

Nevada State Board of

NURSING NEWS

June 2009



**I HAVE A QUESTION
ABOUT SCOPE
OF PRACTICE**
What Can I Do?

**MEDICATION
SAFETY EDUCATION**

**WHY WOULD I WANT TO
BE A CHIEF NURSE?**

NATIONAL CERTIFICATION

*I renewed my license but
I haven't received it
in the mail yet!*

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The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

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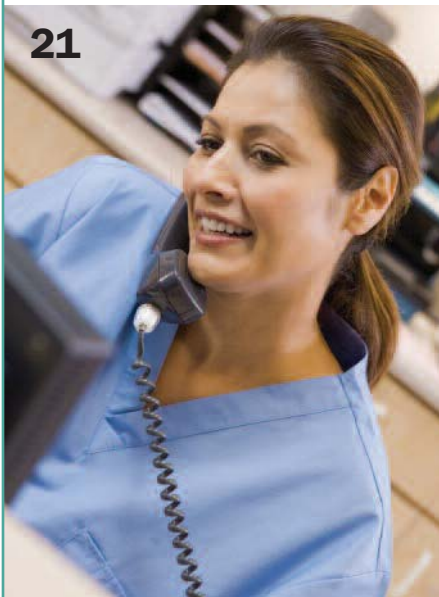
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Circulation includes more than 34,000 nurses, nursing assistants and student nurses.



Words from the President

AS WE ENTER the 21st century, technology continues to play a huge role in how things are done. In my last article, I discussed the inevitability of change. In the NSBN's business meeting that will be held in July; we plan to discuss the elimination of the "hard card" license. This action is being considered for several reasons.

Seventy to eighty cards are returned to the NSBN office each month marked "non-deliverable". The card was initially created to be a barrier against fraud, and sadly it is not. Because of technology, licensure verification is available on the NSBN website 24 hours a day, 7 days a week.

Technology is only a benefit if we implement it completely. It is frustrating when a new process is implemented and the old process remains in place, making double the work instead of the intended outcome of lessening the work burden. Since the technology now exists to verify licenses on line, the need for a hard card is less evident. In my opinion, it only makes sense to eliminate the card.

This change is not without angst. The biggest concerns are "Will I still be notified by the Board of my pending renewal?" and "I have always had a card; what will I do without one?"

Currently the NSBN, by regulation, sends a renewal reminder to each nurse. But many of these reminders, like the hard cards, are returned, come back to the board, never reaching the intended receiver. This wastes dwindling resources and isn't efficient.

Perhaps it is time for each individual nurse to be prepared to be responsible for renewing his/her own license. Your license is renewed

every two years, on your birthday, so it is not a random date that continually changes. Because there is an expectation that 30 continuing education hours be obtained throughout that two-year period, it is a deadline that requires forethought and planning.

Given those two requirements, license renewal should occur in an orderly fashion, not one of surprise. Remembering your renewal date should become a part of your ongoing professional responsibilities.

In my 40 year nursing career, I have had to make many adjustments to change. I think it is unreasonable to expect that everything remains the same. I have actually been appreciative of many of the changes. For example, Do you really miss glass syringes? (for those of you old enough to have used them...remember how the medicine would leak out if you didn't steady the plunger in the barrel?) Do you really miss washing glass thermometers? (and ruining an entire batch by using hot water?)

Perhaps it's time to retire the dinosaur of a "hard card". It can become a souvenir of your past. It can go on the shelf with your cap and your nursing cape. As time passes, your grandchildren can sell it on E-bay as an antique. As we continue to move forward into the 21st century, we can embrace the convenience of today's technology, while at the same time, conserving our resources.

Doreen Begley, MS, RN

President, Nevada State Board of Nursing

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

BOARD MEETING DATES

July 15-17, 2009 – Zephyr Cove

September 9-11, 2009 – Las Vegas

November 18-20, 2009 - Reno

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's website or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Advisory Committee (one)

August 18, 2009

November 3, 2009

CNA Advisory Committee (two)

July 7, 2009

October 22, 2009

Disability Advisory Committee (one)

October 23, 2009

Education Advisory Committee (one)

August 7, 2009

October 23, 2009

Nursing Practice Advisory Committee (one)

June 9, 2009

August 4, 2009

October 13, 2009

YOU'RE IN GOOD COMPANY

Active Nevada licenses/certificates
on April 24, 2009

RN • 25,581
LPN • 3,228
CNA • 6,602

DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Board. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Advisory Practice Committee to research the issue and make a recommendation.

FOR MORE ANSWERS—GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's just \$5 if you buy it at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

THE ACT IS ON THE WEB

The Board's website www.nursingboard.state.nv.us has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

LEARN ABOUT THE ACT AND EARN TWO CEs

Take the Nurse Practice Act (Nevada) continuing education course at www.learningext.com. For only \$12, you will learn about the role of the Board and your legal responsibilities as a nurse or CNA, and earn two contact hours of continuing education.

BOARD TALK

COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of the meeting by inviting Public Comment. Time is divided equally among those who wish to speak. For more detailed information regarding the Public Comment period, please call the Board.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

Nevada State Board of NURSING NEWS



Magazine Schedule

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PUBLISHING DATE AD DEADLINE

August 25August 1

November 25November 1

February 25February 1

May 25May 1

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Words from the Executive Director

MOTHER'S DAY, FATHER'S DAY, Nurses Day, and Memorial Day. . . take a moment and remember those around you for their significance in your life. I have had the privilege for the last few years to be one of the judges for the Northern Nevada Nurses of Achievement Awards Dinner. It truly is a gift to read the thoughts of the nurses who have been nominated for the honor of being recognized by their colleagues during this celebration. Recounting their experiences in being a role model, describing what they are most proud of, and formulating advice they would give someone considering being a nurse are not questions easily answered. The contemplation that goes into honestly responding to those questions brings precious memories to mind.

Do you remember the first day you worked with an active nursing license? Do you remember the first time you put in an IV without someone looking over your shoulder to make sure that you did it right? How about the first time you watched someone be born, or someone die? I remember the 4 year old with leukemia who ate his McDonald's hamburger in spite of his nausea, then vomited and promptly asked me if he could have another. I shared in the grief experienced by the young Hmong mother who labored all day to deliver her still-born baby, wrapped him in a blanket and sang to him while she rocked him good-bye. I rejoiced when the 70 something year old couple walked hand in

hand out of my office after surprising themselves at how each cherished the other. I am frequently in awe of the strength, the wisdom, the sense of humor, and the commitment that people exhibit in this life.

The nurses we work with, those who are our friends, our sisters, our sons and daughters, or moms and dads, they amaze me in many ways—tackling the system that needs to be revamped, caring enough to encourage those who have struggled before us and those who will succeed because of the foundation that we all have created together. We all share our wisdom and experience and find a new enthusiasm from the interchange among the members of our team. This profession affords each of us the opportunity to grow and learn and give back to each other, our colleagues, our partners, our community, and our patients.

Take some time today to remember those around you and honor their significance in your life and in the lives of others. Know that each of you are significant in ways unknown to you and draw strength from that knowledge.

