

arizona STATE BOARD OF NURSING

VOL 9 • N°2
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REGULATORY JOURNAL

SCOPE OF PRACTICE



SCOPE OF PRACTICE LAWS ARE YOUR

"Limits & Privileges" National Overview

What is scope of practice?

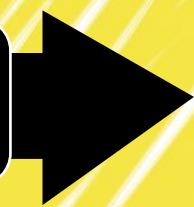
- Activities that an individual practitioner is legally permitted to perform within a profession.
- The legal framework defines and controls the delivery of services, the settings and parameters of professional activities.

WHY SHOULD YOU BE CONCERNED ABOUT SCOPE OF PRACTICE LAWS?

State Legislatures Enact Scope of Practice Laws "Limits & Privileges"

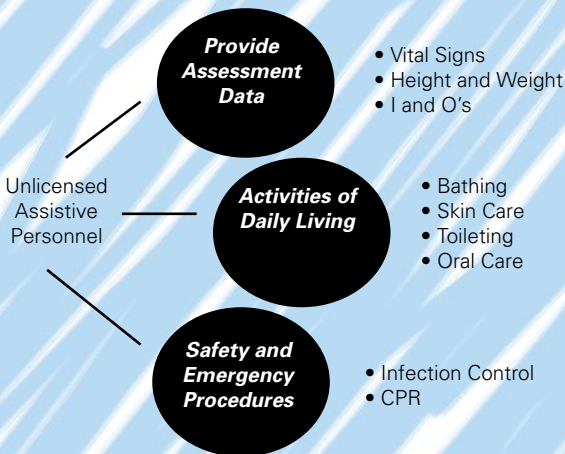
Health Profession's Boards Implement Laws Through Regulation

Establish Minimum Qualifications for Licensure, License/Certify Practitioners, Investigate complaints and discipline violators



Significant liability issues created when practicing outside your scope of practice; may be personally held accountable

WHAT IS THE SCOPE & COMPETENCIES OF CERTIFIED NURSING ASSISTANTS?



SCOPE OF PRACTICE: LPN



SCOPE OF PRACTICE: RN



"Advisory Opinions" is an official opinion of the AZBN regarding the practice of nursing as it relates to the functions of nursing.

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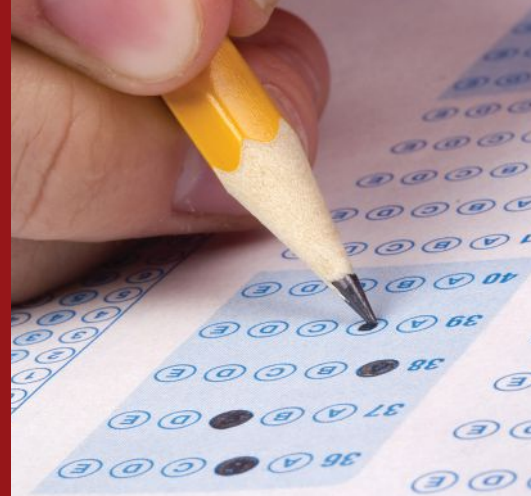
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From the Executive Director

JOEY RIDENOUR, RN, MN, FAAN

Practice Laws: The Nurse's Limits & Privileges

This April 2013 edition of the Arizona State Board of Nursing Regulatory Journal is about understanding and making the right decisions about scopes of practice. Today's healthcare professionals share common education and practice skills with other professions and therefore no one profession has a completely unique scope of practice that does not overlap with others. Six healthcare regulatory organizations in a document entitled *Changes in Healthcare Professions' Scope of Practice: Legislative Considerations*¹ opines that scope of practice changes should reflect the evolution of abilities of each healthcare discipline that better protects the public and enhances the consumers' access to competent healthcare services.

The cover of the Journal was first utilized three years ago to "paint a picture" about the nurses scope of practice. The palate of colors represent the following:

1. The black and white background is the public protection underpinnings in the Nurse Practice Act which is considered timeless and the "heart" of all professional regulation.
2. The red boundary represents the "limits and privileges" within which the practitioner is legally permitted to perform and must not exceed.
3. The "so why should you be concerned about scope of practice laws" is the yellow. Use caution if you do not know the definitions and scope of various levels of nurses or certified nursing assistants. Employers hold the nurse personally accountable for practicing outside the scope of practice.
4. Three different shades of blue are used to compare and contrast the "scope & competencies of CNA's, LPN's & RN's". The definition if an RN defining terms are related to independent and dependents functions and are colored green to symbolize the ability to move forward on independent functions when competence has been demonstrated.
5. Finally the "Advisory Opinions" are contemporary gray to represent the contemporary and evolving practice of nursing.

Also in this edition on page 6, Nikki Austin, JD, RN, Associate Director of Investigations/ Compliance, shares information regarding from "Frequently Asked Scope of Practice Questions."

Let us know if you have any questions or comments regarding scope of practice or any topic area in the Journal.

Joey Ridenour RN MN FAAN

¹<https://www.ncsbn.org/ScopeofPractice.pdf>

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FREQUENTLY ASKED QUESTIONS: SCOPE OF PRACTICE



It is the mission of the Arizona State Board of Nursing to protect and promote the welfare of the public by ensuring that each person holding a nursing license or certificate is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. Another way in which the Board fulfills its public protection mission is by generally defining the range of nursing activities permitted for licensees and certificate holders, otherwise known as Scope of Practice. Standards related to scope of practice means the expected actions of any nurse who holds the identified level of licensure. The Nurse Practice Act - ARS §32-1601- defines the roles of all licensees and certificate holders and the rules section sets forth standards related to scopes of practice. The table below illustrates the rules applicable to each licensee and certificate holder's scope of practice.

Standards Related to Licensed Practical Nurse Scope of Practice	R4-19-401
Standards Related to Registered Nurse Scope of Practice	R4-19-402
Scope of Practice of a Registered Nurse Practitioners	R4-19-508
Scope of Practice of the Clinical Nurse Specialist	R4-19-514
Standards of Conduct for Certified Nursing Assistants	R4-19-814
Performance of Nursing Assistant Tasks	R4-19-813

However, licensees and certificate holders with scope of practice questions should not expect to find that the rules contain a laundry list or checklist of every action allowed within a particular licensee or certificate holder's scope of practice. This is because scope of practice is influenced by an individual's education, experience, competency and population foci served and because the roles and responsibilities of nurses are influenced by the healthcare system which is ever changing and increasing in complexity. It is important that licensees and certificate holders are informed and understand their scope of practice and make decisions for which they are professionally and legally responsible.

Licensed nurses and certificate holders in Arizona are responsible for having a working knowledge of the Nurse Practice Act and Advisory Opinions, which are interpretations of what the law requires for a specific nursing task or function. While Advisory Opinions are not laws, they serve as official opinions of the Arizona State Board of Nursing (ARS §32-1606 (A)(2)). In other words,

an Advisory Opinion is an official opinion of the Arizona Board of Nursing regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

In addition to Advisory Opinions, the Board of Nursing offers a scope of practice email address (scopeofpractice@azbn.gov) to assist licensees and certificate holders with scope of practice questions not included or addressed in the facilities policies. However, finding an answer to a specific scope of practice question is rarely simple, and will involve more than just an email to the Board's scope of practice address. Before contacting the Board of Nursing regarding Scope of Practice questions, nurses are encouraged to: 1.) complete a review of scope and standards of practice; 2.) review institutional policies and procedures; 3.) contact professional liability and risk management staff for advice; 4.) research the literature and, 5.) self-determine the nurses accountability and related considerations.

The following frequently asked questions about scope of practice have been identified from information collected from the Board's Scope of Practice inquiry line.

[FREQUENTLY ASKED QUESTIONS REGARDING SCOPE OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES](#)

[Is it within the scope of practice for an Advanced Practice Registered Nurse \(APRN\) to work as a Registered Nurse \(RN\)?](#)

YES. An Advanced Practice Registered Nurse (APRN) may work as a RN. In light of numerous alternative and complementary therapies, increasing levels of nursing licensure/certification, and opportunities for dual health care licensure/certification, the Arizona State Board of Nursing acknowledges that there are times when a nurse may choose to assume a role that is different than the highest level of nursing licensure achieved or work in a separate health care discipline for which licensure/certification has been achieved. In this instance, the nurse is held to the scope of practice of the license under which employed, but held to the practice standards of

the highest level of nursing licensure held. Therefore, an APRN employed as a RN would function within the scope of practice and job description of a RN. However, the nurse would be held to the practice standard of the APRN. The APRN working as an RN would not order lab tests, discharge a patient, or prescribe medications, but would be held accountable for practice standards of the APRN specialty area because the nurse is accountable for the highest nursing credential held.

