Nebraska Nursing NEWS

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RNs Increase Use of Online Renewal Option

CLINICAL NURSE SPECIALIST

What's Happening with the Nebraska Center for Nursing?

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

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OFFICIAL PUBLICATION OF THE NEBRASKA BOARD OF NURSING

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Nebraska Nursing NEWS

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Karen Smith is a Pediatric CNS at the Nebraska Medical Center in Omaha.

Executive Director's Message

Happy New Year! There is a saying that goes, "In life there are no do-overs." While that is certainly true, with the advent of each new year we are given the opportunity to *think over* and *start over.* Television ads encourage us to re-examine our financial strategies, live healthier, start exercising and, of course, lose weight. We are told that, regardless of our past shortcomings, we now have the opportunity for a fresh start and that everything will be wonderful if we just stick to it.

As 2007 begins I find myself in my 36th year as a nurse. It hasn't seemed that long, but as I look back I can reflect on many changes that have occurred during my professional career. In nursing education, collegiate programs have replaced the diploma programs. Nebraska's last diploma program will graduate their last class in 2007. Faculty qualifications have increased. A master's degree in nursing is now the minimum standard for teaching in nursing education programs and the doctorate is encouraged and preferred.

Wide sweeping changes have occurred in how nursing is practiced. Much of nursing practice occurs outside of hospitals and other inpatient facilities. Nurses provide care for patients before and following hospitalization via instruction and follow-up, much of which is done via telephone or outpatient or home visits. There is a focus on prevention of illness and maintenance of quality of life. There is an emphasis on excellence in nursing care. Children's Hospital in Omaha recently became the third hospital in the state to achieve the coveted Magnet status. At least one other hospital hopes to achieve Magnet status this year. Technology has transformed the way nursing care is delivered. Sensitive monitoring equipment enhances nurses' ability to identify pending problems early, resulting in improved outcomes for the patient. Nurses have learned to value research that identifies best practices and adopt those practices in order to improve patient care. For the eighth year in a row Americans responding to a Gallup poll have identified nursing as the profession with the highest ethical standards.

In nursing regulation we have seen the implementation of compact licensure allowing nurses to practice nursing across state lines on a single license. In 2007 Kentucky and Colorado will implement the compact, bringing the total number of compact states to 23. There is increased emphasis on the role of Boards of Nursing in public protection. There is sharing of disciplinary information between states and pending disciplinary action between compact states. Boards of Nursing work together to identify imposters and evaluate legitimacy of nursing education programs. Best practices by boards are being identified and implemented to place the focus on those activities that result in quality regulation and are economically sound. Many states are turning to criminal background checks to help ensure that individuals who are licensed meet acceptable standards to provide safe care.

So what changes will 2007 bring to nursing regulation in Nebraska? Staff and members of the board will continue to actively participate with the National Council of State Boards of Nursing on a number of projects that will improve the quality of regulation, including improving the NCLEX examination, analyzing disciplinary actions to identify the root causes for errors, and further identifying best regulatory practices. This year's legislative session may bring about changes to the Uniform Licensing Law that will impact on nursing. Nurses working in the role of the Clinical Nurse Specialist will be licensed in that role for the first time beginning in July. All of the advanced practice nurses will become APRNs and will be regulated under a newly formed APRN Board. And the Board of Nursing will continue to explore the issue of requiring criminal background checks prior to licensure for nurses.

I encourage all of you to take advantage of this time of year to pause and reflect on where you have come from and where you would like to go with your career. Bring the good things from the past with you into the future, set goals for 2007 and work to achieve them!

Happy New Year!

Charlene Kelly

Charlene Kelly

President's Message

In previous messages, I identified three controversial issues under regulatory scrutiny. I saved the last of these issues for this time—possibly because the issue of continued competence generates such polarized debate in our profession. As professionals, nurses understand the obligation to maintain competence throughout their careers. Passing the NCLEX® exam at initial licensure demonstrates—or possibly demonstrates—that graduate nurses meet minimum competency requirements. But, how can we assure the public that nurses remain competent throughout their careers? Following initial licensure, there is presently no regulatory requirement that nurses demonstrate competency.

In 1998, the PEW Report recommended health care practitioners demonstrate competence relevant to their jobs throughout their careers. Debate continues at the national level regarding how best to ensure continued competence of all licensed nurses. Most states have continued competency requirements for nursing license renewal, such as active practice, continuing education, certification, portfolios or completion of a refresher course. In Nebraska, most nurses fulfill continuing competency requirements at the time of license renewal by attesting to active practice and continuing education.

According to the NCSBN research project, *Evaluating the Efficacy of Continuing Education Mandates* (Smith 2003), professionals perceive their work experience as a stronger contributor to their professional development than continuing education. Many states have eliminated continuing education requirements for license renewal based on the belief that compliance with continuing education requirements does not assure that nurses are competent.

In 1999, the Institute of Medicine (IOM) recommended implementation of periodic re-examination and relicensing of physicians, nurses and other health care providers based on competence and knowledge of safety practices. Momentum is building at the national level to develop a core competency "assessment tool" based on the RN and LPN continued competence practice analysis studies. The purpose of the practice analysis is to identify core competencies for the experienced nurse in different roles and practice settings—including elements such as critical thinking, interpersonal relations, basic nursing principles, and legal/ethical considerations. Based on the results of such an assessment, the licensed nurse would be expected to develop and implement a written practice development plan.

A core competency assessment tool sounds a lot like a test. The thought of taking a "test" causes dyspepsia for most individuals. Questions brought forward at the national level at this time include:

- Who should be responsible for continued competence?
- What standard should be used to evaluate continued competence, given that nursing careers take widely divergent paths with varying roles, settings, patient populations, and disease conditions?
- Should the standard be based upon entry-level competencies or upon focused, specialized competencies of the experienced nurse?
- What do you do if a licensed nurse cannot demonstrate continued competence in terms of performance results on a core competency assessment tool?

These controversies have arisen and others will follow. Nursing will have to unify in response to these demands and define how the profession is to be evaluated.

Marcy Echternacht

Nebraska Board of Nursing
Meeting Schedule 2007

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at http://www.hhs.state.ne.us/crl/brdmtgs.htm#Nursing or you may obtain an agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
Thursday, February 15	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	Staybridge Conference Center
	2:00 p.m.	*Education Committee*	
	2:00 p.m.	*Practice Committee*	
Thursday, March 8	8:30 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, March 15		Nursing Summit	Holiday Inn - Kearney, NE
Monday, April 2- Wednesday, April 4		NCSBN Mid-Year Meeting	New Orleans, LA
Wednesday, April 18	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Conference Center
Thursday, April 19	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	
	2:00 p.m.	*Education Committee*	
	2:00 p.m.	*Practice Committee*	
Thursday, May 17	8:30 a.m.	Board of Nursing	Staybridge Conference Center
Thursday, June 21	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting – Most of meeting in closed session)	TBA
	2:00 p.m.	*Education Committee*	
	2:00 p.m.	*Practice Committee*	
Wednesday, July 18	1:30 p.m.	Board of Nursing Issues Discussion	TBA
Thursday, July 19	8:30 a.m.	Board of Nursing	
Tuesday, August 7- Friday, August 10		NCSBN Annual Meeting	Chicago, IL
Thursday, August 16	8:30 a.m.	Board of Nursing	Staybridge Conference Center
	2:00 p.m.	*Education Committee*	
	2:00 p.m.	*Practice Committee*	
Thursday, September 20	8:30 a.m.	Board of Nursing	Lied Center - Nebraska City
Wednesday, October 17	1:30 p.m.	Board of Nursing Issues Discussion	Staybridge Conference Center
Thursday, October 18	8:30 a.m.	Board of Nursing	
	2:00 p.m.	*Education Committee*	
	2:00 p.m.	*Practice Committee*	
Thursday, November 15	8:30 a.m.	Board of Nursing	Staybridge Conference Center
Friday, November 16		Nebraska Nursing Leadership Coalition Forum and annual meeting	
Thursday, December 20	8:30 a.m.	Board of Nursing	Staybridge Conference Center
	2:00 p.m.	*Education Committee*	
	2:00 p.m.	*Practice Committee*	