Happy Whatever Day and best wishes for a fabulous future.

Sincerely,

Debra Scott, MSN, RN, FRE
Executive Director



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We often hear this lament from people whose applications have been returned to them because they didn't think the child support section applied to them.

But we don't have a choice. It's federal law that requires applicants to complete the child support section, even if they don't have children.

Your application will not be processed if you do not answer both questions in the child support section of the application.

Haven't Practiced For Five Years?

Nurses must take a refresher course

According to NAC 632.192 (4): *An applicant for renewal of a license who has not practiced nursing during the immediately preceding five-year period must complete a course or program approved by the board if he has otherwise satisfied the requirements for renewal set forth in this chapter and chapter 632 of NRS.*

For more information and a list of approved refresher course providers, please visit the Board's website or call the Board office.

Healthcare-Associated Infections: Translating Knowledge into Practice



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Nevada State Health Division
Bureau of Health Care Quality & Compliance

CONFERENCE OBJECTIVES:

- Provide infection prevention and control tools for facility administrators, directors of nursing, infection preventionists, medical directors, and other key facility staff
- Define the roles and responsibilities of infection preventionists
- Protect patients from infections and disease transmission
- Provide regulatory guidance for infection prevention and control compliance
- Learn to use the National Healthcare Safety Network (NHSN)
- Learn the facility's role for identifying and controlling epidemics through public health response

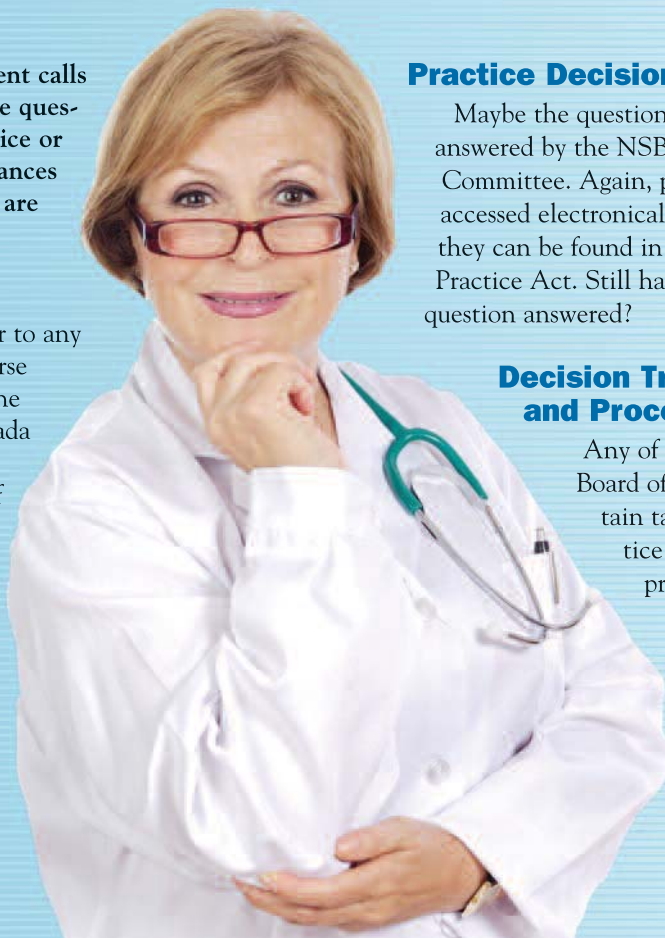
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IF I HAVE A QUESTION ABOUT SCOPE OF PRACTICE WHAT CAN I DO?

Scope of practice questions are frequent calls to the Board of Nursing. Do you have questions about what is within your practice or the practice of a co-worker? Well, chances are if you are asking the question, so are other people, so let's find an answer.

Where to Start.

The first place to look for an answer to any scope of practice question is in the Nurse Practice Act (NPA). Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code deals with all of the laws for the Nevada State Board of Nursing. The NPA can either be accessed online through the Board of Nursing's website or a copy can be purchased from one of the Board of Nursing offices. Included in this section you will be able to answer some questions on whether or not a task is within the scope of practice of the nurse or the CNA. However, obviously not all tasks can be listed, so where to go from there?



Practice Decisions.

Maybe the question has already been asked and answered by the NSBN Nursing Practice Advisory Committee. Again, practice decisions can be accessed electronically at the Board's website or they can be found in the back of the Nurse Practice Act. Still haven't had your question answered?

Decision Tree and Policy and Procedures

Any of you who have ever called the Board of Nursing and asked if a certain task is within the scope of practice of a nurse or CNA have probably been referred to either the Scope of Practice

Decision Tree or to your facilities policies and procedures. This would be your next step. Located again online and in the NPA is the decision tree. So let's start there. The

Decision Tree is a tool that is extremely helpful in determining if you are practicing within your scope. If you answer “no” to any of the questions, stop because you are out of your scope of practice. Sounds simple enough, right? Not always, if you are still unsure, check your facility’s policies and procedures. No policy or procedure? Well, then maybe it is time to ask the Nurse Practice Advisory Committee.



Amy Clark

Nurse Practice Advisory Committee (NPAC)

The NPAC is made up of at least 10 nurses who are knowledgeable in all areas of general nursing practice in Nevada and trends in national nursing practice. The purpose of the committee is to advise and report to the Board on matters related to the establishment of state standards of nursing practice.

Getting Started with the NPAC

Once you have reached this point, there is now some work to be done. Want to feel like you are back in nursing school again? Well, here you go. First, go online to the Nevada State Board of Nursing’s website. There, under the Practice and Discipline section, you can download a form entitled Practice Decision Requests. This form will be your template. Answer as many questions as you can on the form, as that will be the greatest help to the committee. And how do you find the answers to these questions? Well, this is where the back to nursing school part comes in. Research, research and more research.

Research

If you have access to CINAHL (Cumulative Index to Nursing and Allied Health Literature), this is a wonderful

place to start. Through CINAHL, you can access peer-reviewed journals, studies, and articles that may have been written on your topic. Next look to professional nursing organizations. Does the Nevada Nurses Association, or National Organization for Oncology Nurses, or

whomever the experts may be, have an opinion on your topic? When those areas have been addressed, then look at what other State Boards of Nursing are doing. All fifty states, and some of the territories, have web sites that can be accessed. Some are easier to navigate than others, but all are accessible. Start on the websites, and just as you did with Nevada’s website look under their Nurse Practice Act and their practice decisions. If the information is not available online and you think it merits a call to the Board, you will find that all the Boards are more than willing to provide you with an answer (or direct you to your facility’s policies and procedures or decision trees). How many boards you contact is completely up to you, but when you present your question to the committee, you want to be able to present as accurate and complete a picture as possible about what the research shows and what the trends across the country already are.

The Committee Meeting

At the meeting you will be asked to present your question and all of the wonderful research that you have completed. The committee will then discuss the question. If it is decided that there is further research needed, they may assign it to a committee member or create a task force to do that further research.

Resolution

After all of the research is completed and has been brought back before the committee if needed, the committee will

discuss the issue and take all evidence into consideration. The committee then votes on whether or not to recommend to the Board to adopt the practice decision. If the answer is yes, then the practice decision is placed on the agenda for the next Board meeting.

