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Updated North Dakota Board of Nursing Website Adds Functionality And Ease Of Use South Dakota 2013 Annual Report of Nursing Education Programs

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EDITION 48

Updated North Dakota Board Of Nursing Website Adds Functionality And Ease Of Use

South Dakota 2013 Annual Report of Nursing Education Programs

Gloria Damgaard, Executive Director, SD Board of Nursing

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Dakota Nurse Connection circulation includes over 28,000 licensed nurses, hospital executives and nursing school administrators in North and South Dakota.



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A message from the Executive Director

Greetings to All of Our Readers of the Dakota Nurse Connection,

At a recent meeting of the SD Board of Nursing, the concept of reverence was discussed as one of the ethical tenets of the discipline of nursing. Part of the discussion included a reference to reverence in the art of dance. In the art of dance, reverence is shown for an audience or a dance instructor by a curtsey or a bow at the completion of a show or an instruction session. This discussion was helpful for me as I thought about reverence and what it means and how it is experienced. I happened to experience another form of reverence as I was travelling across the state recently and saw fields of sunflowers whose heads were all bowing down as if in a show of respect. What a beautiful metaphor for the concept of reverence. I love the images that our wonderful state offers us when we take the time to notice.

On September 26-28, 2014, South Dakota was host to the 16th **Biennial International Conference** of the International Consortium of Parse Scholars. The membership of this organization includes nurses from around the world that research. write and live nursing from the Humanbecoming perspective as authored by Dr. Rosemarie Rizzo Parse. Dr. Parse attended the conference, spoke about the humanbecoming paradigm in nursing and shared reflections on presentations that utilized the Parse method of sciencing that expand the understanding of universal living experiences.

The theme of the conference was "Living Quality" from the humanbecoming perspective and four research studies were presented. Dr. Deborah Letcher presented her work



on "Searching for an Answer"; Dr. Robin-Peterson-Lund presented "Living on the Edge"; Dr. Sandra Bunkers presented "The Living Experience of Feeling Surprised"; and Dr. Kathy Knitig presented "With the Wind and the Narrows Emerging Now: Omanipi Lakota Caregiver." Research using Dr. Parse's qualitative method is focused on understanding the meaning of universal living experiences.

Additionally, the Board of Nursing presented "A Humanbecoming Regulatory Decisioning Model". The decisioning model is not new to the Board of Nursing. This model was developed in the late 1990's utilizing a theoretical framework for making decisions that incorporates the humanbecoming theory of nursing, tenets of public policy making and the values of the Board of Nursing. The three public protection standards related to quality of education, quality of care and quality of the practitioner are the focus of the model. The Board is in the process of updating the model based on new conceptualizations on humanbecoming by Dr. Parse.

One of the models developed by the nurse-theorist is especially meaningful to the Board of Nursing. In the leadingfollowing model, Dr. Parse wrote about the three essentials inherent in leading: commitment to a vision, willingness to risk, and reverence for others (Parse, 1997, p.109). In a later work, Dr. Parse wrote about the power that surfaces from titled positions of leadership. She wrote, "Persons in powered positions can use power sparingly and gently or frequently and harshly depending on the philosophy that guides their leadership style" (Parse, 2004).

Gloria Damgaard, RN, MS, FRE South Dakota Board of Nursing

> Human dignity is the ethical phenomenon of humanbecoming and is made explicit through the tenets of reverence, awe, betrayal and shame (Parse, 2010, p.258). The ethical tenets of humanbecoming are made explicit for the Board of Nursing as we make decisions related to the licensure of nurses that have not met the quality standards of care or quality standards of practitioners. Shame is a prevalent theme in our discussions with these nurses. It is necessary for the Board to live the tenet of reverence with these individuals as we bear witness to the choices that lead them to be reviewed by the Board.

The International Conference was an exciting time for us to have meaningful conversations with nurse-theorist, Dr. Rosemarie Rizzo Parse here in South Dakota. Her life's work has been a quest in defining humanbecoming knowledge for the betterment of humankind. The Board of Nursing acknowledges her contributions to the body of knowledge for the discipline of nursing. We applaud all of our South Dakota colleagues that have contributed to nursing science through their research efforts both qualitative and quantitative. Bow deeply and know that your work is respected.

With reverence,

Aloria Damgaard

Gloria Damgaard



A message from the Executive Director

Constance Kalanek, Ph.D., RN, FRE North Dakota Board of Nursing

Greetings to all! Hope you all had a safe and enjoyable summer. The summer time has gone so fast and now the Board Staff is preparing for the 2015-2016 renewal of your license. I invite you to visit the Board of Nursing website to renew your license. The Dakota Nurse Connection features an article on the new website at www.ndbon.org. We are focused on keeping consumers and licensees apprised of the changes and news events occurring at the North Dakota Board of Nursing. It has a totally new look highlighting the ND landscape. We have tried to make the information easily accessible and useful, so let us know your thoughts or if you have suggestions for improvements to the site. See page 17.