**Staybridge Suites by Holiday Inn,* 2701 Fletcher Avenue, (27 Street & Fletcher Avenue), Interstate-80, Exit 403, Lincoln, Nebraska 68504, (402) 438-7829/(800) 238-8000, http://www.sbs-lincoln.com/

**Southeast Community College Continuing Education Center*
301 S. 68th St. Place, Lincoln, NE 68510

NEBRASKA NURSING LEADERSHIP COALITION SUMMIT

Healing Presence -- The Essence of Nursing

Guest Presenter – JoEllen Koerner

March 15, 2007

Holiday Inn

110 S. 2nd Ave.

Kearney, NE

308-237-5971

Target audience - all licensed nurses in Nebraska

8:00 a.m. **Registration**
8:30 a.m. - 4:00 p.m. Healing Presence -- The Essence of Nursing

Objectives:

1. Examine various definitions of health.
2. Explore the seven dimensions of healing.
3. Discuss the role of healing presence in the nursing experience.
4. Explore the impact of the information age, technology, and the evolution of awareness on the nursing profession.
5. Discuss strategies to create community within the discipline of nursing, the health of professions, and between patient and nurse.
6. Examine processes and tools which enrich the potential of each individual as they move, personally and professionally, into the 21st century.

For more information on the program contact LPNAN at 402-435-3551.

Registration Information

Registration fee - $30 (includes lunch, breaks, and handout materials)

"Application for contact hours has been made to the Nebraska Nurses Association, an accredited approver, by the American Nurses Credentialing Center's Commission on Accreditation."

Hotel Information

A block of rooms is reserved through February 15 at a rate of $69.95 for 1-4 people in a room. When making reservations, ask for the Nebraska Leadership Summit.

Name (type or clearly print) _____

Address _____

_____

Daytime Phone _____

Circle: RN LPN student Nurse License Number: _____

Make Check Payable to NHCF.

Mail Registration to: Nursing Leadership Summit, c/o NHCF, 3900 NW 12th Street, Suite 100, Lincoln, NE 68521

Registration must be received by/or postmarked March 8.

Late Fee: Registrations received after March 8 will be charged an additional $10 late fee.

Refunds for cancellations in full prior to March 8 only. No refunds after March 8.

If a facility is paying for your attendance, please include the Tax ID NO: _____

Alcohol/Drug abuse assistance for health service professionals licensed, certified or registered by the State of Nebraska

ALCOHOL/DRUG TREATMENT OPTIONS *for the Health Care Professional*

Alcoholic or drug-dependent health care professionals have made many promises to quit to themselves or others over their years of abuse. They vow not to just cut back, but to quit. They know that any continued drinking or drug use will continue the destruction caused by their alcoholism or drug addiction. They know they must end the destruction and begin the reconstruction of their lives so they can live the healthier and happier life they want to lead.

A few alcohol and drug-dependent individuals quit on their own. Some go directly into Alcoholics Anonymous or Narcotics Anonymous and achieve their recovery there. However, due to the nature of alcohol or drug addiction, most have to use intense, structured treatment provided by alcohol/drug professionals in certified treatment programs to fulfill their commitment to quit.

There are several education and counseling options available to help health care professionals resolve their abuse of alcohol or drugs, if there is not yet an addiction:

- Professional counseling or therapy provided by a qualified counselor or therapist.
- Alcohol/Drug Education Classes. These are generally geared toward those who have had a DUI.
- Substance abuse counseling or a treatment group. Specific focus is on resolving abuse of alcohol or drugs.
- Alcoholics Anonymous and other 12-Step self-help recovery programs. These are free, readily available, convenient, and include substantial peer support.

If there is an addiction, treatment needs to be more intense and structured to help the dependent health care professional arrest the addiction. The Nebraska Licensee Assistance Program (NE LAP) recommends that health care professionals who have concerns that they have a dependency on alcohol or drugs schedule a NE LAP Alcohol/Drug Assessment. The NE LAP Coordinator provides a thorough professional assessment and determines the nature and scope of the alcohol/drug problem and recommends appropriate treatment.

Treatment recommendations must take into consideration the tolerance level and potential withdrawal issues for dependent individuals. Those who will have withdrawal issues will need to have medical management or monitoring of these symptoms when they cease their use of alcohol or drugs.

> …begin the reconstruction of their lives so they can live the healthier and happier life they want to lead.

- Inpatient alcohol/drug dependency treatment allows for intense, structured, medically managed treatment. Generally two-four weeks duration followed by transfer to an intensive outpatient program, followed by at least one year aftercare/continuing care group meetings one time each week and at least two AA or NA meetings each week.
- Residential treatment. Intense, structured, and includes medical supervision of client. Generally of four weeks duration, followed by at least one year aftercare/continuing care group meetings one time each week and two AA or NA meetings each week.
- Intense Outpatient Treatment. Six to eight weeks of intense, structured treatment on an outpatient basis, followed by at least six months of one time a week aftercare/continuing care group meetings and at least one AA or NA meeting each week.

The NE LAP may not make treatment recommendations that match up with what the dependent health care professionals find palatable or convenient. The NE LAP recommendations are made according to the diagnosis and what the professional needs to do to successfully arrest their addiction, achieve a sound and lasting recovery, and put an end to the progressive destruction of the alcoholism or drug addiction in their lives.

If you are a licensed health service professional wanting more information about alcohol/drug abuse or addiction or other related issues, please contact the Nebraska Licensee Assistance Program (NE LAP) at (800) 851-2336 or (402) 354-8055 or visit our website at www.lapne.org. If you know of or are concerned about a colleague's or employee's alcohol/drug abuse, contact the NE LAP for appropriate intervention and ongoing support. You may be saving a life, a family or a career.

Board of Nursing Members

APPOINTED FOR ADDITIONAL TERM

In November 2006, the Board of Health appointed three incumbents on the Board of Nursing for an additional four-year term. Members reappointed are Mary Bunger, Dawn Nickel and Mary Megel. Bunger is an RN staff nurse representative on the board. She

> Board members are eligible to serve two four-year terms on the board.

> The Department appreciates these individual's willingness to serve…

is employed with Kearney County Health Services in Minden. Nickel is an LPN representative on the board. She is employed in outpatient services at the Lincoln Veterans Administration facility. Megel is the baccalaureate educator representative on the board. She is a faculty member at the University of Nebraska Medical Center College of Nursing in Omaha.

Board members are eligible to serve two four-year terms on the board. If a member is appointed to fill a vacancy created by a resignation, the appointee is eligible to serve two additional four-year terms.

The Department appreciates these individual's willingness to serve on the board for another term.

By Sheila Exstrom, PhD, RN

What's Happening with the Nebraska Center for Nursing?

The Nebraska Center for Nursing was established by the Nebraska Legislature to develop plans to prevent/lessen the nursing shortage in Nebraska. The Board of the Nebraska Center for Nursing meets every two months. The meetings are open to the public and you are welcome to attend. Their meeting schedule is on the Credentialing Web site.