The Board Meeting

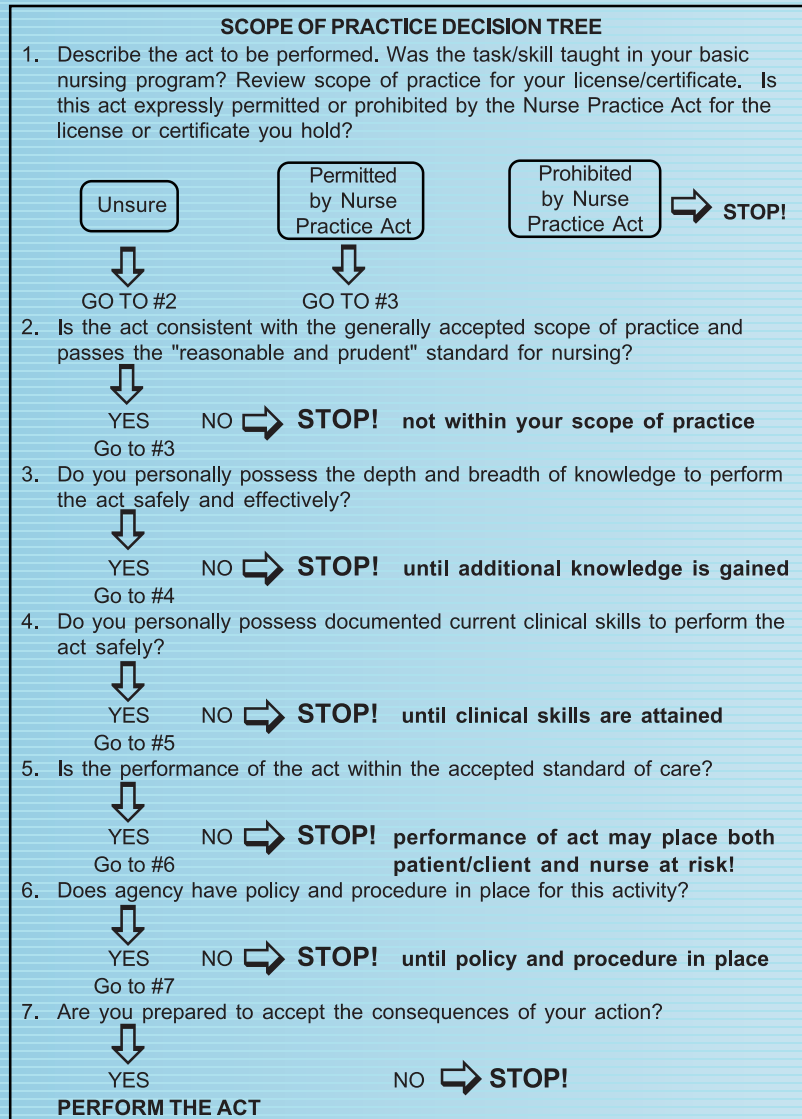
Now the day has come to bring it to the Board. The Board will listen to anyone who wishes to come forward and testify, whether it be for or against the practice decision. They will take all the testimony as well as the recommendation of the NPAC, the research, and all the evidence presented, into consideration and then they can vote. The Board can vote to either send it back to committee for more research, vote to adopt the practice decision (as is or as amended) or they can vote to not adopt the decision. And hopefully at the end of all this you will have an answer.

Hope to see you at the next Nurse Practice Advisory Committee meeting, by the way, as I’m sure you guessed, you can find their meeting dates and times on the Nevada State Board of Nursing’s website at www.nursingboard.state.nv.us.

The Board bids a fond farewell to Marilyn Schmit, RN, and welcomes Amy Clark, RN, BSN to her new position as the Applications Coordinator for the Board. Prior to entering the nursing field, Clark had 9 years experience in law enforcement. Amy has been with the Board for one year as a nurse investigator and will now bring her expertise to the applications process. Congratulations Amy!

DETERMINING YOUR SCOPE OF PRACTICE
(Revised 8-6-02)

The Board of Nursing has been diligently working to empower Nevada nurses regarding determining their own scope of practice. The Board's mission is the regulation of nursing practice in Nevada; this regulation does not mean dictating how individual nurses and nursing facilities should carry out that practice, but whether or not that practice meets the standards established by the Nurse Practice Act. Using the following guidelines and algorithm, the Chief Nurse may decide what is within scope, document that for individual nurses, and provide policies and procedures to reflect that practice. For individual nurses, the responsibility is to make certain the Chief Nurse has authorized the practice and that it is documented in policies and procedures.



If you are unable to determine whether the task/skill is within your scope of practice:

- Has the Nevada State Board of Nursing made a practice decision regarding the task/skill in question? (See "Nursing Practice Decisions" in this section.)
- Is the task/skill in your hiring agency policy and procedure manual? (NAC 632.225 or 242)
- Is your competency in performing this task/skill documented in your personnel file?
- Does carrying out the duty pass the "Reasonable and Prudent" standard for nursing?
- Is the action reflective of the consumer's desires and is it appropriately authorized?

If you cannot answer "yes" to the above, and if no practice decision exists, use the Cumulative Index of Nursing and Allied Health Literature (CINAHL) process as described in Nurse Practice Regulations NAC 632.225, subsection 3, for Registered Nurses; and for Licensed Practical Nurses, NAC 632.242, subsection 3.

If the task is not addressed in CINAHL, you may request a Board Practice Decision by obtaining the proper forms from a Board office, doing the research using criteria provided by the Board, and submitting 12 copies of your results for review and consideration by the Board's Nursing Practice Advisory Committee. After the Committee makes a recommendation, the Board's conclusion will be relayed to the requester following the next regularly scheduled Board meeting.

Meet the Staff *Melissa Myers*

Melissa Myers

Melissa Myers is the Board's newest employee. She began work as the receptionist for the Las Vegas Board office in January 2009.

In between answering *many* telephone calls, Melissa greets and helps people who walk into the office; Melissa is scanning applications and documents into the Board's database or doing quality assurance.

What she likes most about her job working for the Board is that she loves meeting all the different people that come through our doors.

If she could tell readers about the most important thing about her job it



Melissa Myers

is that she tries to help everyone to the best of her abilities. With a large number of walk-in customers in our Las Vegas office, Melissa works dili-

gently to help everyone as quickly and as efficiently as possible. "Helping the licensees and certificate holders of Nevada is my number one priority!"

Myers attended high school in Arizona and is currently attending The Art Institute of Las Vegas. She is working towards an Associate of Science in Culinary Arts and will be attending College of Southern Nevada (CSN) for a Bachelor's Degree in Culinary Management.

In her free time she rides her horse, "Griffith", and trains kids/adults to ride horses. She has a rescued Saint Bernard named "Bear" who is her joy. She loves to go to car shows, old and new...mainly to drool.

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HOW TO RESPOND WHEN YOUR APN CERTIFICATE IS AUDITED

Most importantly, you must respond to the Board's request for documents in a timely manner. Failure to comply may result in your being disciplined by the Board. Now let's try to quash your fears of being audited.