Is it within the scope of practice for an APRN to practice without physician supervision?

YES. Arizona does not require APRNs to be supervised by a physician and may practice independently in Arizona. However, the Nurse Practice Act does require APRNs to collaborate with a physician or other health care provider as needed. R4-19-5087(A) states that a RNP “shall refer a patient to a physician or another health care provider if the referral will protect the health and welfare of the patient and consult with a physician and other health care providers if a situation or condition occurs in a patient that is beyond the RNP’s knowledge and experience.”

Is it within the scope of practice for an Adult Nurse Practitioner to provide services to adolescents?

CONTINGENT ON FACTORS. According to R4-19-508 of the Arizona Nurse Practice Act, the scope of practice for any APRN, including an Adult Nurse Practitioner, is defined by the educational preparation for which competency has been established and maintained. Educational preparation means academic coursework or continuing education activities that include both theory and supervised clinical practice. Therefore, an APRN’s scope of practice is limited to the patient population foci for which the APRN was educationally prepared. Because educational preparation may vary from school to school, a simple way to determine the appropriate age range within an APRN’s scope of practice is to consider the population focus included in the educational program. For example, some Adult Nurse Practitioner education programs include patient population from age 21 and up, while other programs include patient populations from age 16 years and older.

FREQUENTLY ASKED QUESTIONS REGARDING SCOPE OF PRACTICE FOR LICENSED PRACTICAL NURSES

Is it within the scope of practice for a LPN to administer an IV push medication?

NO. It is outside the scope of practice for a Licensed Practical Nurse (LPN) to administer a direct IV medication push. This does not change even if the LPN is ACLS (Advanced Cardiac Life Support) certified and the IV push is administered during a code arrest resuscitation attempt. To provide the nursing community with guidelines to clarify

the LPN’s role in intravenous therapy and venipuncture, the Board of Nursing issued an Advisory Opinion entitled “Intravenous Infusion Therapy/Venipuncture: The Role of the Licensed Practical Nurse.” Pursuant to this Advisory Opinion, other intravenous therapy skills that are NOT considered within the scope of practice for a LPN include:

- A. Administration of:
 - 1. Parental nutrition (PN)
 - 2. Intralipids
 - 3. Blood, blood products or plasma expanders
 - 4. Antineoplastic drugs
 - 5. Investigative or research medications
 - 6. Direct IV push except flushes
 - 7. IV Medications for procedural sedation/anesthesia
 - 8. Medications which require close RN monitoring, assessment, or interpretation of data, or titration, including but not limited to: Potassium, i.e. greater than 40 meq/1000cc, Amphotericin B (Fungizone), Liposomal Amphotericin, Pentamidine Isothionate, among others. System lytics: thrombolytic, fibrinolytics
 - 9. IV for contrast
- B. Initiate, program, administer solutions or medications, repair, or remove the following devices:
 - 1. Implanted infusion pumps
 - 2. Intrathecal, epidural, intraosseous, umbilical, or ventricular reservoirs
 - 3. Peripheral external jugular catheter
- C. Inserting, repairing, or removing arterial and central venous catheters, including PICC lines
- D. Access/remove a non-coring needle from an implanted subcutaneous port.

Is it within the scope of practice for a LPN to draw blood?

YES. A LPN may draw blood from a patient provided that the LPN has received training and education in their core curriculum or in an organized course of instruction, and has been validated as competent in phlebotomy by the employer. Refer to the Board’s Advisory Opinion entitled “Intravenous Infusion Therapy/Venipuncture: The Role of the Licensed Practical Nurse.” The LPN may, within their scope of practice, draw blood in a variety of settings, including but not limited to, acute care, skilled nursing care, behavioral health, hospice and home health care.

Is it within the scope of practice for a LPN to perform the duties of a case manager?

CONTINGENT ON FACTORS. According to the Arizona Nurse Practice Act, completing an assessment is a key boundary between the RN scope of practice and the LPN scope of practice. Whereas the registered nursing professional may independently assess the health status of individuals and groups and diagnose and treat human responses to actual or potential health problems, the practical nurse is limited to performing activities under

the supervision of a physician or a registered nurse which may include contributing, but not actual performing, assessments of the health status of individuals and groups and participating in the development and modification of the strategy of care.

If working in the capacity of case manager, written policies and procedures should be maintained by the employer regarding an LPN's duty to gather and record assessment data and to participate in the development and modification of the strategy of care.

May a LPN own and operate a home health care agency?

YES. A LPN may own and operate a home health care agency provided that the LPN is performing nursing activities under the supervision of a physician or a registered nurse.

FREQUENTLY ASKED QUESTIONS REGARDING SCOPE OF PRACTICE FOR REGISTERED NURSES

How many patients may a RN assume care for within his/her scope of practice?

The Arizona Nurse Practice Act and the Arizona Board of Nursing does not have the authority to regulate healthcare facilities or mandate specific nurse/patient staffing ratios. Arizona Department of Health Services, Division of Licensing, should be contacted for staffing laws or rules.

Is it within the scope of practice for a RN to conduct a treadmill stress test?

YES. In order for a RN to perform a treadmill stress test in a clinic setting within the RN's scope of practice, the RN must be acting under a physician's order, possess the appropriate knowledge to complete the task, and have documented evidence of competency and skill in addition to all appropriate certifications such as Advanced Cardiac Life Support. The RN must also be able to perform the task according to acceptable and prevailing standards of safe nursing care supported by a written clinic policy. Although treadmill stress testing may be performed by a RN, for reasons of patient safety, it is recommended a provider be on-site in the clinic setting or in the immediate vicinity in the event that the patient experiences a life-threatening arrhythmia.

If a RN resigns from employment without giving two weeks' notice, is the resignation considered patient abandonment?

NO. If a RN or LPN ends the employer-employee relationship without providing the employer with a period of time to obtain replacement staff for that specific

position, it is not considered patient abandonment. However, RNs and LPNs are required to provide reasonable notice to the supervisor before severing the nurse-patient relationship, so that arrangements can be made for continuation of nursing care by others. Terminating the nurse-patient relationship without adequate & reasonable notice constitutes patient abandonment. The term "patient abandonment" should be differentiated from the term "employment abandonment", which becomes a matter of the employer-employee relationship and is not within the jurisdiction of the Board of Nursing.

