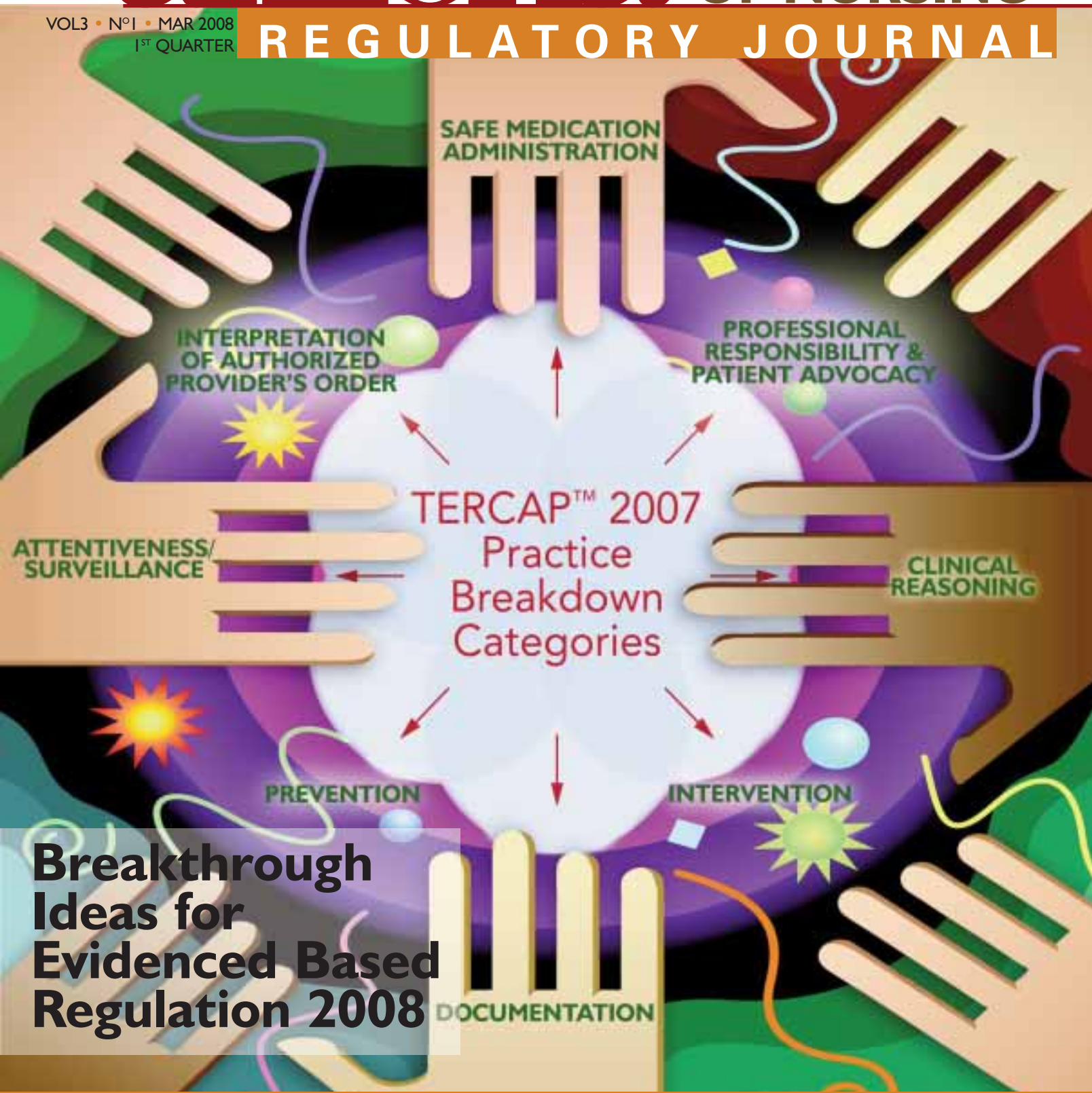
arizona STATE BOARD OF NURSING
REGULATORY JOURNAL
VOL3 • N°1 • MAR 2008
1ST QUARTER



Breakthrough Ideas for Evidenced Based Regulation 2008

TERCAP™ Edition:
Taxonomy of Error, Root Cause Analysis Practice-Responsibility
IT TAKES A VILLAGE

PUBLISHED BY
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VOL 3 • N°1 • MARCH 2008
1ST QUARTER

EDITION 9

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arizona STATE BOARD OF NURSING REGULATORY JOURNAL

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Little Rock, AR 72223

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This magazine is mailed quarterly to over 90,000 Arizona licensed nurses and reaches every nursing student, hospital administrator and nursing school administrator in the state

Breakthrough Ideas for Evidenced Based Regulation 2008

Changes that appear to be sudden in nursing regulation have been taking shape for many years. The Three Breakthrough Ideas for Evidenced Based Regulation (EBR) captures transformations in various stages of development. Among the change agents are nurse leaders who are willing to watch breakthrough ideas "sprout from seedlings" and continue to nurture until the new models grow and multiply. Please know that this list will be updated each year and we look forward to your reactions.

1. Peer to Peer Networks or P2P (Stan Stalnaker, Harvard Business Review, February 2008)

National Council State Boards of Nursing Inc (NCSBN) held the first P2P Licensing & Operations Conference for board of nursing staff to attend in person or by webinar in the fall of 2007. The peer to peer education is context specific and draws on the knowledge grown out of another's individual experience rather than broad-applicable advice. The licensing techs who attended found a rich source of expert information previously not provided by other means.

The P2P Networking was also recently utilized when the sponsors of Nurse Refresher Courses met in January 2008 at the Board offices for their fourth annual meeting. This annual meeting was started after the Board instituted a practice requirement in 2004 that mandated a refresher course if nurses have not practiced for 960 hours in the last five years. The sponsors suddenly had an increased number of approximately 200 students with a curriculum that was not always felt to meet the needs of the students. The attendees focus on issues such as student qualifications, clinical experiences/placements, success stories, lessons learned regarding developing the competencies of students and evolving changes in course requirements.

Certified Nursing Assistant Educators have been meeting annually for the past five years. Over 135 CNA educators shared classroom teaching strategies in January 2008. Instead of drawing solely on the wisdom of experts, the CNA Educators find the P2P conversations provide strategies to meet the educational needs of culturally diverse students and learn new ways to promote and reinforce professional behaviors in students.

2. Practice Breakdown Research Using the TERCAP tm 2007. (Taxonomy of Error, Root Cause Analysis & Practice Responsibility)

NCSBN has launched the TERCAP 2007 project to help member boards find new ways to collect and submit data to add to the body of knowledge surrounding nursing error to influence regulations that ensure public safety. Prior to TERCAP's creation, no system existed for a board of nursing to transmit data into a central source to allow NCSBN to analyze casual relationships and similarities among instances of nurse practice breakdown across states/jurisdictions. It is significant research and a technological milestone in providing boards with the "evidence" to identify nurses and nursing situations at risk. The research will provide a "new lens for regulators" according to Dr. Kathy Malloch and Dr. Kathy Scott. Both have contributed to this significant work in examining nursing from a practice perspective so we are collectively able to design measures to improve practice and develop patient safeguards. Dr. Malloch further states that this breakthrough research will result in a "new regulatory role to facilitate proactive regulation before harm occurs rather than waiting for problems to be reported."

This edition of the Journal provides additional content regarding Practice Breakdown. "It takes a village" beyond the Board of Nursing to determine the root cause of practice breakdown and encourage persons submitting complaints regarding nurses who have violated the Nurse Practice Act to complete this tool. The data will be collected in aggregate for the state, and specific identifiable information concerning the setting is purposely not asked in TERCAP. We believe that the 15-20 minutes needed to complete the information will provide the research data to better protect the public.

3. Controlled Substances Prescription Monitoring Programs (CSPMP)

Controlled Substances Prescription Monitoring Programs have been legislated in many states. The legislation typically requires the Board of Pharmacy to establish a computerized controlled substance monitoring program. The CSPMP computerized database tracks prescribing, dispensing and consumption of Schedule II, III, and IV controlled substances that are dispensed by a practitioner or by a pharmacy.

Dean Wright, Arizona's PMP Director, states in this edition of the Journal, "CSPMP is not intended to interfere with the legitimate treatment of patients; however, the program will provide information if the patients are receiving prescription from other sources or if the prescriptions are being modified or forged. This information will facilitate and encourage the identification, intervention and treatment of individuals who become addicted to controlled substances."

The number one challenge for the Arizona State Board of Nursing continues to be the early detection and prevention of chemical dependency in nurses. The evidence shows that nurses who are not successful in staying in recovery not only continue to place patients at risk, but progress in their disease and often times die at an early age.

On February 5, 2008, a Google News Web search for "nurse arrested" resulted in 485 articles in the last month. The highest number of arrests in over seven states related to prescription forgery, possession of illegal substances and theft of prescription drugs.

The notion of emerging breakthrough ideas for evidenced based regulation "takes a village" for new models to grow and multiply as we collectively transform the way we better protect the public.

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Taxonomy of Error, Root Cause Analysis Practice-Responsibility

The Arizona State Board of Nursing is a participating Member Board of the National Council of State Boards of Nursing (NCSBN) TERCAP project. The TERCAP project was implemented in 1999 by NCSBN's Board of Directors who appointed a task force to develop new knowledge about the causes of nursing practice breakdown.

In 2004, the following recommendation was made in the Third Institute of Medicine (IOM) Report on patient safety entitled, Keeping Patients Safe, Transforming the Work Environments of Nurses (2004):

Recommendation 7.2: The National Council of State Boards of Nursing [NCSBN], in consultation with patient safety experts and health care leaders, should undertake an initiative to design uniform processes across states for better distinguishing human errors from willful negligence and intentional misconduct, along with guidelines for their applicability by state boards of nursing and other state regulatory bodies (IOM, 2004, p. 15).

TERCAP was designed as an intake instrument for capturing data from nursing boards' discipline cases. It creates an opportunity for consistent data collection and future analysis of compiled data by NCSBN and Member Boards.

The Arizona State Board of Nursing may request additional information for the purpose of TERCAP.

What is the purpose of TERCAP?

The purpose of TERCAP is to provide an instrument used by boards of nursing as an intake instrument for capturing data from discipline case files to feed into a national data set.

- Root cause of practice breakdown
- Nurse characteristics
- Patient characteristics
- Types of nursing practice breakdown
- System characteristics associated with the error

Why Use TERCAP?

- Consistent and comprehensive data collection
- Track case elements and recurring themes
- Learn from the experience of nurses who have had episodes of practice breakdown
- Discover characteristics of nurses at risk

What might we learn?

- How are errors identified?
- When and where do errors occur?
- Can errors be "recovered from" by counteractions?
- What are ways to trigger those counteractions?
- Will changes in systems affect error tolerance?
- Could unintended side effects create new paths to failure?
- Can we find deeper, more generic patterns in failures?
- How can we develop, prototype and evaluate new approaches to patient safety?
- Can we begin to anticipate new areas of concern?

TERCAP classifies breakdown into 10 categories

- Patient Profile
- Patient Outcome
- Setting Where Practice Breakdown Occurred
- System Issues
- Health Care Team
- Nurse Profile
- Intentional Misconduct or Criminal Behavior
- Practice Breakdown Category: Safe Administration of Medication
- Practice Breakdown Category: Documentation
- Other Practice Breakdown Categories:
  - o Attentiveness/Surveillance
  - o Clinical Reasoning
  - o Prevention
  - o Intervention
  - o Interpreting Authorized Providers' Orders
  - o Professional Responsibility and Patient Advocacy

TERCAP Instrument

The TERCAP Electronic Form (PDF - 1.27MB) can be downloaded from www.azbn.gov for use by any facility. This instrument can also supplement the complaint form submitted to the Arizona State Board of Nursing office.

TERCAP Data Collection Instrument Including Guidelines From Protocol For Instrument Use (PDF - 274KB) may also be downloaded from the board web site: www.azbn.gov

FAQ: TERCAP

The following questions are frequently asked about TERCAP:

Q: What is "practice breakdown"?

A: Practice breakdown involves healthcare situations when some aspects of essential nursing practice expectations are not met.

Q: On what kinds of cases should TERCAP be used?

A: Cases that involve some aspect of practice breakdown.

Q: How can I get the TERCAP instrument?