You might be wondering why the Board chooses to audit you.

The law requires that we audit a portion of licensees that have recently renewed to determine if nurses have the documents to support their attestation on their renewal applications that they have met the requirements for renewal stated in the Nurse Practice Act. For RNs, we audit whether or not they have documentation to show that they have completed the required 30 continuing education hours. It is more complicated for advanced practitioners of nursing (APNs). The Nevada State Board of Nursing does random monthly audits on all licensees and certificate holders who we regulate. Your chance of being audited based on the number of nurses we audit is that most nurses will be audited about every 4 years. No



Patty Shutt

promises, though, since the names we audit are picked strictly by randomizing the license/certificate numbers in our database.

APN specific audit information

Board staff start the audit process by sending a letter to the APN who has been chosen for audit after we have

received the randomized license/certificate numbers from our IT department. The letter is sent to the address of record in our database. (Caution: Nurses who neglected to change their addresses of record after a move have been disciplined by the Board for noncompliance with the audit process because they didn't get the audit letter nor the letter noticing them of their Board hearing.) The letter contains directions for submitting the information which the nurse will send to the Las Vegas office. The audit checklist which accompanies the initial audit letter was developed to assist in gathering the requested documents. The APN has 30 days to gather and submit the information; the letter will state when the information is due.

Board staff review the continuing education certificates. The remaining information is reviewed and updated in our database file. This is our quality assurance process to make sure that we have the most current information on file. There is then a final review of all of the audit documents. If any information is incomplete or missing, the Executive Director's administrative assistant will send the APN another letter requesting the missing information.

Most APNs who are audited submit all of the requested information, but we have had many calls with questions about exactly what documents will meet the requirements of the audit. In addition, the documents we request are those that the APN must have at her practice site. The nurse's protocols, the collaborating agreement, a copy of the DEA number and the national certification document should be kept at the practice site. If audited, those documents will be readily available to be copied and submitted with the audit form.

Information YOU as an APN Must Remember

APNs in Nevada may not practice in Nevada unless they have a current Nevada collaborating physician. If you

terminate your agreement with one doctor, you may not practice until you have submitted the new physician agreement which includes your practice site or sites. If you are not able to obtain a current Nevada collaborating physician, you must put your certificate on inactive status until you and your new collaborating physician have signed a new agreement which has been submitted to the Board. If you move out of state and practice elsewhere, you must place your APN certificate on inactive status.

The exception to the requirement of a Nevada physician is for the APN who is employed by the Veterans Administration (VA). If you are employed by the VA, you do not necessarily have to collaborate with a Nevada physician. Nevada APNs employed by the VA may be audited and will be required to submit the same documents as APNs who are working outside of the VA system. The only difference is that your physician will be employed by the VA and may not have a current Nevada license. Your physician must have a current license in another state and the Board will accept the agreement along with other documentation provided by the VA. Should a VA Nevada APN decide to work outside the VA setting, the Nevada APN will then be required to

submit a collaborating agreement with a physician who is licensed in Nevada. APNs not licensed in Nevada may not practice outside of the VA system unless they get licensed/certified in Nevada.

You will have 2 types of collaborating agreements, one is the one page document for the Board of Nursing, it can be found on our website www.nursingboard.state.nv.us, it must be on letterhead and signed by both the APN and the physician with all the practice sites listed. This agreement is the APN alerting their regulatory board (nursing) they are collaborating with this physician. The second agreement is for the Board of Medical Examiners and this document can be found on the Board of Medical Examiner's (BOME) website; this document must also be signed by both the APN and the physician and must be notarized for the Medical Board. This document is the physician alerting his regulatory board that he is collaborating with the APN. The Board of Nursing does not need the BOME document, nor can it be copied and submitted to the NSBN as the collaborating agreement for the NSBN. Letters submitted with just the information of starting with a new physician will not be accepted because more information is required.

Please use the format which is available on our website.

The following document is the actual checklist Board staff use to process your audit. Under Auditor's Comments, we have provided a description of the information needed to complete your audit. All of this information should be readily available at your practice site so that you may copy it and submit it to the Board when audited. The information requested is nothing out of the ordinary. We are looking for evidence that your protocols are reviewed on a regular basis and revised to reflect current practice and that you have a quality assurance process in place. Your agency may require scheduled formal protocol reviews, but this is not required by Nevada regulation.

If you are not certified through a national certifying/credentialing body, you must have a publication which outlines the customary standards for your type and specialty of advanced practice which must be kept at your practice site. These publications are available on the national certifying bodies' websites.

This article is our attempt to alleviate your concerns and answer the questions that arise when you are audited. Should you have further questions, please don't hesitate to call Board staff for assistance.

The Advanced Practice Advisory Committee Believes that APNs in Nevada Should Hold National Certification

Have I gotten your attention? At its March, 2009 meeting, the Nevada State Board of Nursing directed Board staff to begin the process of writing new regulations to require national certification for advanced practitioners of nursing in Nevada.

The committee and the Board have voted to support the concept of requiring national certification for APNs in Nevada. This would require a change in the Nevada Administrative Code, an entirely public process. Implementation must be carefully planned and the importance of including "grandmothering" cur-

rent APNs, especially those who graduated from their education program before the June 1, 2005, cut off for Nevada's requiring a Masters in Nursing to be certified as an APN.

In September, 2009, the Board will be considering the concept and wording for a regulation change in the future. If you are interested in being involved in this potential change, please check the Board's website on a regular basis for announcements of public workshops and the hearing for regulation promulgation.

APN Practice Audit Checklist

**Please return this form with the materials being submitted for audit to:
Nevada State Board of Nursing, 2500 W. Sahara Ave., Suite 207, Las Vegas, NV 89102-4236**

Practitioner: _____

APN Specialty(ies): _____ Audit Date: _____

ITEM REQUESTED	RECEIVED	AUDITOR'S COMMENTS
<p>1. Current, signed protocols, including:</p> <p>a. documentation that collaborating physician(s) have expertise within your area(s) of specialty,</p> <p>b. evidence of current national certification, if no national certification then evidence of national standards of practice available at practice site that APN practice meets standards of customary practice for medical specialty;</p> <p>c. classes of drugs, if you have prescribing privileges and evidence of current DEA certification</p> <p>d. documentation of last date of review by collaborating physician(s)</p>		<p>1. a. You must submit:</p> <p><input type="checkbox"/> Copies of current protocols with the date of the last review of protocols (month & year)</p> <p><input type="checkbox"/> A copy of your collaborating physician's license with specialty or a copy from the Board of Medical Examiner's website printout showing specialty</p> <p>b.</p> <p><input type="checkbox"/> A copy of your National Certification showing certification specialty, with the number and expiration date</p> <p><input type="checkbox"/> If not certified, then a copy of the front cover of the publication used for customary standards of care in your specialty (what you use in practice as a guideline for what your specialty allows you to do nationally)</p> <p>c.</p> <p><input type="checkbox"/> A list of the classes of drugs you are allowed to prescribe in your practice</p> <p><input type="checkbox"/> Copy of DEA card with number and expiration date</p> <p>d. Documentation showing the last time your physician reviewed your protocols, including date.</p>
<p>2. Current, signed collaborating physician agreement(s).</p>		<p>Please submit a copy of your current collaborating agreement</p>
<p>3. Documentation of 800 hours of APN practice within the preceding five years.</p>		<p>Submit a letter on letterhead from employer/ office manager/ Human Resources stating employment hrs as APN and title of person providing information</p>
<p>4. Documentation of process or system used for quality assurance and significant outcomes of the system, including evidence of physician review.</p>		<p>The frequency that your charts are reviewed, was there any comments or changes, did it result in policy/protocols changing and evidence physician has done the review. If no chart review, then describe the process that you use for quality assurance, eg. peer review.</p>
<p>5. Certificate of completion for mandatory four-hour bioterrorism course.</p>		<p>Copy of Bioterrorism course certificate of completion. Course must be at least 4 hour course which meets the requirements in NRS 632.343 #3 a-e (check our website for specifics)</p>
<p>6. Certificates of completion for 15 hours of continuing education directly related to APN specialty(ies) and 30 hours of continuing education required for RN license</p>		<p>Copy of continuing education certificates which total at least 45 hours (30 for RN and 15 hours directly related to your APN specialty)</p>