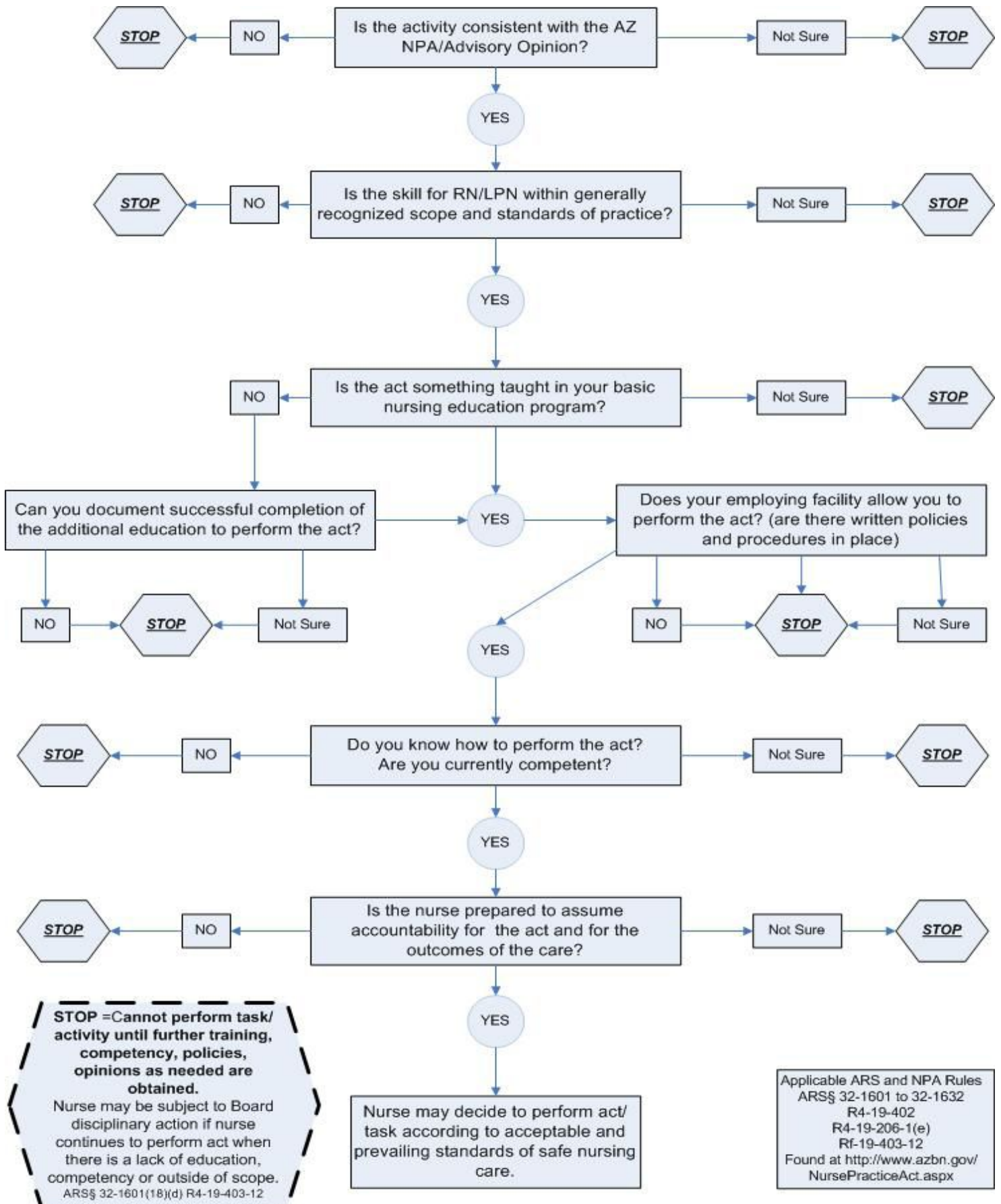
Other situations not considered to be patient abandonment, but are examples of employer- employee or contract issues of which the Board has no jurisdiction (salary, work conditions, hiring and termination policies) include:

- (1) No call/no show for work
- (2) Refusal to accept an assignment or a nurse-patient relationship
- (3) Refusal to work overtime
- (4) Refusal to work additional hours or shifts
- (5) Ending the employer-employee relationship without providing the employer with a period of time to obtain replacement staff for that specific position
- (6) Refusal to work in an unfamiliar, specialized, or "high tech" area when there has been no orientation, no educational preparation or employment experience
- (7) Resigning from a position and not fulfilling the remaining posted work schedule
- (8) Refusal to "float" to an unfamiliar unit to accept a full patient assignment

I have a question about whether a specific activity is permitted within the RN's scope of practice but cannot find the answer in the Nurse Practice Act. What should I do?

The Arizona Board of Nursing Advisory Opinion entitled "Decision Tree" provides useful guidance when determining whether a specific activity or task is within a RN's scope of practice. Because the roles and responsibilities of nurses are continually influenced by the healthcare system which is ever changing and increasingly complex, licensees and certificate holders must often make decisions regarding scope of practice for which they will be professionally and legally responsible. The Advisory Opinion as well as the relevant literature and scope of practice statements from professional nursing organizations in addition to research from nursing and health related literature and policy/procedure statements from your facility are important inquiries that should be made prior to making a final determination in your particular clinical setting.

Arizona State Board of Nursing Scope of Practice Decision Making Tool



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The Arizona State Board of Nursing is seeking a dynamic nurse educator for a 32 hour per week position as Education Program Administrator. The position will involve conducting surveys and providing education and consultation to LPN, RN, refresher and advanced practice nursing programs. This position also provides opportunities to influence education and policy on a state and national level. Requirements include RN licensure, a master's degree in nursing or education (with a BSN) and experience in education. Preference will be given to applicants with significant experience as a faculty member or director of a pre-licensure nursing program. The successful candidate will have a exceptional skills in: leadership, written and oral communication, curriculum development, program evaluation, and time management. The position requires frequent to occasional travel within the state including overnight stays in rural areas. For more information, please contact Pamela Randolph RN, MS, FRE, Associate Director of Education and Evidence-based Regulation at 602-771-7803 or prandolph@azbn.gov. This position is eligible for state benefits after 90 days of employment.

ARIZONA STATE BOARD OF NURSING SEEKS FULL-TIME NURSE PRACTICE CONSULTANT

The Arizona State Board of Nursing is currently accepting applications for a full-time Nurse Practice Consultant to conduct investigations of licensees and applicants for licensure. The position requires knowledge of nursing standards of practice, standards of care and the Nurse Practice Act. Knowledge related to assisted living facilities, skilled nursing facilities, and long term acute care is desired. Successful candidates will have substantial nursing experience, interviewing and report writing experience, a BSN, an active and good standing RN license, excellent written and oral communication skills, effective time management skills, and analytical abilities. Master's Degree in Nursing or a related field preferred. For more information or to submit a resume for consideration, please contact Nikki Austin, JD, RN, Associate Director of Investigations/Compliance at 602-771-7819 or naustin@azbn.gov.

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PAMELA K. RANDOLPH RN, MS, FRE

ASSOCIATE DIRECTOR EDUCATION & EVIDENCED BASED REGULATION



CLINICAL LEARNING: AN EDUCATIONAL INNOVATION

The *Arizona Republic* (Creno, 3/17/13), featured an article that described an innovative program at Arizona State University where students spent a year practicing in a facility under the supervision of seasoned practitioners. ASU faculty regularly check on students and the students spend 2-3 nights a week in didactic class. This article was about teaching, not nursing

Students in nursing programs and their future employers have benefitted from the traditional nursing model of education where real-life practice is embedded with theoretical instruction. This model, often criticized as, “too expensive”, “inefficient”, and “outmoded”, has withstood the test of time. Benner, Stuphen, Leonard and Day (2010) found that clinical learning was quite effective, but classroom and laboratory sessions required fundamental change to be relevant to clinical situations. “Clinical practice assignments provide powerful learning experiences, especially in those programs where educators integrate clinical and classroom teaching,” (Benner, Sutphen, Leonard & Day, 2010, p. 12).

Yet clinical learning is often times undervalued when compared to didactic learning. Arizona State Board of Nursing (AzBN) requirements for “clinical only” faculty are less than those for didactic faculty, creating an economy at some schools where only lesser educated faculty teach clinical. Schools routinely reimburse clinical instruction, no matter how qualified the faculty, at a lower “load hour credit” than didactic instruction. Devaluing clinical learning has immense consequences in terms of patient safety and application of learning. The following “real events” have been reported to the Board:

- An instructor was observed to spend the whole clinical day in the lounge reading a novel

- An instructor was reported to have never visited the clinical site before supervising students and could not find the unit on the first day of clinical
- Two instructors from different schools were reported to the Board at different times when they left the clinical site during the students clinical session
- An instructor agreed to “first assist” in a surgery as part of her own personal learning program at the same time students were in a clinical session elsewhere in the facility
- An instructor hosted a party at her house for students instead of conducting a scheduled clinical session
- There were 3 instances of an instructor falling asleep during clinical sessions
- Three separate programs had never evaluated clinical instructors because the “college does not require it,” despite the fact that Board regulations require evaluation of clinical faculty

Board rules are very clear on a clinical instructor’s duties. Arizona Administrative Code R4-19-204 (D) requires that: “The faculty shall supervise all students in clinical areas in accordance with the acuity of the patient population, clinical objectives, demonstrated competencies of the student, geographic placement of the student, and requirements established by the clinical agency.”

The clinical faculty member and the nursing program must carefully ensure all these requirements are met in each clinical session. It may be useful to analyze the rule requirements so that faculty, programs, students and the public understand:

“**Supervise**” means overseeing all

activities of the student either by direct observation or indirectly by ensuring the student has other appropriate supervision such as an RN preceptor.

“**Acuity of the patient population**” means that the level of supervision provided must be based on the criticality and needs of the patient. The supervision model used for students working with stable patients in a home may be different than the model used for students working with unstable patients in an acute care setting.

“**Clinical objectives**” are the course objectives relating to clinical learning that students must demonstrate while providing patient care; the clinical setting must be appropriate to the objectives of the course and provide an opportunity for the student to apply didactic course content in caring for patients.