The Center has developed a model to predict the nursing needs (supply and demand) in the state and will continue to compare reality with the model on an on-going basis.

The Center has established four goals. I will report their activities under each of these goals.

Goal 1: Recruit new nurses for the state through examination and endorsement in order to ensure an adequate nursing workforce for Nebraska, in terms of number, diversity, educational mix and geographic distribution.

The Center has participated with the Nebraska Hospital Association to gain publicity regarding men in nursing and minorities in nursing. The Center has participated as an exhibitor at the Minority Health Conference each year. Plans to expand these activities include holding focus groups for male nursing students to determine why they chose nursing as a career so as to use this information in recruitment activities.

The center will also be meeting with high school counselors to discuss how to interest and prepare high school students for a nursing career.

Goal 2: Identify and promote known successful strategies for retention of nurses in the workforce.

The Center has sponsored one workshop on Recruitment and Retention and is planning a Retention Conference for May 8, 2007, in Grand Island and plans to attract representatives from various health care facilities that employ nurses.

Additional information is being collected specifically on how to retain the older worker as a member of the nursing workforce. A survey is being conducted with nurses (both RNs and LPNs) who did not renew their licenses in an attempt to determine the reasons for not renewing

Goal 3: Increase the enrollment capacity of Nebraska's nursing education programs.

The Center supported the establishment of a Nursing Student Loan Program. Funded by the legislature, the program provided loans to over 300 students between 2002 and 2004.

All of the nursing programs in the state have increased their enrollments and there have also been new nursing programs established. Increased enrollment has resulted in two additional needs, sufficient numbers of clinical sites and adequate numbers of appropriately educated nursing instructors.

To assist with the need for more masters in nursing prepared faculty, the Center, with the help of Senator Marian Price, was able to get the legislature to fund a Faculty Student Loan Program. The Center will be pursuing ways add funding to this program. Other activities planned to best use and supplement clinical sites include exploring the advantages of a centralized clinical scheduling program and determining the availability and use of simulators.

Goal 4: Take action to sustain the work of the Nebraska Center for Nursing.

The Center has developed a model to predict the nursing needs (supply and demand) in the state and will continue to compare reality with the model on an on-going basis. The Center then plans to share their accomplishments and needs with specific stakeholders and seek direction for future activities. Additional funding sources will continue to be identified and contacted both for the Center and for the funding of the Faculty Student Loan Program.

This is a summary of some of the current activities of the Center for Nursing. Additional needs and concerns related to the nursing shortage both statewide and nationwide are continuously being identified and evaluated.

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www.nursesource.org

Nursing. It's Real. It's Life.

NURSES
for a Healthier Tomorrow

By Karen Bowen, RN, MS

Clinical Nurse Specialist

-Advanced practice nursing encompasses many roles. In Nebraska, Nurse Practitioners, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives are licensed for advanced nursing practice. Advanced practice nursing also includes the role of the Clinical Nurse Specialist (CNS). Starting July 1, 2007, the new Clinical Nurse Specialist Practice Act will become effective, providing licensure for CNSs in Nebraska. Under this new act, anyone practicing as a CNS will be required to hold a license as a CNS; no one may practice as a CNS or call themselves a CNS if they do not hold a license.

When you ask what a Clinical Nurse Specialist (CNS) is and what they do, you get a variety of responses. Clinical Nurse Specialists generally agree it is hard to define who they are and what exactly they do, because they have such varied roles and do so many different things.

The Nebraska CNS Practice Act that will go into effect July 1, 2007, defines CNS practice as follows; "The practice of a clinical nurse specialist includes health promotion, health supervision, illness prevention, and disease management, including assessing patients, synthesizing and analyzing data, and applying advanced nursing practice. A clinical nurse specialist conducts and applies research, advocates, serves as an agent of change, engages in systems management, and assesses and intervenes in complex health care problems within the selected clinical specialty."

According to the National Association of Clinical Nurse Specialists, a CNS is an RN who has graduate (Master's or Doctorate) preparation in nursing. CNSs are expert clinicians in a specialized area of nursing practice. The specialty may be defined in terms of population, setting, disease or medical subspecialty, type of care or type of problem.

Ruth VanGerpen is a CNS at BryanLGH Hospital in Lincoln. She received her MS in nursing from Creighton University, completing her practicum in oncology. Her practice at BryanLGH is primarily in oncology, though she also does other things such as pain management.

Ruth VanGerpen, MS, CNS

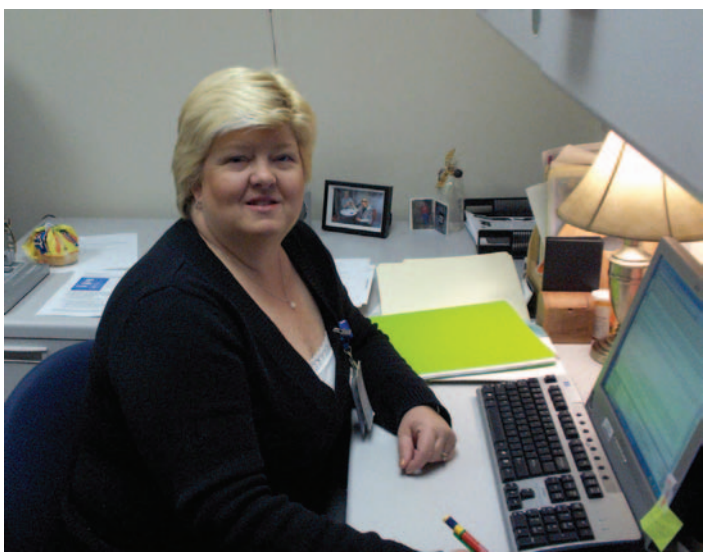
Spending time with patients and their families providing anticipatory guidance reduces anxiety and lessens fears.

In her role she works with patients and families, making sure they have the information and resources they need related to their care, diagnosis, recurrence and end-of-life decisions. Spending time with patients and their families providing anticipatory guidance reduces anxiety and lessens fears. This is accomplished through time spent with individual patients and families as well as support groups for patients and their families. It is also not unusual for individuals from the com-

munity to call her with questions, knowing she can assist with providing information on oncology.

Working with staff, she ensures the care provided is evidence-based. She develops nursing education, competencies, procedures and standards of care, making sure all are based on current research. Part of the education she provides is teaching chemotherapy classes for staff. Providing education extends outside the hospital setting for VanGerpen. She also teaches an oncology class at Creighton once a year.

Her work in pain management is not limited to the oncology patients. Anyone with chronic pain may receive her services. In working with the patient, the nurses and the physicians, she develops a plan of care to manage a patient's pain.



Karen Smith, CNS

She chairs and is a member of many committees, including the Pain Team, Nursing Professional Practice Council and a hospital-wide Quality Improvement Team. She has also been involved in a community-wide task force to standardize procedures for the care of central lines. She conducts root cause analysis for sentinel events. The expertise of the CNS is beneficial in identifying evidence-based care.

She has seen an increase in the support of the CNS role. "Institutions now have a better understanding of what CNSs do and how they can use the CNS in working with patients, their families, staff and systems". The CNS role is really defined by the setting. Some are very involved at the bedside and others are more involved in systems issues. The CNS role is without bounds, limitless in opportunities to improve clinical care through the use of evidence-based practice. The CNS is unique in that sense.

A Pediatric CNS at the Nebraska Medical Center, Karen Smith received her Master's in Nursing with a specialty in maternal/child health. Karen started her Master's program while teaching. She taught for 14 years. She then moved into the hospital setting as a CNS and Assistant Unit Director. As a CNS she was working in staff development, patient education and parent support. She also had administrative duties as the Assistant Unit Manager.