A: Go to www.azbn.gov and click on TERCAP (PDF - 1.27MB)

Q: When did the Arizona State Board of Nursing start utilizing the TERCAP instrument?

A: December 15, 2007

Q: Will you disclose my name and license number?

A: No, the identity of the nurse is not revealed.

Relevant Articles

- TERCAP: Creating A National Database On Nursing Errors
- Nursing And Patient Outcomes: How Can Employers Provide The Right Environment For Nurses To Deliver High Quality Care?

TERCAP™ Data Collection Instrument© Including Guidelines From Protocol for Instrument Use

National Council of State Boards of Nursing October 2007

Taxonomy of Error, Root Cause Analysis and Practice- responsibility (TERCAP™) Instrument©

Electronic online TERCAP™ information

Purpose: TERCAP™ is a research instrument that can be used by boards of nursing as an intake document that assists in capturing data from discipline case files to feed into a national data set. The TERCAP™ instrument is copyright (c) 2006 by NCSBN. TERCAP is used to collect consistent and comprehensive discipline case information.

Each TERCAP case should focus on one nurse and one practice breakdown. If multiple nurses are involved in a practice breakdown you are to complete a separate TERCAP for each nurse. Each practice breakdown is a distinguishable occurrence. Actions that are linked together in an unbroken chain of events would be reported as one practice breakdown. A single practice breakdown may have multiple contributing factors. Fill out the form for the one practice breakdown that triggered the report to the board. If more than one patient is involved in the practice breakdown, report on the patient with the most serious harm.

Some questions specify only a single response. Others ask you to check all answers that apply. Many questions in the instrument include the option "Unknown/None/Not Applicable." There are some items that ask for a yes or no answer but also offer an "Unknown" option. You are provided specific directions for each item.

There are tools to assist you in maneuvering within the document:

- The Next and Back arrows at the bottom of each page allow you to move forward or go backwards in the document.
- Be aware that the green backward arrow on the Internet browser tool bar will take you out of the document. If that happens, you will have to access the case from the main TERCAP page, using the Case Identifier.
- Throughout the document, there are blue question marks in brackets [?].

These are links to the TERCAP™ 2007 Protocol, a resource to assist the user in making decisions about entry of case elements. By clicking on a question mark in a particular section in the TERCAP, you will go directly to the relevant section of the TERCAP™ 2007 Protocol.

You must answer every question or you will not be allowed to go to the next page.

Executive Summary

This executive summary provides an overview of the ten sections of the TERCAP coding protocol. For detailed coding information, including examples for each element, see the full coding protocol.

USING TERCAP

To begin a new case in the TERCAP instrument, a Case Identifier must be created. The Case Identifier used to create a case should also be listed as the case ID in the TERCAP instrument. It is recommended that a consistent case identification system be used by all participating member boards. The recommended system will include: two or four member board (jurisdiction's) initials; four digits for the year the case was received by the member board; three initials for the person entering/inputting data into the TERCAP instrument; and a number that should increase chronologically as each person (identified with the three initials) "opens" a TERCAP case. (Examples JJJJYYYYIII#, IL2005TAK1 or CAVN2006TCB1).

The name of the person who completes a TERCAP instrument for a discipline case is listed as the reviewer. The reviewer identifies the State Board of Nursing and Date of the Incident. Then, the following sections of datasets are collected:

Patient Profile
Patient Outcome
Setting
System Issues
Health Care Team
Nurse Profile
Intentional Misconduct or Criminal Behavior
Eight different Practice Breakdown Categories

A summary of each section is provided below.

Section One — Patient Profile

- This section describes the patient involved in the practice breakdown.
- The patient's age and gender are to be identified.
- The reviewer is asked whether the patient had family and / or friends in attendance at the time.
- The reviewer is asked to check whether the patient exhibited characteristics (such as cognitive impairment, sensory deficits and other risk factors) that contributed to the practice breakdown.
- The reviewer is also asked to check diagnoses that contributed to the reported situation.

Section Two — Patient Outcome

- This section describes how the practice breakdown affected the patient.
- The reviewer is asked what happened to the patient.
- Harm is defined as temporary or permanent impairment of the physical, emotional or psychological functions or structure of the body and / or pain that requires intervention.

The reviewer is asked to identify the degree, if any, of patient harm.

Section Three — Setting

- This section describes the type of community and setting where the reported practice breakdown occurred.
- The reviewer is asked to identify the type of community, the type of facility or environment, and size of the facility.
- The reviewer identifies the type of medical; record documentation system used by the facility/agency – such as electronic, paper, or some combination.

Section Four — System Issues

- This section provides the opportunity to identify system elements that contributed to the practice breakdown, which is often the result of multiple influences
- The transfer (or lack of transfer) of patient information is frequently cited in the patient safety literature as a critical element in providing safe and effective

patient care. The reviewer chooses all communication factors that contributed to the practice breakdown.
• Leadership and management styles of health care institutions impact the organizational culture. The reviewer chooses factors related to management or leadership.
• The reviewer is asked to identify whether any plans were in place for unexpected needs.
• The reviewer chooses environmental factors of the practice setting that contributed to the practice breakdown.

Section Five — Health Care Team

• This section provides an opportunity to identify any other team members whose actions or inactions contributed to the practice breakdown.
• The reviewer is asked to identify what category of health team members was involved.
• The reviewer is asked to indicate whether staffing issues contributed to the practice breakdown.
• How the health care teams works together and the culture of the organization may contribute to practice breakdown. The section provides an opportunity to identify whether factors relating to how the staff interacts contributed to the practice breakdown or did not.

Section Six — Nurse Profile

• This section of TERCAP tracks demographic information about the nurse involved in the practice breakdown, including birth date, gender, nursing education, licensure and practice history.
• This information provides a context for the nurse's role at the time of the reported practice breakdown.
• The reviewer indicates from which type of nursing education program the nurse graduated and whether the subject nurse reported any continued competence or professional development activities.
• The reviewer is asked to identify the current licensure status, if English was the nurse's primary language, and if the nurse is an Advanced Practice Registered Nurse, what category of APRN.
• The practice history of the nurse looks at the amount of nursing experience, and how long on the shift on the day the practice breakdown occurred.
• The practice history also tracks the length of time in the primary role of the nurse at the time of the practice breakdown, and whether the nurse was working in some type of temporary capacity.
• Additional information regarding the nurse's workday – assignment, number of patients and staff the nurse was responsible for, and how many days the nurse had worked – are tracked to see if fatigue was a factor in the practice breakdown.
• The reviewer is to ask the nurse and the employer, separately, their perception of factors that contributed to the practice breakdown.
• The reviewer is asked to note whether the nurse had a history of discipline action, either with an employer or the board of nursing, or a history of criminal convictions.
• The last question in this section addresses the employment outcome. (The Board of Nursing Outcome is one of the last questions in the instrument.)

Section Seven — Intentional Misconduct / Criminal Behaviors

• This section addresses behaviors that fall outside of nursing practice and involve deliberate, illegal and / or unethical activities.
• Deliberate actions include changed or falsified charting, or other actions to "cover-up" errors.
• If "yes" is checked for this section, the reviewer is instructed to check the type of intentional behaviors or misconduct involved in the reported case.
• Regardless of whether the practice breakdown involved intentional or criminal activity, the rest of the TERCAP instrument is to be completed.

SECTIONS EIGHT THROUGH TEN — PRACTICE BREAKDOWN CATEGORIES

• These important sections of TERCAP instrument track various aspects of practice breakdown.
• Reviewers will analyze the events of the case and identify the causes of the practice breakdown. See below for the summary of each section

Section Eight — Practice Breakdown: Safe Medication Administration

• Because of the frequency of medication errors, this is a separate category. The reviewer will complete this section if a medication error is part of the practice breakdown. If a medication error did not occur, the instrument will automatically bring the reviewer to the next series of questions.
• The exact name of the drug ordered, including dose, route, frequency, time, or other specifics should be included.
• The exact name of the drug given (or "None"), including dose, route, frequency, time, or other specifics should be included.
• The type of medication error should be chosen. The reviewer should select all contributing factors.

Section Nine — Practice Breakdown: Documentation

• Documentation is often a factor in practice breakdown, whether associated with a medication error, a stand-alone error, or associated with other types of practice breakdown. It is also a separate category. The reviewer will complete this section if documentation is part of the practice breakdown.

• The reviewer chooses the type of documentation error.

Section Ten — Practice Breakdown: Other Categories

• There are six additional categories that are included in an umbrella classification of "Other Categories."
  o Attentiveness / Surveillance
  o Clinical Reasoning
  o Prevention
  o Intervention
  o Interpretation of Authorized Provider's Orders
  o Professional Responsibility / Patient Advocacy

• Each could be the underlying cause of a medication and / or documentation error. These errors may also stand-alone or combine with other categories.

Under the "other categories" classification, the reviewer is asked to go through the six other categories and check all elements that apply to the practice breakdown.

The next TERCAP screen presents a summary of the categories selected in questions 54 through 59. The reviewer is then asked to rank these categories. Though, all aspects of practice breakdown are interrelated, the goal of TERCAP is to isolate the precipitating cause. The reviewer chooses the one primary category of error that is the most relevant and direct cause of the practice breakdown that occurred in this case. The reviewer then chooses a secondary category of practice breakdown. This is often the most difficult aspect of using TERCAP, being asked to focus on one primary and one secondary category of practice breakdown. The reason for these selections is to identify the root cause of the practice breakdown. The last practice related question addresses the Board of Nursing Outcome. The reviewer is to identify what, if any, disciplinary action the board took against the nurse's license.

TERCAP™

Taxonomy of Error, Root Cause Analysis and Practice-responsibility

Data Collection Instrument© 10-9-07

TERCAP Case ID Number _____

1. Full Name of Reviewer _____

2. State Board of Nursing _____ **3. Date of incident** _____ or ☐ Unknown

4. Patient age _____ or ☐ Unknown

5. Patient gender ☐ Female ☐ Male or ☐ Unknown

6. Were the patient's family and/or friends present at the time of the practice breakdown?
☐ Yes ☐ No ☐ Unknown

7. Indicate whether the patient exhibited any of the following at the time of the practice breakdown *Check all that apply.*
☐ Agitation /Combativeness ☐ Altered level of consciousness ☐ Cognitive impairment
☐ Communication /Language difficulty ☐ Depression / Anxiety ☐ Inadequate coping /stress management
☐ Incontinence ☐ Insomnia ☐ Pain Management ☐ Sensory deficits (hearing, vision, touch)

8. Indicate the patient's diagnosis *Check no more than two diagnoses, those that contributed to the reported situation.*
☐ Alzheimer's disease and other dementias (confusion) ☐ Arthritis ☐ Asthma ☐ Back problems ☐ Cancer
☐ Congestive heart failure ☐ Depression and anxiety disorders ☐ Diabetes ☐ Emphysema ☐ Fractures
☐ Gall bladder disease ☐ Gastrointestinal disorders ☐ HIV / AIDS ☐ Hypertension ☐ Infections
☐ Ischemic heart disease (CAD, MI) ☐ Nervous system disorders ☐ Pneumonia ☐ Pregnancy
☐ Renal / urinary system disorders ☐ Skin disorders ☐ Stomach ulcers ☐ Stroke (CVA)
☐ Unknown ☐ Other – please specify _____

9. What happened to the patient? *Check all that apply or your own variant.*
☐ Patient fell ☐ Patient departed without authorization
☐ Patient received wrong medication ☐ Patient received wrong treatment ☐ Patient received wrong therapy
☐ Patient acquired nosocomial (hospital acquired) infection ☐ Patient suffered hemolytic transfusion reaction
☐ Patient suffered severe allergic reaction / anaphylaxis ☐ Patient was abducted
☐ Patient was assaulted ☐ Patient suicide ☐ Patient homicide
☐ Unknown / not applicable (*If you select this option, do not select any other choices.)*
☐ Other – please specify _____

10. Patient harm *Select only one*
☐ No harm – An error occurred but with no harm to the patient
☐ Harm – An error occurred which caused a minor negative change in the patient's condition.
☐ Significant harm – Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of function or limb.
☐ Patient death – An error occurred that may have contributed to or resulted in patient death.