Auditor(s): _____ Date completed: _____

USE WEBSITE TO VERIFY ACTIVE LICENSE/CERTIFICATE

Employers — when you're verifying that someone has an active license or certificate, the Board encourages you to use our website verification system. It's quick, convenient, and it's updated within one business day of renewal or initial issuance. You can also call the Board for verification at 888-590-6726. Both methods ensure you have the most up-to-date information about the license or certificate status of your employees and potential employees.

Don't Submit A Fraudulent Application!

If you swear you completed CEs, you must be able to prove you did if you're audited

As it states on your renewal application, you must keep copies of your continuing training/education certificates for four years, in case you are selected for random audit. If you cannot prove you met the renewal requirements for nurses (30 continuing education credits) or CNAs (24 hours of continuing training/education), *your application will be considered fraudulent and you may be subject to disciplinary action.*

Nurses: the Board is also auditing for compliance with the one-time renewal requirement for a four-hour bioterrorism course. You must keep a copy of your bioterrorism certificate of completion indefinitely.

Mailing List Reminder

You can request to be removed

The Board sells its mailing lists to various organizations, based on their applications. Examples include the Nevada Nurses Association, which mails its newsletter *RNformation* to all actively licensed Nevada nurses; continuing education providers; uniform companies; and researchers. If you wish to remove your address from the Board's mailing list, you may do so by making a request in writing.

Just send an email to the Board, or mail a signed letter to the Las Vegas office. Please include your full name, address, and license or certificate number. If you choose to remove your address, you will still receive official Board communications such as this magazine, the *NSBN News*, but you will not receive the material sent by the organizations that purchase the Board's mailing list.

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MEDICATION SAFETY EDUCATION

By **ROSEANN COLOSIMO, PHD, RN, EDUCATION CONSULTANT**

Much to my surprise, during the over five years I made this assignment, 85% of all student nurses reported they were told that medication errors were not reported unless notable harm occurred.

Medication administration has become increasingly complex over the 38 years I have been a nurse. A culture of safe medication administration is vital to the practice of professional nursing.

A number of years ago, I created an assignment for nursing students in which they would interview a staff nurse and a charge nurse about medication errors on the unit. I wanted the students to learn about incident reports, procedures of calling doctors, and how hospitals track errors to improve care. The really wonderful thing the nursing students were consistently told by nurses is that whenever a nurse made a medication error, the nurse had not followed the five rights of medication administration: Right patient, Right medication, Right dose, Right time, Right route—inflation in nursing education has increased the rights to between 6 and 10.

Much to my surprise, during the over five years I made this assignment, 85% of all student nurses reported they were told that medication errors were not reported unless notable harm occurred. Obviously, this is one of the GAP areas between practice and education, which may be impacted by the legal liabilities in healthcare.

Nursing is entering a new age of accountability. Nursing medication errors now are front-page stories alerting consumers to the need for a culture of safety in healthcare. Resources are being developed which enable nurses to be alert to types of medication errors that have occurred in hospitals so that safeguards can be put in place.

One resource for Nevada nurses that is easily available if you have online access is the Nurse Advise-ERR newsletter. ISMP Nurse Advise-ERR is a federally certified public safety organization whose editor is a

nurse. There is a monthly newsletter that gives specific case examples of medication errors, analysis of how they occurred and suggestions of changing hospital or nursing practice to minimize risk. The January 2009 issue discusses smart pumps, misread Oxycontin and Oxycodone orders and look-alike names like Jantoven, Januvia and Janumet. This newsletter has had an increase in readership of 1 million nurses in 2007. Nurses all over the country are working as individuals and in groups to improve the nursing safety culture.

The newsletter utilizes the Federal Aviation Administration definition of a safety culture. It may be wise for nursing administration to actively pursue continuous improvement of safe medication administration as each nurse's individual responsibility. Surveillance and vigilance is at the heart of expert nursing practice.

“Safety culture is the enduring value and priority placed on worker and public safety by everyone in a group at every level of an organization. It refers to the extent to which individuals and groups will commit to personal responsibility for safety, act to preserve and enhance and communicate safety concerns, strive to actively learn, adapt and modify (both individual and organizational) behavior based on lessons learned from mistakes and be rewarded in a manner consistent with these values.”

— *Federal Aviation Administration reports 2002*

A safety culture is the responsibility of each and every nurse. How have you taken individual responsibility to be a safe nurse this month?

BOARD TAKES STEPS TO BECOME GREEN

While conservation of energy and resources is not new, it has never been more pertinent than at this time. Regardless of our personal opinions about global warming, ozone, and waste products, it just makes common sense to reduce, recycle and reuse. We at the Board of Nursing have taken steps in this regard and are continually looking for ways to reduce our impact.

The follow is a brief list of some of our efforts to reduce our carbon footprint:

- We are using a document scanning and imaging system and eliminating paper whenever possible. We have saved an estimated 4,000 sheets of paper per Board meeting (6 times per year) by utilizing this system to have paperless Board meetings. We also are utilizing this system to email resource information packets and agendas to our committee members for committee meetings (5 committees, approximately 56 members, meeting a minimum of 4 times per year).
- We shred and recycle all paper in our office.
- We hold many meetings via video-conference between our offices to reduce travel.
- We have online renewal of licensure and are diligently working on online initial applications.
- We recycle all office equipment and computers.
- We are eliminating storage of files by scanning the documents and shredding the paper documents.
- We have made the Nurse Practice Act, disciplinary actions lists, and

all meeting minutes and agendas available on our website.

These steps have saved massive amounts of paper, streamlined some processes and are laying the foundation for more services to be available via computer. Can we do more? Yes! With your assistance and cooperation, we can.