Her role has evolved and changed and she now is a CNS for all of the pediatric units. A lot of her work as a CNS involves policy, procedures and practice guidelines, making sure all are evidence-based. She is involved in a Unit Based Council that develops research-based practice guidelines. As a resource for the staff, she helps them find the things they need and makes sure what they need is available. In addition to working with the staff and patients and their families, she is involved in many other activities including pain management and conducting bereavement workshops.

As a CNS she was working in staff development, patient education and parent support. She also had administrative duties as the Assistant Unit Manager.

She chairs the Performance Improvement team on the Pediatric unit. One of the latest projects she has been involved in is preparation of parents for the transition of their child from the Intensive Care Unit to a general pediatric unit. The goal is to prepare them for the transition, answer questions and reduce their anxiety. This project has been accepted for a poster presentation at the annual State of the Art conference at The Nebraska Medical Center. Smith has functioned as a coach and mentor in the project.

Case management is also an area Smith is involved in at times.

She works with a variety of situations to help manage complex patient needs. She prepares the child and their family to go home, coordinates home care, equipment and school needs.

Working in an educational atmosphere at UNMC with a variety of students is an enjoyable part of Smith's job. "The students are fun to be around, they are so eager to learn." Smith is a preceptor to students, helping them learn what the role of the CNS involves.

Most CNSs in Nebraska can be found at the larger facilities. It is generally thought to be not as economically feasible for smaller facilities to employ CNSs. But Smith believes it is possible for a CNS to find a position in a smaller facility. "If they want to sell themselves, sell the job, they could do it." They may have to have more responsibilities, but they are educationally prepared to do other things.

ical resource, especially where complex patients come into play.

The CNS is also involved in developing policies, procedures and protocols. They do patient education and assist with the development of educational tools. Hooks is the chair of the Patient Education Council. Each facility chooses how to use CNSs. Some facilities have a stronger emphasis on research.

Hooks enjoys helping nurses be better nurses. "Watching them become better nurses is a rush!" She still participates some in providing patient care. What she likes most about her role is the variety. "No two days are alike; you do a little bit of everything."

Hooks feels fortunate to be in a community such as Lincoln. The CNSs in Lincoln work cooperatively, coming together from the different facilities to discuss current issues. They also maintain communication with each other, via e-mail and telephone; sharing policies, order sets and such. There is a lot of cooperation between the nurses in the community. They all support best nursing practice in all facilities. One of the accomplishments of this group is the development of standards of care for patients.

Mary Ellen Hooks, CNS

The role of the CNS is to facilitate growth of nurses, make change more palatable and make change happen in the earliest possible way.

At St. Elizabeth Regional Medical Center in Lincoln, Mary Ellen Hooks is a CNS in the Progressive Care and Intensive Care units. Hooks received her Master's in Nursing with a clinical emphasis in Critical Care. "The clinical emphasis is what separates the CNS from their education and administrative colleagues." The clinical emphasis focuses on complex patients and the nurse's care of the complex patients.

Hooks says the CNS program includes a lot of adult education classes. The role of the CNS is to facilitate growth of nurses, make change more palatable and make change happen in the easiest possible way.

She describes the role of the CNS to include many different aspects. Some of the things you might find the CNS involved with include orientation for new nurses. The CNS role also includes assisting nurses as they expand their own area of expertise and facilitating nurses at the bedside to help them gain more experience and broaden their horizons. They also help nurses learn about the research process, and where to find evidence-based research for their practice. They serve as a clin-

One thing most CNSs will agree on is that they thoroughly enjoy what they do and find the challenges of the CNS stimulating. VanGerpen, Smith and Hooks would all encourage nurses to consider a career as a CNS. There are many opportunities available and there are many CNSs needed. If a nurse is interested in pursuing a career as a CNS, they should consider spending time with a CNS or several CNSs since the role is so diverse. If they enjoy working autonomously and being in a role that is diverse and full of opportunities, the CNS role may be for them.

Karen Bowen is the Nursing Practice Consultant in the Credentialing Division, HHSS Department of Regulation and Licensure.

RNs Increase Use of Online License Renewal Option

The good news...

During the recent RN license renewal that ended November 30, 2006, 17,078 RN renewed their licenses online. This represents 79% of the 21,722 RNs who were on active status at the beginning of the renewal period. This compares to 71% online renewals during the 2004 RN renewal period.

> Some states only accept online renewals or charge a hefty additional fee to renew by filling out a paper form.

The bad news...

This still left 4,644 renewal applications that had to be manually processed. *(see photo)*

Each year we continue to get calls from nurses who renew late, telling us they did not receive a renewal notice. Postcard notices are mailed to all active nurses at the address of record in our database. If a nurse does not receive a notice it is likely that:

- He/she received the postcard, but failed to recognize it as a notice license renewal;
- He/she has moved and has not notified us of his/her new address; or
- The postcard was lost in the mail

Each licensee is accountable to know when his/her license expires and complete renewal in a timely manner. To help ensure that the reminder notice reaches you, make sure you notify us when your address changes. It is probably also a good idea to check our Web site after you have notified us to make sure that the change was made correctly. The Web site to verify your address is correct is http://www.nebraska.gov/LISSearch/search.cgi

Many states now have online renewal available. Some states only accept online renewals or charge an hefty additional fee to renew by filling out a paper form. Also many states no longer send out renewal notices. A few states have also eliminated issuance of renewal cards. This helps prevent identity theft and encourages employers to verify licensure by accessing the most current information on the state's Web site.

Kelli Dalrymple, Health Licensing Specialist, sorts RN paper renewal forms for filing.

At this time Nebraska plans to continue sending postcard renewal reminders, offering both online and paper renewal options and continuing to issue renewed license cards.

If you did not renew online during the last renewal or had a negative experience with online renewal, we encourage you to try online renewal next time. The efficiencies associated with online renewal help us keep license fees down and help us to provide better customer service with a much shorter turnaround time.

Licensure Actions

The following is a list of licensure actions taken between September 1, 2006 and November 30, 2006 additional information on any of these actions is available by calling (402) 471-4923.