Once, again a reminder that the North Dakota Board of Nursing will be celebrating 100 years of nursing regulation and licensure in 2015. The board has partnered with the North Dakota Center for Nursing to plan the celebration. This event marks an exciting year in nursing regulation in our state. The Board's purpose changed as each decade passed. Also, Governor Dalrymple will be signing a proclamation in recognition of the 100th Anniversary. This is the historical highlight for this issue. Enjoy!

"In 1953, Board members needed only two years of experience before serving. A new duty of the Board was to manage the scholarship and loan fund for nursing students. After assuming responsibility for certifying nursing schools the agency was called the Board of Nursing Education and Nurse Licensing (S. L. 1953, Ch. 268). Legislation in 1963 (S. L. 1963, Ch. 307) changed the name of the Board to the North Dakota State Board of Nursing. The Board was composed of seven members, five of whom were registered nurses appointed by the Governor for a term of five years and two were licensed practical nurses who served a four year term and were appointed by the Governor. Board members took the oath of office required of civil officers. The Board also employed an education director of nursing who served as the executive director of the Board. The sources for this information are the Gray, David P. Guide to the North Dakota State Archives, 1985."

So mark your calendars for May 21, 2015. A conference will be held to mark this occasion at the ND Heritage Center, Bismarck, ND. The title of the conference is: Celebrating 100 years of Nursing Excellence-Past, Present and Future. The initial plans indicate a one-day conference with a keynote speaker and a celebration to follow. The board welcomed two new board members in July. Melissa Hanson RN has been appointed as an RN Board Member with expertise in nursing education. Diane Gravely LPN was appointed with expertise in Long Term Care nursing practice. See the biographies on page 10.

The Board of Nursing also elected a new executive committee in July. Dan Rustvang was elected president, Jane Christianson, vice president and Clara Sue Price, Treasurer. We look forward to a great year under their leadership and professional expertise. Once again, the legislative session will begin with a pre-session in December and full session begins on January 6, 2015.

We are using e-newsletter blasts to communicate with you, so put the Board of Nursing on your "white list" so you receive all the correspondence. Along with the renewal reminder post card, we will be emailing renewal reminders monthly in October and November and weekly in December. Renew your license early during the cycle. It is an exciting time to be involved with nursing regulation. So many challenges and opportunities are coming our way. God Bless you all!

Best Regards,

Constance B. Kalanek PhD, RN, FRE



OFFICIAL PUBLICATION

NORTH DAKOTA BOARD OF NURSING

Mission The mission of the North Dakota Board of Nursing is to assure North Dakota ditzens quality nursing care through the regulation of standards for nursing education, licensure and practice.

North Dakota Board of Nursing Officers and Members

PRESIDENT Daniel Rustvang, RN, Grand Forks

VICE PRESIDENT Jane Christianson, RN, Bismarck

TREASURER
Clara Sue Price, Public Member, Minot

Charlene Christianson, RN, Carrington Melissa Hanson, RN, Bismarck Janelle Holth, RN, Grand Forks Diane Gravely, LPN, Fargo Bonny Mayer, LPN, Minot Paula Schmalz, APRN, Fargo

NORTH DAKOTA BOARD OF NURSING 2014 BOARD MEETING DATES

November 20, 2014

January 15, 2015

March 19, 2015

May 22, 2015

July 16, 2015 Annual Meeting

As a service to the citizens of North Dakota, the Board of Nursing provides a PUBLIC FORUM during each board meeting. This is a time when anyone may address the board about any issue regarding nursing. Prior notification is not necessary. Individuals will be recognized in the order of their signature on a roster available at the board meeting. The time of the Public Forum for the 2014-2015 board meetings is 11:00 a.m. of the first day of each board meeting.

NURSES Have you moved recently?

Update your address on the N.D. Board of Nursing Web site: www.ndbon.org Choose Demographic Updates under Nurse Licensure

Telephone Lines Busy? Use E-mail!

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BOARD STAFF	E-MAIL ADDRESSES
Constance Kalanek, Ph.D., RN, FRE, Executive Director	ckalanek@ndbon.org
Karla Bitz, Ph.D., RN, FRE, Associate Director	kbitz@ndbon.org
Patricia Hill, BSN, RN, Assistant Director – Practice and Discipline	phill@ndbon.org
Stacey Pfenning, DNP, APRN, Associate Director,	spfenning@ndbon.org
Education and Advanced Practice	
Julie Schwan, Administrative Services Coordinator	jschwan@ndbon.org
Gail Rossman, Technology Specialist	grossman@ndbon.org
Sally Bohmbach, Administrative Assistant	bohmbach@ndbon.org
Kathy Zahn, Administrative Assistant	kzahn@ndbon.org

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Constance Kalanek, Ph.D., RN, FRE Karla Bitz, Ph.D., RN, FRE Patricia Hill, RN, BSN Stacey Pfenning, DNP, APRN

Length of Presentation(s): 60 minutes each. Fee: \$100 per presentation plus mileage. Contact Hours: One contact hour each, except Standards of Practice and Code of Ethics is 2.3 contact hours. Approved by the North Dakota Board of Nursing.

