9. Administration of Select Intravenous Solutions
 - a. Un-medicated Solutions
 - b. Premixed/Admixed Medications
 - 10. Care and Maintenance of Central Line
 - U. Clinical Skills/Therapeutic Procedures for the Child-Bearing Client/Family/Neonate
 - 1. Data Collection
 - 2. Use of Isolette/Warmer
 - V. Clinical Skills/Therapeutic Procedures for the Pediatric Client
 - 1. Data Collection
 - 2. Medication Administration





Controlled Substance Prescription Monitoring Program

The street value of hydrocodone, oxycodone, oxymorphone, and methadone range from \$5.00 to \$20.00 a pill. A patient receiving a bottle of 90 tablets of oxycodone 30mg, and a bottle of 30 tablets of hydrocodone 5mg, can earn over \$1,600 dollars a month (Street Rx, n.d.). Opioids are the most widely misused or abused drugs of controlled medication prescriptions and are involved in most prescription related overdoses (National Institute on Drug Abuse [NIH], 2014). The public is placed at risk when reckless prescribers indiscriminately prescribe controlled substances to a person with a substance use disorder (SUD), to those patients who divert their prescription drugs to others; or prescribe without safe guards in place to deter abuse and diversion. Today's physicians, nurse practitioners, physician assistants, nurses, and pharmacists will either contribute to the problem, or become a part of the solution.

Why Do We Care?

Many people erroneously believe that prescription drugs are safer than illicit drugs. According to the National Institute on Drug Abuse, from 2001 to 2013, there was a 2.5-fold increase in the total number of deaths from prescription drugs (National Institute on Drug Abuse [NIH], 2015). In 2008, accidental or unintentional deaths from prescription drugs exceeded motor vehicle accidents as the leading cause of injury-related death in the United States (Rhyee, 2015), and in 2013, nearly two million Americans abused prescription painkillers (CDC, 2015). A large percentage of drug overdoses stem from prescription opioids. The most common prescription drugs involved in overdose deaths include hydrocodone, oxycodone, oxymorphone, and methadone. Opioid medications have psychoactive properties



that overstimulate dopamine, which can influence changes in the brain's limbic (reward) system and contribute to abuse and addiction in some patients. In the United States, approximately 44 people die each day from overdoses involving prescription painkillers, more people than those who die from heroin and cocaine combined (Centers for Disease Control and Prevention [CDC], 2015). Prescription overdose deaths often involve benzodiazepines which, when used with opioids, increase the risk of respiratory depression and ultimately death. Effective use of evidence-based guidelines can assist health care providers in safe prescribing practices and effective treatment. Utilizing the Controlled Substance Prescription Monitoring Program (CSPMP) has become an integral piece in the standard of care to prescribe safely and reduce the risk of prescription drug misuse and abuse.

Standard of Practice

In 2004 the Arizona State Board of Nursing Advanced Practice Advisory Committee introduced an Advisory Opinion on *The Use of Controlled Substances for the Treatment of Chronic Pain*. This Advisory Opinion was subsequently updated in 2009 and 2012, and is intended to assist nurse practitioners

in responsible prescribing of controlled substances in the treatment of patients with chronic pain (Arizona State Board of Nursing [AZBN], 2012). In 2014, the Arizona Department of Health Services released prescribing guidelines for treating acute and chronic non-terminal pain, intended to clarify practice guidelines and reduce the frequency of inappropriate prescribing of controlled substances in the treatment of pain. Both documents refer to the CSPMP as a necessary tool in responsible prescribing of controlled substances.

Who Uses the CSPMP?

The CSPMP is a computerized database tracking system designed to track prescribing, dispensing, and consumption of scheduled drugs. In 2007, the database was originally developed for law enforcement to identify patterns of misuse, diversion, or excessive prescribing. The database has since expanded to allow access to prescribers, pharmacists, patients, regulatory boards, and the Arizona Health Care Cost Containment System, to utilize as an efficient and cost effective resource to identify those patients who abuse or misuse controlled substances (Community Partnership of Southern Arizona [CPSA], 2013).

Access to CSPMP

Prescribers may request access to the CSPMP through the Arizona Board of Pharmacy website at <https://pharmacypmp.az.gov>. The program is free. Registration requires contact information, Drug Enforcement Agency (DEA) and state license and or certification numbers. Once registration is confirmed, a short training tutorial is required. Upon completion of the tutorial, submit log-on information, username and password.

Legal Ramifications

Arizona Revised Statute 36-2606 requires each medical practitioner who is licensed under Title 32, and who possesses a DEA license, to register with the CSPMP; each DEA license number should have a corresponding CSPMP registration number. Practitioners may only obtain a CSPMP profile on an individual with whom there is a patient-provider relationship. If authorized to request information from this repository, practitioners must also ensure confidentiality and the security of the data. All aspects of the report are considered confidential, which include data collection, storage, transmission of requests, and dissemination of reports.