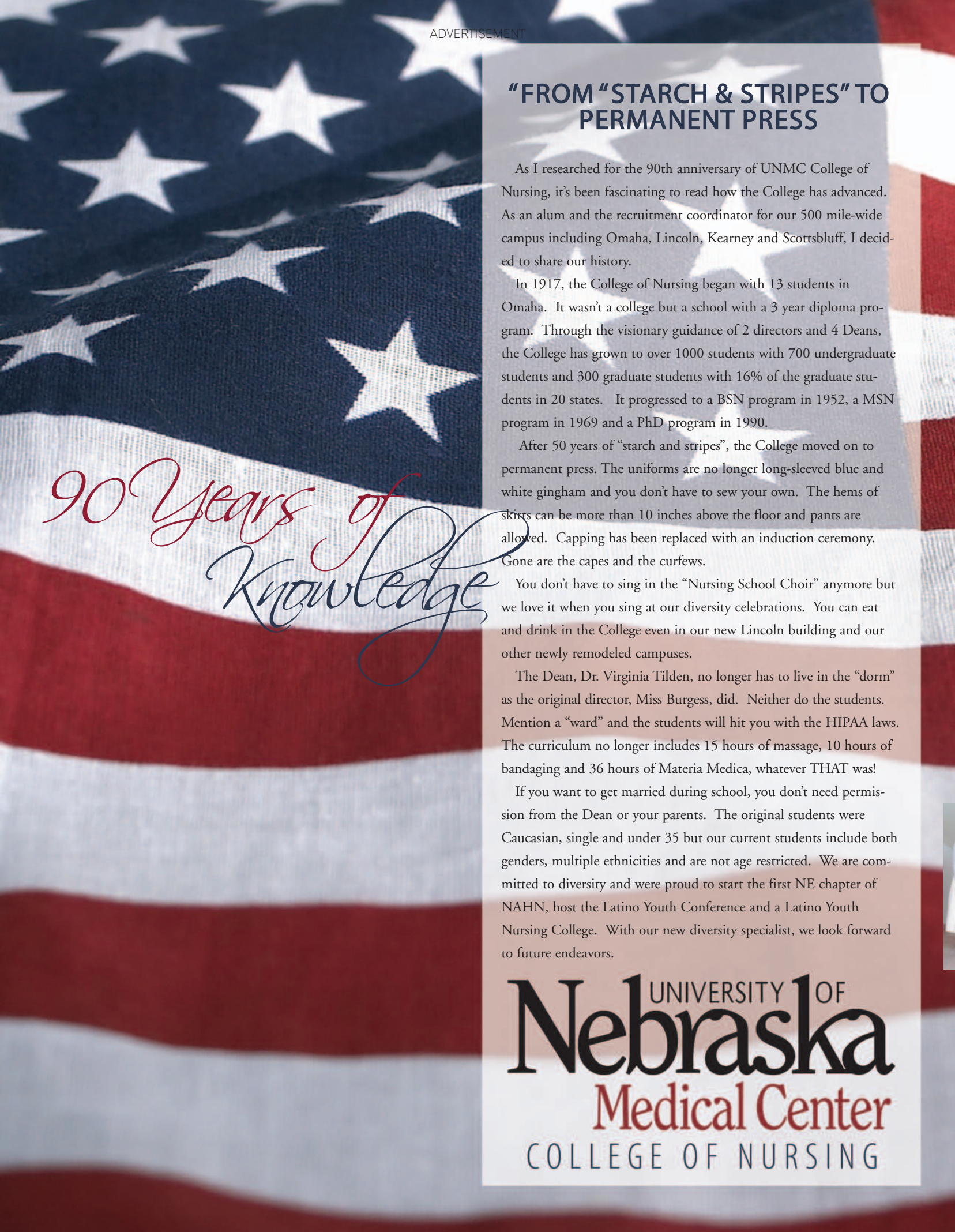
LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Patricia Rahmig, LPN	9/8/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice beyond authorized scope.
Janet Neal, RN	9/9/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to seek collaboration, consultation or direction from another licensed healthcare provider when warranted by patient condition.
Diane Badberg, LPN, LPN-C	9/11/06	Censure	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Laura Krueger, LPN, RN	9/11/06 10/06/06	Probation Initial License issued on Probation	Misdemeanor convictions which have a rational relation with fitness to practice the profession.
Debra Kurmel, RN	9/11/06	Voluntary Surrender of License and Privilege to Practice in Lieu of Disciplinary Action	
Cheryl Lange, RN	9/11/06	Voluntary Surrender of License and Privilege to Practice in Lieu of Disciplinary Action	
Katie Haugh, LPN	9/14/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice beyond authorized scope.
Nancy Hallgren, RN	9/21/06	Suspension	Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Falsification of patient records.
Dawn Sulley, LPN	9/28/06	Suspension for 30 days followed by extension of probation	Violation of previously imposed terms and conditions of licensure probation.
Windie Boyden, LPN	10/2/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to conform to the standard of acceptable and prevailing practice of the profession. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Amy Krannawitter, LPN, LPN-C	10/3/06	Probation	Habitual Dependence Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession.
Carrie Fountain, LPN	10/3/06	Censure	Dishonorable Conduct-Violations of the law.
Tara Mueller, RN	10/9/06	Non-Disciplinary Assurance of Compliance	Failure to report misdemeanor conviction in accordance with the state mandatory reporting law.
Theda Higgins, LPN	10/11/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to conform to the standards of acceptable and prevailing practice of the profession.
Julie Mroczek, RN	10/12/06	Retroactive Suspension for 30 days	Unprofessional Conduct-Falsification of patient records.
Sandra Conrad, LPN	10/12/06	Censure	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Kelli Fisher, LPN	10/12/06	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure. Committing any act that endangers patient safety or welfare.
LaRonda Lucas, LPN	10/12/06	Censure	Violation of the Uniform Controlled Substances Act
Mary Alwin, RN	10/12/06	Censure Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed.
Mitchell Hansen, RN	10/12/06	Censure Civil Penalty	Unprofessional Conduct-Practice of the profession beyond authorized scope.

Janet Szemplenski, RN	10/12/06	Retroactive Suspension for 30 days Censure Civil Penalty	Unprofessional Conduct- Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Falsification of patient records. Failure to maintain an accurate patient record. Failure to report loss of employment due to alleged unprofessional conduct in accordance with the state mandatory reporting law.
Anne Thompson, RN	10/12/06	Censure Civil Penalty	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon level of nursing for which licensed. Failure to maintain an accurate patient record. Failure to report loss of employment due to alleged unprofessional conduct in accordance with the state mandatory reporting law.
Sheila Koch, LPN	10/12/06	Voluntary Surrender in Lieu of Discipline	
Julie Bergen, RN	10/12/06	Voluntary Surrender in Lieu of Discipline	
Ramona Sanford, RN	10/12/06	Voluntary Surrender in Lieu of Discipline	
Jessica Emery, LPN	10/21/06	Non-Disciplinary Assurance of Compliance	Misdemeanor conviction which has a rational connection with fitness or capacity to practice the profession
Bonnie Doucette, LPN	10/22/06	Limitation	Unprofessional Conduct-Failure to keep and maintain adequate records of treatment or service. Failure to utilize appropriate judgment in administering safe nursing practice based upon level of licensure. Committing any act that endangers patient safety or welfare.
Leslee Mosley, LPN	10/23/06	Censure Civil Penalty	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Laura Bailor, LPN Compact Privilege	10/27/06	Privilege to Practice in NE under Nurse License Compact Revoked	Habitual Dependence Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession. Unprofessional Conduct-Committing any act which endangers patient safety or welfare. Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made. Failure to furnish the Board or its investigator with requested information.
Patricia Bright, LPN	10/29/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to keep and maintain adequate records of treatment or service. Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Michael Lapka, LPN	10/31/06	Initial License issued on Probation	Misdemeanor convictions which have a rational connection with fitness or capacity to practice the profession.
Stefano Brooks, LPN	10/31/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice.
Elaine Pankonin, LPN	11/06/06	Non-Disciplinary Assurance of Compliance	Violation of the Uniformed Controlled Substances Act
Ken Dzodzomenyo, LPN, LPN_C	11/7/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
Jeanette Uden, LPN	11/14/06	Non-Disciplinary Assurance of Compliance	Failure to comply with the state mandatory reporting law by failing to report loss of employment due to alleged unprofessional conduct.
Jenifer Weeks, LPN, LPN-C	11/15/06	License Reinstated on Probation	Previous Discipline
Carol Hein, RN	11/15/06	Probation	Unprofessional Conduct-Departure from or failure to conform to the standards of acceptable and prevailing practice.
Martha Goedert, APRN	11/16/06	Censure	Unprofessional Conduct
		Civil Penalty	
Lola Butler, LPN	11/16/06	Censure	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Cindy Goff, LPN	11/16/06	Censure	Violation of previously imposed condition of licensure probation.