11. Type of community *Select only one*
☐ Rural (lowly populated, farm, ranch land communities 10,000 or less)
☐ Suburban (towns, communities of 10,000 to 50,000) ☐ Urban (any city over 50,000) ☐ Unknown

12. Type of facility or environment *Select only one*
☐ Ambulatory Care ☐ Assisted Living ☐ Behavioral Health ☐ Critical Access Hospital
☐ Home Care ☐ Hospitals ☐ Long Term Care ☐ Office-based Surgery
☐ Physician / Provider Office or Clinic ☐ Unknown ☐ Other – please specify _____

NCSBN National Council of State Boards of Nursing

13. Facility size *Select only one*

☐ 5 or fewer beds ☐ 6-24 beds ☐ 25-49 beds ☐ 50-99 beds ☐ 100-199 beds
☐ 200-299 beds ☐ 300-399 beds ☐ 400-499 beds ☐ 500 or more beds ☐ Unknown / Not applicable

14. Medical record system *Select only one*

☐ Electronic documentation ☐ Electronic physician orders ☐ Electronic medication administration system
☐ Combination paper / electronic record ☐ Paper documentation ☐ Unknown

15. Communication factors *Check all that apply or your own variant*

☐ Communication systems equipment failure
☐ Shift change (patient hand-offs)
☐ No adequate channels for resolving disagreements
☐ Medical record not accessible
☐ Patient identification failure
☐ Lack of or inadequate orientation / training
☐ Interdepartmental communication breakdown / conflict
☐ Patient transfer (hand-offs)
☐ Preprinted orders inappropriately used (other than medications)
☐ Patient name similar / same
☐ Computer system failure
☐ Lack of ongoing education / training
☐ None / Unknown / Not applicable (*If you select this option, do not select any other choices.)*
☐ Other – please specify _____

16. Leadership / management factors *Check all that apply or your own variant*

☐ Poor supervision / support by others
☐ Inadequate / outdated policies / procedures
☐ Unclear scope and limits of authority / responsibility
☐ Assignment or placement of inexperienced personnel
☐ Nurse shortage, sustained, at institution level
☐ Inadequate patient classification (acuity) system to support appropriate staff assignments
☐ None / Unknown / Not applicable (*If you select this option, do not select any other choices*.)
☐ Other – please specify _____

17. Backup and support factors *Check all that apply or your own variant*

☐ Ineffective system for provider coverage
☐ Lack of nursing expertise system for support
☐ Lack of adequate provider response
☐ Forced choice in critical circumstances
☐ Lack of adequate response by lab / x-ray / pharmacy or other department
☐ None / Unknown / Not applicable (*If you select this option, do not select any other choices*.)
☐ Other – please specify _____

18. Environmental factors *Check all that apply or your own variant*

☐ Poor lighting ☐ Increased noise level ☐ Frequent interruptions / distractions
☐ Lack of adequate supplies / equipment ☐ Equipment failure ☐ Physical hazards
☐ Multiple emergency situations ☐ Similar / misleading labels (other than medications)
☐ Code situation
☐ None / Unknown / Not applicable (*If you select this option, do not select any other choices*.)
☐ Other – please specify _____

19. Health team members involved in the practice breakdown *Check all that apply or your own variant*

☐ Supervisory nurse / personnel
☐ Other prescribing provider
☐ Staff nurse
☐ Other Health professional (e.g., PT, OT, RR)
☐ Physician (may be attending, resident or other)
☐ Pharmacist
☐ Floating / temporary staff
☐ Health profession student
☐ Medication assistant
☐ Unlicensed Assistive Personnel (nurse aide, certified nursing assistant, CNA or other titles of non-nurses who assist in performing nursing tasks)
☐ Other support staff ☐ Patient ☐ Patient's Family / friends
☐ Unknown / Not applicable (*If you select this option, do not select any other choices.)*
☐ Other – please specify _____

20. Staffing issues contributed to the practice breakdown *Check all that apply or your own variant*

☐ Lack of supervisory / management support ☐ Lack of experienced nurses ☐ Lack of nursing support staff
☐ Lack of clerical support ☐ Lack of other health care team support
☐ None / Unknown / Not applicable (*If you select this option, do not select any other choices*.)
☐ Other – please specify _____

21. Health care team *Check all that apply or your own variant*

☐ Intradepartmental conflict / non-supportive environment
☐ Breakdown of health care team communication
☐ Lack of multidisciplinary care planning
☐ Intimidating / threatening behavior
☐ Lack of patient involvement in plan of care
☐ Care impeded by policies or unwritten norms that restrict communication
☐ Majority of staff had not worked together previously
☐ Illegible handwriting
☐ Lack of patient education
☐ Lack of family / caregiver education
☐ None / Unknown / Not applicable (*If you select this option, do not select any other choices.*)
☐ Other – please specify _____

22. Nurse's year of birth _____ ☐ Unknown

23. Nurse gender ☐ Female ☐ Male ☐ Unknown

24. Where nurse received nursing education

☐ Unknown ☐ U.S. ☐ Non-U.S., please list country _____

25. Indicate all degrees the nurse holds and list the year of graduation and year of initial licensure, if applicable

Degree(s)	Year of Graduation(s)	Year of Initial Licensure(s)	Unknown
_____	_____	_____	☐
_____	_____	_____	
_____	_____	_____	

26. Current licensure status *Check **all** license(s) active at the time of the reported practice breakdown*

☐ LPN/VN ☐ RN ☐ APRN

27. Is English the nurse's primary language?

☐ Yes ☐ No ☐ Unknown

28. Did the nurse report completion of any continued competence activities or professional development activities in the last five years?

☐ Yes ☐ No ☐ Unknown

29. Indicate the category of Advanced Practice Registered Nurse (APRN)

☐ Not applicable since not an APRN
☐ Nurse Practitioner
☐ Nurse Anesthetist
☐ Nurse Midwife
☐ Clinical Nurse Specialist
☐ APRN Category unknown
☐ Other – please specify _____

30. Work start and end times (*based on a 24-hour clock*) when the practice breakdown occurred

Start time_____ ☐ am ☐ pm End time_____ ☐ am ☐ pm Time of incident_____ ☐ am ☐ pm

31. Length of time nurse had worked for the organization where the practice breakdown occurred

☐ Less than one month
☐ One month to 12 months
☐ One to two years
☐ Three to five years
☐ More than five years
☐ Unknown

32. Length of time nurse had worked in patient care location where the practice breakdown occurred

☐ Less than one month
☐ One month to 12 months
☐ One to two years
☐ Three to five years
☐ More than five years
☐ Unknown

33. Length of time nurse had been in the specific nursing role at the time of the practice breakdown

☐ Less than one month
☐ One month to 12 months
☐ One to two years
☐ Three to five years
☐ More than five years
☐ Unknown

34. Type of shift

☐ 8 hour ☐ 10 hour ☐ 12 hour ☐ On call ☐ Unknown ☐ Other – please specify _____

35. Days worked in a row at the time of the practice breakdown (include all positions / employment)

☐ First day back after time off ☐ Two to three days ☐ Four to five days ☐ Six or more days ☐ Unknown

36. Was the nurse working in a temporary capacity?

☐ Yes ☐ No ☐ Unknown / Not applicable

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37. Assignment of the nurse at time of the practice breakdown

☐ Direct patient care ☐ Team leader ☐ Charge nurse ☐ Nurse manager / supervisor
☐ Combination patient care / leadership role ☐ Unknown

38. How many direct care patients were assigned to the nurse at the time of the practice breakdown?

Number of patients _____ Unknown ☐

39. How many staff members was the nurse responsible for supervising at the time of the practice breakdown?

Number of staff _____ Unknown ☐

40. How many patients was the nurse responsible for overall (counting direct care patients and the patients of the staff the nurse was supervising at the time of the practice breakdown)?

Number of patients _____ Unknown ☐

41. Nurse's reported perception of factors that contributed to the practice breakdown ***Check all that apply or your own variant***

☐ Nurse's language barriers
☐ Nurse's high work volume / stress
☐ Nurse's drug / alcohol impairment / substance abuse
☐ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
☐ No rest breaks / meal breaks
☐ Nurse's overwhelming assignment(s)
☐ Nurse's mental health issues
☐ Nurse's personal pain management
☐ Unknown / Not applicable (*If you select this option, do not select any other choices.*)
☐ Other – please specify _____
☐ Nurse's cognitive impairment
☐ Nurse's fatigue / lack of sleep
☐ Nurse's functional ability deficit
☐ Nurse's lack of orientation / training
☐ Nurse's lack of team support
☐ Nurse's conflict with team members
☐ Lack of adequate staff

42. Supervisor or employer's perception of factors that contributed to the practice breakdown ***Check all or your own variant***

☐ Nurse's language barriers
☐ Nurse's high work volume / stress
☐ Nurse's drug / alcohol impairment / substance abuse
☐ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
☐ No rest breaks / meal breaks
☐ Nurse's overwhelming assignment(s)
☐ Nurse's mental health issues
☐ Nurse's personal pain management
☐ Unknown / Not applicable (*If you select this option, do not select any other choices.*)
☐ Other – please specify _____
☐ Nurse's cognitive impairment
☐ Nurse's fatigue / lack of sleep
☐ Nurse's functional ability deficit
☐ Nurse's lack of orientation / training
☐ Nurse's lack of team support
☐ Nurse's conflict with team members
☐ Lack of adequate staff

43. Previous discipline history by current or previous employer(s) for practice issues

☐ Yes ☐ No ☐ Unknown

44. Terminated or resigned in lieu of termination from previous employment

☐ Yes ☐ No ☐ Unknown

45. Previous discipline by a board of nursing

☐ Yes ☐ No ☐ Unknown

Please provide the previous Case Identifier(s), if available, or any other information describing the type of practice breakdown that resulted in previous discipline.
Our goal is to be able to analyze cases in which a nurse had repeat / multiple practice breakdown issues.

46. Previous criminal convictions

☐ Yes ☐ No ☐ Unknown

47. Employment outcome *Check all that apply or your own variant*

☐ Employer retained nurse ☐ Nurse resigned ☐ Nurse resigned in lieu of termination
☐ Employer terminated / dismissed nurse
☐ Unknown / Not applicable (*If you select this option, do not select any other choices.)*
☐ Other – please specify _____

48. Did the reported incident involve intentional misconduct or criminal behavior? *Check all that apply or your own variant*

☐ No
☐ Yes: Changed or falsified charting
☐ Yes: Theft (including drug diversion)
☐ Yes: Patient abuse (verbal, physical, emotional or sexual)
☐ Yes: Other – please specify _____
☐ Yes: Deliberately covering up error
☐ Yes: Fraud (including misrepresentation)
☐ Yes: Criminal conviction

49. Did the practice breakdown involve a medication error?

☐ Yes ☐ No *If No, skip to question 53*

50. Name of drug involved in the practice breakdown (*Include complete medication order)*

Drug ordered _____ Drug actually given _____ Unknown ☐

51. The type of medication error identifies the form or mode of the error, or how the error was manifested

☐ Drug prepared incorrectly ☐ Extra dose ☐ Improper dose / quantity ☐ Mislabeling ☐ Omission
☐ Prescribing ☐ Unauthorized drug ☐ Wrong administration technique ☐ Wrong dosage form
☐ Wrong drug ☐ Wrong patient ☐ Wrong route ☐ Wrong time
☐ Wrong reason ☐ Abbreviations
☐ Unknown / Not applicable (*If you select this option, do not select any other choices.*)
☐ Other – please specify _____