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www.ndbon.org

LICENSURE VERIFICATION

North Dakota License Verification Options The North Dakota Board of Nursing provides the following options for individuals attempting to verify a ND nursing license:

- North Dakota Board of Nursing Website go to www. ndbon.org. and choose "Verify."
- Nursys[®] Nurses' Verification. For participating states, go to www.nursys.com. Choose Licensure QuickConfirm.
- E-notify database for verification of licensure at nursysenotify@ncsbn.org

NORTH DAKOTA BOARD HIGHLIGHTS May 2014

- Continued the requirement for 500 hours of Nursing Practice per year while under a board order for encumbrance.
- Found Turtle Mountain Community College Associate of Applied Science Practical Nurse (AASPN) program in substantial compliance with ND administrative code 54-03.2; and Placed Turtle Mountain Community College AASPN program on full approval status May 2014 through May 2016; and
- Turtle Mountain Community College AASPN program may not admit more than 12 students per Cohort. Program may request to the board to expand enrollment if faculty resource requirements are met and evaluation plan is in place.
- The Turtle Mountain Community College AASPN Program Administrator must submit the 2013-2014 annual report by October 15, 2014; in addition, a compliance report will be submitted by May of 2015 addressing the deficiencies of the "non-compliance" 54-03.2-02-05 Nursing Program evaluation and "partial-compliance" 54-03.2-04-01 faculty responsibilities standards for Nursing Program approval as cited in this survey report.
- Approved the request from Sanford College of Nursing BSN Program for voluntary closure effective June 30, 2014 as they have met the requirements according to NDAC 54-03.2-09-02 pending successful acquisition June 30, 2014.
- Recommended the board approve the ND State University major programmatic changes of the BSN program related to the acquisition/ merger with Sanford College of Nursing as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- Accepted notification of the name

change of Sanford College of Nursing to ND State University Nursing at Sanford Health; and the report on the plan for storage of the academic records according 54-03.2-01-04 upon successful acquisition June 30th, 2014.

- Approved the request to extend the Practical Nurse Program at Lake Region State College, partner in Dakota Nursing Program, to Grand Forks, ND in Fall 2014, admitting no more than 16 students, as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- Approved the Dickinson State University's notification of major programmatic changes for the AASPN and BSN completion program as the programs have full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- Approved the University of Mary's notification of major programmatic changes for the LPN to BSN (RN) program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- Approved the Minot State University's major programmatic change for the BSN program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- Approved the ND State University's Fargo campus major programmatic changes for the BSN program as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- Affirmed the nurse refresher course

policy and requirement of 120 hours of clinical experience for ND programs.

- Approved the guidelines for recognition of distance education nurse refresher course requirements according to NDAC 54-02-05-05 as programs are board approved within the state the program is headquartered with a minimum of 80 clinical hours.
- Accepted certificates of completion from board approved nurse refresher courses with a minimum of 80 clinical hours that meet requirements of the board's guidelines.
- Accepted the continuing education audit results report.
- Direct staff to review the policy addressing continuing education providers request to be displayed on ND Board of Nursing web site and report back at the July 2014 board meeting.
- Establish a task force to study the practice questions posed by the aesthetic nurses and review the current practice statements related to aesthetic nursing and report back at the July board meeting.
- Interpret NDAC 54-05-01-08 (10): health teaching of clients and their families may be implemented by the LPN utilizing an established teaching plan/protocol as assigned by the RN, APRN, or licensed practitioner. The LPN is participating in health teaching to promote, attain, and maintain the optimum health level of clients.
- Approved the changes to the disciplinary statistics/case activity documents and related agenda items to be congruent with the revised administrative rules that took effect April 1, 2014.
- Approved the proposed position descriptions for board president, vice president and treasurer.

NORTH DAKOTA BOARD OF NURSING

- Approved development of policies and guidelines for web-streaming as a charge for the technology committee for FY 2014-2015
- Approved Dr. Karla Bitz as co-chair of the joint planning committee of the North Dakota Board of Nursing and North Dakota Center for Nursing for 100th year celebration

which is to include a conference and gala.