Joseph Guerrero, LPN	11/16/06	Censure	Unprofessional Conduct-Failure to utilize technical competence based upon the level of nursing for which licensed. Failure to maintain an accurate patient record. Committing any act which endangers patient safety and welfare.
Natalie (Perez) Bratcher, LPN	11/16/06	Censure Civil Penalty Suspension	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing. Failure to report employment termination due to alleged unprofessional conduct in accordance with the state mandatory reporting law.
Kathy Williams, LPN	11/16/06	Censure Civil Penalty	Unprofessional Conduct-Committing any act which endangers patient safety or welfare. Failure to report employment termination due to alleged unprofessional conduct in accordance with the state mandatory reporting law.
Margaret Wilson, LPN	11/16/06	Revocation	Habitual Dependence Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Failure to furnish Board or its investigator with requested information or requested documents.
Judith Widman, RN-Compact Privilege	11/16/06	Privilege to Practice in NE under Nurse License Compact Revoked	Unprofessional Conduct-Misappropriation of medication from employer. Failure to furnish Board or its investigator with requested information or requested documents. Violation of the Uniformed Controlled Substances Act
Teri Boyer, RN	11/16/06	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Kimberly Christen, RN	11/16/06	Censure	Unprofessional Conduct-Violating confidentiality of information or knowledge concerning patients. Failure to utilize appropriate judgment in administering safe nursing practice.
Michael Foster, RN	11/16/06	Revocation	Violation of previously imposed terms and conditions of licensure probation.
Judy Lunn, RN	11/16/06	Privilege to Practice in NE under Nurse License Compact Revoked	Disciplinary action in another state.
Rodney Pfeifer, RN	11/16/06	Voluntary Surrender of License and Privilege to Practice under the Nurse License Compact in Lieu of Discipline	
Tammy Schnell, LPN	11/20/06	Initial License Issued on Probation	Misdemeanor convictions having a rational connection to fitness to practice. Habitual Dependence
Cathy Pond, LPN	11/26/06	Suspension	Unprofessional Conduct-Falsification of material facts in a material document connected with the practice of nursing. Committing any act which endangers patient safety or welfare.
Yolanda Johnstone, RN	11/26/06	Probation	Habitual Dependence Violation of the Uniform Controlled Substances Act Unprofessional Conduct-Possession of opioids without a valid prescription.
Yvonne Wehbein, LPN	11/26/06	Voluntary and Permanent Surrender in Lieu of Discipline	
Shelley Terzich, LPN	11/29/06	License Reinstated on Probation	Habitual Dependence
Kristen Cardens, LPN	12/5/06	Non-Disciplinary Assurance of Compliance	Unprofessional Conduct-Practice of the profession beyond authorized scope.
Jessica McCollum, LPN	12/5/06	Initial License issued on Probation	Misdemeanor convictions which have a rational relation with fitness to practice the profession.

CEASE AND DESIST ORDER

Nancy Hoffman (Ralston, NE)	10/6/06	Unlicensed Practice of Nursing	



90 Years of Knowledge

"FROM "STARCH & STRIPES" TO PERMANENT PRESS

As I researched for the 90th anniversary of UNMC College of Nursing, it's been fascinating to read how the College has advanced. As an alum and the recruitment coordinator for our 500 mile-wide campus including Omaha, Lincoln, Kearney and Scottsbluff, I decided to share our history.

In 1917, the College of Nursing began with 13 students in Omaha. It wasn't a college but a school with a 3 year diploma program. Through the visionary guidance of 2 directors and 4 Deans, the College has grown to over 1000 students with 700 undergraduate students and 300 graduate students with 16% of the graduate students in 20 states. It progressed to a BSN program in 1952, a MSN program in 1969 and a PhD program in 1990.

After 50 years of "starch and stripes", the College moved on to permanent press. The uniforms are no longer long-sleeved blue and white gingham and you don't have to sew your own. The hems of skirts can be more than 10 inches above the floor and pants are allowed. Capping has been replaced with an induction ceremony. Gone are the capes and the curfews.

You don't have to sing in the "Nursing School Choir" anymore but we love it when you sing at our diversity celebrations. You can eat and drink in the College even in our new Lincoln building and our other newly remodeled campuses.

The Dean, Dr. Virginia Tilden, no longer has to live in the "dorm" as the original director, Miss Burgess, did. Neither do the students. Mention a "ward" and the students will hit you with the HIPAA laws. The curriculum no longer includes 15 hours of massage, 10 hours of bandaging and 36 hours of Materia Medica, whatever THAT was!

If you want to get married during school, you don't need permission from the Dean or your parents. The original students were Caucasian, single and under 35 but our current students include both genders, multiple ethnicities and are not age restricted. We are committed to diversity and were proud to start the first NE chapter of NAHN, host the Latino Youth Conference and a Latino Youth Nursing College. With our new diversity specialist, we look forward to future endeavors.

UNIVERSITY OF Nebraska Medical Center
COLLEGE OF NURSING

Classes start twice a year now instead of three. Students used to be labor for the hospital and students still do their clinical there but the outreach has extended to clinics that serve ethnically diverse and underserved populations including the Mobile Nursing Center, the Morehead Center for Nursing Practice, the Community Health Center, the Lincoln Senior Health Promotion Center, the Panhandle Community Services and Clinica Salud. Some students are receiving additional experiences in China, Guatemala and Costa Rica.

The College of Nursing has endured a fire, 3 influenza pandemics, the Great Depression and 6 wars. Our students have served in the Red Cross, the U.S. Cadet Nurse Corp and the reserves. We've gone from treating patients in the Great Influenza plagues & polio epidemic to teaching students about bioterrorism, Avian flu, HIV, Ebola, SARS, stem cell research and anthrax. They are prepared to practice not only in the state but around the world.

We've responded to nursing shortages throughout the years by staffing the hospitals in 1917 to initiating an ASN program in 1970. We started our accelerated BSN program in 2005 with expansion to Lincoln in 2006 and Scottsbluff this year. We've added LPN to BSN and RN to BSN/MSN programs. We've responded to the faculty shortage with the initiation of our fast-track BSN to PhD program in 2005.

Responding to other needs, we added our Lincoln campus in 1974, Scottsbluff in 1987 and Kearney in 1991. In 1977, we developed an "Off Campus Program" which later enabled us to take our RN to BSN program to China, Jordan, Iraq and India. We've gone from driving and 2-way television to flying and cutting-edge distance learning technology.

The faculty has also grown. We've gone from 2 nursing faculty in 1917 to 125. Since 1967, when less than 50% of the faculty had their MSN and only 2 had their doctoral degrees, now 50% have doctoral degrees and 50% have MSN's. We continue to have the only PhD nursing program in Nebraska and are the oldest state-supported nursing institution in Nebraska as well as the largest nursing school. Along with growth, came accreditation with NLN and now CCNE.

Our research has changed since the 70's. In 1968, the Nursing Care Research Center was started and later renamed the Niedfelt Center for Nursing Research. We recently remodeled and are now proud to be ranked 25th in nursing research funding by NIH, elevating us to the top 25% of nursing schools in the nation. Our current research funding for nursing faculty exceeds 3 million dollars. In 2005, we welcomed our new research-intensive faculty. As in 1986, we will be hosting the annual Midwest Nursing Research Society convention this March.

The Alumni Association has changed, too. In the 70's, they changed their name from Alumnae to Alumni when they started admitting men. They no longer have the "Endowed Bed" that they had in 1932 with its special bed and silverware but now the College of Nursing has Endowed Chairs and they're not the kind you sit on!