52. Select contributing factors related to the medication error *Check all that apply or your own variant*

☐ Blanket orders ☐ Performance deficit ☐ Brand names look alike
☐ Brand names sound alike ☐ Brand / generic drugs look alike ☐ Calculation error
☐ Communication ☐ Computer entry ☐ Computerized prescriber order entry
☐ Computer software ☐ Contra-indicated, drug allergy ☐ Contra-indicated, drug / drug
☐ Contra-indicated in disease ☐ Contra-indicated in pregnancy / breastfeeding
☐ Decimal point ☐ Dilutant wrong ☐ Dispensing device involved
☐ Documentation inaccurate / lacking ☐ Dosage form confusion ☐ Drug devices
☐ Drug distribution system ☐ Drug shortage ☐ Equipment design confusing / inadequate
☐ Equipment (not pumps) failure / malfunction ☐ Fax / scanner involved ☐ Generic names look alike
☐ Generic names sound alike ☐ Handwriting illegible / unclear ☐ Incorrect medication activation
☐ Information management system ☐ Knowledge deficit ☐ Label – Manufacturer design
☐ Label – Your facility's design ☐ Leading / missing zero ☐ Measuring device inaccurate / inappropriate
☐ Monitoring inadequate / inappropriate ☐ Non-formulary drug ☐ Non-metric units used
☐ Packaging / container design ☐ Patient identification failure ☐ Performance (human) deficit
☐ Prefix / suffix misinterpreted ☐ Preprinted medication order form ☐ Procedure / protocol not followed
☐ Pump: failure / malfunction ☐ Pump: improper use ☐ Reconciliation – Admission
☐ Reconciliation – Discharge ☐ Reconciliation material confusing / inaccurate
☐ Repackaging by your facility ☐ Repackaging by other facility ☐ Similar packaging / labeling
☐ Similar products ☐ Storage proximity ☐ System safeguard(s) inadequate
☐ Trailing / terminal zero ☐ Transcription inaccurate / omitted ☐ Verbal order
☐ Written order ☐ Workflow disruption
☐ Unknown / Not applicable (*If you select this option, do not select any other choices.*)
☐ Medication available as floor stock ☐ Other – please specify _____

53. Did the practice breakdown involve a documentation error? *Check all that apply or your own variant*

☐ Yes ☐ No

If Yes, the practice breakdown documentation error involved:

☐ Pre-charting / untimely charting ☐ Incomplete or lack of charting
☐ Charting incorrect information ☐ Charting on wrong patient record
☐ Other – please specify _____

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54. If attentiveness / surveillance was a factor in the practice breakdown *Check all that apply or your own variant*

☐ Patient not observed for an unsafe period of time ☐ Staff performance not observed for an unsafe period of time
☐ Other – please specify _____

55. If clinical reasoning was a factor in the practice breakdown *Check all that apply or your own variant*

☐ Clinical implications of patient signs, symptoms and/or responses to interventions not recognized
☐ Clinical implications of patient signs, symptoms and/or interventions misinterpreted
☐ Following orders, routine (rote system) without considering specific patient condition
☐ Poor judgment in delegation and the supervision of other staff members
☐ Inappropriate acceptance of assignment or accepting a delegated action beyond the nurse's knowledge and skills
☐ Lack of knowledge ☐ Other – please specify _____

56. If prevention was a factor in the practice breakdown *Check all that apply or your own variant*

☐ Preventive measure for patient well-being not taken
☐ Breach of infection precautions
☐ Did not conduct safety checks prior to use of equipment
☐ Other – please specify _____

57. If intervention was a factor in the practice breakdown *Check all that apply or your own variant*

☐ Did not intervene for patient ☐ Did not provide timely intervention ☐ Did not provide skillful intervention
☐ Intervened on wrong patient ☐ Other – please specify _____

58. If interpretation of authorized provider's orders was a factor in the practice breakdown *Check all or your own variant*

☐ Did not follow standard protocol / order ☐ Missed authorized provider's order
☐ Unauthorized intervention (not ordered by an authorized provider)
☐ Misinterpreted telephone or verbal order ☐ Misinterpreted authorized provider handwriting
☐ Undetected authorized provider error resulting in execution of an inappropriate order
☐ Other – please specify _____

59. If professional responsibility / patient advocacy was a factor in the practice breakdown *Check all or your own variant*

☐ Nurse fails to advocate for patient safety and clinical stability
☐ Nurse did not recognize limits of own knowledge and experience
☐ Nurse does not refer patient to additional services as needed
☐ Specific patient requests or concerns unattended
☐ Lack of respect for patient / family concerns and dignity
☐ Patient abandonment ☐ Boundary crossings / violations ☐ Breach of confidentiality
☐ Nurse attributes responsibility to others ☐ Other – please specify _____

Select which practice breakdown categories you selected above is most significant (*Primary*)

☐ Attentiveness/surveillance
☐ Clinical reasoning
☐ Prevention
☐ Intervention
☐ Interpretation of provider's orders
☐ Professional responsibility / patient advocacy

Select which of the practice breakdown categories you selected above is the second most significant (*Secondary*)

☐ Attentiveness/surveillance
☐ Clinical reasoning
☐ Prevention
☐ Intervention
☐ Interpretation of provider's orders
☐ Professional responsibility / patient advocacy

60. Board of Nursing Outcomes

☐ Dismissed, no action
☐ Referral to another oversight agency
☐ Recommendations to the health care agency involved in the practice breakdown
☐ Non-disciplinary action (e.g., letter of concern)
☐ Alternative Program – The nurse was given the opportunity to participate in a non-discipline program to address practice and / or impairment concerns
☐ Board of nursing disciplinary action

Did the Instrument allow you to capture the essential elements of the practice breakdown? Yes ☐ No ☐ If No, explain:

_____

Provide any additional comments and feedback regarding the TERCAP Instrument:

_____

_____

Nonpayment of Child Support

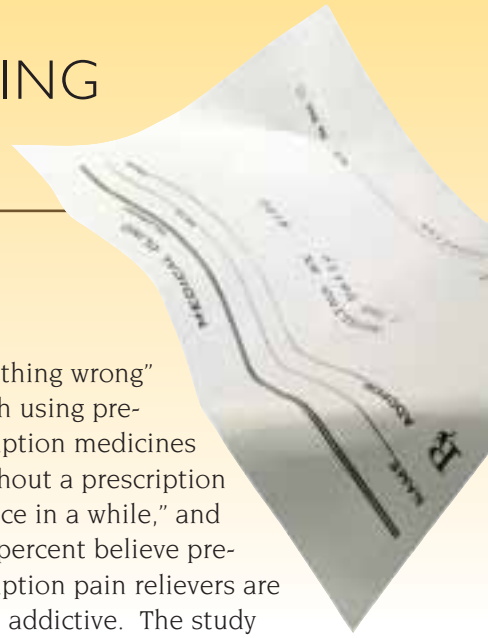
Implementation Arizona Revised Statute 25-518 (D) (E)

Legislation was effective September 20, 2007, requiring individuals who are at least six months in arrears in making child support payments, periodic payments on a support arrearage or periodic payments pursuant to a court order of support, the title IV-D agency (Department of Economic Security/Division of Child Support Enforcement) **may issue a notice to the obligor that the obligor's professional or occupational license may be suspended or revoked.**

If the obligor does not respond to the notice or exhausts all remedies available through the Department of Economic Security/Division of Child Support Enforcement and is still found to have willfully not paid the child support, an administrative order of non compliance will be sent to the Arizona State Board of Nursing to order the suspension or revocation of the professional or occupational license. The function of the Board of Nursing is ministerial. The Board will therefore comply with the directions given by the Department of Economic Security, Division of Child Support Enforcement.

Individuals who have a license suspended or revoked will be required to submit a statement as to their current employment. The Board staff will notify the employer of the date of the suspension or revocation. In order for the suspension or revocation to be lifted and the license reinstated, the individual must make arrangements with Department of Economic Security/Division of Child Support Enforcement and submit documentation to the Board regarding clearance of the non compliance. The current licensure status of the licensee may be determined by accessing the Web site www.azbn.gov and verifying the status of licensure.

CONTROLLED SUBSTANCE MONITORING HOUSE BILL 2136- ENACTED 2007



By Dean Wright, RPh, Director Prescription Monitoring Program
Arizona State Board of Pharmacy

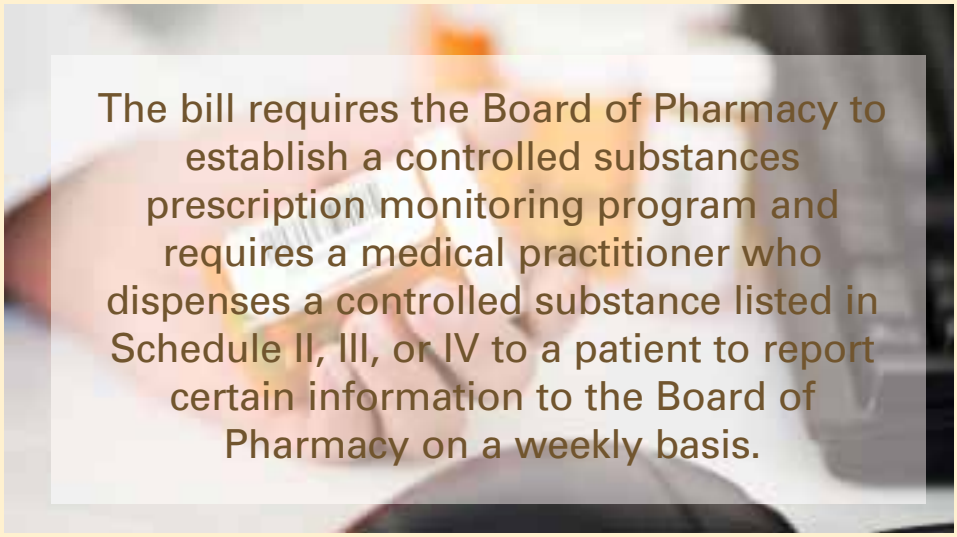
The diversion of legitimate prescription drugs for personal abuse and for distribution to the illegitimate street drug market remains a serious problem in the state of Arizona, as it is across the country. Prescription drug diversion occurs in a variety of places, such as hospitals, pharmacies, and pharmaceutical wholesalers and manufacturers. Diversion occurs at the community pharmacy level through robberies or break-ins, employee theft, drug seeking patients or individuals attempting to obtain drugs illegally. Diversion also occurs through inappropriate prescriptions written by competent, well-meaning practitioners who are duped by drug seeking individuals or by impaired practitioners who are inappropriately prescribing for themselves or others. However, documenting the scope and breadth of these problems, and the ability to address them are limited in the absence of an effective statewide monitoring program.

Of further concern to the state is the data that has been generated by the Partnership for Drug Free America. Their 2005 Partnership Attitude Tracking Study (PATS) of teens in grades 7 through 12 shows that teens have a false perception of safety regarding prescription drugs, specifically 40 percent believe the prescription drugs are "much safer to use than illegal drugs," 31 percent believe there is "nothing wrong" with using prescription medicines without a prescription "once in a while," and 29 percent believe prescription pain relievers are not addictive. The study shows that among teens in grades 7 through 12, the non-medical use of prescription drugs ranks second only to marijuana. It appears that these same attitudes are held by adults as well. For example, non-medical use of prescription drugs among young adults increased from 5.4 percent in 2002 to 6.4 percent in 2006, due largely to an increase in the non-medical use

of pain relievers.

Arizona has a population of just over six million living in eight counties served by approximately 1,200 pharmacies and 5,200 pharmacists. The state has approximately 12,000 physicians, 4,200 dentists, 3,000 nurse practitioners, 1,500 physician assistants, and 1800 veterinarians authorized by their scope of practice in the state to prescribe controlled substances.

Arizona's Forty-eighth Legislature passed H.B. 2136 establishing a Controlled Substances Prescription Monitoring Program (CSPMP). The bill requires the Board of Pharmacy to establish a controlled substances prescription monitoring program and requires a medical practitioner who dispenses a controlled substance listed in Schedule II, III, or IV to a patient to report certain information to the Board of Pharmacy on a weekly basis. The new statutes, Title 36, Chapter 28 are available on the Board's Web site under the "rules and statutes" link. Go to: www.azpharmacy.gov.



The CSPMP shall include a computerized central database tracking system to track the prescribing, dispensing, and consumption of Schedule II, III, and IV controlled substances that are dispensed by a medical practitioner or by a pharmacy that holds a valid license or permit issued pursuant to Title 32.

The Board of Pharmacy may proactively release data collected by the CSPMP to a medical practitioner registered with the Board to assist in providing individual pharmaceutical care to a patient or to evaluate a patient. The CSPMP is not intended to interfere with the legitimate treatment of patients; however, the program will provide information to treating medical practitioners if their patients are receiving prescriptions from other sources or if the prescriptions are being modified or forged. This information will facilitate and encourage the identification, intervention and treatment of individuals who become addicted to controlled substances.

Once the system is operating, medical practitioners will receive instructions on how to access the database. The program will allow a medical practitioner to access their patient's controlled substance prescription information to help treat an existing patient or evaluate whether to treat a potential patient.

Any questions may be directed to Dean Wright, PMP Director, at (602) 771-2744 or dwright@azpharmacy.gov, or Valerie Smith, RN, MSN, FRE, Associate Director, Arizona State Board of Nursing.