“**Demonstrated competencies of the student**” means those activities that the student has been found to be proficient by the instructor or as documented by a previous instructor. The student’s competency must be known prior to assigning care--this should be done both institutionally through established checklists, and by each faculty member based on each student’s observed performance.

“**Geographic placement**” means that if the student is practicing at a distance from the faculty, the faculty has ascertained that the student has the competencies to fulfill the course objectives prior to placement and there is a supervising RN or preceptor who monitors and agrees to assume a teaching role with the student. Faculty must periodically assess the student and the experience by frequently communicating with the student and preceptor to ensure that clinical objectives are met. This rule requirement does not mean that less supervision is appropriate by the mere

fact that students are placed in areas remote to the instructor.

“Requirements established by the agency” means that the students and faculty members are required to follow agency policies in clinical settings.

There are consequences for both individual programs and faculty members who do not follow this rule. Most importantly, failure to follow this rule may result in adverse outcomes for patients as well as disciplinary action being taken against the program or faculty member. Suggestions for providing excellent clinical instruction based on reports from nursing programs with reputations of excellence are provided below.

Faculty

- Get to know the students, the agency, clinical unit and the patients before embarking on the clinical session—this may mean 1-2 days of orientation on the unit for yourself and assessing student competencies in the skills lab prior to clinical.
- You can't be with every student all the time but you must be teaching students throughout the clinical day—you should not be “parked” in a lounge or the cafeteria.
- Prepare for clinical—you cannot expect a student to safely administer a medication or know the pathophysiology of a disease that you do not know.
- Do not assign tasks that are beyond your personal scope. For example, don't expect students to correctly calculate medications if you cannot do so. You must be an expert in all course competencies to teach that course.
- Visit every student and every patient at least every 2 hours—ideal would be once an hour.
- Ask critical questions but do not expect perfection in the answers; examples include rationales for treatments, medications, nursing care; how lab values influence the care; what dietary modifications are necessary, how culture impacts the care etc.

- Assess student ability and provide INSTRUCTION—the main purpose of the clinical instructor is not to catch the student making mistakes but to instruct the student so mistakes are not made.

Program Administrators

- Require at least one 8 hour clinical participant-observation experience by faculty before they supervise students in an unfamiliar unit, population or agency/facility.
- Assign new clinical faculty a mentor to co-teach for the first few sessions.
- Make unannounced visits in clinical to observe student-faculty interaction and help faculty find “teaching-learning opportunities”.
- Evaluate and value clinical faculty.
- Invite clinical faculty to “guest lecture” in didactic on their areas of expertise.
- Ensure the clinical experience is aligned to the didactic content.
- Require didactic instructors to teach at least one clinical group per year so that didactic is relevant to clinical practice.
- Ensure that clinical faculty are physically able to provide appropriate bedside supervision (activity intolerance may be an issue for some faculty).

Clinical agencies/facilities

- Set requirements for faculty competence and orientation to the facility and unit before a rotation is accepted.
- Place students in geographic proximity to others in their cohort so faculty may provide more instruction—preferably all on one unit.
- Inform the school if faculty competencies are not appropriate for the setting.
- Provide convenient access to policies and procedures.
- Communicate your needs to faculty, students and the program—the experience should be mutually beneficial for students,

faculty and the facility staff.

- Inform the faculty if students are not meeting expectations.
- Report the program to the Board if patient safety is compromised, the program does not respond to your concerns or for any violation of the Nurse Practice Act or Rules of The Board.

Education Practice Collaborative

The Education-Practice Collaborative: Nurse of the Future (Collaborative) was established to create seamless progression through all levels of nursing, including transitioning nurses into their practice settings. The seamless progression is founded on the evidence-based consensus competencies of the Arizona Nurse of the Future Core Competency Model, adopted from Massachusetts. This collaboration between nursing education and nursing practice is essential to improve new grad RN readiness to meet the quality and safety needs of patients and families. Under the leadership of Paulette Compton and Roni Kerns the Collaborative currently consists of representatives from 13 clinical agencies and 14 prelicensure RN nursing programs.

This Education-Practice Collaborative is sponsored by the Future of Nursing Arizona Action Coalition, which was created to facilitate the implementation of the 2010 IOM Future of Nursing, Leading Change, Advancing Health report recommendations in Arizona. Nurses in practice and education are invited to join this dynamic group and advance the recommendations of IOM Future of Nursing recommendations. Those interested in joining are asked to contact Paulette Compton (Paulette.Compton@bannerhealth.com).

References

Benner, P. Sutphen, M., Leonard, V. & Day, L (2010) *Nursing Education: A call for radical transformation*. San Francisco: Jossey-Bass.

Creno, C. (3/17/2013) *New approach to student learning: ASU brings interns to Mesa*. Arizona Republic. Pages B1 & B3.

4,475 NURSES DUE FOR RENEWAL IN 2013 DID NOT RENEW BY APRIL 1, 2013- ARE YOU ONE?

RN/LPN "Renewal Season" is close to finalization for this year.

Seventy-six percent of the nurses due for renewal in 2013 renewed between October 2012 and April 22, 2013. (Emails were sent every month to remind the nurses to renew). Some nurses stated they did not receive the "renewal notice" by email. Information Technology has found that 31% of the reminder emails "bounced back" to the Board. Of the 4,475 nurses that did not renew by April 1, a post card was sent as a final reminder about renewal. Approximately 24% of the post cards were returned to the Board, due to invalid addresses.

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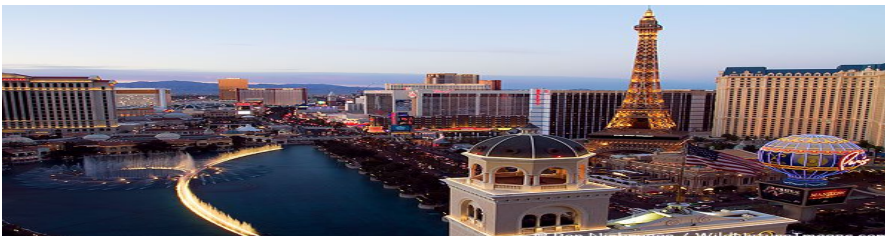
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NURSYS E-NOTIFY FOR RN'S/LPN'S

Employers

Did you have nurses who forgot to renew their license by April 1 or a nurse who received discipline that you were not aware of? If you answered "YES" to either of these questions, there is now a system to alert you to either of these licensure changes.

Launched December, 2012, e-Notify is an innovative nurse licensure notification system that automatically provides employers licensure and publicly available discipline information of nurses in their employ; that information will automatically be sent to them. The e-Notify system alerts subscribers when changes are made to a nurse's record, including changes to license status, license expirations, license renewal, and public disciplinary action/resolutions and alerts. This means that if a nurse's license is about to expire, the system will send a notification to the employer about the expiration date. Employers can also immediately learn about new disciplinary actions issued by a BON for their employed nurse, including receiving access to available public discipline documents. Over 155 employers of nurses in AZ, including hospitals, educational institutions, home health agencies, hospice/palliative care agencies, long term care facilities, and surgical care centers, have already become a part of the E-notify system.

Nursys e-Notify Benefits

The information in e-Notify is pulled directly from Nursys, the only national database for licensure verification, discipline and practice privileges for registered nurses (RNs) and licensed practical/vocational nurses (LPN/LVNs). Nursys data is compiled from information directly uploaded from BONs in participating jurisdictions. (Visit nursys.com for current participation list.) The system provides real-time automatic notification of status and discipline changes delivered directly to institutions.

Nursys e-Notify Cost

All institutions are given 100 credits free of charge. This means that the first 100 nurses enrolled into the system are free. After that, each



nurse is \$1 per nurse, per year. A facility that employs 25 nurses would pay nothing to utilize e-Notify; a facility with 150 nurses only pays \$50 per year. A unique feature of e-notify is the ability for institutions to turn a nurse's notification setting on or off, choosing whether or not to receive notifications about a specific nurse's licensure or discipline status. Only nurses who have their notifications turned on are charged against one of the employer's 100 free credits.

Nursys e-Notify Customizable Features

The institution determines how often they want to receive notifications about their nurses. They have the option of receiving email notifications daily, weekly or monthly. For licensure renewal notification, institutions can choose to receive alerts 30, 60 or 90 days prior to expiration of a license.

Nursys e-Notify Ease of Use

Institutions can enroll nurses into e-Notify easily either as an individual or through bulk uploads; all that is needed is the nurse's license number, license type and the state that issued their license. This information is used to locate the nurse directly from the Nursys database. Once nurses are enrolled, institutions can access their nurse list and download the data at anytime.