But other things have not changed. Recruiting is still the same. We're still looking for students of "high capacity." We still have more applicants than spaces and it's still competitive. In 1952, the students selected us because of our "reputation" and complained that there were more applicants than spots and it was competitive. That is still true today. Nothing has changed since 1934 when we were ranked as one of the "better schools in the country" in the Grading School Study. Our graduate program has been ranked for several years by U.S. News & World Report. We have become a world-class institution and are one of the top nursing colleges in education, outreach, research, clinical practice and leadership.

As Miss Burgess said in 1917, "the purpose of the school was to develop nurses of the best type." As Dr. Tilden, states, "UNMC College of Nursing is now internationally known as a school that offers top quality health professions education."

In 90 years, the brick and mortar has changed but not the mission. Our words are still the same. Like our pin states: "Semper Fidelis"…Always Faithful…to our students, staff, faculty, alumni and people around the world.

The lamp shines on. Just imagine what we'll do in the next 90 years!

Dani Eveloff, MSN, RN

Pictures reprinted with permission from the UNMC Nursing History Museum.




UNIVERSITY OF NEBRASKA MEDICAL CENTER
SEMPER FIDELIS
COLLEGE OF NURSING

172 NAC 5 - Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations and Insurers

SUMMARY OF MANDATORY REPORTING REQUIREMENTS

- *Must be reported in writing within 30 days of occurrence/action*
- *Immune from criminal or civil liability (except self)*
- *Must have first hand knowledge*

WHAT TO REPORT	WHO IS TO REPORT
1. Practice without License.	All Professionals
2. Gross Incompetence. 3. Pattern of Negligent Conduct. 4. Unprofessional Conduct. 5. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability. 6. Violations of Other Regulatory Provisions of the Profession.	All Professionals report Others of the SAME Profession*
7. Gross Incompetence 8. Practice while Impaired by Alcohol/Drugs or Physical, Mental, or Emotional Disability.	All Professionals report Others of the DIFFERENT Profession*
9. Loss of Voluntary Limitation of Privileges… 10. Resignation of Staff… 11. Loss of Employment… 12. Licensure Denial… 13. Loss of Membership in Professional Organization… 14. Adverse Action pertaining to Professional Liability coverage. 15. Licensure Discipline/Settlement/Voluntary Surrender/Limitation in any State or Jurisdiction. 16. Conviction of Felony or Misdemeanor in this or any other State or Jurisdiction. …Due to Alleged Incompetence, Negligence, Unethical or Unprofessional Conduct, or Physical, Mental, or Chemical Impairment.***	All Professionals -- Self-Reporting
17. Payments made due to Adverse Judgement, Settlement, or Award. 18. Adverse Action affecting privileges or memberships. *** (See box above)	Health Facilities, Peer Review, Organizations, and Professional Association
19. Violation of Regulatory Provisions Governing a given Profession. ** 20. Payments made due to Adverse Judgement, Settlement, or Award. 21. Adverse Action affecting coverage.	Insurers
22. Convictions of Felony or Misdemeanor involving Use, Sale, Distribution, Administration, or Dispensing controlled substances, Alcohol or Chemical Impairment, or Substance Abuse. 23. Judgements from claims of professional liability.	Clerk of County or District Court

* Exceptions to reporting are: 1) If you are a spouse of the practitioner, 2) If you are providing treatment, which means information is protected by a practitioner - patient relationship (unless a danger to the public), 3) When a chemically impaired professional enters the Licensee Assistance Program, 4) When serving as a committee member or witness for a peer review activity.

** Unless knowledge is based on confidential medical records.

Send Written Report To:
Investigations Division
P.O. Box 95164
Lincoln, NE 68509-5164

MOORE COMPLETES 40 YEARS OF SERVICE

We appreciate everything Mary Ann does for nursing applicants, employers and her coworkers.

On October 19, 2006, Mary Ann Moore, Health Licensing Specialist in the Nursing and Nursing Support area in the Credentialing Division, was recognized by Governor Heineman for 40 years of service in state government. She has worked in several capacities during her tenure, the last ten of which have been with Nursing and Nursing Support.

Ms. Moore's primary responsibilities include the review and processing of applications for Licensed Practical Nurses and Licensed Practical Nurses – Certified.

In this age of multiple careers it is uncommon for an individual to work for the same employer for this length of time. We appreciate everything Mary Ann does for nursing applicants, employers and her coworkers. Congratulations Mary Ann!

Studies show that physicians and registered nurses

are particularly responsible and careful when they drive. If you're a physician or a registered nurse in Nebraska, we would like to reward you with a special preferred rate* on your Auto insurance.

Ask a Farmers agent below for more information.

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Vern Schmidt	602 N Hwy 6	Gretna	(402) 332-3300	vschmidt@farmersagent.com
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Angela Vinduska	7160 S 29 St. #F	Lincoln	(402) 423-3114	avinduska@farmersagent.com
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Frank Bisarek	2939 S 120th St.	Omaha	(402) 505-3414	fbisarek@farmersagent.com
Scott Edgar	405 N 115th St. #203	Omaha	(402) 933-9800	sedgar@farmersagent.com
Ryan Emerson	11605 W Dodge Rd.	Omaha	(402) 208-3164	remerson@farmersagent.com
Matt Garvey	11605 W Dodge Rd.	Omaha	(402) 330-2879	mgarvey@farmersagent.com
Mike Hokanson	11315 P St.	Omaha	(402) 896-6565	mhokanson@farmersagent.com
Rhonda Juarez	4601 S 50 St. #309	Omaha	(402) 292-1210	rjuarez@farmersagent.com
Vanessa Jurden	6324 Maple St.	Omaha	(402) 556-1373	vjurden@farmersagent.com
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Mick Manley	9001 Arbor St. #111	Omaha	(402) 391-1656	mmanley@farmersagent.com
Bill Parsons	11329 P St. #105	Omaha	(402) 597-2371	bparsons@farmersagent.com
Gerene Ridpath	4848 S 120 St. #210	Omaha	(402) 895-0885	gridpath@farmersagent.com
Larry Schmitz	2726 S 148th Ave. Cir.	Omaha	(402) 895-3663	lschmitz@farmersagent.com
Mary Sladek	5332 S 138 St. #203	Omaha	(402) 991-9229	msladek@farmersagent.com
Ron Sladek	2722 S 148 Ave. Cir.	Omaha	(402) 330-8911	rsladek@farmersagent.com
Jerry Stone	2707 S 134 St. #2	Omaha	(402) 333-9090	jstone@farmersagent.com
David Strunc	2707 S 134 St. #2	Omaha	(402) 330-3333	dstrunc@farmersagent.com
Kevin Sulley	2608 S 158 Plaza	Omaha	(402) 697-1010	ksulley@farmersagent.com

*Available only for Nebraska physicians and registered nurses

AS-AF-PSN-FP-NE 6/06

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Registry Action on Nurse Aides & Medication Aides

From 09/01/2006 to 11/30/2006, the following nurse aides have become ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Amory, JoAnn	56401	Finding of Conviction	10/16/2006
Anderson, Elizabeth	52312	Finding of Conviction	10/16/2006
Arehart, Cathy	24054	Finding of Abuse Finding of Misappropriation Finding of Neglect	11/21/2006
Dishmon, Miranda	65911	Finding of Conviction	11/14/2006
Gurley, Mollie	60757	Finding of Conviction	10/27/2006
Johnson, Kevinanita	66433	Finding of Neglect	09/18/2006
Lemburg, Jeremy	75615	Finding of Conviction	10/05/2006
Mai, Peggy	39418	Finding of Conviction	09/20/2006
McCord, Lacey	61174	Finding of Misappropriation	10/27/2006
Owens, Richard	17129	Finding of Neglect	10/25/2006
Stephens, Tena	27069	Finding of Abuse	11/15/2006
Wagner, Karlie	72055	Finding of Conviction	11/14/2006
Watts, Karen	39460	Finding of Conviction	11/15/2006
Watts, Stephanie	68254	Finding of Neglect	10/03/2006
Wilson, Sarah	46187	Finding of Conviction	11/01/2006