New Law Requires Citizenship, Alien Status, Legal Residency or Lawful Presence Documentation for Licensure/Certification

Judy Bontrager, RN, MN, *Associate Director of Operations & Licensing*

What are the citizenship requirements for licensure/certification?

On January 2, 2008, ARS 1-504 (HB2467) was implemented by the Board requiring **ALL** applicants to provide the Board with **satisfactory documentation** demonstrating the applicants' citizenship, alien status, legal residency or lawful presence in the United States.

ALL Applicants Include:

- RN/LPN/CNAs that are renewing their license/certification
- RN/LPN/CNA applicants for licensure by Exam
- RN/LPN/CNA applicants for licensure by Endorsement
- Advance Practice Nurse (NP/CNS/CNM/CRNAs) applicants for Advance Practice certification/Prescribing and Dispensing Authority or Prescribing Authority only.
- School Nurse applicants for initial certification and renewal

Satisfactory Documentation Includes Two Parts:

- Responding to a question on the application regarding citizenship or other status demonstrating lawful presence in the United States.
- Providing the Board with a copy of acceptable documentation in demonstrating your citizenship, alien status, legal residency or lawful presence in the United States.

Two lists have been provided, List A and List B, specifying which documents are acceptable. (These lists are found on page 26) Do you know where your documents are located? If not, begin the replacement process now to have available when you apply.

Will these requirements cause a delay in processing my application?:

RN/LPNs renewing online will see an increase in time from when you renew online until you receive a license. This increased delay is due to the fact that the Board will need to send you a deficiency notice notifying you that we have not received documentation of citizenship/alien status/legal residency or lawful presence in the United States. When you mail in or scan your documentation to the board, it will need to be given to the appropriate licensing tech for processing and scanning to merge with your online renewal data. Approximately 75 percent of the 13,000 renewals are received between May 1 and July 1 each year. Those who renew in the last four weeks will experience a longer cycle time to process the application than those who renew earlier in March or April.

Reducing Licensing/Certification Turnaround Times:

- If your licenses lists "due for renewal on 6/30/08", You may renew **NOW**. Board policy allows applicants to renew six months prior to their renewal date. Your license will be renewed until 6/30/2012.
- Mail in or scan and e-mail your citizen/lawful presence documentation with the Board cover sheet the same day you renew online. A cover sheet will be attached to the e-mail confirming you have renewed online within one to two minutes after you complete the process.
- Encourage your colleagues to also renew early and avoid the last minute frustrations that may lead to a delay in obtaining a current license and perhaps lost work time or wages.

What if I am a CNA and the renewal application for my certification is not online?

Certified Nursing Assistant online renewals will be available in the spring of 2008. At that time, the process will be the same as the RN/LPN online renewals.

Until the online renewal service is available, CNAs may go to www.azbn.gov/applications.aspx and print out the paper application to complete.

CNAs may also renew up to six months before the expiration date shown on the certificate.

Temporary extensions will not be granted. Documentation must be submitted.

What will happen if I just walk in and ask for my license/certificate to be renewed then?

Applicant "Walk Ins" at the Board Office have experienced increased delays due to confusion about correct documents needed to process the license/certificate.

If you hand-carry a paper application to the Board, you will experience longer wait times for service. Since the law has gone into effect, the average number of walk in customers has increased approximately 65 percent.

ALL applicants are required to provide the Board with satisfactory documentation demonstrating the applicants' citizenship, alien status, legal residency or lawful presence in the United States.

Please use the AzBN Web page at www.azbn.gov and complete your renewal online.If applying for licensure by exam or endorsement, go to the Web page and print out the application, read the instructions carefully, and submit required citizenship/lawful presence in the United States documentation with your application.

Applications are processed in the order they are received whether they are hand carried or mailed.

Find Answers on Web site & Prevent Phone Waiting/Frustration

There may also be an increase in the time it takes for Board Staff to respond to phone calls. Before the implementation of the law, the Board received an average of approximately 220 calls per day. The Board is currently experiencing an average of 260 calls per day.

It is the Board's goal to have information available to you 24/7, and we are continuously updating information about this new requirement for licensing/certification.

To determine/verify the status of your license, go to www.azbn.gov, access verification and click on "TRY IT NOW, ITS FREE." If it states "pending-citizenship documentation" under license status, you will know that your paperwork has not yet been processed and your license has not been issued or renewed. As soon as your license/certificate is processed/renewed, you will no longer see that status and a new expiration date will be shown.

Board staff makes every effort to return every call received. If you place a call and get a recording, please remember to include the phone number that you may be reached to return your call. We ask that you do not leave multiple messages on multiple extensions to prevent more than one staff calling you back regarding the same question.

Similar citizenship/lawful presence laws have already been introduced in other states. National Conference of State Legislatures reported there were 83 bills introduced in 28 states that would restrict the granting of licenses to citizens and legal immigrants only.

Education Sessions about required documentation are planned for interested employers, recruiters, and the public. Please consult www.azbn.gov for more information. The one hour Educational Sessions will be held in the Board Conference Room on:

- March 17th at 10:00 a.m.
- March 17th at 1:00 p.m.
- March 18th at 1:00 p.m.

To ensure adequate space is available, please e-mail your RSVP to Cris Oates at coates@azbn.gov. There is no charge for these sessions.

Your patience and assistance is appreciated as we implement this new law.

ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A copy of a document that shows evidence of your citizenship or alien status MUST BE submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

(1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

(2) United States passport;

(3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);

(4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;

(5) Form N-550 or N-570, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has changed);

(6) Form N-561, Certificate of Citizenship;

(7) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);

(8) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);

(9) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United states who derives citizenship through a parent but does not have a FS-240, FS-545, or DS-1350); or

(10) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status;

(1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;

(2) Evidence of civil service employment by the U.S. government before June 1, 1976;

(3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);

(4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;

(5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917, American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Marian Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;

(6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the

applicant's statement that he or she did not owe allegiance to a foreign state on November 4 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying passion prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922. Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (5)";
- *Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and immigration Service; or - Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under § 207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)";
- *Form I-766 (Employment Authorization Document) annotated "A5";

Alien Paroled Into the U.S. for at Least One Year

- *Form I-94 with stamp showing admission for at least one year under section 212(d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.

Alien Whose Deportation or Removal was withheld

- *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)";
- *Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"; or
- *Form I-766 (Employment Authorization Document) annotated "A3".

Cuban/Haitian Entrant

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green Card") with the code CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CU6 or CU7; or
- *Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212 (d) (5) of the INA.

Alien who has been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant

Evidence of "Nonimmigrant" status includes the following:

- *Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for less than One year

- *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

Education Corner

PAMELA RANDOLPH RN, MS
ASSOCIATE DIRECTOR/EDUCATION AND EVIDENCE BASED REGULATION

APPLYING PRACTICE BREAKDOWN TERCAP CATEGORIES TO EDUCATION

The Taxonomy of Error Root Cause Analysis and Practice-Responsibility (TERCAP) project undertaken by the National Council of State Boards of Nursing identifies eight categories of practice breakdown related to nursing behaviors. Nursing programs and students can apply these categories to curriculum content, clinical performance evaluation measures, and remediation of potentially unsafe nursing practices. The categories and how they can be applied to nursing education are listed below:

1. Safe medication administration:

The nurse is the final safety feature of a complex system of medication administration in health care facilities. Nursing students need to know the pharmacology, usual dosages, expected response of the patient and the nursing care associated with every medication their patient is receiving. The nursing student may make an error if he/she relies on the nurse to provide knowledge of pharmacology or to verify orders. All orders should be verified by both checking the original order and seeking information from a reliable pharmacology reference regarding usual dose, route, delivery method, and nursing care. Anecdotally, it has been reported that students make errors when relying on staff nurses to verify the correct medication/dosage. Clinical instructors need to hold students strictly accountable for this knowledge prior to administration of any medication.

2. Documentation:

One weakness identified by employers of new graduates is the failure to apply legal principles in documenting an account of care. Failure to document can lead to inappropriate administration of medication or faulty treatment. Incomplete documentation does not protect the nurse in the face of an adverse event. The patient record is the communication tool used between and among health care providers. Nursing instructors can assist students by critically examining all student documentation before entry into the record. Students are accountable for applying the principles learned in the classroom to their care of clients. Instructors can also role model by applying the principles of documentation to educational records related to individual students and program evalua-

tion. A frequently cited deficiency in nursing programs is failure to record the results of the systematic evaluation plan..

3. Attentiveness/Surveillance:

The nurse must continually monitor the patient in order to detect changes in status. Lack of attentiveness contributes to patient mortality and morbidity as the patient deteriorates before the nurse notices a change in condition. Attentiveness requires that the nurse look for the unexpected response and consider all possibilities in evaluating a patient's response. Nursing students are expected to constantly monitor their patient's condition. Nursing instructors must be attentive to student learning needs. The attentive instructor rounds frequently on students, anticipates their learning needs, looks for "teachable moments" and gauges learning in the classroom through frequent solicitation of student feedback.

4. Clinical Reasoning:

This is also sometimes referred to as critical thinking. It is the ability to "put the pieces together" and form a hypothesis to explain patient observations. It also requires that the nurse verify the hypothesis and act upon an assessment of the situation. An observation of newly licensed nurses is that they gather assessment data while the patient is rapidly deteriorating. The new nurse or student may continue to take and document vital signs in the face of continuing hypotension without assigning a meaning to the data or taking action to rescue the patient. Nursing students need to be accountable for both the routine care of the patient and the meaning of any observations made. Instructors can assist by role-modeling their own reasoning processes.

5. Prevention:

Prevention includes instituting interventions that ensure patient safety and prevent further illness or mishaps to the patient. Patient falls, skin breakdown, nosocomial infections, and wrong-site surgery have all been attributed to lack of prevention on the part of health care personnel. One of the most effective and least practiced preventive measures is hand washing. Students should be held strictly accountable for this simple act, yet many students seem to believe that once they have "checked out" on this skill, it is no longer needed. Hand washing is a habit, not a skill. Instructors can assist their students by role-modeling hand washing every time they enter and leave a patient room.

6. Intervention:

Errors in practice are also made by faulty interventions. For example, a nurse gave bolus of remaining chemotherapy medication when an IV pump failed. While this may not result in patient harm for most drugs, it can be lethal for toxic drugs. Nursing practices need to be based on evidence, not ritual, convenience, or "usual practice." Students need to be well grounded in evidence based practice. Instructors can assist students to think of "the worst case scenario" before engaging in a questionable practice and apply evidence based methodologies to nursing practices.

7. Interpretation of Provider Orders:

Nurses may either implement a faulty order or misinterpret a provider order. The chances for misinterpretation are lowered when the orders are typed and clearly follow best-practice guidelines. Disturbingly, some nurses will knowingly implement an unsafe order to avoid questioning a physician. Nurses are accountable for questioning provider orders that appear contrary to accepted procedures/practices. Nursing programs can assist students by providing them with opportunities to talk with providers and role-play how to talk to a physician. A rigorous nursing program with solid grounding in evidence based practice assists the student in gaining the knowledge to determine a deviation in practice.

8. Professional Responsibility/Patient Advocacy:

This category is strongly related to the concept of caring. A nursing student is the agent for the patient by virtue of the knowledge gained in the program and the ability of the student to "do" for the patient what the patient cannot do. Cheating, covering up errors, failure to call a provider, boundary violations, and performing an act contrary to the best interest of the patient are all examples of breakdown in this category. Nursing students are accountable for adhering to the ethics of the nursing profession, including honesty, integrity, beneficence, and selflessness. Instructors may assist students by clearly stating the expected behaviors and holding students accountable for breaches of ethics. Instructors also can role-model the ethics of the profession in their interactions with students.

The Board encourages nursing programs to incorporate these practice breakdown categories in curriculum content and clinical evaluation tools. Nursing programs may wish to use the TERCAP tool as a documentation method for near misses and errors of nursing students both in clinical and in clinical simulation. The TERCAP tool can be found on the Board Web site: www.azbn.gov, or obtained by contacting the author at prandolph@azbn.gov.