Analyze the CSPMP

The CSPMP contains an individual's controlled substance prescription profile during a specified time period. This list includes schedule II-IV controlled substances prescribed by a prescriber. Information on a CSPMP report contains the date a prescription was written and the date it was filled. An important distinction to make is that the "fill" date on the CSPMP report is the date the pharmacist or dispenser filled the prescription, which is not necessarily the same date that the patient received the prescription. Other information contained on the report includes the prescriber name and DEA number, prescription number, medication name, quantity of the drug, the number of days intended for the prescription to be used, pharmacy name, and whether the prescription was new or a refill.

Morphine Equivalency Dosing (MED)

The Morphine Equivalency Dosing number is provided on the CSPMP when opioids are reported on the CSPMP. The Morphine Equivalency Dosing (MED) number was developed by the Center for Disease Control, and is a conversion chart designed to equate different opiates and strengths into a standard morphine equivalent value. Each active opioid prescription (those that the patient is currently taking based on how the prescription is written) will have a MED value on the conversion chart, and then combined into one daily MED value. It is important to note that the MED value is a snapshot of the day that the report is run and may have up to a two-week lag time for prescriptions not yet entered. A team of specialists identified a threshold of 100 or greater, to stimulate prescribers to "Press Pause" before prescribing the opiate (Arizona State Board of Pharmacy, 2015). If the MED value is greater than 100, it does not mean the prescriber should not prescribe the opioid. The MED value is intended to trigger the prescriber to pause and take into account a number of clinical considerations.

Red Flags

Every 19 minutes someone in the United States dies from prescription drug overdose (Partnership for Drug-Free Kids, 2015). When viewing a patient's CSPMP profile, some potential signs of prescription drug diversion include early refills, filling prescriptions at a pharmacy an unusual distance from the clinic, and receiving the same medications from multiple providers. The CSPMP may reveal a pattern of obtaining controlled substances with early refills that reveal the patient may have, or is developing, a psychological dependence on a drug. Review of the CSPMP may also provide the prescriber an opportunity for an early intervention that may prevent future abuse and misuse. "What a patient received over the last 6-12 months is more important than what they received last week" (CPSA, 2013, para. 8).

The CSPMP report may reveal groups

of specific drugs that should raise a red flag for concern. Some abusers of prescriptions drugs will combine other controlled substances to intensify the desired effect. Common combinations include an opiate, benzodiazepine and a muscle relaxant, also known as a drug "cocktail." Hydrocodone, alprazolam, and carisoprodol are commonly referred to as the "Trio or Trinity." When hydrocodone is replaced with oxycodone, the cocktail is known as "Holy Trinity" (Arizona State Board of Pharmacy, n.d.). Other red flags include, claiming lost or stolen prescriptions, requesting early refills, or requesting drugs with a high street value. When reviewing the CSPMP, examine the report for multiple prescribers, cash payments, or patients using multiple addresses or similar birthdates.

OxyContin

OxyContin is designed to slowly release oxycodone over 12-hours, but abusers discovered that chewing an OxyContin tablet, crushing the tablet and snorting the powder, or dissolving the powder to create a solution and injecting it, produces an instant high comparable to heroin (The New York Times, 2011). The makers of oxycodone reformulated OxyContin to turn into a gel when crushed. Since the reformulation of OxyContin in 2010, the demand for OxyContin has dropped, but Opana, another time-release drug, has surged in demand and been associated with increasing overdose deaths. Oxycodone 30mg is the highest dose available for oxycodone and is one of the most sought after prescription drugs for abuse.

What Do Regulators Look For?

If a complaint is filed with a regulatory agency, such as the Board of Nursing, the Board may request a CSPMP profile for the prescriber to review prescribing patterns, such as the same drug and identical dose regardless of patient type, large volumes of drugs, drug cocktail combinations, family members receiving same drug, and prescribing early refills. The Board may request patient medical records and compare the record to the CSPMP report to

determine if the prescription is consistent with diagnostic evidence, if urine drug screens are consistent with prescriptions, and if unexpected findings are documented in the medical records and if there is evidence that the prescriber consulted the CSPMP before prescribing the controlled substance.

Pharmacists

Federal regulations indicate, "A Pharmacist has a corresponding responsibility to that of the prescriber to ensure that a prescription is being filled is one for a legitimate medical purpose." Because of this, pharmacists may also check a patient's CSPMP and contact the prescriber if there is a question about the legitimacy of the prescription. If a pharmacist, or any licensed clinician, believes a medication is being prescribed for other than "legitimate medical purposes" they must report the conduct to the respective licensing Board.

Limitations – Just a Tool

The CSPMP has its limitations. First and foremost, prescribers must understand that the CSPMP is just a tool, and providers should review additional information, when available, to validate unexpected findings on the CSPMP report. Prescribers should use the CSPMP as a means to review prescriptions with their patients and receive their feedback to clarify any concerning findings.