Approved the following dates for Board Meetings in 2014-2015: July 17, 2014 September 24, 2014 board retreat September 25, 2014 November 20, 2014 January 15, 2015 March 19, 2015 May 22, 2015 (CFN/BON

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conference date May 21) July 16, 2015 annual meeting Approved Char Christianson RN,

- Approved Char Christianson RN, board member & Patricia Hill RN, staff as the representatives of the board of nursing to the community paramedic pilot project.
- Direct staff to review the current and proposed contract with Pearson Vue and NDDOH for NNAAP testing.
- Approved the proposed 2014-2015 budget of \$1,350,065 projected income and \$1,418,420 budgeted expenses, which includes \$77,000 designated for nursing education loans and \$259,800 designated for the ND Center for Nursing.
- Elected by unanimous ballot: President- Dan Rustvang RN Vice President – Jane Christianson RN

Treasurer - Clara Sue Price

July 2014

- Accepted the University of Mary's Family Nurse Practitioner program's compliance report to offer a doctoral degree addressing NDAC 54-03.2-02-01 and NDAC 54-03.2-04-04 as fully met.
- Accepted the University of Mary's FNP program notification of major programmatic changes to offer the doctoral degree as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- Accepted the Dakota Nursing Program notification of major programmatic changes as the program has full approval from the ND Board of Nursing and the programmatic changes are in compliance with NDAC 54-03.2-06-02.
- The board archived the policy regarding CE provider requests



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for display on the NDBON website, "Continuing Education Online," and refer requests to the ND Center for Nursing.

- The board adopted the new proposed guidelines titled "Major Programmatic Changes" with revisions to clarify #5 under section 1 and clarify #2 in section III.
- According to NDAC 54-04.1 nursing education loans the board approved the attached individuals for the Nursing Education Loan for a total awarded of \$92,510.
- Reconsidered the directive from the May 2014 & March 2014 board meeting related to the exemption in NDCC 43-48-03 (2) that allows nurses duly and currently licensed to practice nursing and practicing within the scope of the nursing license (to complete waived laboratory tests).
- Directed staff to work with the NDBCLP regarding chapter 43-48-03-02 exemptions that

allows nurses to complete waived laboratory tests as they have in the past and delegate to unlicensed assistive persons until clarification can be worked out with the board of clinical laboratory practice.

- Approved the revised practice statement "aesthetic cosmetic and dermatological procedures by licensed nurses" and distribute to stakeholders.
- Supported APRN compact statute and rules for voting purposes at the National Council State Board of Nursing Delegate Assembly.
- Adopted the guidelines for grandfathering APRNS by endorsement consistent with the APRN consensus model.
- Supported the bill draft to add language to the NDCC to allow Advanced Practice Registered Nurses to perform a court ordered examination for involuntary treatment for addiction.

- Directed staff to identify individuals interested in monitoring legislation for the NDBON and set up interviews for the September board meeting.
- Approved the following committee appointments: Executive Committee: Chair: Rustvang, J. Christianson, Price Program Monitoring Committee: Gravely, C. Christianson, J. Christianson Nursing Education Committee: Hanson, Holth, J. Christianson Finance Committee: Chair: Treasurer Price, Schmalz, Rustvang Nursing Practice Committee: Schmalz, C. Christianson, Gravely Technology Committee: Mayer, Hanson, Schmalz **Risk Management Committee:** Holth

Board Representatives for: Center for Nursing: C. Christianson

• Prescription Drug Monitoring Program: J. Christianson



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Get To Know A New Appointed Board Member Melissa Hanson



In an effort to familiarize North Dakota nurses with Board Members, Message from a Board Member presents Melissa Hanson in this issue. Melissa is from Bismarck.

When were you appointed as a board member?

July 1, 2014

Why did you decide to become a board member?

I have served on the ND Board of Nursing- Nursing Practice Committee since 2010 and was interested in serving ND Nurses and seeing how the entire process works.

What is your nursing background?

I graduated with my BSN from NDSU in 1993. I have worked in a variety of nursing roles in my 21 years as an RN: Neonatal Intensive Care Unit, Dialysis, Diabetes

Education, and Case Management. In 2006, I earned my Master of Science in Nursing at University of Mary in Bismarck. In Fall 2006, I began teaching Nursing at Medcenter One College of Nursing in Bismarck, which then became Sanford College of Nursing, which will now this fall become NDSU Nursing at Sanford Bismarck. With teaching, I have had students in the hospital setting in Oncology, in the Long Term Care setting, and Assisted Living. I also currently work PRN in the Sanford Walk-In Clinics and I also do Health Coaching for a local business in Mandan and Minot for a firm based out of Sioux Falls, SD.

What do you feel you can bring to the Board of Nursing?

I have a good variety of nursing work experience and I also bring the education perspective to the Board. I have also been a member of other statewide committees- such as the ND Geriatric Consortium –Partners in Nursing (PIN). I was co-chair of the Education Committee. I enjoy the teamwork and collaboration and I bring that experience also to the Board. I am very interested in serving and meeting the needs of nurses throughout North Dakota.

What is one of the greatest challenges of being a board member?

I am just beginning this journey, so I am not sure as of yet.