Future green initiatives we are considering:

- Eliminating the mailing out of the disciplinary actions list. They are available on the website and are published in this magazine.
- Eliminating or greatly reducing the mailing out and receipt of paper personnel lists. We currently accept them by email and are happy to send notification that way if you provide an address to us.
- Eliminating the licensure and certificate renewal postcard notification that are sent out to each of you every two years. We currently receive approximately 200 a month back marked non-deliverable from the post office. Renewal is every two years on your birthday—an easy day to remember. Query yourself on the website verification system to see your expiration date.
- Eliminating the hard card license and certificate. We currently receive 75 to 80 cards back each month marked non-deliverable. The card was created to be a barrier against fraud, but sadly it is

not. Verification of licensure and/or certification is available 24 hours a day, 7 days a week via our website. There currently are several states that have already eliminated their hard card nursing licenses or are in the process of doing so. This would save the Board thousands of dollars each year, estimated by our accountant at approximately \$35,000.00, and eliminate plastic refuse.



In these very difficult economic times, we are doing our part to keep costs under control without reducing or eliminating anything that would present a barrier to protecting the public. Keep watching this magazine and our website for future announcements and updates. If you have any suggestions on how we can further reduce our carbon footprint, please don't hesitate to send us an email.

TOLL-FREE CONSUMER HOT LINE

CALL
888-590-6726

The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving. Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line or can be obtained by visiting the Board's website.



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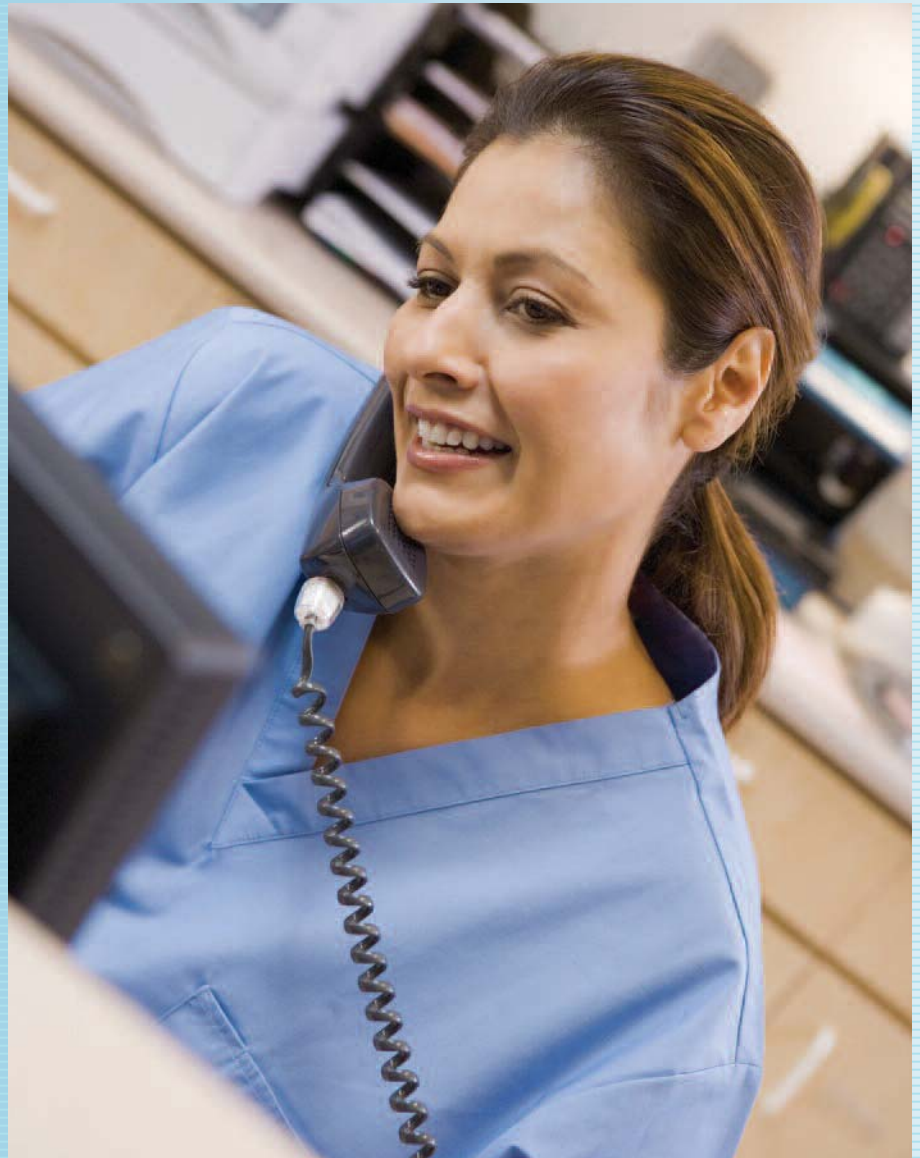
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WHY WOULD I WANT TO BE A CHIEF NURSE?

Inspections completed by state licensing agencies may result in the identification of violations of the Nurse Practice Act (NPA) by RNs, LPNs and CNAs. Ultimately, it is the chief nurse who may be held accountable for the conduct of nursing employees based on NAC 632.224 which provides that a RN who is employed as a chief nurse is responsible for the management of other personnel under her supervision and shall “create a safe and effective system for delivery of nursing care which complies with nationally recognized standards”. If violations are found during a survey or complaint investigation by a licensing agency inspection and the surveyors identify that the chief nurse may be responsible for a potential violation of the Nurse Practice Act, a complaint will be submitted to the Board for possible action.

Taking this situation into consideration, why would anyone want to be a chief nurse? If every violation of every person who works in my facility found during an inspection is forwarded to the Board for action and ultimately I might be held responsible for their conduct, resulting in action taken against my license as a chief nurse, why would I take a chief nurse position?

First, the state licensing agency doing the survey analyzes the data found during the survey to ascertain



whether or not a law has been violated. Only when and only if there is evidence of a violation, is the situation submitted to the nursing board for review. The nursing board then does a very thorough investigation to find out the facts of the case, always maintaining an objective perspective on the conduct of the nurse involved. Very often, it is evident that the chief nurse has made positive changes in her facility policies and procedures, has inserviced her staff, and has rectified the deficiencies that led to the initial complaint investigation. Most importantly, because of the changes that have been made in nursing services, the original reason for the complaint investigation no longer threatens patient safety. The chief nurse intervened to meet her responsibility under the Nevada Nurse Practice Act.