Board Actions on Education Matters

November 2007

- Approved Yuma site for Northern AZ University
- Approved proposal for a practical nursing program at RETS Tech Center
- Approved proposal for a registered nursing program at RETS Tech Center
- Continued approval of the nursing program at Eastern Arizona College with a report in six months
- Granted provisional approval to BSN program at Chamberlain College

with a Notice of Deficiency
• Approved PN program at SouthWest Skill Center/Estrella Mountain Community College for an additional four years (2011)
• Dismissed self-report of rule violation Northland Pioneer College
• Dismissed self-report of rule violation Northern AZ University

January 2007

• Received report on CNS portfolio project outcomes
• Approved CNS portfolio applicant for resubmission of competency #2
• Extended provisional approval of Coconino Community College Nursing program and issued a Notice of Deficiency
• Dismissed complaint against Metro Tech High School CNA program
• Approved CNA program at Direct Care Givers/Mountain View High School
• Approved recommended changes in CNA manual skills exam

University of Phoenix Establishes March of Dimes Arizona Chapter Nursing Scholarship

In an on-going commitment to provide access to nursing education opportunities and insure the future of quality healthcare in Arizona, the University of Phoenix, in partnership with March of Dimes Arizona Chapter, is offering one scholarship in either the degree of LPN to BSN or MSN/Ed. The scholarship is for full tuition and fees for one degree program.

Applications are available at www.marchofdimes.com/arizona. Complete applications and supporting documentation must be received on or before March 31, 2008. Applications received after the designated deadline date will not be considered. For additional scholarship information, please contact Sandy LeClaire at AZ601@marchofdimes.com.

Charlotte Saylors, Vice President of Strategic Development of Healthcare for University of Phoenix, announced the establishment of the continuing nursing education scholarship at the 4th annual March of Dimes "Arizona Nurses of the Year Awards" presented by Health Net and the University of Phoenix, held Nov. 17 in Scottsdale.

MRSA Prevention: *It's in the Nurse's Hands*

Patty Gray, RN, BA, CIC, *Scottsdale Healthcare-Infection Control Practitioner, Past President Arizona Association for Professionals in Infection Control & Epidemiology, Member, Arizona Hospital & Healthcare Association's Patient Steering Committee*

Nurses play a critical role in preventing a multi-drug resistant organism like Methicillin-resistant Staphylococcus aureus (MRSA). Not only are you responsible for maintaining vigilant hygiene and sanitation protocols, you are also in charge of coordinating communications and education for everyone involved with your patients' care. That includes physicians, housekeeping staff members and family members.

MRSA Facts

MRSA is a type of bacterial staph infection that is resistant to common antibiotics. Although MRSA may be treated with other classes of antibiotics, it is more difficult to manage than other types of staph infections.

MRSA was first identified in the 1960s, when it was found in hospitals and nursing homes. Within the past several years, there has been an increase in what is referred to as community-associated MRSA. While it's certainly true that MRSA infections may originate in healthcare settings, it's even more likely that patients may be admitted to the hospital either colonized or infected with MRSA, having acquired it in the community or during a previous stay in a healthcare facility.

When it comes to MRSA, there are two equally important components – infection control and antibiotic stewardship. Both are essential to keeping patients safe and to keeping MRSA where it belongs – under control.

Infection Control

The vast majority of hospitals in Arizona are using contact precautions for infections such as MRSA. This equates to patient isolation, signage on the door and gown and gloves for all who enter the room. When dealing with patients in isolation, remember this applies only to the physical nature of caring for the patient, human contact is paramount.

Hygiene and Sanitation

As always, the number one precaution to prevent the spread of MRSA infection is frequent hand washing. Make sure to wash your hands before and after patient contact, either with soap and warm water or with an alcohol-based hand sanitizer. A thorough hand washing should last 15 to 30 seconds, with friction. If a patient says they haven't seen you wash or sanitize your hands, simply do it again. It is imperative that patients feel empowered in their own care and they know you are working hard to prevent the spread of MRSA and other infectious diseases.

Controlling the Environment

The hospital is a high-touch environment. This makes disinfection a priority. Follow your hospital's protocol for how and when to clean, but don't assume its someone else's job. Remember -- teamwork is key to preventing the spread of any infection in the healthcare setting.

Environmental services will be in charge of maintaining a clean patient care setting, but as the manager of your patients' care, it is your responsibility to evaluate what needs to be cleaned and when. It can be a challenge to clean the room daily when a patient is in isolation, but make sure to alert housekeeping whenever there's an opportunity. As you're going about the business of patient care, keep those disinfectant wipes handy. Wipe down any portable monitoring equipment and stethoscopes and don't forget the patient's bed rails, which can harbor a lot of germs.

Antibiotic Stewardship

The root cause of infections such as MRSA is the use, abuse and overuse of antibiotic therapy. Nurses play an important role here, too. You are in a prime position to educate your patients and their families. Teach them about the importance of taking antibiotics as directed and getting them from the proper source. The number one point to drive home is to finish the entire course of antibiotics to ensure that even the most resistant strains of bad bacteria are eliminated.

Nurses are also typically the first to know when a culture report is back from the lab. Why does it seem this always occurs after the physician has already made rounds? Rather than letting it go until the next day, take it upon yourself to contact the physician's office immediately so any necessary adjustments to the patient's antibiotic therapy may be made right away.

Use Your Resources

As an infection control specialist, I can't pass up the opportunity to encourage you to consider us as a fellow team member. We can serve as consultants to help you understand policies and to educate your patients and other members of the healthcare team about infection prevention, reduction and control.

Make sure to keep up with the latest information on any infectious disease, especially MRSA. The Arizona Hospital and Healthcare Association (AzHHA), in partnership with Blue Cross Blue Shield of Arizona, is launching a statewide initiative to educate healthcare workers, patients and the community at large about MRSA. This effort will be launched in May 2008, and you'll be seeing more information on AzHHA's Web site at www.azhha.org and in the healthcare settings. Please continue to also use the Centers for Disease Control as a resource. Visit www.cdc.org and do a search for MRSA. These sources will provide you with the most up-to-date information so you can serve as a knowledgeable resource for patients and others.

BY KAREN GRADY, MS, RN, FNP

Approval of Substantive Policy Statement – *Allows Expedited Therapy Prescribing and Dispensing for Nurse Practitioners*

A substantive policy statement was approved by the Board on January 25, 2008, to allow nurse practitioners with P&D authority to prescribe and dispense antimicrobials to persons believed to be at substantial risk as a contact of a patient they diagnosed with a communicable disease. The policy statement grants an exception to R4-19-511 (D) (5) that requires an examination of a person before prescribing a medication except in cases of emergency. In future rulemaking, this exception will be incorporated into R4-19-511 (D) (5). The text of the Substantive Policy Statement appears below:

This Substantive Policy Statement is advisory only. A Substantive Policy Statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on the regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedures Act. If you believe that this Substantive Policy Statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes Section 41-1033 for a review of the statement. (ARS § 41-1091)

Notwithstanding A.C.C. R4-19-511 (D) (5), a registered nurse practitioner (RNP) with prescribing and dispensing privileges may prescribe antimicrobials to a person who is believed to be at substantial risk as a contact of a patient who has been examined and diagnosed with a communicable disease by the prescribing RNP.

Current language in R4-19-511 (D) (5) requires an examination of a person before prescribing a medication except in cases of emergency. It is consistent with current practice recommendations that persons at high risk for exposure to certain communicable diseases such as pertussis, meningitis, influenza, sexually transmitted diseases, scabies, plague, and Haemophilu influenza type b, receive immediate preventative treatment prior to a clinical diagnosis in order to prevent infection and ongo-

ing transmission. Between 2004 and 2006, there was a 36 percent increase in chlamydia, a 38 percent increase in gonorrhea, and a 240 percent increase in pertussis. This constitutes a public health emergency and consideration of exceptions to the current rule. Expedited therapy can prevent major outbreaks of communicable diseases in populations and significant health manifestations in individuals.

The RNP may prescribe for contacts of infected persons even if the contact is not in the population of the RNP's specialty area. For example, a pediatric nurse practitioner may prescribe for adult contacts of pertussis or a nurse midwife may prescribe to the male partner of an infected patient. However, the infected patient must be within the RNPs scope of practice population for the specialty area. All prescriptions must be issued in conformance with recognized standards of care and in recommended dosages.

RN TEST OBSERVERS NEEDED FOR C.N.A. EXAM

D & S Diversified is looking for RNs with one year long term care experience interested in working a part-time, flexible schedule to administer the nurse aide test for the State of Arizona. The need is especially great in the Show Low area. To qualify to be an observer, you must be an RN in good standing with the Arizona State Board of Nursing.

Workshops will be held on Monday, March 10th in Mesa, Wednesday, March 12th in Flagstaff, and Thursday, March 13th in Payson. Those interested in attending the workshops, please forward an updated resume to D&S, PO Box 418, Findlay, OH 45840 Attention: Director, or fax to 1-419-422-8328. For more information, call 1-877-851-2355. You must pre-register thru D&S to attend this workshop.

CNA DISCIPLINARY ACTION

*Not reported in previous Newsletter

OCTOBER-NOVEMBER-DECEMBER 2007

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
12/31/2007	Abeyta, Paige Z	CNA1000004870	Revoked	Unable to Practice Safely - Substance Abuse; Failure to Cooperate
12/31/2007	Alexander, Veronica R	CNA1000002990	Revoked	Criminal Conviction; Failure to Cooperate
10/12/2007	Allison, Travis M	CNA Applicant	Certificate Denied	Criminal Conviction-Misdemeanor; Drug Related; Failure to Cooperate
12/31/2007	Alvarado, Rebecca A	CNA999952736	Revoked	Exploiting a Patient for Financial Gain; Breach of Confidentiality; Fraud/Deceit - License/Credentials
12/31/2007	Armstrong, Kecia	CNA120471196	Revoked	Criminal Conviction; Fraud - Failure to Cooperate
12/31/2007	Ault, Wendy H	CNA999993610	Revoked	Violation/Failure to Comply Board Order; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
12/5/2007	Brooks, Linda M	CNA104993803	Stayed Suspension	False Reports/Falsifying Records; Failure to Maintain Records
11/5/2007	Chisler, Debbie L	CNA870493803	Revoked	Unable to Practice Safely - Substance Abuse; Patient Abandonment; Violation/Failure to Comply Board Order
12/31/2007	Christian, Benjamin O	CNA1000001683	Revoked	Fraud - Patient Abuse; Failure to Cooperate
10/4/2007	Colinayo, Gilbert M	CNA999989742	Civil Penalty	Substandard or Inadequate Care; Patient Abuse
11/7/2007	Conway, Laura A	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
11/30/2007	Craig, Jason E	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
9/11/2007*	Cummings, Lynne	CNA825409326	Stayed Revocation	Unable to Practice Safely - Substance Abuse
1/29/2008	Curley, Janicia E	CNA999951935	Revoked	Violation/Failure to Comply Board Order
12/24/2007	Durschmidt, Kristi L	CNA254558457	Revoked	Unable to Practice Safely - Violation/Failure to Comply Board Order
12/31/2007	Dutcher, Cathy J	CNA999995021	Revoked	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
11/23/2007	Emswiler, Ryan C	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
11/15/2007	Encarnacion, Marianne R	CNA1000010314	Revoked	Violation/Failure to Comply Board Order
12/31/2007	Escobedo, Maria S	CNA417884353	Revoked	Criminal Conviction; Exploiting a Patient for Financial Gain; Unprofessional Conduct
10/4/2007	Ferrato, Gina	CNA1000005345	Stayed Suspension	Criminal Conviction-Misdemeanor
10/24/2007	Figueroa, Alex	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
11/19/2007	Garner, Linda C	CNA808704103	Voluntary Surrender	Unable to Practice Safely - Substance Abuse
10/11/2007	Gutierrez, Emmanuelle M	CNA1000001041	Voluntary Surrender	Patient Abuse
11/5/2007	Haas, Barbara M	CNA1000000605	Revoked	Patient Abuse; Criminal Conviction; Unable to Practice Safely - Substance Abuse
10/16/2007	Hall, Ossana	CNA1000014063	Civil Penalty	Criminal Conviction; Fraud/Deceit - Credentials
11/30/2007	Hillyard, Jaime L	CNA999952937	Stayed Revocation	Criminal Conviction; Unable to Practice Safely - Substance Abuse
12/31/2007	Hornyak, Jeannette	CNA999948114	Revoked	Violation/Failure to Comply Board Order; Failure to Cooperate
12/3/2007	Hudson, Loni M	CNA1000010694	Civil Penalty	Patient Abandonment
11/30/2007	Hyde, Jacob C	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse
9/4/2007*	Jackson, Deborah L	CNA Applicant	Certificate Denied	Criminal Conviction
9/5/2007*	Jacobsen, Sharon L	CNA Applicant	Certificate Denied	Criminal Conviction
11/21/2007	Johnson, Freda L	CNA913293803	Stayed Revocation	Substandard or Inadequate Care; Patient Neglect
12/31/2007	Jordan, Lisa A	CNA806633270	Revoked	Patient Abandonment; Violation/Failure to Comply Board Order; Unprofessional Conduct
1/3/2008	Keller, Jacqueline	CNA1000014787	Stayed Revocation	Criminal Conviction; Unable to Practice Safely - Substance Abuse
11/12/2007	Kozie, Kylie L	CNA1000001759	Civil Penalty	Negligence
11/1/2007	Laker, Heather M	CNA999994713	Stayed Revocation	Criminal Conviction; Fraud/Deceit - Credentials; Violation of Fed/State Statutes/Rules
12/31/2007	Lesnick, Ronald A	CNA1000003878	Revoked	Criminal Conviction; Dual Relationship/Boundaries; Unprofessional Conduct
12/31/2007	Luna, Krystal M	CNA1000001930	Revoked	Misappropriation of Property; Unprofessional Conduct; Failure to Cooperate
1/9/2008	Masch, Stacey A	CNA Applicant	Certificate Denied	Misappropriation of Property; Criminal Conviction
12/31/2007	McDaniel, Richard A	CNA1000001248	Revoked	Unable to Practice Safely - Substance Abuse; Fraud - Patient Abandonment
11/29/2007	McNeil, Ivson T	CNA1000003575	Civil Penalty	Patient Neglect
11/16/2007	Mendoza, Bernardo P	CNA1000009440	Voluntary Surrender	Sexual Misconduct; Dual Relationship/Boundaries
11/5/2007	Mills, Ann N	CNA999991935	Revoked	Criminal Conviction; Fraud/Deceit - License/Credentials; Failure to Cooperate
10/2/2007	Modesitt, Barbara A	CNA Applicant	Certificate Denied	Criminal Conviction-Against Person; Drug Related; Drug Abuse
10/17/2007	Moreno, Maria D	CNA Applicant	Certificate Denied	Unprofessional Conduct; Failure to Cooperate