Another unique feature of e-Notify is its search functionality. Rather than searching for a nurse by his or her name, e-Notify only allows institutions to search by licensure number. If a nurse changes their name with the BON, that information will automatically be updated in e-Notify, decreasing the likelihood of multiple entries being entered into the system for the same person.

When enrolling a nurse in e-Notify, institutions also have the option of including the nurse's email address and/or cell phone number, Institutions can send automatic e-mails reminders, as well as text messages, to a nurse securely..

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JCEN INNOVATION AWARD 2012



The purpose of this annual award is to recognize excellence in writing and evidence of the expansion and/or dissemination of knowledge in the field of nursing continuing education and professional development related to creativity and innovation in the design and delivery of professional development activities; innovative educational strategies based on evidence-based nursing education; evaluation methodologies used to assess effectiveness of the education; documentation of changes in practice that have occurred as a result of an educational experience; and contribution to the development of new knowledge or best practices in nursing professional development.

The winner of the JCEN Innovation Award for 2012 is the article, "Measuring Competence: Collaboration for Safety," by Pamela K. Randolph, BSN, MS, Janine E. Hinton, PhD, Debra Hagler, PhD, Mary Z. Mays, PhD, Beatrice Kastenbaum, MSN, Ruth Brooks, MS, Nick DeFalco, MSN, Kathy Miller, MSN, and Dan Weberg, BSN, MHI, which appeared in the December 2012 issue of the Journal.

abstract

Few options are available to nursing regulatory boards for the evaluation of nursing competency in registered nurses who are reported for practice breakdown. To address this deficiency, the authors conducted funded research through collaboration between their respective institutions: a state nursing regulatory board, a community college nursing program, and a state university nursing program. Through this collaboration, a competency evaluation process that used high-fidelity simulation was developed and was called the nursing performance profile (NPP). The NPP process consisted of evaluation of videotaped performances of registered

nurses providing simulated patient care in three successive situations. Nurses who were experienced in both practice and supervision rated the performances according to scoring guidelines developed by the authors. Findings showed that the NPP process has the potential to (1) provide regulators, educators, and employers with a quantitative picture of nurse performance across nine areas essential to safe practice; and (2) establish a basis for recommending a specific remediation plan or continuing professional development. *J Contin Educ Nurs* 2012;43(12):541-547.

Readers can access the full article at <http://www.healio.com/nursing/journals/JCEN/%7B92A7CA83-3A0E-4DF3-ADACB3D290C3A07E%7D/Measuring-Competence-Collaboration-for-Safety>.

"This article is unique in that it provides information on a collaborative model that can be used by nursing regulatory boards to evaluate the competency of nurses who have been reported for practice breakdown. It expands the body of knowledge in this area."—Lynore D. DeSilets, EdD, RN-BC, Chair, JCEN Innovation Award Committee

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REGULATION RUNDOWN: Agency Rulemaking



BY PAMELA RANDOLPH RN, MSN, FRE
ASSOCIATE DIRECTOR/EDUCATION AND EVIDENCE-BASED REGULATION

Due to a rulemaking moratorium since January 22, 2009 the Board has been unable to initiate rulemaking for the past 3.5 years. The moratorium was recently lifted for professional regulatory boards. A copy of the proposed rules is posted on the Board's website. The proposed revisions have been forwarded to the Governor's Regulatory Review Council (GRRC) for tentative adoption date of May 7, 2013 and an effective date about July 7, 2013. The following is a description of current rulemaking activities:

- **Article 3:** Changes include: incorporation of "2011 Uniform Licensure Requirements" adopted by National Council of State Boards of Nursing (NCSBN), increased consistency between the Board's rules and other state laws, revision of the passing standard on English language proficiency examinations for graduates of international nursing programs, revision of certification requirements of school nurses and clarification of activities that would meet the Board's practice requirement for renewal. Definitions of new terms used in proposed Article 3 will be added to R4-19-101.
- **Article 2:** This rule was extensively revised by the Education Committee and other stakeholders. A draft of the finalized rules was sent to all nursing programs for review and comment. Changes include unprofessional conduct standards for nursing programs, required orientation for new faculty, a minimum on-time graduation rate for every program, preceptorship rules and greater clarity in existing standards.
- **Article 5:** Changes were made to incorporate aspects of the APRN Consensus Model which was adopted in 2008 by NCSBN.
- **Article 8:** An ad hoc rule advisory

group will review the rules and suggest changes after the internal review is complete. Please contact prandolph@azbn.gov if you are interested in being part of this group. Proposed rules will be posted on the Board's website after the ad hoc committee has provided input.

The person to contact at the Board regarding regulation is:

Pamela Randolph
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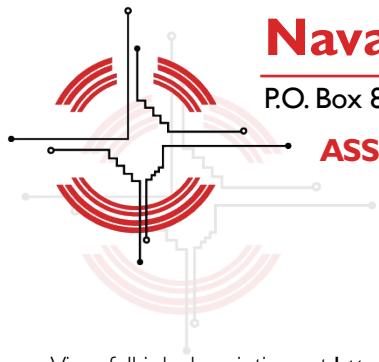
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FRANNIE BREED RN, BSN, NURSE PRACTICE
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NURSING ASSISTANT TRAINING PROGRAM'S FIRST-TIME PASS RATES: HOW TO IMPROVE SKILLS TESTING PASS RATES

The Nursing Assistant Training Programs annual first-time pass rates for 2012 have been posted. There were approximately 5107 first-time candidates in 2012. Candidates are required to score a minimum of 75% on the written exam which consists of 72 multiple choice questions. For the skills exam, candidates are required to score a minimum of 80% on each task without missing any key steps.

The 2012 Arizona average first-time pass rate is as follows: Written Exam 90%, Manual Skills Exam 75%. Those programs with passing rates below 50% are requested to submit a plan of correction to the Arizona State Board of Nursing.

According to D&S Diversified Technologies LLP, the top five missed skills were:

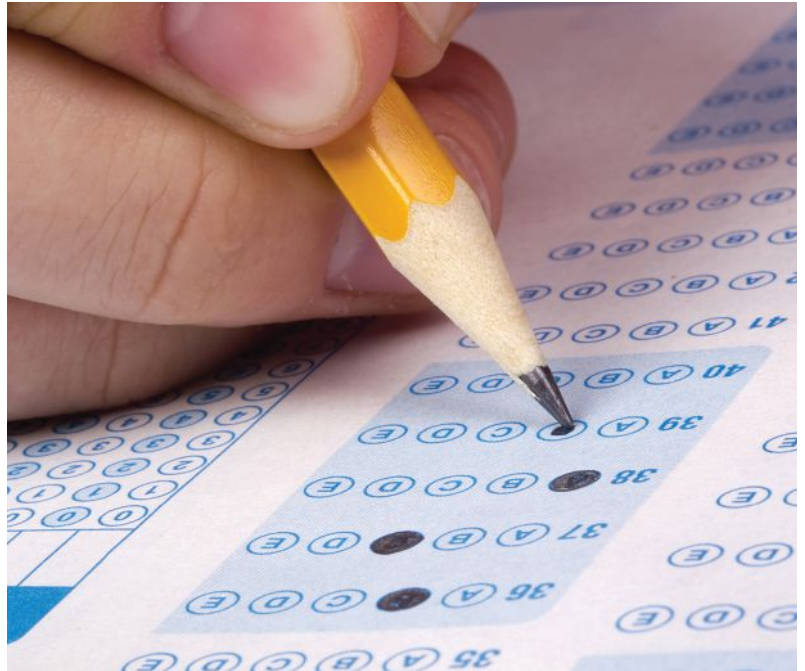
Skill	Pass Rate
Blood Pressure	77%
Feeding Dependent Resident	79%
TPR-Temperature, Pulse, Respirations	80%
ROM-Hip/Knee	83%
Fluid Intake	85%

Most Common Reasons for Failing:

Blood Pressure:

1. Blood Pressure is the most missed skill and causes the candidate the greatest amount of stress. Test anxiety for this skill is extremely high.
2. Placements of the cuff and/or the stethoscope are done incorrectly.
3. Cuff is placed incorrectly: backwards, inside out, upside down.
4. Stethoscope diaphragm is turned off (preventing anything from being heard).
5. Ear tips are not placed firmly in the ear canal (allowing outside noise to muffle noises)

Blood Pressure is a skill that takes practice to perform it correctly. It may be beneficial to teach this skill early in a program to allow for adequate practice time. Instructors are strongly urged to be involved with the practicing of this skill and should listen with the teaching stethoscope to ensure students are listening for the correct sounds. With practice the candidate will become more familiar with the equipment and the sounds they hear and this will help decrease their anxiety.