Contributors

Limitations of the CSPMP include contributors to the database. Prescriptions that are filled in bordering states may not be reported on the state CSPMP database searched by the provider, and delays in providing information to the CSPMP may result in a CSPMP report to appear lacking of recent prescriptions filled. The law requires that all dispensing providers enter the information in the system within one week of dispensing the controlled substance, and the pharmacy board has another week to enter the information into the CSPMP database, creating a potential two-week lag in reporting a controlled substance prescription. A further consideration is that not all facilities are required to report to database. Federal healthcare facilities (e.g. Department of Veterans Affairs [VA], Department of Defense,

and Indian Health Service) are not required, and do not generally report to state CSPMPs, though more VA systems are now contributing. Additionally, methadone clinics are also not required to report to state agencies.

Human Error

Human error should be considered when reviewing the CSPMP report, as a human being must enter the information into the system and sometimes the wrong drug, wrong dose, or wrong provider is entered in error. An illegible prescriber name, handwritten on a prescription, may result in the pharmacist incorrectly identifying a prescriber in the system. The column on the CSPMP identified, as "Date filled" is the date the medication was dispensed into the bottle, not the date the patient picked up the prescription.

Summary

The public is harmed when reckless prescribers indiscriminately prescribe controlled substances to a person with a substance use disorder (SUD), to those patients who divert their prescription drugs to others; or prescribe without safe guards in place to deter abuse and diversion. The Arizona State Board of Pharmacy (n.d. video) reported that 70% of Americans are taking one prescription drug and 50% of the population take at least two. America's prevalent drug problem is not only with drug dealers and drug lords; it is also in our medicine cabinet. The mother of a young woman who died of an overdose said to me, "It was no secret that my daughter was a drug addict; why would anyone hand a drug addict, a prescription for an addictive drug?" The State Board of Pharmacy provides access for prescribers to register for the CSPMP and obtain prescription profiles on patients before they write a prescription for a controlled substance. The CSPMP is a necessary tool in responsible and safe prescribing of controlled substances.

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Attention: Nurse Practitioners & Certified Nurse Midwives Currently Holding or Intend to Obtain One or More DEA Numbers

The Controlled Substances Prescription Monitoring Program (CSPMP) is a statutory program developed to promote the public health and welfare by detecting diversion, abuse and misuse of prescription medications classified as controlled substances under the Arizona Uniform Controlled Substances Act.

Arizona Revised Statutes (A.R.S) § 36-2606, effective December 31, 2015, requires every Arizona medical practitioner, including **Nurse Practitioners & Nurse Midwives** who intend to obtain a Drug Enforcement Administration (DEA) number or who hold one or more DEA registration number to also hold a Controlled Substances Prescription Monitoring Program (CSPMP) registration issued by the Arizona State Board of Pharmacy. There is NO fee to the practitioner for this registration.

Please complete [Application for Registration Access to the Arizona CSPMP Program found on page 20](#) and

return to the Arizona Board of Nursing no later than October 1, 2015. Please contact the Board of Nursing at 602 771-7800 or email Judy Bontrager at jbontrager@azbn.gov should you need additional information

about this new law.

Additional information regarding the CSPMP may be accessed from the Arizona Board of Pharmacy at <https://pharmacympm.az.gov/>



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EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
7/7/2015	Alcott, Corraina L.	CNA Applicant	Certificate Denied
6/23/2015	Amos, Vanessa A.	CNA1000022898	Revoked
7/24/2015	Anderson, Christiane K.	CNA1000037809	Voluntary Surrender
6/12/2015	Arbizu, Corrina M.	CNA1000046840	Civil Penalty
6/24/2015	Arustamov, Marsha	CNA1000034425	Decree of Censure
6/24/2015	Aubert, Melanie K.	CNA999949223	Revoked
6/24/2015	Balmorez, Rebecca L.	CNA1000021104	Decree of Censure
5/8/2015	Bopray, Ciara J.	CNA Applicant	Certificate Denied
4/20/2015	Burnette, De Adriann S.	CNA1000046334	Civil Penalty
6/25/2015	Bryant, April R.	CNA Applicant	Certificate Denied
7/10/2015	Bryd, Lakillie P.	CAN Applicant	Certificate Denied
5/1/2015	Capshaw, Jeramee W.	CNA1000047048	Decree of Censure
5/7/2015	Carpenter, William M.	CNA Applicant	Certificate Denied
7/29/2015	Clah, Lorraine R.	CNA492013353	Suspension
5/12/2015	Clark, Kylee M.	CNA Applicant	Certificate Denied
5/7/2015	Curley, Melanie D.	CNA Applicant	Certificate Denied
4/30/2015	Davis, Harry	CNA1000042617	Suspension
6/15/2015	Davis, Harry	CNA1000042617	Revoked
4/20/2015	Del Frate, Michelle	CNA1000046304	Civil Penalty
2/2/2015	Douglas, Christeina Y.	CNA1000045528	Decree of Censure
5/8/2015	Drenth, Jacqueline M.	CNA Applicant	Certificate Denied
6/19/2015	Dufault, Lori L.	CNA827875057	Voluntary Surrender
4/17/2015	Felix, Ronaldo D.	CNA1000046332	Decree of Censure
5/20/2015	Fletcher, Monica F.	CNA1000011538	Voluntary Surrender
5/5/2015	Forsythe, Tanya M.	CNA1000006774	Revoked
5/7/2015	Freddy, Victoria L.	CNA Applicant	Certificate Denied
6/16/2015	Garza, Norma L.	CNA999950449	Decree of Censure
5/7/2015	Gilbert, Sherry L.	CNA1000016262	Decree of Censure
7/24/2015	Gillmore-Anderson, Jacob A.	CNA 1000047577	Suspension
7/24/2015	Gonzales, Rebecca R.	CNA1000032746	Decree of Censure
5/5/2015	Greco, Stephen R.	CNA Applicant	Certificate Denied
5/20/2015	Hansen, Anisa A.	CNA1000032434	Voluntary Surrender
6/24/2015	Haro, Alex	CNA1000023763	Revoked
6/25/2015	Hill, Schuante M.	CNA Applicant	Certificate Denied
5/5/2015	James, Sherry A.	CNA1000006859	Revoked
4/30/2015	Jervis, Joel R.	CNA223402733	Voluntary Surrender
6/24/2015	Korting, Shawn M.	CNA1000019371	Revoked
4/17/2015	Leon, Stanley R.	CNA1000046305	Decree of Censure
6/25/2015	Leos, Jaime D.	CNA Applicant	Certificate Denied
3/23/2015	Lidster, Steven M.	CNA Applicant	Certificate Denied
6/24/2015	Lucarelli, Magdalena F.	CNA1000012479	Revoked