*Not reported in previous Newsletter

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE	VIOLATION(S)
10/9/2007	Mossman, Stephen B	CNA Applicant	Certificate Denied	Criminal Conviction-Against Person; Failure to Cooperate
11/27/2007	Nez, Megan S	CNA1000002042	Stayed Revocation	Criminal Conviction
11/9/2007	Patch, Adam L	CNA1000013440	Voluntary Surrender	Violation/Failure to Comply Board Order
11/15/2007	Pena, Janet L	CNA1000007490	Revoked	Violation/Failure to Comply Board Order
12/31/2007	Penyak, Rita M	CNA1000009452	Revoked	Unprofessional Conduct; Failure to Cooperate
9/7/2007*	Pina, Angela M	CNA1000009219	Voluntary Surrender	Unprofessional Conduct; Dual Relationship/Boundaries; Misappropriation of Property
11/5/2007	Reyna, Angelica B	CNA1000005215	Revoked	Patient Abandonment; Unprofessional Conduct; Failure to Cooperate
10/22/2007	Rinehart, Bridget A	CNA1000014277	Civil Penalty	Criminal Conviction
12/31/2007	Rivera, Minnie M	CNA489383103	Revoked	Breach of Confidentiality; Practicing Beyond Scope; Unprofessional Conduct
10/30/2007	Rufer, Amanda R	CNA1000002599	Civil Penalty	Unable to Practice Safely - Substance Abuse
12/12/2007	Ryan, Michael W	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
12/7/2007	Sanford, Christine K	CNA1000014647	Civil Penalty	Fraud/Deceit - Credentials; Sexual Misconduct
12/31/2007	Santonocito, Lena	CNA060253466	Revoked	Criminal Conviction; Misappropriation of Property; Fraud
10/18/2007	Shah, Prince Rajin R	CNA1000013587	Revoked	Violation/Failure to Comply Board Order
12/3/2007	Singer, Paula J	CNA1000014591	Civil Penalty	Criminal Conviction; Patient Abandonment
11/12/2007	Solano, Toni S	CNA1000014413	Stayed Revocation	Criminal Conviction; Fraud/Deceit - Credentials; Failure to Cooperate
11/14/2007	Sova, Paul J	CNA105208627	Stayed Revocation/ Stayed Suspension	Unable to Practice Safely - Substance Abuse; Criminal Conviction
12/11/2007	Spangler, Pamela J	CNA1000000543	Voluntary Surrender	Negligence; False Reports/Falsifying Records; Unprofessional Conduct
12/31/2007	Taylor, Kristy	CNA182250641	Revoked	Violation/Failure to Comply Board Order; Failure to Cooperate
12/31/2007	Thompson, Rose H	CNA852142803	Revoked	Exploiting a Patient for Financial Gain; Unprofessional Conduct; Failure to Cooperate
10/22/2007	Tsosie, Bernita	CNA801278353	Civil Penalty	Fraud/Deceit - Credentials
11/30/2007	Twigg, Mary A	CNA Applicant	Certificate Denied	Unable to Practice Safely - Substance Abuse
12/4/2007	Van Ausdall, Patricia A	CNA1000005689	Voluntary Surrender	Violation/Failure to Comply Board Order
10/11/2007	Vigueria, Rafael F	CNA040141441	Voluntary Surrender	Substandard or Inadequate Care; Incompetence
9/27/2007*	Wade, Maria C	CNA999995091	Civil Penalty	Fraud/Deceit - Credentials
12/11/2007	Wade, Patti Ann	CNA Applicant	Certificate Denied	Criminal Conviction; Unable to Practice Safely - Substance Abuse; Failure to Cooperate
9/28/2007*	Weaver, Michelle P	CNA999987999	Revoked	Unable to Practice Safely - Substance Abuse; Criminal Conviction; Fraud

CNA Discipline
ACTION CLEARED
OCTOBER - NOVEMBER- DECEMBER 2007

EFFECTIVE DATE	NAME	LICENSE
11/14/2007	Cutter, Marissa R.	CNA1000009947
12/8/2007	Raderstorf, Karlette D.	CNA999989680

*Not reported in previous Newsletter

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
11/14/2007	Acheson, Nancy M.	LP024034	Probation	Unprofessional Conduct
9/28/2007*	Adkison, Vandaline K.	LP024545	Decree of Censure	False Reports/Falsifying Records
12/28/2007	Alexander, Catherine A.	RN115414/LP035913	Decree of Censure	Substance Abuse
9/27/2007*	Applin, Cecilia M.	LP032345	Voluntary Surrender	Unable to Practice Safely, Improper Delegation/Supervision
9/30/2007	Arce, Mary N.	RN057132/LP018713	Decree of Censure	Patient Abuse
8/30/2007*	Ashfield, Heather A.	RN096123	Probation with Limited Licensure	Unable to Practice Safely
12/12/2007	Auler, Therese A.	RN Endorsement	License Denied	Criminal Conviction, Fraud/Deceit - License/Credentials, Unable to Practice – Substance Abuse
12/28/2007	Baars, Terry L.	LP039936	Revocation	Violation/Failure to Comply Board Order, Failure to Cooperate with Board
10/31/2007	Barden, Robert C.	RN113515	Decree of Censure	Substance Abuse-Positive Drug Screen
12/14/2007	Barton, Marvin	RN124273	Stayed Revocation with Suspension	Unable to Practice - Substance Abuse, Diversion of Controlled Substance
11/23/2007	Bergin, Bernadette M.	RN090633/LP029045 CNA201201189	Suspension/Indefinite	Unable to Practice Safely, Substandard or Inadequate Care, Error in Administering Medication
10/26/2007	Blanton, Suzanne D.	RN053114/LP017009	Probation	Monitored Use of Controlled Substances
11/26/2007	Blumberg, Jacqueline M.	LP018736	Voluntary Surrender	Violation/Failure to Comply Board Order
10/18/2007	Braun, Betty L.	LP036287	Decree of Censure	Insurance Fraud (Medicare, Medicaid or Other Insurance)
12/18/2007	Britt, Veretta L.	RN112061	Voluntary Surrender	Unable to Practice - Substance Abuse, Diversion of Controlled Substance
10/5/2007	Brooks, Katherine L.	RN149036/LP043838	Probation with Civil Penalty	Practicing Without Valid License, Narcotics Violation or Other Violation of Drug Statutes
11/2/2007	Brough, Patricia L.	RN133259	Revocation	Violation/Failure to Comply Board Order, Unable to Practice - Substance Abuse, Failure to Cooperate with Board
11/13/2007	Brown, Monica L.	LP023682	Reinstatement: Stayed Revocation with Probation	Unable to Practice - Substance Abuse
11/18/2007	Bustamante, Monica G.	RN144525	Decree of Censure	False Reports/Falsifying Records
11/29/2007	Buzonik, Cindy L.	RN080261	Decree of Censure	Criminal Conviction
12/19/2007	Cady, Troy K.	RN122058	Stayed Revocation with Suspension	Unable to Practice - Substance Abuse; Diversion of Controlled Substance
9/25/2007*	Caldwell, Wanda Jo	LP037689/ CNA999988460	Voluntary Surrender	Violation/Failure to Comply Board Order
11/1/2007	Canez, Amber A. E.	RN138589/LP039721	Probation with Civil Penalty	Practicing Beyond Scope, Submitting False Claims, Substandard or Inadequate Care
11/18/2007	Chanda, Shivcharan S.	RN056567	Decree of Censure	Substandard or Inadequate Care
11/9/2007	Chanel, Chari	LP Endorsement	License Denied	Practicing Without Valid License
10/10/2007	Chavez, Anthony E.	RN079637	Decree of Censure	False Reports/Falsifying Records
10/2/2007	Cockrell, Lisa V.	RN129828	Decree of Censure	Breach of Confidentiality
11/23/2007	Cooper, Grant W.	RN094171	Probation	Practicing Beyond Scope, Unable to Practice Safely,
11/23/2007	Cooper, Grant W.	AP851	Suspension	Unauthorized Prescribing Medicine
11/20/2007	Crandall, Lynette S.	RN Endorsement	License Denied	Criminal Conviction, Unable to Practice - Substance Abuse, Failure to Cooperate with Board
11/5/2007	Davies, James C.	LP039894	Probation	Unprofessional Conduct, False Reports/Falsifying Records, Error in Administering Medication
8/28/2007*	Dean, Jennifer A.	RN127746	Probation	Unable to Practice - Substance Abuse
12/4/2007	Dignoti, John S.	LP031508	Decree of Censure	Unprofessional Conduct
10/11/2007	Dooher, Denise E.	RN149040/LP041612	Probation	Dual Relationship/Boundaries
11/14/2007	Drommond, Louise A.	RN066851/LP021966	Suspension/Indefinite	Unprofessional Conduct, Unable to Practice Safely
11/15/2007	Dubois, Janet M.	RN149094/AP02907	Civil Penalty	Practicing Without Valid License
12/9/2007	Durfield, Amber D.	LP040482/ CNA999997437	Probation	Criminal Conviction
9/17/2007*	Eischen, Tricia M.	RN148615	Probation	Criminal Conviction
7/25/2007*	Fairman, Penny L.	RN038753	Voluntary Surrender	Violation/Failure to Comply Board Order
10/2/2007	Farnell, Elizabeth	RN082173	Voluntary Surrender	Violation/Failure to Comply Board Order, Improper Delegation/Supervision, Unauthorized Dispensing of Medication