Let's take a closer look at the regulation that gives guidance to chief nurses in how to protect themselves from problems with the Board. NAC 632.244 is seemingly a double-edged sword. First, the bad news is that chief nurses may be disciplined for failing to "create a safe and effective system for delivery of nursing care." On the other hand, NAC 632.244(2) clearly provides guidelines for conduct. It states:

A registered nurse who is employed as a chief nurse is responsible for the management of other personnel under his supervision and shall:

- (a) Establish the authorized scope of practice for the nurses he supervises and establish and document a process to carry out, maintain and improve the knowledge, skills and ability of those nurses to provide safe and effective care.*
- (b) Before assigning those persons, verify their ability to carry out safely duties which are identified in a written policy and to follow the procedures established by the employing agency.*
- (c) Establish written guidelines to be followed by personnel under his*

Nevada needs nurses to accept a chief nursing position in a facility even if the system may have areas needing improvement. If a chief nurse accepts a challenging position and establishes effective policies and procedures that are followed by her competent staff, she will thereby establish a safe and effective system.

supervision for receiving and administering prescriptions. The guidelines must include procedures for:

- (1) Identifying the type of patient to be served;*
- (2) Identifying the intended medical treatment; and*
- (3) Resolving any questions related to a prescription, if the prescription is not received directly from an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician.*
- (d) Ensure that the guidelines established pursuant to paragraph (c) are available at each site where nursing care is provided under the supervision of the chief nurse.*

To comply with NAC 632.224, a chief nurse must:

- Establish written policies and procedures which includes a process to carry out, maintain and improve the knowledge, skills and ability of the nurses and CNAs at her facility. The written policies and procedures, if followed, will provide safe and effective nursing care.
- Make sure that all nurses and CNAs at the facility are competent to follow the established written policies and procedures and are duly licensed/certified in Nevada to practice nursing.
- Make sure the written policies and procedures are available at all nursing stations or practice sites.
- Have a safe patient staffing plan which is clearly followed in the allocation of nursing personnel for patient care.

If a chief nurse does all of the above things, in regards to the responsibilities of the chief nurse, she has created "a safe and effective system for delivery of nursing care." The chief nurse has met the requirements of the law under which she will be judged, and absent any other facts, will not be disciplined for violating NAC 632.224.

The State of Nevada needs more chief nurses. Fear of being disciplined by the Board of Nursing should not prevent nurses from stepping up and taking charge to create a safe and effective healthcare delivery system for her nurses to work in and to provide safe care to the residents of Nevada. Nevada needs nurses to accept a chief nursing position in a facility even if the system may have areas needing improvement. If a chief nurse accepts a challenging position and establishes effective policies and procedures that are followed by her competent staff, she will thereby establish a safe and effective system. That chief nurse need not worry about being disciplined by the Nevada State Board of Nursing, as long as she meets the requirements of the NPA.



VOLUNTEERS NEEDED



When: **August 7-9, 2009. Volunteer training on August 6.**

Where: **Torino Ranch, Lovell Canyon.**

Volunteers are needed to staff the camp. We are looking for the following:

- **Volunteers to be camp counselors**
- **Volunteer medical staff**

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BOARD MEMBERS

The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547; call 1-888-590-6726; or email nursingboard@nsbn.state.nv.us



Doreen Begley, MS, RN

President, RN Member

Term expires 10/31/12



Betty Carlgren, LPN

Vice President, LPN Member

Term expires 10/31/09



Carrie McMurray, CNA

Secretary, CNA Member

Term expires 10/31/11



Kelly DeMaria, MSN, RN

RN Member

Term expires 10/31/12



Belen Gabato, MS, RN

RN Member

Term expires 10/31/11



Sandra Halley

Consumer Member

Term expires 10/31/09



Patricia "Tish" Smyer, DNSc, RN

RN Member

Term expires 10/31/12

BOARD AUTHORITY

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.

THE TRUTH ABOUT NURSING ASSISTANT TRAINEES IN NEVADA

The Nevada State Board of Nursing is clear on the requirements of the Nevada Nurse Practice Act regarding Nursing Assistant Trainees (NATs) and Certified Nursing Assistants (CNAs). Please review to make sure that your facility is utilizing NATs appropriately.

Nursing Assistant Trainees must:

- Have completed at least 16 hours of a Board approved training program before being allowed to work in any facility as an NAT.
- Only work for 4 months as an NAT per NRS 632.285.
- Only work for 4 months regardless of whether they have not tested, tested and passed, or tested and failed.
- Work as an NAT only once during their lifetime for 4 months. For example: A student works 4 months as an NAT and does not complete the process to become certified by the Board. Three years later, the same student enters another CNA training program. This student has already worked for 4 months as an NAT and is not qualified to do so again.

A Certified Nursing Assistant:

- May not practice in Nevada until the Board has



Chris Sansom

issued a certificate to practice as a CNA.

- A temporary CNA certificate is valid for 6 months only and may not be extended. This is a one time only temporary certificate.
- Must have 24 hours of continuing education/training every two years to renew their certificate. The CEs must be within the scope of practice of a CNA.
- Must have 40 hours of employment as a CNA every two years to be eligible for renewal.
- The Board conducts random audits of CNAs and licensed nurses for compliance with continuing education hours and/or work hours as they have attested on their renewal applications. When audited, failure to provide proof of continuing education hours and/or employment hours is grounds for denial of renewal for CNAs and formal discipline for licensed nurses.

You may wish to review NRS 632.285, in addition to NAC 632.193, new regulations added April 17, 2008, in the Nurse Practice Act. You can find these on our website at www.nursingboard.state.nv.us under the Nurse Practice Act link on the home page. Please contact Board staff if you have any questions.

I renewed my license but I haven't received it in the mail yet!

While there has been recent mention of eliminating the hard license card, the Board continues to issue hard license cards to all licensees/certificate holders.

We get inquiries each day from nurses and CNAs wondering why they haven't received their cards in the mail. Once a license has been issued, either initially or by renewal, the card usually follows in the mail 10-14 days later. The Board utilizes the services of an outside vendor so the actual timing can vary and is beyond our immediate control.

The Board's online verification system remains the most reliable and up-to-date source for licensure/certification verification. The validity of the card can only be guaranteed on its date of issue. After that, a license/certificate may be revoked by the Board or have disciplinary action imposed and the hard card will not indicate that. If you are concerned about your status, please check our website or call the Board office. The Board does NOT require nurses/CNAs to have the license card in their possession when they are practicing. As long as your license/certificate is active and unexpired in the Board's database, you may practice the full scope of nursing that

you have been licensed or certified for, even if you don't have the license card in your possession.

Many nurses tell us that their employers require a copy of the license hard card for their personnel files. While an employer may require a copy of the actual hard card, the Board discourages employers from using it as proof of licensure/certification. Licenses/certificates may be renewed two months in advance of your expiration date. To ensure that you have your license card to show your employer prior to your renewal date, please make sure you renew your license/certificate with ample time to receive your new card.

At the Board's request, license cards are not forwarded by the Postal Service. If you have moved or have placed your mail on hold, your license will be returned to our office. In fact, the Board receives many returned license cards each day from nurses/CNAs who did not update their address properly.

Eventually, the Nevada State Board of Nursing plans to discontinue sending out hard license cards. We would very much like to hear your opinion on this plan. Please email us at nursingboard@nsbn.state.nv.us with any suggestions that you might have regarding this plan.

MOVING?

Now you can change your address on line!

The law requires you to inform the Board when you change addresses

You're required by law to inform the Board, in writing, of any address change, including a zip code change. The easiest and fastest way for you to make your address change is to go to the Board's website and click on the Address Change link. You may also send an email to nursingboard@nsbn.state.nv.us, call the Board and request an address change form, or mail a signed letter to the Las Vegas office. Remember to include your name, license or certificate type and number, former address, current address, social security number, and date of birth.