CNA DISCIPLINARY ACTION

*Not reported in previous Journal

FEBRUARY - MARCH - APRIL - MAY - JUNE - JULY 2015

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
6/4/2015	Martin, Kelly M.	CNA1000028309	Voluntary Surrender
6/4/2015	Mason, Ashley M.	CNA1000010010	Voluntary Surrender
5/12/2015	Mcclure, Mckayla M.	CNA Applicant	Certificate Denied
5/22/2015	McLin, Jerisha J.	CNA Applicant	Certificate Denied
5/7/2015	Mitchell, Robert L.	CNA994812033	Suspension
5/5/2015	Mitchell, Sabrina C.	CNA Applicant	Certificate Denied
7/7/2015	Morales, Maria I.	CNA Applicant	Certificate Denied
4/20/2015	Moore, Beverly A.	CNA1000037209	Decree of Censure
5/5/2015	Natsyn, Alisha	CNA Applicant	Certificate Denied
5/5/2015	Newport, Emily R.	CNA Applicant	Certificate Denied
5/13/2015	Nez, Veloria	CNA1000026879	Decree of Censure
6/25/2015	Olivarria, Yesenia	CNA Applicant	Certificate Denied
6/25/2015	Paswinski, Christopher M.	CNA Applicant	Certificate Denied
6/12/2015	Peterson, Brandy M.	CNA Applicant	Certificate Denied
5/8/2015	Pressey, Sasha M.	CNA Applicant	Certificate Denied
6/24/2015	Prinsloo, Patricia D.	CNA1000018379	Decree of Censure
7/10/2015	Ramon, Angel W.	CNA Applicant	Certificate Denied
6/25/2015	Reece, Karri L.	CNA Applicant	Certificate Denied
5/6/2015	Rizzi, Nicole R.	CNA1000033121	Revoked
7/24/2015	Rubio, Laura B.	CNA Applicant	Certificate Denied
5/6/2015	Salman, Nyenonbai R.	CNA314658974	Revoked
3/19/2015	Samano, Lizeth	CNA999991985	Renewal Denied
5/15/2015	Sanchez, Griselda M.	CNA1000004470	Civil Penalty
6/24/2015	Sanchez, Sara P.	CNA999990277	Revoked
7/14/2015	Sandford, Michael P.	CNA465555713	Renewal Denied
5/5/2015	Scott, Jeremi M.	CNA Applicant	Certificate Denied
5/29/2015	Shore-Fritz, Alexander S.	CNA1000045975	Revoked
2/2/2015	Sindayigaya, Victor	CNA1000014230	Voluntary Surrender
4/29/2015	Slim, Timothy L.	CNA999952167	Stayed Revocation
6/30/2015	Sow, Fatmata	CNA1000030730	Civil Penalty
4/27/2015	Stevens, Deann J.	CNA1000046373	Stayed Revocation
5/26/2015	Stevens, Deann J.	CNA1000046373	Voluntary Surrender
7/8/2015	Stoll, Kellie L.	CNA1000011261	Stayed Revocation
7/31/2015	Stoll, Kellie L.	CNA1000011261	Voluntary Surrender
6/17/2015	Thomas, Devin J.	CNA1000047225	Stayed Revocation
6/23/2015	Tong, Heather M.	CNA Applicant	Certificate Denied
4/30/2015	Torres Campos, Ediberto	CNA1000032169	Voluntary Surrender
6/3/2015	Villa, Cecilia R.	CNA Applicant	Certificate Denied
5/7/2015	Wagaman, Wendy M.	CNA Applicant	Certificate Denied
6/8/2015	Wilcox, John J.	CNA1000046773	Stayed Suspension
6/23/2015	Woldeab, Yinabi W.	CNA1000020663	Revoked