Feeding Dependent Resident:

1. Candidates do not place the resident at a 45 degree angle before feeding.
2. Candidates calculate what is left for the fluid/food consumed instead of what was actually consumed.

In the past this skill has not been one that candidates have had difficulty in passing. It may be beneficial to reinforce to students that a resident must be in a minimum 45 degree angle but ideally the resident should be sitting in the sitting position which would be closer to a 90 degree angle. While practicing this skill have the actor start in a lying position, which would force the student to reposition the actor.

TPR-Temperature, Pulse and Respirations:

1. Pulse and Respiration are not within the allowed range of the test observer's recording.
2. Candidate does not place their fingers in the correct spot over radial artery to adequately feel the pulse.
3. Candidate counts the inspiration and the expiration of a respiration as two respirations.
4. Candidate does not perform each task for a full minute and miscalculates when multiplying.

Temperature is not normally a problem with this skill. Again, anxiety plays a big role in the failure of this skill. This skill takes practice to master. It may be beneficial to teach this skill early in the course to allow for adequate time to practice.

ROM-Hip/Knee:

1. Candidates do not place the resident in a supine position

There has been much controversy surrounding this skill but it has been found that ROM of the hip and knee cannot be correctly done if the patient is not lying in a supine position. If they are not supine their hip is already in a flexed position preventing full extension.

Fluid Intake:

1. Candidates calculate what is remaining in the glasses instead of what is actually consumed.
2. Candidates fail to calculate and document the total consumed.

Fluid intake used to be the number one missed skill. Instructor workshops which focus on this skill and the use of standardized cups have helped to increase the pass rate of this skill.

The most commonly missed steps in other skills are as follows:

<u>Skill</u>	<u>Missed Step</u>
Bedpan and Output:	Candidate does not wash resident's hands.
Partial Bed Bath:	Candidate does not move top bed linens to foot of bed.
Dressing Bedridden Resident:	Candidate removes gown from affected side first.
Gown and Gloves:	Candidate fails to perform hand hygiene before and after performing skill.
Positioning Resident on Side:	Candidate places resident on the wrong side.

Skills with the highest pass rates statewide:

<u>Skill</u>	<u>Pass Rate</u>
Denture Care	100%
Making an Occupied Bed	100%
Applying Antiembolic Stocking	99%
Gown and Gloves	99%

While test anxiety is thought to be the number one reason for skill failure there are ways to decrease a candidate's anxiety. The following are ways to increase pass rates:

1. Never pretend when performing a skill in the lab set-

ting. Always perform the skill as if it were a real-life situation (use water to give bath, do hand hygiene, change position of bed, etc.). This will reinforce memory skills and the saying of "You play the way you practice."

2. Having a candidate test where they trained helps decrease anxiety as they will be familiar with the location, set-up of the lab, and equipment.
3. Have the candidate consistently use and review the D&S Candidate Handbook. This handbook has all of the skills spelled out step by step with the most critical skills being bolded and/or starred. The handbook has information valuable to each candidate.
4. Have students do timed dry-runs prior to testing day. This will give them an idea of how quickly the time passes.
5. Encourage students to arrive early on testing day with the proper identification and documents. If they are running late, it will cause unnecessary stress and add to their anxiety.

A reminder to candidates and instructors that every task is providing care for a new (different) resident so equipment may be reset and the new resident may be in a different position or have a different impairment; therefore candidates must complete all steps for every task as outlined in the Arizona Candidate Handbook, i.e. wash hands again, lock brakes again, put the water and call light within reach again, etc.

Instructors are reminded of the online availability of detailed knowledge and skill task diagnostic reports available to them on the D&S Diversified Technologies LLP website at www.hdmaster.com. Instructors are encouraged to contact D&S Diversified Technologies LLP for any help they may need obtaining these reports and/or interpreting them. Students are also encouraged to contact D&S at the above website or at 1-800-393-8664 for any assistance they may need.

Instructors are encouraged to provide each student with a copy of the D&S Candidate Handbook on the first day of class as it contains valuable information including the following: Scheduling their Exam, Testing Day, Testing Policies, Rescheduling/Cancelling, Knowledge Test Content Outline, Manual Skills Listing, Vocabulary List, Sample Questions, and how to Obtain Results.

All instructors are also encouraged to attend an Instructor Workshop offered by D&S Diversified Technologies LLP. This will assure that all skills are being taught correctly.

We would like to thank Teresa Whitney at D&S Diversified Technologies LLP for providing the statistics and information used in this article. Contact information for D&S Diversified Technologies LLP is: www.hdmaster.com, email: hdmaster@hdmaster.com phone: 800-393-8664, fax: 406-442-3357.

Critical care nurse designs **CRITICAL CARE DRIP APP** for iPhone and Android



Matt Vargo, a critical care nurse, was frustrated with the time consuming task of looking up information about a drip he either had to start, or a drip he came across.

- What is the dosage range?*
- How does the drip work?*
- What are the side effects?*
- What are the contraindications?*
- How to mix the drip if needed?*
- Is the pump flow rate correct for the dose ordered?*
- How much can I titrate each time?*

He found a few apps on the Droid and iPhone and noticed they either had spinning wheels or you had to manually type in a weight or concentration and then come up with a drip rate. He figured there had to be a more efficient way to access this information. And there was. The result, after more than a year's worth of research and effort is

"Critical Care Drips"

This handy app provides accurate and detailed information on critical care drips. Perfect for professional critical care nurses and also students wanting an effective study tool. Open the app, click on the drip you want, click on the concentration and there is the information at your fingertips.

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- Drip Tables
- How to mix them
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at-risk in the ED

Web-Based Suicide and Substance Abuse Screening Training Simulation for ED Staff

1.0 Overview

In 2007, there were over 95 million visits to U.S. Emergency Departments by adults, and over 12 percent involved a mental health and/or substance abuse (MHSA) diagnosis. Of these, two-thirds had MHSA as a secondary or tertiary diagnosis rather than a primary one. According to the National Institutes of Mental Health, ten percent of those who complete suicide have been seen in an ED in the two months prior to death. Since many EDs are not well-equipped to address MHSA conditions, it is not surprising that many ED patients who are at-risk for MHSA are discharged without an appropriate intervention or referral once the non-MHSA presenting condition is addressed. It is clear that the ED represents an opportunity to screen and intervene with patients who are at-risk for suicide and substance abuse. Significantly, Medicare now reimburses providers for screening and behavioral counseling for substance abuse and depression.

2.0 Program Description

At-Risk for Emergency Department Staff is an interactive gatekeeper training simulation designed to prepare medical staff to screen patients at risk for suicide ideation and substance abuse. The training covers several evidence-based suicide risk and substance abuse screening tools such as SAD PERSONS, RAPS4-QF, and CRAFFT. The course is freely available to 80 hospitals in Arizona via a contract with the Arizona Department of Health Services.

In this 1-hour online simulation, users assume the role of a medical practitioner in an ED and engage in simulated conversations with three patient avatars that exhibit signs and symptoms associated with psychiatric illnesses, suicidal ideation, and substance abuse. The goal is to accurately identify which patients require screening and referral by first reviewing their charts and interviewing them.



Snapshot of Simulated Conversation with a Patient Avatar

Developed with subject matter experts in behavioral health, the training provides institutions with a cost-effective and engaging learning tool that:

- Increases patient safety
- Reduces re-admission rates
- Assists in implementing The Joint Commission's National Patient Safety Goals on Suicide
- Awards 1.50 CME AMA PRA Category 1 Credits™, CEUs (AZ only) and Certificate of Completion
- Is listed in the SPRC/AFSP Best Practices Registry for Suicide Prevention Programs

Questions?