CHANGE OF ADDRESS FORM

▲ NAME (LAST, FIRST, MIDDLE) ▲

▲ TYPE OF LICENSE ▲

▲ LICENSE NUMBER ▲

▲ DATE OF BIRTH ▲

▲ FORMER ADDRESS ▲

▲ CITY, STATE, ZIP CODE ▲

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Disciplinary and Licensure/Certification

Actions taken by the Nevada State Board of Nursing for the period of January 24, 2009 through March 31, 2009

Please note some disciplinary orders by the Board may not be effective yet due to legal notice requirements. Please call the Board office to obtain further information regarding the effective dates of these outcomes.

Araneta, Lourdes, RN09114: License suspended for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Ayele, Alemzewd, LPN13690: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying or otherwise destroying records, and (27) customary standards of practice.

Bennett, Traci, RN31277: Agreement for Probation for violation of NRS 632.320 (1) fraudulent application, (7) unprofessional con-

duct, and NAC 632.890 (16) failing to properly document controlled substances.

Bergamini, Joanne, RN21397: Agreement for Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, (14) failing to comply with Board order, and NAC 632.890 (18) diversion of equipment or drugs, (27) customary standards of practice, and (35) failing to comply.

Brock, Angela, RN37862: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, (14) failing to comply with Board order, and NAC 632.890(18) failing to comply, (27) customary standards, and (38) fraudulent license.

Brooks, Sarah, RN47425: License suspended for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Brown, Alisa, CNA009434: Certificate suspended for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Carpenter, Valerie, CNA001165: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying or otherwise destroying records, and (27) customary standards of practice.

Carranza, Angela, CNA022290: Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, (14)

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

failing to comply with Board order, and NAC 632.890 (9) impaired practice, (10) positive drug screen on duty, and (35) failing to comply.

Coleman (Rojas), Marrilyn, LPN11740: Agreement for Reprimand and Fine of \$100 for violation of NRS 632.320 (14) failing to comply with Board order.

Crawford, Dallas, CNA017749: Agreement for Fine of \$100 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (37) practicing without an active certificate.

Darling, Edna, RN31828: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (40) professional boundaries.

Elieff, Maria, CNA023645: Agreement for Probation for violation of NRS 632.320 (2) criminal convictions, and (5) controlled substances and/or alcohol.

Fish, Noreen, CNA023646: Agreement for Probation for violation of NRS 632.320 (2) criminal convictions, and (5) controlled substances and/or alcohol.

Hampton, Shirley, RN32884: Agreement for Fine of \$400 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890

Please do not use this list of disciplinary actions for verifying licensure or certification status.

Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our website or call the Board.

(36) practicing without an active license.

Hasbrouck, Heather, RN41951: License revoked for two years for violation of NRS 632.320 (2) criminal conviction, and (5) controlled substances and/or alcohol.

Kinzalow, Lesley, TRN323295: Application denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, and (18) diversion of equipment or drugs.

Millick, Constance, RN18592: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

Nicholson, John, CNA022064: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

Nielsen, Dana, RN17264: Order of Reprimand and Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (38) professional boundaries.

Nieto, Lydia, CNA021930: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope.

Omon, Isiramen, RN40303: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances.

Parish, Barbara, RN25673: Agreement for

Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (40) professional boundaries.

Plaughter, Sharmen, RN20776: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Polk, Antonia, RN57735: License revoked for three years for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (18) diversion of equipment or drugs, and (27) customary standards of practice.

Robertson, Dorothy, LPN08913: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards, and (39) pattern of conduct demonstrates failure to protect the public.

Robinson, Meesha, LPN13293: License suspended for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Stevener, Cathy, RN14150: Agreement for Suspension and Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

Torres, Francis, RN61672: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Findings of Guilt for Abuse, Neglect or Misappropriation Placed on the Certified Nursing Assistant Registry by the Nevada State Health Division's Bureau of Licensure and Certification

Valencia, Maria, CNA022410:
Verbal/Physical Abuse

Ruiz, Gabriella, CNA015901:
Misappropriation of patient property

College, Teresa, CNA019911:
Misappropriation of patient property

What are common types of disciplinary actions?

When considering what kind of disciplinary action it should take, the Board always asks itself, "What is needed to make this person safe to practice?" The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person's license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

Denial of Application

If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

Reprimand and/or Fine

If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual's practice.

Probation

If the Board puts an individual on probation, it means the nurse or CNA may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

Suspension

If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

Voluntary Surrender

This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

Revocation

If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada for a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.

Who can I call if I have questions about the complaint or disciplinary process?

The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Board and ask for one of the nurse investigators or the director of operations.

Have a question? Give us a call.

ADMINISTRATION

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Statewide Liaison and Spokesperson
Organizational and Public Management
Fiscal and Human Resource Management
Legislative and Governmental Relations
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Nursing Practice Advisory Committee Chair

Chris Sansom, BSN, RN, Director of Operations

Program Management
CNA Advisory Committee Chair

Fred Olmstead, General Counsel

Legal Counsel

Dean Estes, Director of Finance/Technology

Budget, Accounting and Payroll Technology Support,
Programming, Website

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CNA Training Programs
Continuing Education Programs
Education Advisory Committee Chair
Advanced Practice and International Graduate
Document Analysis

Patty Shutt, LPN, Site Operations Supervisor

Las Vegas Site Supervision
Advanced Practice Certificate Processing

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Assistant to the Executive Director
Scheduling
Board Meeting Agenda and Arrangements
Nurse Practice Act Publication

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Discipline Investigative Support
Compliance Support
Board Meeting Preparation
Disability Advisory Committee Scheduling
Nursys Data Entry

**Adela Smith, Assistant to the Director
of Finance/Technology**

Initial and Renewal Applications
Financial File Management
Nursing Personnel Lists
Spanish-Speaking Services for Consumers

Cyndie Souza, Management Assistant

Discipline Investigative Support
Yes Answer and Fraudulent Application Processing
Endorsement Forms
Board Meeting Preparation
Nursys Data Entry

PROGRAM STAFF

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Complaint Investigations
Nursing Practice Questions

Lark Muncy, RN, Investigator

Complaint Investigations
Nursing Practice Questions

Amy Clark, BSN, RN, Application Coordinator

Application Review
Fraudulent Application Screening

Kathleen Reynolds, BHS, RN, Compliance Coordinator

Disability Advisory Committee Chair
Disability Advisory Committee Scheduling
Probation and Alternative Program Monitoring
Reinstatement Applications

Licensure/Certification

Sarah Bowen, Licensure Specialist

Licensure Eligibility Questions
Endorsement and Examination Applications
Continuing Education Providers
International Nurse Graduates and Licensure Issues
RN/LPN CEU Audits

Patty Towler, Senior Certification Specialist

CNA Registry Maintenance
CNA Certification and Renewals
CNA Program and Instructor Approvals
Certification Audits (CNA, APN, CRNA)

Support

Ariadna Ramos, Program Assistant

Endorsement Applications
Licensure Eligibility Questions
Spanish-speaking Services for Consumers

Gail Trujillo, Receptionist

Renewal Applications
Program Support
Inquiries, Information and Referrals
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Program Support
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