FEBRUARY - MARCH - APRIL - MAY - JUNE - JULY 2015

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
7/1/2015	Abdi, Meredith J.	RN147896	Summary Suspension
3/30/2015	Ali, Zaibunnisa	RN172505	Voluntary Surrender
2/5/2015	Anderson, Gail E.	RN173803	Revocation
7/24/2015	Anderson, Christiane K.	LP Exam	License Denied
4/15/2015	Andrews, Michael S.	LP049344	Revocation
5/11/2015	Arnett, Kate L.	RN174454/LP047517	Probation
3/11/2015	Baker, Esther L.	RN Endorsement	License Denied
3/18/2015	Beard, Shonna J.	RN144522	Probation
6/23/2015	Benally, Lori J.	RN143454/LP041067	Probation
2/10/2015	Benefield, Amber L.	RN150409	Decree of Censure
2/26/2015	Benton, Cory M.	RN164598	Voluntary Surrender
6/26/2015	Binion, Suzanne L.	LP023541	Voluntary Surrender
5/15/2015	Bishop, Nicole A.	RN143834	Revocation
5/15/2015	Bishop, Melissa R.	RN142926	Stayed Revocation with Suspension
3/25/2015	Blanchette, Joni J.	TRN087611	Revocation
3/27/2015	Bowditch, Allison D.	RN146622/LP042169	Summary Suspension
5/5/2015	Bradshaw, Mary E.	RN075560	Revocation
7/8/2015	Brewer, Irene R.	RN163347/LP045843	Stayed Revocation with Suspension
3/27/2015	Brinkley, Sandra D.	RN093547/LP027013	Stayed Revocation with Probation
2/25/2015	Brotski, Caree L.	RN115819/LP035956	Decree of Censure
5/29/2015	Buckwald, Linda D.	RN039062	Decree of Censure
3/18/2015	Burnham, Elizabeth	RN088688	Voluntary Surrender
2/27/2015	Cairns, Tabitha L.	LP042752/CNA1000010060	Decree of Censure
3/20/2015	Caldwell, Deena L.	RN099838/LP030577	Stayed Revocation with Probation
2/4/2015	Campbell, Renae J.	RN190504	Decree of Censure
5/5/2015	Campos, Eduardo	RN192052	Probation
7/1/2015	Caraffa, Guy	RN063537/CRNA0671	Summary Suspension
7/1/2015	Carnago, Patricia J.	LP048733	Decree of Censure
7/30/2015	Ciudadano, George Neil Jr D.	RN138631	Voluntary Surrender
4/30/2015	Coleman, Shelly L.	LP030104	Probation
3/27/2015	Coleman, Samuel L.	RN135736	Summary Suspension
3/13/2015	Cox, Doris J.	LP Endorsement	License Denied
6/24/2015	Crites, Heather M.	RN164487	Revocation
6/24/2015	Daly, Anastasia L.	RN109974/LP034045	Revocation
6/22/2015	Davis, Violet R.	LP042979	Decree of Censure
6/18/2015	Day, Lacie E.	RN149427/LP034584	Probation
5/13/2015	Deluca, Ashley B.	RN124490	Probation
7/14/2015	Dietrich, Rebekah C.	RN139564	Revocation
3/23/2015	Dietrich, Rebekah C.	RN139564	Stayed Revocation with Suspension
3/11/2015	Digioacchino, Karyn	LP034753	Revocation
3/10/2015	Dillon, Jason D.	RN191760	Civil Penalty
6/19/2015	Dufault, Lori L.	LP045258	Voluntary Surrender
4/20/2015	Duncan, Cynthia A.	LP038310	Decree of Censure
6/23/2015	Dustin, Sherry L.	LP033541	Voluntary Surrender
3/31/2015	Easley, Wendy J.	RN132821	Voluntary Surrender
5/5/2015	Estigoy, Darwin R.	RN135022	Voluntary Surrender
7/20/2015	Etheridge, Amy E.	RN179511	Voluntary Surrender
3/2/2015	Eubanks, Julainna L.	RN173299	Decree of Censure
7/8/2015	Fields, Daniel D.	RN160912	Probation