How would you describe your experience (so far) as a board member?

So far, this has been a very good experience. I am very interested in what the Board does and how it serves and am looking forward to learning so much more! Everyone has been very friendly and welcoming!

What would you say to someone who was considering becoming a board member?

I would say to do it! It will be a great experience!



In an effort to familiarize North Dakota nurses with Board Members, Message from a Board Member presents Diane Gravely in this issue. Diane is from Fargo, ND.

When where you appointed as a board member? July 2014

July 2014

Why did you decide to become a board member?

I wanted to know and be involved with how decisions are made pertaining to nursing, from the education stand point to the disciplinary actions. With the many

Diane Gravely

changes that are happening with health care I wanted to be involved.

What is your nursing background?

I have worked in long-term care which included TCU and have been on Bethany's Resource Team. I now work as a Service Coordinator for Bethany's Basic Care.

What do you feel you can bring to the Board of Nursing?

I feel I can bring my thoughts and knowledge of Long-Term Care and Basic Care and have an open mind, to be able to contribute to all aspects of nursing.

What is one of the greatest challenges of being a board member?

Learning how everything is done is the challenge at present. And to keep in mind that our job is to represent the public.

How would you describe your experience (so far) as a board member?

Everyone has been wonderful, the Board members and Executive Staff really made me feel welcome and comfortable.

What would you say to someone who was considering becoming a board member?

Do it, the experience that I know I will gain will be very rewarding.

NCSBN Provides Nursys e-Notify Free of Charge to Nurse Employers

The National Council of State Boards of Nursing (NCSBN) will now provide automatic licensure, discipline and publicly available notifications quickly, easily, securely and free of charge to institutions that employ nurses or maintain a registry of nurses through *Nursys e-Notify*.

Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating boards of nursing's (BONs) databases through frequent, secured updates. Nursys is live and dynamic, and all updates to the system are reflected immediately. Nursys is designated as a primary source equivalent database through a written agreement with participating BONs. NCSBN posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Institutions who subscribe to this innovative service do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically. The e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

- License status;
- License expirations;
- License renewal; and

• Public disciplinary action/ resolutions and alerts/ notifications.

If a nurse's license is about to expire, the system will send a notification to the institution about the expiration date. If a nurse was disciplined by a BON, his/her institution will immediately learn about the disciplinary action, including access to available documents.

Institutions can learn more about Nursys e-Notify by viewing an introductory video at www. nursys.com.

For questions, contact nursysenotify@ncsbn.org.

[1] Except Alabama, Hawaii, Kansas and Oklahoma.

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Managing Narcotic Prescriptions For Pain: A Physiatrist's Perspective

Shelley Killen, MD Physical Medicine, Physiatrist St. Alexius Medical Center, Bismarck

> Pain is subjective. Everyone experiences it differently. Therefore, the first step is to assess a patient's pain and determine if narcotics are the right treatment choice and if they will play a large or small part in an overall treatment plan. This plan also may include non-steroidal anti-inflammatory drugs, antidepressants, and/ or exercise programs and modalities, such as hot or cold treatments. At an initial visit, we use a screening tool that looks at a person's risk for abusing medications. We also establish any prior history of substance abuse, illicit drug use, and/or sexual abuse or domestic violence. In those cases additional counseling also may be warranted. Current tobacco and alcohol use is also recorded.

> Once it is determined that narcotics may be an appropriate treatment plan, we review with a patient the narcotic contract that clearly spells out the responsibilities of both the patient and the provider. We expect only one pharmacy to be used by the patient to fill those specific drugs, and requests for early refills may not be honored. We also make it clear to the patient that we are available for refills Mondays through Fridays, specifying the hours. We do not allow for

weekend refills. To avoid the argument about this policy, we try to follow a 28 day fill rule so the patient is due the same day of the week every four weeks. The exception to this rule is fentanyl patches, which are filled every 30 days.

We perform a urine drug test at a patient's visit and then randomly thereafter or if there is suspicious behavior. We use a lab with a no threshold standard, so if a drug is present in the urine, it is easily detected. With urine drug screens we are looking to make sure the patients are taking the drugs that have been prescribed for them and no others or illicit ones. Staff is usually available to assist with any interpretation.

Pill counts are a routine part of follow-up appointments. For out of town patients, we have them present to their pharmacy for a pill count. Failure to do so may result in their termination from the program. Our contract also states there will be no sharing of medications and that medications only will be taken as prescribed. As a measure of the effectiveness of the treatment program that includes narcotics, we monitor the patient's functional abilities in day-to-day activities. Patients need to remain functional for a treatment plan to be successful.

I always make it a point to discuss medication storage with a patient. I recommend that medications be locked up in either a safe or a small, locked box. I discourage patients when they tell me they keep them on the top shelf, out of the reach of children. Children can climb, and if someone wants your medications, they will search high and low until they find them.