From 09/01/2006 to 11/30/2006, the following medication aides have been removed from the Medication Aide Registry:

Name	Medication Aide Reg #	Action	Date Entered
Amory, JoAnn	54645	Moral Character	10/16/2006
Butterfield, Misty	50259	Moral Character	10/30/2006
Johnson, Versie Lee	44975	Moral Character	10/24/2006
McCord, Lacey	52698	Moral Character	10/27/2006
Sukup, Teresa	17868	Competency Violation	11/14/2006

William Golden, MD, FCAP and Tabitha Kinggard, RN

Preventing Complications in Diabetic Patients: Blood Pressure Control Essential

Renal failure and cardiovascular disease are all too common in patients with longstanding diabetes. Diabetes is also the most common cause of amputation and blindness in adults in the United States. Many complications of this disease could be prevented or decreased in severity through effective control of hypertension.

Nearly 60% of patients with type 2 diabetes have hypertension. Achieving and maintaining the blood pressure target of <130/80 may be the most cost-effective intervention to reduce macrovascular complications.1 The Centers for Disease Control and Prevention has advised health professionals that the benefits of aggressive control of hypertension may exceed the benefits of aggressive glycemic control.

Recommended Therapy: ACE-I, ARBs

Because of their beneficial effects on glomerular filtration, angiotensin-converting enzyme inhibitors

(ACE-I) and angiotensin receptor blocking (ARB) agents are preferred for treating hypertension in patients with diabetes, according to American Diabetes Association (ADA) clinical guidelines. In fact, ACE-I and ARBs have been shown to reduce the progression of diabetic nephropathy beyond the benefits of blood pressure reduction.

Other Preventive Measures

- National ADA guidelines target an LDL level <100 for all patients with diabetes. However, the American College of Physicians (ACP) guideline recommends all diabetic patients receive statin therapy regardless of LDL levels.
- Avoiding nonsteroidal anti-inflammatory agents can protect glomerular blood flow.
- Low-dose aspirin (75-162 mg a day) is useful for preventing cardiovascular complications for diabetic patients over 40 or who have additional risk factors.
- Referral to a nephrologist early in the course of kidney failure (estimated GFR <60 ml/min) can prolong the function of the existing organs and reduce the need for last-minute use of artificial shunts. The US is currently last among industrialized nations in the use of native vessels for chronic hemodialysis.
- Healthy lifestyle changes such as avoiding excessive salt, increasing physical activity, avoiding smoking, maintaining a healthy weight, and alcohol in moderation.

Many performance measurement programs have clinical metrics for the care of diabetic patients. Some examples include blood pressure measurement at every routine visit, annual urine testing for proteinuria and serum creatinine, HbA1c testing at least two times a year, HbA1c control, annual comprehensive foot exams, smoking cessation if needed, annual lipid testing, annual eye exams, and up-to-date immunizations for influenza and pneumococcus. An electronic health record system, which can provide a list of patients who are in need of health maintenance services.

AFMC offers clinical tools and patient education materials to help your team provide effective care for patients with diabetes. Visit www.afmc.org/tools.

References

1. The CDC Diabetes Cost-Effectiveness Group. Cost-effectiveness of intensive glycemic control, intensified hypertension control, and serum cholesterol level reduction for type 2 diabetes. JAMA 287:2542-2551, 2002.
2. The American Diabetes Association. Standards of medical care in diabetes–2006. Diabetes Care 29:s4-s42, 2006.

Nursing History

by Charlene Kelly, Ph.D., R.N.

This is the last (for a while at least) of a series of ten articles on the history of nursing in Nebraska. The series was begun in July of 2004 in anticipation of the 100th anniversary of organized nursing in Nebraska which we celebrated in 2006. The 100th anniversary of licensed nursing in Nebraska will occur in 2009. Perhaps we will revisit our history again as that anniversary draws closer.

Of the seventy nursing training schools opened in the state after 1888, fifty percent were closed by 1926. Fifty percent of the remaining schools would close in the next dozen years. State Board of Nursing pressure to meet curricula standards led some schools to abandon their programs. Only well organized hospitals generated enough resources to hire trained instructors, build better nurses' homes and libraries, and add demonstration rooms. Schools able to find those resources survive to this day.

During the first fifty years of nursing "education" in Nebraska student exploitation abounded. The training schools remained wrapped in the mantle of the Nightingale model of training nurses until the 1960s. Nursing schools were not post-secondary institutions. Instead, they were aptly names "training" schools, places for training, not education, places where the curricula was entirely prescriptive, places where creativity and an exchange of ideas were not allowed. That young women continued to willingly seek nurses' training reflects partly the intrinsic value and interest of the work, and partly the social recognition of an occupation within women's "proper" sphere, an occupation, not incidentally, seen as superior preparation for marriage.

The organizational revolution in nursing education began in 1909, with the passage of licensure legislation and ended following World War II when hospitals turned from staffing primarily with student nurses to staffing with paid nurses. When the revolution began more than three-fourths of nurses worked outside of hospitals. By its end hospitals employed more than three-fourths of all nurses.

Nursing's next revolution awaited post-World War II developments. This revolution removed nursing students from full-time work at the bedside and sent them to the college classroom and laboratory. Graduate nurses left college to practice with improved understanding of both the art and the science of nursing.

This article includes excerpts from "Publish or Perish," a 1988 doctoral dissertation by Wendell W.Oderkirk, Ph.D.

1987 Twenty Years Ago in *Nursing News*

- There were 17, 072 RNs, 6,359 LPNs, 21 Nurse Practitioners and 225 CRNAs licensed in Nebraska
- Christy Teetor and Jean Adair had recently served as a member of the NCSBN Panel of Content Experts to review the content of the NCLEX-PN experimental test items for use in future practical nurse licensure examinations.
- The Board of Nursing and NNA continue to work on the development of an impaired nurse program. A Nebraska Nurses Support Group for chemically dependent nurses was recently formed with weekly meetings being held in Omaha, Lincoln and Beatrice.
- Sheila Ciciulla completed her eight year tenure on the Board of Nursing
- LB 407 passed in 1985 created the Credentialing Review Process for groups seeking licensure or a change in their scope of practice. *{Editor's Note: This process remains in place today and is still commonly referred to as the "407 Process," a reference to the LB number of the bill that created it.}*
- The stance of the Board of Nursing on entry into practice is that the board is responsible to develop rules and regulations for nursing programs preparing nurses for basic nursing practice and initial licensure and collectively supports all four types of educational programs.

ERRATUM

In the fall issue of Nursing News article on Nursing in the Newborn Intensive Care Unit we incorrectly identified Julie Sundermeier and Jenny Solano as the "first neonatal nurse practitioners in Nebraska." While Sundermeier and Solano have been licensed as APRNs for over 15 years, there were other neonatal nurse practitioners who were licensed in Nebraska as early as 1992. We apologize for the inaccuracy of this statement.

In the same article we incorrectly identified the Creighton nursing student in the photo with Lori Rubarth. The student in the photo is Mackenzie Denish. Our apologies to Mackenzie.

For More Information... Visit our Web site at: http://www.hhs.state.ne.us

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