FEBRUARY - MARCH - APRIL - MAY - JUNE - JULY 2015

7/2/2015	Fogarty, Maureen A.	RN Endorsement	License Denied
3/11/2015	Gallagher, Kara M.	RN143287/LP038637	Revocation
2/12/2015	Gamerdinger, Kandi K.	RN089868/AP7651	Decree of Censure with Civil Penalty
5/15/2015	Gamus, Marina S.	RN142492	Summary Suspension
7/8/2015	Gates, Diane M.	RN Endorsement	License Denied
3/13/2015	Gerstenlauer, Bonnie J.	RN167834	Revocation
4/3/2015	Gibbs Lori A.	RN189353	Stayed Revocation with Probation
5/4/2015	Gonzales, Cynthia W.	RN083444	Probation
5/5/2015	Goodman, Marla J.	RN111391	Revocation
3/14/2015	Gorman, Cora	LP Endorsement	License Denied
5/27/2015	Gough, Valarie	LP Exam	Stayed Suspension with Probation
3/11/2015	Gramlich, Lou A.	RN151045	Revocation
4/27/2015	Green, Terry D.	RN165308	Decree of Censure
5/22/2015	Hall, Shelby L.	RN162934	Voluntary Surrender
3/13/2015	Hall, Harrison L.	LP048818/CNA1000034887	Revocation
5/15/2015	Hamm, Cynthia A.	RN/CRNA Endorsement	License/Certificate Denied
3/10/2015	Harker, Shantelle A.	RN170787	Probation
5/7/2015	Harrier, Donna J.	LP Endorsement	License Denied
2/20/2015	Hartley, Kelly S.	RN117695	Decree of Censure
3/30/2015	Haydon, Lovella P.	RN157947	Revocation
7/24/2015	Henson, Danielle L.	RN178347	Stayed Revocation with Suspension
2/11/2015	Hohm, Abram J.	RN166423	Stayed Revocation with Suspension
3/30/2015	Hohm, Abram J.	RN166423	Voluntary Surrender
6/4/2015	Holley, Denise L.	LP037612	Voluntary Surrender
5/20/2015	Holzman, Diane H.	RN173093	Voluntary Surrender
4/8/2015	Hopper, Mary J.	RN091230	Voluntary Surrender
3/6/2015	Jackson, Lorrie M.	LP026634	Revocation
3/19/2015	Jenkins, Crystal L.	RN094482/LP030488	Probation
5/15/2015	Johnson, Michelle L.	RN089083	Stayed Revocation with Suspension
5/4/2018	Johnson, Brenda D.	RN152698	Decree of Censure
4/30/2015	Johnston, Codi V.	RN191944	Probation
5/28/2015	Jonas, Shanlyn E.	RN155864	Probation
7/13/2015	Jones, Donna J.	RN193677	Probation
7/8/2015	Joyner, Taryn E.	RN159659	Voluntary Surrender
5/5/2015	Kidder, Amanda B.	LP045758	Revocation
7/1/2015	King, Karen M.	RN106795/AP2526	Summary Suspension
5/5/2015	Knisely, Susan C.	RN168669	Revocation
3/9/2015	Kremleva, Yekaterina	LP050832	Probation
5/20/2015	Lebarron, Jeanette A.	LP047151	Decree of Censure
3/31/2015	Leitner, Patricia K.	RN055957/LP018885	Stayed Suspension with Probation
2/5/2015	Lewis, Aubrey R.	RN177821	Revocation
6/23/2015	Lilly, Adrian W.	RN154892	Revocation
7/8/2015	Luxem, Dana P.	RN135853	Voluntary Surrender
3/6/2015	Lynd, Stephen J.	RN172725	Decree of Censure
4/17/2015	Mack, Norman N.	RN146159/LP018901	Voluntary Surrender
3/11/2015	Martin, Colby D.	LP042452	Revocation
6/24/2015	Maxwell, Sonda M.	LP014125	Revocation
5/7/2015	Mbonefor, Geraldine	RN Exam	License Denied
7/1/2015	McAvoy Jr., James A.	RN124750/AP3968	Summary Suspension
6/22/2015	McBride, Holly R.	LP039250	Decree of Censure
6/18/2015	McKechnie, Heather D.	RN174951	Voluntary Surrender