We always check the North Dakota Prescription Monitoring Program at the initial contract and continue to monitor it to ensure that our clinic is the only provider of the prescribed narcotic. This has been an invaluable tool in patient care.

When a narcotic contract is violated or a random urine drug screen returns with unexpected results, I confront the patient with the situation and take appropriate action. This could include: referral for substance abuse treatment; tapering of narcotic medications and continuation of care; or termination of care with referral to another provider (with a taper if a provider cannot be found).

Treating pain truly can be a challenge, but if narcotics are an option for a patient, seeing their quality of life improve makes it worthwhile.

This article originally appeared in the April 2014 issue of ND Provider, a triannual magazine published by the North Dakota Medical Association. For more information, visit ndmed.org.

Frequently Asked Questions

Requirements for Licensure Renewal

Following is a series of frequently asked questions about the license renewal requirements in ND for licensed nurses. It has been prepared to help license holders better understand their responsibilities with respect to practice and continuing education requirements. Reading this is not a substitute for knowing what the nurse practices act (NDCC Chapter 43-12.1) and the NDAC rules of the Board of Nursing say about continuing education. It can, however, be a good resource that may help answer many of your questions.

Practice Requirements

Are there practice requirements for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must meet or exceed 400 hours of nursing practice in the preceding four years. Hours practiced in another regulated profession cannot be used for nursing practice hours.

Continuing Education Requirements

Is continuing education (CE) required for license renewal in North Dakota?

Yes, all individuals renewing a nursing license must complete 12 contact hours of CE obtained within the preceding 2 years.

Am I required to obtain continuing education in specific areas?

What is the time frame for getting my continuing education?

CE must be completed within each 2 year renewal period. The continuing education is to be completed within the 2 years prior to the expiration date on the license.

How much continuing education should I get?

LPN, RN, APRN – Each person licensed as a Licensed Practical Nurse, a Registered Nurse, or an Advanced Practice Registered Nurse in ND must complete at least 12 contact hours of approved CE to renew their license.

APRN with Prescriptive Authority – Advanced Practice Registered Nurse with Prescriptive Authority must complete 15 contact hours of CE related to pharmacology. These 15 contact hours may fulfill the RN/APRN renewal contact hour requirements of 12 CE.

When do I need to begin completing the 12 contact hours of approved CE?

This requirement will need to be completed before you renew your

nursing license. This requirement will remain in effect for each successive licensure renewal thereafter.

I completed 40 contact hours last licensure period and only needed 12. Does that mean that I can use the other 28 hours for this licensure period?

No! Contact hours do not carry over from one license renewal period to another. You must complete at least 12 contact hours of approved CE in each license renewal period in order to renew a license to practice nursing in North Dakota.

I am currently maintaining my

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Ad

continued from page 13

certification in another health care profession. Can I use the continuing education to fulfill my license renewal requirements for contact hours?

The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing
- A health care regulatory board or professional organization of any state that is nationally/ internationally accredited to approve CE.

Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement. Contact hours obtained for renewal of license or certification in another regulated profession cannot be used for maintaining nursing licensure.

Do I send my CE records to the Board?

No. Send your CE records ONLY if you have received a "Notice of Continuing Education Audit" from the North Dakota Board of Nursing.

Who keeps track of my Continuing Education?

You do!! As a professional, you are responsible for keeping track of your own CE records. You must keep your CE documents for at least 4 years. The Board may audit your CE records for up to 4 years.

Then how does the Board know I met the Continuing Education Requirement?

Each time you renew your license you MUST verify through attesting to the statement on the renewal form that you have completed the 12 contact hours.

But, I was just licensed in North Dakota for the first time!!

License by Exam - If you recently received your first license in North Dakota and took an examination to receive it, and this is your first renewal of that nursing license, you are NOT REQUIRED to have completed CE courses. You have met the requirement through your academic coursework and MUST verify through attesting to the statement on the renewal form.

License by Endorsement - If you recently received your first license in North Dakota and have moved from another state, you are considered to have received your license or certificate by "ENDORSEMENT." Even though this may be your first renewal you MUST verify through attesting to the statement on the renewal form that you have completed the required 12 contact hours. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement.

Inactive License

I'm not working right now.

Whether you are working or not has no bearing on your CE requirement. The CE requirement is directly related to renewal of your license in ND.

I need to renew my license and am not able to complete the required number of contact hours. How can I renew my license?

The CE rules do not allow you to renew or reactivate your license without completing CE activities and you are not eligible for licensure.

I don't plan to renew my license. What do I need to do?

Inactive Status – If you do not

renew your license it will be on "Inactive Status."You may not work as a nurse if your license is on inactive status. There is an additional fee to reactivate a license from an inactive status.

Reactivation

How do I get my license back?