*Not reported in previous Newsletter

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
11/2/2007	Fike, Richard L.	RN083836	Revocation	False Reports/Falsifying Records, Failure to Maintain Records, Narcotics Violation or Other Violation of Drug Statutes
11/26/2007	Finefrock, Erica L.	RN149703	Probation	Disciplinary Action Taken by Any Licensing Authority
12/10/2007	Galvan, Lois M.	LP008627	Decree of Censure	Substandard or Inadequate Care, Error in Administering Medication
12/28/2007	Gamel, Cassandra C.	LP037309	Decree of Censure	Practicing Beyond Scope
11/2/2007	Garland, Pamela L.	RN091820	Probation	Unable to Practice - Substance Abuse
8/23/2007*	Gehl, Amy L.	LP043428/ CNA999987170	Stayed Suspension with Probation	Diversion of Controlled Substance
8/31/2007	Gibbons, Deborah P.	RN062340/LP018215	Stayed Revocation with Probation	Violation/Failure to Comply Board Order
12/28/2007	Gibbs, Laurie R.	RN097546	Revocation	False Reports/Falsifying Records, Unable to Practice Safely, Failure to Maintain Records
8/31/2007*	Gregory, Julie L.	RN133671/LP039776	Probation	Failure to Maintain Records, Error in Administering Medication
11/15/2007	Hadley, Jane F.	RN115267/AP142	Civil Penalty	Unauthorized Prescribing Medicine
10/30/2007	Hairston, Andre J.	RN149441	Civil Penalty	Sexual Misconduct, Failure to Cooperate with Board
8/24/2007*	Hanks, Millicent L.	RN118958	Suspension	Violation/Failure to Comply Board Order
9/28/2007*	Harlan, Sherry A.	RN102537	Stayed Revocation with Suspension	Unable to Practice - Substance Abuse, Narcotics Violation or Other Violation of Drug Statutes
9/28/2007*	Hart, Brenda M.	RN117921	Voluntary Surrender	Violation/Failure to Comply Board Order
12/28/2007	Headrick, Doreen D.	RN085428	Revocation	Unprofessional Conduct, Unable to Practice Safely
11/5/2007	Hill, Denise M.	RN103152/AP1688	Probation	Narcotics Violation or Other Violation of Drug Statutes
11/30/2007	Hogen, Julie L.	RN144582/AP2629	Civil Penalty	Practicing Without Valid License, Unauthorized Prescribing Medicine, Unauthorized Dispensing of Medication
9/25/2007*	Hogner, Lucinda L.	RN032080	Voluntary Surrender	Violation/Failure to Comply Board Order
10/21/2007	Hopkins, Pamela S.	RN062555	Decree of Censure with Civil Penalty	Practicing Without Valid License
10/9/2007	Horn, Mary K.	RN091454	Decree of Censure	Substandard or Inadequate Care
11/2/2007	Howell, Brenda L.	RN064798	Revocation	Unable to Practice - Psych/Mental, Failure to Cooperate with Board
9/12/2007*	Hoy, Ann	RN079222	Probation	Unable to Practice - Substance Abuse
10/11/2007	Ingram, Richard K.	RN056745	Decree of Censure	Failure to Maintain Records, Error in Administering Medication
11/1/2007	Jackson, Elmer R.	LP041306/ CNA999950413	Probation	Criminal Conviction, Unable to Practice - Substance Abuse
10/20/2007	Jackson, Mary Ann	RN125048	Decree of Censure with Civil Penalty	False Reports/Falsifying Records
10/31/2007	Janis, Karen L.	RN112545	Stayed Suspension with Probation	Unable to Practice - Substance Abuse
11/20/2007	Johnson, Cheron K.	RN128587	Suspension	Unable to Practice - Substance Abuse, Incompetence, Diversion of Controlled Substance
11/23/2007	Johnson, Rebecca W.	RN057760	Suspension	Unprofessional Conduct, Substandard or Inadequate Care, Negligence
11/15/2007	Kelso, Theresa	RN095337/AP2247	Civil Penalty	Practicing Without Valid License, Unauthorized Prescribing Medicine, Unauthorized Dispensing of Medication
11/1/2007	Kirkwood, Lisa N.	RN Endorsement	License Denied	Unable to Practice - Substance Abuse, Narcotics Violation or Other Violation of Drug Statutes, Failure to Cooperate with Board
9/27/2007*	Kolly, Joseph A.	RN051780	License Renewal Denied	Sexual Misconduct, Failure to Cooperate with Board
11/16/2007	Kontos, Jerome K.	LP Endorsement, Compact- LP, WI	License Denied	Not eligible to practice under any Compact State license, Disciplinary Action Taken by any Licensing Authority
10/10/2007	Kramer Jr., Mike	RN094894	Probation	Unable to Practice - Substance Abuse, Failure to Maintain Records
11/19/2007	Light, Kelly A.	RN114070/LP033966	Suspension/Indefinite	Violation of Fed/State Statutes/Rules, Criminal Conviction, Failure to Cooperate with Board
9/6/2007*	Lowe, Teresa B.	LP006247	Probation	Unable to Practice - Substance Abuse
12/13/2007	Luxem, Dana P.	RN135853	Suspension/Indefinite	Fraud – Unable to Practice - Substance Abuse
9/19/2007*	MacMillan, Jessie P.	RN148498	Probation	Disciplinary Act Taken by any Licensing Authority
12/16/2007	McCann, Karen D.	RN118940	Probation	Unable to Practice – Substance Abuse

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
10/2/2007	McClure, Cathleen K.	RN Endorsement	License Denied	Criminal Conviction, Unable to Practice - Substance Abuse, Failure to Cooperate with Board
10/25/2007	McDonald-Selm, Carolyn W.	RN060673/ LP016448	Probation	Criminal Conviction
11/30/2007	Menegay, Karen P.	RN046037	Decree of Censure	Substandard or Inadequate Care
9/11/2007*	Miller, Edith L.	RN122146	Decree of Censure	Substandard or Inadequate Care
9/25/2007*	Mohn, Judy A.	LP028793	Voluntary Surrender	Violation/Failure to Comply Board Order
12/5/2007	Morales, Gilbert A.	RN088538	Stayed Suspension with Probation	Unable to Practice - Substance Abuse, Diversion of Controlled Substance
9/20/2007*	Mountford, Lisa	RN095120	Civil Penalty	Practicing Without Valid License
10/1/2007	Munoz, Edina Y.	RN126056	Decree of Censure	Breach of Confidentiality
12/9/2007	Nelson, Crystal D.	LP036472	Decree of Censure	Practicing Beyond Scope, Failure to Maintain Records, Unauthorized Administration of Medication
11/14/2007	Niesen, Margaret A.	RN086330	Probation	False Reports/Falsifying Records
11/12/2007	Nolan-Pendry, Linda P.	RN096300	Decree of Censure	Practicing Beyond Scope
11/28/2007	Nyman, Shawn E.	RN137730	Stayed Revocation with Suspension	Unable to Practice - Substance Abuse, Diversion of Controlled Substance
12/10/2007	Paulowski, Jennifer M.	RN077278	Decree of Censure	Substance Abuse
11/8/2007	Pettet, Donna L.	RN112437	Probation	Unable to Practice - Substance Abuse
11/2/2007	Phillips, Tammy F.	LP023895	Revocation	Violation/Failure to Comply Board Order
12/31/2007	Richardson, Tiffany J.	RN114213/LP028341	Probation	Violation of Fed/State Statutes/Rules; Criminal Conviction
11/2/2007	Scott, Michael L.	RN119781	Revocation	Misrepresentation of Credentials, Unable to Practice - Substance Abuse, Failure to Cooperate with Board
11/9/2007	Shelton, Lameatria J.	RN125095	Decree of Censure	False Reports/Falsifying Records
10/11/2007	Siglow, Janet B.	LP017790	Voluntary Surrender	Unable to Practice - Substance Abuse
9/22/2007*	Simmons, Irene P.	LP036220	Decree of Censure	Substandard or Inadequate Care, Error in Administering Medication
9/20/2007*	Sims, Lisa F.	RN092768/AP0856	Civil Penalty	Practicing Without Valid License

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE	VIOLATION(S)
10/22/2007	Sipperley, Elsa C.	RN087205/LP028366	Probation	Unable to Practice - Substance Abuse, Failure to Maintain Records, Unauthorized Administration of Medication
11/15/2007	Smith, Vicki S.	RN149010	Civil Penalty	Practicing Without Valid License
11/13/2007	Strickland, Bethany A.	LP041149	Decree of Censure	Narcotics Violation or Other Violation of Drug Statutes
11/13/2007	Sullenger, Vivian C.	LP005407	Decree of Censure	Failure to Maintain Records
8/13/2007*	Sumpter Sage, Teresa A.	LP012552	Decree of Censure	Unauthorized Administration of Medication
11/15/2007	Taylor-Piliae, Ruth E.	RN149648	Civil Penalty	Practicing Without Valid License
12/24/2007	Tendoeschate, Julene T.	RN131366	Stayed Suspension with Probation	Unable to Practice – Substance Abuse
6/21/2007*	Thomas, Rex W.	RN089503	Probation	Criminal Conviction, Substandard or Inadequate Care
11/13/2007	Waggoner, Darlene M.	RN098326	Decree of Censure	Unprofessional Conduct
9/26/2007*	Wall, Jason E.	LP040360	Suspension/Indefinite	Immediate Threat to Health or Safety, Narcotics Violation or Other Violation of Drug Statutes
10/10/2007	Wayland, Karen S.	RN105983/LP028758	Stayed Revocation with Suspension	Unable to Practice - Substance Abuse
10/16/2007	Webster, Susan C.	LP037228	Voluntary Surrender	Unable to Practice Safely - Substance Abuse; Psych/Mental
10/29/2007	Welty, Gwen J.	RN108286	Stayed Revocation with Suspension	Unable to Practice - Substance Abuse, Diversion of Controlled Substance
11/30/2007	Welty, Gwen J.	RN108286	Revocation	Violation/Failure to Comply Board Order
11/5/2007	West, Karen A.	RN064021/LP014768	Decree of Censure	Unprofessional Conduct
12/26/2007	Wohldmann, Wayne L.	RN Endorsement	License Denied	Criminal Conviction, Unable to Practice - Substance Abuse
10/18/2007	Yardley, Laurie K.	RN102532	Voluntary Surrender	Criminal Conviction, Unable to Practice - Substance Abuse, Diversion of Controlled Substance

RN-LPN Discipline ACTION CLEARED

OCTOBER-NOVEMBER-DECEMBER 2007

EFFECTIVE DATE	NAME	LICENSE
12/26/2007	Blondell, Marissa J.	RN127834/LP038560
11/19/2007	Bryant-Deconcini, Sara W.	RN053547
10/6/2007	Burr, James J.	RN142146
11/6/2007	James, Lori R.	LP020565
11/3/2007	Lindsay, Kathy Sue	RN042314
10/14/2007	Martino, Frank P.	RN057440/LP018910
9/27/2007*	Minnis, Linda K.	RN124893
9/30/2007*	Morris, Regina R.	RN069228/LP021647
10/13/2007	Payne, Deborah A.	RN113821/LP035496
10/3/2007	Perkins, Cameo M.	RN142051
10/19/2007	Pickering, Margarita S.	RN094281
12/28/2007	Rich, Angela	RN142981
9/27/2007*	Sjoberg, Thomas W.	RN146134/LP042554
11/15/2007	Wayner, Christy	RN058904
9/22/2007*	Woods, Sandra	RN083582
11/16/2007	Zawadzki, Walter	RN054811/LP013179

Regulation RUNDOWN

by Pamela Randolph RN, MS
ASSOCIATE DIRECTOR/EDUCATION AND EVIDENCE BASED REGULATION

Nurse Practice Act Changes

Every five years, the Board considers what changes may need to be made to the statutes governing the Board of Nursing. The Board is currently reviewing the Nurse Practice Act (NPA) to determine what changes are needed to best position the Board to respond to future health care needs. The Board has decided to continue to work on a comprehensive overhaul of the NPA for the 2009 legislature. A draft of proposed changes will be posted for public comment and information following acceptance by the Board.

Due to the potential merger of the Nursing Board with the Respiratory Care Board, some NPA changes in Board composition will be considered this year. Specifically, if adopted by the legislature, the Board will add three respiratory therapist members. Another position for a CNA or CNA educator is also being proposed. This will bring the total number of Board members from 9 to 13. In addition, the Board will be seeking authority to conduct pilot studies.

Articles 1 and 4

A preliminary draft is currently posted on the Board Web site for general public review and comment. A docket opening has been filed with the Secretary of State. The draft rules have been submitted to the Governor's Regulatory Review Council (GRRC) for a courtesy review. Changes will be made based on GRRC feedback to improve clarity, understanding, and consistency with existing statutes and rules. Comments on the preliminary draft are welcome.

The person to contact at the Board regarding regulation is:

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Associate Director Education and
Evidence-based Regulation
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E-mail: prandolph@azbn.gov
Fax: 602-889-5155