FEBRUARY - MARCH - APRIL - MAY - JUNE - JULY 2015

4/9/2015	McMurdy, Rachel L.	RN145311/CNA1000002391	Voluntary Surrender
5/5/2015	Miller, Christine M.	RN141959	Revocation
3/27/2015	Minch, Alice J.	RN079946/LP026129	Probation
2/5/2015	Miranda, Angelica M.	RN171572	Revocation
5/7/2015	Mitchell, Robert L.	RN094677/CNA994812033	Suspension
3/11/2015	Morehead-ruff, Latoya N.	LP042480	Revocation
3/9/2015	Moreno, Robert L.	LP026650	Reissuance Denied
5/7/2015	Nelson, James M.	RN Endorsement	License Denied
7/20/2015	Nunez, Nancy F.	RN070035/LP018724	Voluntary Surrender
3/11/2015	Oliver, Courtney R.	RN138477	Revocation
5/5/2015	Onwiler, Kriste M.	RN157061	Revocation
3/26/2015	Paradis, Ashly O.	RN178655	Voluntary Surrender
7/16/2015	Parham, Jeanne M.	RN123105	Voluntary Surrender
7/9/2015	Patterson, Andrew J.	Compact, TN RN160122	Revocation of Nurse Multi-State Licensure Privilege
7/8/2015	Pavloski, Sherry A.	RN138184	Voluntary Surrender
7/1/2015	Peaches, Geniece M.	RN162537	Summary Suspension
3/2/2015	Petrucce-garcia, Cheryl A.	LP035680	Decree of Censure
6/24/2015	Pew, Jessica R.	RN Endorsement	License Denied
5/11/2015	Pickens, Sharon L.	RN044133	Voluntary Surrender
5/5/2015	Pieramici, Melissa C.	RN143264/CNA1000002485	Revocation
4/17/2015	Pierce, Nancy A.	RN119372/AP2192	Decree of Censure
3/20/2015	Pillar, Celeste A.	RN103453	Voluntary Surrender
5/5/2015	Player, Paul D.	RN139906	Voluntary Surrender
3/9/2015	Porter, Rachael A.	RN160001	Stayed Suspension with Probation
7/24/2015	Provost, John J.	RN137623 AP Exam	Probation Denied
2/6/2015	Randall, Vernon D.	RN080075	Voluntary Surrender
4/15/2015	Randall, Brandon J.	RN157107	Voluntary Surrender
3/23/2015	Ray, Kerry W.	RN080080/LP026193	Decree of Censure with Civil Penalty
7/7/2015	Rees, Angharad	RN028366	Probation
7/24/2015	Reichle, Lynn L.	RN168901/AP4106	Summary Suspension
6/15/2015	Rice, Rhodora C.	RN106055	Voluntary Surrender
6/25/2015	Robrecht, Pamela J.	RN173214	Voluntary Surrender
5/5/2015	Sabin, Christina A.	RN157329/LP044401	Decree of Censure
2/6/2015	Schnorr, Amie L.	RN123257	Revocation
5/22/2015	Sears, Diane F.	RN059305	Probation
3/3/2015	Shelburne, Juanita M.	LP050848	Probation
5/29/2015	Shimp, Mona L.	LP041393	Reissuance Denied
3/5/2015	Shotwell, Kearsten E.	RN164486/CNA1000017809	Stayed Revocation with Suspension
6/17/2015	Shupe, Michael J.	RN041528	Probation
2/6/2015	Sicora, Angela R.	RN113837	Voluntary Surrender
3/16/2015	Siegel, Carole D.	RN031440	Civil Penalty
2/18/2015	Siragusa, Frank A.	LP033390/CNA060357784	Voluntary Surrender
1/28/2015*	Skrabak, Jonathan P.	CRNA Endorsement	Certificate Denied
3/20/2015	Slade, Tamara C.	RN163348	Revocation
5/22/2015	Smith, Ronnie	LP048950	Voluntary Surrender
6/4/2015	Smithers Sadie F.	RN160367	Voluntary Surrender
3/27/2015	Snyder, Kevin B.	RN141652	Civil Penalty
6/23/2015	Solomon, William T.	RN091795	Voluntary Surrender
4/22/2015	Stearns Gerald M.	RN129549	Reissuance with Probation
7/15/2015	Stewart, Sharon R.	RN064488	Civil Penalty
2/11/2015	Terns, Melissa B.	RN147930	Stayed Revocation with Suspension

6/17/2015	Thompson, Conscience D.	LP041380	Reissuance with Stayed Revocation Probation
7/8/2015	Thompson, Conscience D.	LP041380	Voluntary Surrender
5/7/2015	Thompson, Teri A.	LP Endorsement	License Denied
5/14/2015	Torvik, Nancy A.	LP037900/CNA504571500	Voluntary Surrender
5/12/2015	Trofort, Lionelle	Compact, VA RN0001196367	Voluntary Surrender of Nurse Multi-State Licensure Privilege
6/15/2015	Tyler, Rebecca J.	RN073975	Voluntary Surrender
3/20/2015	Wenham, Christa A.	LP030510	Reissuance Denied
4/15/2015	West, Jessica L.	LP049575	Voluntary Surrender
5/15/2015	Willeford, Christina M.	RN133982	Revocation
6/25/2015	Williams, Kristen S.	LP030773	Revocation
5/6/2015	Winegeart, Jessie L.	RN160895	Revocation
6/1/2015	Wister, Kirsten E.	RN097845/AP3956/AP2534	Decree of Censure with Civil Penalty
3/6/2015	Wolf, Diane L.	RN141231	Voluntary Surrender
7/24/2015	Wright, Richard A.	RN157879	Suspension
7/16/2015	Yeaman, Howard P.	RN193789	Probation



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Banner Health is a nationally-recognized, award-winning health system that is helping to define and drive exciting change in the health care field. That's opening up great career opportunities throughout a network of more than two dozen hospitals in seven western states. If you'd like to know what it's like to work at Banner Health, we invite you to hear directly from CNO Cathy Townsend.

Please tell us a little bit about Banner Health.

Banner Health is a not-for-profit organization with facilities throughout seven western states. We employ 44,000 people and are comprised of 28 medical centers – two of which are academic – and a multitude of clinics. That may seem large, but once you start working here, it feels like a family. Our mission is to make a difference in people's lives through excellent patient care. We value people above all, excellence and results. We integrate health management, advanced technology, high quality care and a seamless patient experience into our strategic initiatives so that we can achieve the best outcomes for our customers. It really is a company that creates opportunities for people who enjoy change and want to create the future of health care.

What makes Banner a great place to work?

If you enjoy diverse opportunities, an intellectually stimulating environment in which change is constant and a place where people are valued above all, then you will enjoy working for Banner Health. Our company achieves excellence by never settling or accepting mediocrity in the care that is offered to our customers. We do this by approaching each and every interaction with patients and each other with the three E's – Energy, Excitement and Enthusiasm.