Reactivation- Any time your license is on inactive status, you may "reactivate" your license by:

- completing at least the minimum number of required contact hours of approved CE within 24 months immediately preceding reactivation of your license AND
- meeting or exceeding four hundred hours of nursing practice in the preceding four years.

Contact the Board office for a Renewal/Reactivation form. The staff will assist you in reactivating your license.

If I complete a refresher course to reactivate my license, can I use the contact hours obtained for my next renewal cycle?

Yes, the refresher course contact hours can be used for the first renewal cycle after reactivation of your license.

What do I need to do if I have not practiced for four or more years in North Dakota?

Any APRN, RN, or LPN who has not actively practiced in North Dakota for four years or more must meet the following requirements before a license to practice is issued:

- 1. Complete the relicensure application
- 2. Pay the renewal fee
- 3. Provide to the board for approval, proof of one of the following:
 - a. Practice as a licensed RN

or LPN which meets or exceeds 400 hours with the preceding four years in another state, territory or country. Verification of employment is to be submitted.

- b. Completion of a refresher course in nursing within the preceding year.
- c. Successful completion of a clinical nursing course in a board-recognized program to further nursing education.
- d. Other evidence the licensee wishes to submit which would provide proof of nursing competence.

Approved Continuing Education

How do I know if a particular educational activity is acceptable to the North Dakota Board of Nursing as approved CE?

The North Dakota Board of Nursing will accept, at face value, the number of hours awarded for an educational activity that has been approved for CE, provided it was approved by one of the following:

- The North Dakota Board of Nursing
- A health care regulatory board or professional organization of any state that is nationally accredited to approve CE.

The Statement on my certificate states that the course meets the requirements for continuing education (CE) of another board of nursing. Does this mean it is approved CE for my North Dakota nursing license renewal?

No. Approval is a formal process that involves review of the program components *prior* to offering the continuing education. A statement that the CE meets a requirement alone is not approval and therefore is not acceptable for continuing education required by the ND Board of Nursing.

I am taking college courses. Can I use these courses to meet my CE Requirement?

Yes. Credit received for successful completion of a course taken through an accredited college or university may be used to meet the CE requirement. This is called "Academic Credit" and translates into contact hours as follows:

- 10 contact hours = One academic quarter hour
- 15 contact hours = One academic semester hour

I can't always get to the classes when they are offered. Can I get my CE at home?

Cheyenne Regional

continued on page 16

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cheyenneregional.org

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Yes, many individuals receive CE through independent study activities. Independent studies may be taken through mail order courses or the internet. There is no limit to the number of contact hours you may obtain through independent study. CAUTION!! It is up to you to make sure that the educational activities you choose are acceptable to meet the CE requirement to renew your license. Look at the advertising for the course/function - approval should be mentioned.

I took a course that met the requirements for continuing education of another board of nursing. Does that mean it is approved CE?

No. Approval is a formal process that involves review of the program components. Meeting a requirement alone is not approval.

I taught a course that was approved for contact hours; can I use the contact hours to meet the CE requirement for renewal?

Yes, you may use the approved contact hours up to 6 CH for teaching a course one time during a renewal period. The presentation or lecture must by outside of the normal duties of the job and approved for contact hours.

I had a nursing article published in a refereed journal, can I use contact hours to meet the CE requirement for renewal?

Yes, Evidence of publication of one article related to nursing practice in a refereed journal, one book chapter, or research project published in the license renewal time frame may be submitted for verification of the 12 contact hours.

The educational activity I took was not approved for CE.

The Board does not retroactively approve courses for CE. It is the

responsibility of the course provider to get the activity approved for CE before you take it. If the educational activity was not approved for CE or you did not receive academic credit, you will not receive credit toward the CE required to renew your license.

I'm required by my employer to take CPR or Advanced Life Support Courses. Do these count?

No, not all educational activities completed are acceptable as CE. The following is a list of activities that DO NOT MEET the CE requirement in ND:

- Basic Life Support classes;
- CPR classes;
- Advanced Skills <u>Renewal</u> <u>Courses</u> (ACLS, PALS, NALS, etc)
- Repetition of any educational activity with identical content and objectives within a single reporting period;
- Agency specific orientation or in-service programs;
- Self-directed independent study activities that have not been approved for CE;
- A personal development activity;
- Community service or volunteer practice;
- Board-ordered CE;
- Membership in a professional nursing organization;
- Professional meetings or conventions except for those portions approved for CE.

Audit Information

How long should I keep my continuing education records?

Records must be kept for at least 4 years.

What records should I keep?

Documentation of completion of CE activities should be supplied to you by the provider of the activity. Upon audit, you will be required to send photocopies of documents that contain all of the following information:

- Your name;
- Title of the education activity or course;
- Code or course number;
- Date of program completion;
- Name of the provider/ instructor;
- Name of the organization which approved the program for CE;
- Contact hours or number of credits.