Markay Adams
Suicide Prevention Coordinator
Arizona Department of Health Services
Markay.Adams@azdhs.gov

Arizona ED Staff Login:
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- One of "The Valley's Healthiest Employers 2011," recognized by the *Phoenix Business Journal*

OCTOBER, NOVEMBER, DECEMBER 2012 & JANUARY 2013

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
10/2/2012	Acosta, Jesus A.	CNA1000035588	Decree of Censure
1/7/2013	Allard, Nancy G.	CNA Exam	Denial of Initial Certification
12/3/2012	Arroyo, Jessica A.	CNA999995403	Civil Penalty
10/10/2012	Beisch, Tonja M.	CNA999992689	Voluntary Surrender
1/23/2013	Bither, Jason R.	CNA Exam	Denial of Initial Certification
12/31/2012	Bonacci, Rebecca L.	CNA Exam	Denial of Initial Certification
11/6/2012	Brammer, Charles L.	CNA1000011024	Revocation
1/16/2013	Broncheau-Begay, Nicole A.	CNA Exam	Denial of Initial Certification
12/31/2012	Bronson, Sarah J	CNA Exam	Denial of Initial Certification
12/13/2012	Burbank, Eula M.	CNA1000012376	Decree of Censure
1/4/2013	Cagle, Crystal L.	CNA999948099	Revocation
12/26/2012	Campos, Genovevo H.	CNA Exam	Denial of Initial Certification
1/4/2013	Carmody, Priscilla A.	CNA999999296	Revocation
12/17/2012	Castillo, Ignacio	CNA999992758	Decree of Censure
10/11/2012	Chintankwa, Tamina D	CNA999950485	Revocation
10/30/2012	Contreras, Barbara	CNA1000022361	Stayed Revocation with Suspension
10/22/2012	Corella, Sarah M.	CNA809089803	Decree of Censure
10/10/2012	Curtis, Roxanne N.	CNA1000001269	Civil Penalty
12/26/2012	Dawahoya, Edward H.	CNA999991375	Revocation
1/16/2013	Delaware, Vernice	CNA Endorsement	Denial of Initial Certification
11/21/2012	Delgado, Christina F.	CNA999948037	Revocation
1/4/2013	Everest, Melissa L.	CNA1000035915	Revocation
11/7/2012	Farris, Linda L.	CNA Exam	Denial of Initial Certification
1/29/2013	Felix, Esperanza	CNA128361103	Decree of Censure
10/10/2012	Flores, Sherri L.	CNA621743809	Stayed Revocation
11/15/2012	Fritz, Branon O.	CNA Exam	Denial of Initial Certification
10/25/2012	Galvez Medina, Elena	CNA1000016129	Civil Penalty
10/29/2012	Geary, Mikeila I.	CNA Exam	Denial of Initial Certification
1/24/2013	Grant, Montana D	CNA Exam	Denial of Initial Certification
11/28/2012	Griffin, Jenny M.	CNA714246441	Voluntary Surrender
11/6/2012	Grijalva Duron, Efren E.	CNA1000026793	Revocation
11/29/2012	Harper, Shelly A.	CNA1000019880	Civil Penalty
11/21/2012	Harrison, Leela	CNA999949232	Denial of Certification Renewal
1/9/2013	Hatcher, Chelsea A.	CNA Exam	Denial of Initial Certification
1/8/2013	Hazen, Ruby R.	CNA1000023764	Voluntary Surrender
12/26/2012	Heath, Vanessa R.	CNA1000014258	Revocation
10/31/2012	Horton, Shelly A.	CNA Exam	Denial of Initial Certification
12/10/2012	Jessup, Amber M.	CNA1000016658	Civil Penalty
11/6/2012	Johnson, Denisyia M.	CNA1000011882	Revocation
10/29/2012	Kryl, Michelle J	CNA Exam	Denial of Initial Certification
10/30/2012	Lozano, Juanita V.	CNA1000035914	Decree of Censure
12/26/2012	Lunkin, Heather C.	CNA1000025276	Revocation
11/7/2012	Marion, Anthony A.	CNA Exam	Denial of Initial Certification
11/6/2012	Mitchell, Carolyn M.	CNA999989370	Revocation
11/6/2012	Mok, Saram	CNA1000011483	Revocation
10/29/2012	Oguadimma, Ikenna H.	CNA1000022767	Stayed Revocation
12/20/2012	Olmstead, Katrina S.	CNA1000036415	Voluntary Surrender
10/12/2012	Omalley, Esther L.	CNA1000020286	Decree of Censure
12/14/2012	Ordonez-Devvyer, Jennifer L.	CNA Exam	Denial of Initial Certification
11/10/2012	Parham, Nancy D.	CNA1000036003	Stayed Revocation
12/10/2012	Pena, Adriann M.	CNA1000030651	Stayed Revocation

CNA DISCIPLINARY ACTION

*Not reported in previous Journal

OCTOBER, NOVEMBER, DECEMBER 2012 & JANUARY 2013

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
11/21/2012	Pena, Fabian M.	CNA Exam	Denial of Initial Certification
12/4/2012	Peralta, Gloria C.	CNA824624241	Voluntary Surrender
11/6/2012	Percy, Veronica	CNA1000025082	Revocation
11/6/2012	Perry, Shirley P.	CNA1000007592	Decree of Censure
11/21/2012	Phillips, Susan L.	CNA744372313	Denial of Certification Renewal
11/6/2012	Ramirez Gutierrez, Sandra R.	CNA1000021903	Revocation
10/24/2012	Randell, Kila D.	CNA1000003768	Stayed Revocation
12/26/2012	Ritchie, Marlon L.	CNA999992905	Revocation
11/6/2012	Robinson, Briann M.	CNA1000025640	Revocation
12/20/2012	Sandoval, Sonia M.	CNA999998065	Stayed Revocation
11/2/2012	Sloan, Shantelle A.	CNA1000024173	Voluntary Surrender
10/2/2012	Smith, Craig A.	CNA1000035379	Voluntary Surrender
11/7/2012	Sollars, Vanessa L.	CNA Exam	Denial of Initial Certification
10/23/2012	Sommer, Savannah C.	CNA1000025797	Civil Penalty
10/26/2012	Stoddard, Jenna G.	CNA Endorsement	Denial of Initial Certification
10/21/2012	Sutton, Quintina S.	CNA1000010976	Decree of Censure
11/6/2012	Tapia, Hector M.	CNA1000027793	Revocation
1/30/2013	Taylor, Natalie N.	CNA1000035333	Revocation
11/6/2012	Thompson, Rebecca A.	CNA1000005725	Revocation
1/22/2013	Thornburg, Elizabeth I.	CNA677420207	Voluntary Surrender
1/16/2013	Travis, Melissa S.	CNA Endorsement	Denial of Initial Certification
12/26/2012	Walker, Melanie A.	CNA999952940	Revocation
1/11/2013	Walker, Shawna T.	CNA1000010250	Denial of Certification Renewal
10/24/2012	Wall, Carmen M.	CNA703712897	Voluntary Surrender
12/26/2012	Wauneka, Melinda	CNA999953447	Revocation
1/11/2013	Webb, Brendon J.	CNA Exam	Denial of Initial Certification
11/13/2012	Whitney, Casey R.	CNA Exam	Denial of Initial Certification
12/26/2012	Wolf, Ellen	CNA795005429	Revocation
1/2/2013	Zepeda, Julio A.	CNA Exam	Denial of Initial Certification

*Not reported in previous Journal

RN/LPN DISCIPLINARY ACTION

OCTOBER, NOVEMBER, DECEMBER 2012 & JANUARY 2013

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
10/24/2012	Acuna, Amanda A.	RN159144	Stayed Suspension with Probation
10/20/2012	Adams, Cheryl L.	RN128378	Stayed Revocation with Probation
11/8/2012	Adams, Tiffney L.	LP043248/CNA1000006914	Decree of Censure
1/4/2013	Agboola, Althea M.	LP038729/CNA100130103	Revocation
12/17/2012	Allen, Christopher J.	RN140096	Summary Suspension
11/14/2012	Arnold, Sharon P.	RN063483/LP015687	Denial of License Renewal
12/5/2012	Ashburn, Jenise E.	RN167926/LP045973/CNA999996335	Decree of Censure
12/17/2012	Atkinson, Eric C.	RN174601/LP048157	Suspension
1/9/2013	Blaisuis, Grace M.	RN145668	Voluntary Surrender
1/25/2013	Blake, Diane G.	RN146156	Voluntary Surrender
1/25/2013	Bogin, Theresa M.	L16579 NM	Voluntary Surrender-Privilege to Practice
11/26/2012	Bolley, Breanna S.	RN155432/CNA1000004230	Voluntary Surrender
10/9/2012	Bowman, Judith D.	RN105835	Voluntary Surrender
10/12/2012	Brooks, Linda F.	RN078880	Voluntary Surrender
11/9/2012	Chacon, Noemi E.	LP045254/CNA1000013966	Decree of Censure
10/26/2012	Chebby, Souhaïel	RN157575	Voluntary Surrender