What can a new nurse expect when joining Banner Health?

Lots of opportunities to participate in an innovative health care team! Banner Health is an organization that prides itself on delivering excellent patient care that is based on a truly collaborative clinical consensus model with decisions made by nurses, physicians and many health care professionals. The care that is delivered to our customers is based on a franchise model and evidence based practice. As a result of this model a new nurse will be exposed to multiple opportunities to positively impact patient care through shared leadership, research studies, Magnet projects and input into new clinical practices.

What are some of the advantages to having a nursing career at Banner Health?

A nurse within Banner Health can work at small, medium or large health care facilities, academic, rural, or urban settings throughout seven states. Banner Health values nurses by assisting them with a Clinical Expert Registered Nurse (CE:RN) program, tuition assistance, academic affiliations, scholarship opportunities and a multitude of work schedules and life style choices. There are numerous opportunities for advancement in whatever area a nurse finds fulfilling, from working as a bedside professional or an advanced practice nurse, to a myriad of leadership positions. Nurses are also encouraged to assist with the professional nursing congress where they focus on crucial clinical projects and decision making for the organization.

What do you most enjoy about working for Banner Health?

It's the people! I have worked at Banner Health for over ten years and have loved the various opportunities that I have had as a health care professional. Working at four different medical centers within Banner Health has allowed for many interactions, not only with nurses, but every type of health care professional. They are collaborative and genuinely want to work as a team to create the best for associates and patients. Some of my favorite projects have been creating unique opportunities for new grads and helping to design a new hospital. You never know what project is around the corner and with the diversification of my position I really believe that I have the best job within the best health care organization.

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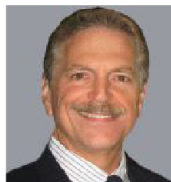
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Student/Researcher

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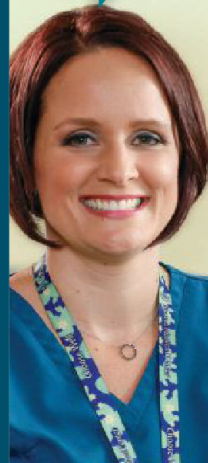
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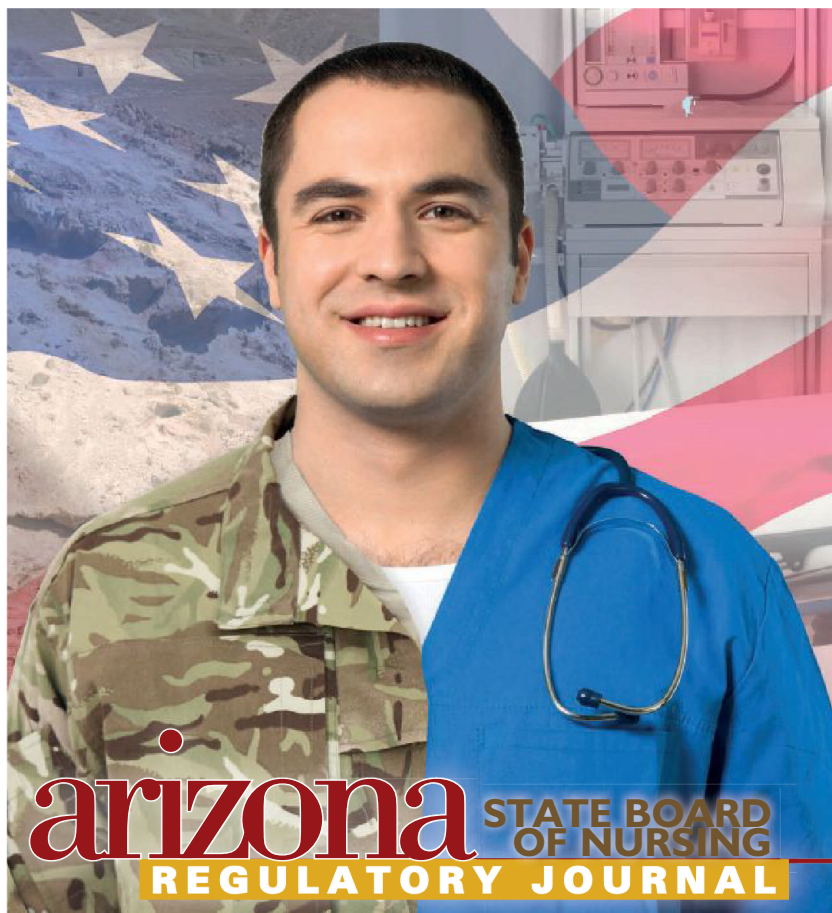
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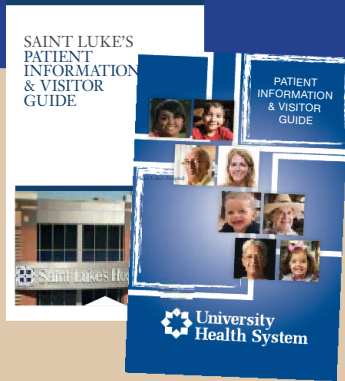
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