continued >>>

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
10/24/2012	Christian, Angela G.	RN176583	Stayed Revocation with Probation
1/30/2013	Coogan, Luann M.	RN165063	Summary Suspension
11/21/2012	Coriz, Jacqueline A.	LP Endorsement	Denial of Initial License
11/9/2012	Day, Janet S.	RN176757	Decree of Censure
12/17/2012	Debruyne, Amy J.	RN139691/LP041078/CNA999999351	Voluntary Surrender
11/6/2012	Eller, Elizabeth A.	RN165490	Revocation
12/11/2012	Elwood, Lisa I.	LP047405/CNA999994681	Decree of Censure
12/28/2012	Erdman, Shawn S.	RN143958	Voluntary Surrender
12/10/2012	Eschberger, Sherri R.	RN112003	Decree of Censure
1/16/2013	Faulkner, Kirsten S.	RN161876/CNA1000002798	Voluntary Surrender
12/26/2012	Forsley-Plata, Elizabeth A.	RN151823	Revocation
11/6/2012	Frazier, Megan L.	RN136093	Revocation
11/8/2012	Geeter, Lacsiesha M.	RN164255	Civil Penalty
10/24/2012	Green, Marie E.	RN142440	Voluntary Surrender
1/14/2013	Gregoire, Nora L.	RN082587/LP015732	Stayed Revocation with Probation
1/18/2013	Gregory, Julie L.	RN133671/LP039776	Stayed Suspension with Probation
11/6/2012	Griddine, Victoria C.	RN150156/LP042621/CNA1000003578	Revocation
12/17/2012	Grijalva, Thea	RN140479	Summary Suspension
11/5/2012	Hacker-Carmenaty, Susan L.	RN137355	Decree of Censure
11/6/2012	Hardy, Michelle L.	RN130015	Revocation
1/29/2013	Harris, April D.	RN129408	Decree of Censure
10/19/2012	Hartwig, Ardelle	RN109169	Decree of Censure
12/3/2012	Heisler, Vickie L.	LP031936	Decree of Censure
11/6/2012	Hill, Erica C.	LP036846	Revocation
1/18/2013	Hitchcock, Jeneane E.	RN109033	Voluntary Surrender
11/20/2012	Hooper, Jessica L.	LP048881	Decree of Censure
12/26/2012	Houlahan, Kimberly M.	RN140063	Revocation
11/8/2012	Hoy, Ann V.	RN079222	Stayed Revocation with Probation
1/15/2013	Hume, Jacqueline M.	RN150723	Probation
12/15/2012	Hunter, Nancy L.	RN105419/AP3991	Decree of Censure
10/29/2012	Jeffers, Sara N.	RN064730	Probation
10/2/2012	Johnson, Veronica E.	RN076109	Voluntary Surrender
11/6/2012	Johnston, Susan M.	LP020721	Revocation
1/30/2013	Karns, Phyllis A.	TRN060769	Voluntary Surrender
12/17/2012	Kause, Pamela M.	RN130944	Summary Suspension
10/29/2012	Kiarie, Benson C.	RN135877	Revocation
10/31/2012	King, Victoria J.	RN021805	Stayed Revocation with Probation
11/9/2012	Lawler, Susan L.	LP038471	Summary Suspension
11/17/2012	Lentine, Shirley J.	RN019979/SN0739	Stayed Revocation with Probation
11/6/2012	Lewis, Denna A.	RN056678	Revocation
11/2/2012	Lindberg, Starr N.	RN165434	Voluntary Surrender
1/3/2013	Linder, Daniel W.	RN122070	Voluntary Surrender
10/10/2012	Lockhart, Shamika J	LP039529	Probation
11/6/2012	Lynch, Peggy J.	RN031564	Revocation
12/5/2012	Lyons, Terri A.	RN029032	Decree of Censure
12/11/2012	Magnuson, Jennifer L.	RN118140	Probation
10/30/2012	McClain, James H.	RN000099086	Decree of Censure
11/6/2012	McClure, Jason S.	RN153524/LP043315/CNA1000008158	Revocation
1/30/2013	McLain, Sarah	RN113175	Suspension
12/26/2012	Montgomery, Lisa J.	RN078391	Revocation

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
11/6/2012	Natal, Andrea A.	LP040435	Revocation
11/29/2012	Nelson, Deena R.	LP046907/CNA773483933	Voluntary Surrender
10/24/2012	Nielson, Barbara J.	RN144498	Voluntary Surrender
11/30/2012	Nowell, Cheryl S.	RN054631	Decree of Censure
11/8/2012	Nuffer, Rebekah A.	LP044628/CNA999992407	Voluntary Surrender
10/16/2012	Olson, Stephen H.	RN057097	Voluntary Surrender
12/26/2012	Oneal, Benjamin T.	LP031779	Revocation
12/11/2012	Parks, Ruby M.	RN146100	Stayed Revocation with Suspension
10/20/2012	Pearson, Sharon R.	RN059262	Decree of Censure
11/19/2012	Peralta, Rolando G.	LP027781	Voluntary Surrender
12/26/2012	Plants, Victoria L.	LP029332/CNA087201120	Revocation
11/6/2012	Powell, Nancy A.	RN142546	Revocation
10/24/2012	Powers, Nyyokki	LP045026	Voluntary Surrender
12/26/2012	Pressley-Hemnes, Janet D.	LP025006	Revocation
1/7/2013	Quinones, Mary E.	TRN095540	Revocation
11/6/2012	Rader, Brandon R.	RN128305/CNA044351763	Revocation
11/6/2012	Roarick, Kathleen E.	RN118916/LP032101/CNA049332803	Revocation
12/26/2012	Roberts, Emily V.	RN151488	Revocation
11/6/2012	Rogers, Vickie M.	RN148479	Revocation
1/29/2013	Rutherford, Lajuane E.	RN162498	Stayed Revocation with Probation
11/13/2012	Ryszka, Jane L.	LP041036	Voluntary Surrender
12/20/2012	Salaz, Lisa R.	RN Endorsement	Decree of Censure
10/12/2012	Sanders, Shayna N.	RN153170	Voluntary Surrender
12/26/2012	Schroeder, Paul A.	RN081745	Revocation
11/8/2012	Shropshire, Caren L.	RN022273/AP1748	Probation
11/5/2012	Smith, Shawn E.	RN134537/AP4002	Decree of Censure
12/26/2012	Snively, Kelly J.	RN156163	Revocation
10/24/2012	Stark, Lori L.	LP034435/CNA621458400	Voluntary Surrender
10/24/2012	Stearns, Phyllis D.	RN118338	Voluntary Surrender
1/30/2013	Stevens, Stephanie L.	RN177901	Probation
12/26/2012	Stroup, Dawn	RN097342	Revocation
1/16/2013	Tabeling, Jeremy R.	RN140061/CNA999999732	Stayed Revocation with Suspension
11/28/2012	Thorp, Elaina S.	RN162091	Stayed Suspension with Probation
11/19/2012	Thurston, Janet M.	RN135369	Suspension
12/26/2012	Tierney, Anita Y.	LP014186	Revocation
10/9/2012	Tindall, Mary M.	RN025337	Voluntary Surrender
10/15/2012	Toby, Kelvin J.	LP038156	Voluntary Surrender
11/6/2012	Toosley, Michael S.	LP045056	Revocation
1/22/2013	Torralba, Russel O.	RN092993	Voluntary Surrender
12/17/2012	Trujillo, Amanda L.	RN137552	Probation
1/30/2013	Voll, Brandon A.	RN119288/LP037083	Probation
12/26/2012	Watts, Peter H.	RN104884	Revocation
12/26/2012	Webb, Lillian M.	LP017948	Revocation
11/19/2012	Weisheit, Lauren J.	RN073740	Voluntary Surrender
12/1/2012	Welker, Devin J.	RN159646	Stayed Suspension with Probation
10/17/2012	White, Elizabeth D.	RN138724	Decree of Censure
11/16/2012	Williams, Christine R.	RN115397/LP035845/CNA999953279	Voluntary Surrender
10/25/2012	Wood, Daniel L.	RN136401	Decree of Censure
1/28/2013	Young, Leslie D.	LP026109	Probation

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