For academic credit, an official college transcript or grade report showing your name, the name of the school, the number of credits received, and the dates attended is also acceptable.

What is an AUDIT?

The Board monitors compliance with the CE requirement through an audit system. If you receive a "Notice of Continuing Education Audit["] during your online renewal you are asked to send photocopies of your CE records to the Board. It is important that you send COPIES of the actual documents received upon completion of the education activities attended. Information received in the Board office in response to an audit of your continuing education records will not be returned to you. You should keep your original documents. The time period for which you are being audited will be stated in the "Notice of Continuing Education Audit."

NEED MORE INFORMATION?

For further information on the Board's rules on Continuing education requirements for renewal and reactivation please refer to NDAC Section 54-02-05-06 Reactivating a license or Section 54-02-05-08 Continuing education requirements for license renewal or visit the North Dakota Board of Nursing website at www.ndbon.org.

Updated North Dakota Board of Nursing Website Adds Functionality and Ease of Use

If you have not visited the North Dakota Board of Nursing website in the last three months, you may be surprised by the many improvements that have been made for ease of use and accessibility. The BON launched the new website May, 2014 following almost eight months of preparation by BON staff and Albertson Consulting, Inc. who designed the new features and look to the site. Input on the design was obtained from nurses, organizations, board members, staff and other stakeholders.

Improvements made to the BON website include:

- 1. A new look highlighting the ND landscape on a seasonal basis. So you will see four seasons portrayed throughout the year.
- 2. The home page features most frequently requested statistical data along with the latest news. Toward the bottom of the home page are quick links including nursys.com for license verification/e-notify, ND Center for Nursing, ND Board of Pharmacy, Quarterly Newsletter and a link to download a free Adobe Reader.
- 3. The ribbon across the top of each page provides users easy access to information pertaining to each section. The ribbon includes the following:
 - **ABOUT** board members, meetings dates, agenda, minutes and other miscellaneous items.
 - VERIFY real-time access to license, registration and permit verification.
 - NURSE LICENSURE demographic updates (for name, address, email, telephone and primary state of residence updates), initial licensure applications, renewal/ reactivation, advanced practice licensure information, Nurse Licensure Compact and criminal history record checks process.
 - **REGULATION AND PRACTICE** will take you to the legis.nd.gov site for the latest Nurse Practices Act and Rules along with

current information on practice guidelines and statements.

- EDUCATION nursing education loan program information, continuing education and other academic information such as the list of the ND board approved programs.
- **DISCIPLINE** information you may need if reporting a practice violation to the board including the appropriate forms and the Public Notice which lists disciplinary action taken after each board meeting.
- Unlicensed Assistive Person /Medication Assistant III information on applications for the various roles along with FAQs.



- CNA-TESTING information on the various locations for testing and a candidate handbook for test preparation.
- 4. BON Mobile capabilities for use on a smartphones and tablets. The website will automatically adjust to various size screens for readability and usage. Using your smartphone or tablet make it simple to verify licenses or registrations, check license application status, plus many more features.

SEEKING APPLICANTS FOR THE EXECUTIVE DIRECTOR POSITION OF THE NORTH DAKOTA BOARD OF NURSING

The Executive Director is employed by and accountable to the North Dakota Board of Nursing. The Executive Director is responsible to administer the Board's office, financial management and operations and for the Board's regulation of licensure, education, and practice of nursing; and serves as the official representative of the North Dakota Board of Nursing. The Executive Director acts as the Nurse License Compact Administrator. The Executive Director implements the Board's mission, goals, laws, regulations and public policies, and is responsible for the overall management of board staff. The Executive Director effectively works with the attorney general's office, the legislature, and health-related public and private organizations. Also advises and assists the board in the discharge of its statutory responsibilities and possesses superior leadership, decision-making, problem-solving and interpersonal skills, with demonstrated high ethical standards.

APPLICATION

MINIMUM QUALIFICATIONS:

- Master's degree required, Doctorate preferred both from an accredited institution.
- Eligible for current North Dakota registered nurse license.
- Five years' experience in nursing practice and/or education and/or administration.
- Knowledge of nursing education
 and practice standards.
- Actively engaged in nursing for at least five years immediately preceding appointment.

To apply send a cover letter with a current resume or curriculum vitae to the North Dakota Board of Nursing attention Daniel Rustvang RN, Board President. The completed application packet must include current curriculum vitae or resume, three letters of reference, and a personal statement that addresses how the applicant's qualifications satisfy the position criteria. The application must be received into the Board Office by December 15, 2014 and should be addressed to:

North Dakota Board of Nursing 919 South 7th Street, Suite 504 Bismarck, ND 58504 Attention: Daniel Rustvang RN, Board President

OFFICIAL PUBLICATION SOUTH DAKOTA BOARD OF NURSING



MISSION STATEMENT

To safeguard life, health, and the public welfare, and to protect citizens from unauthorized, unqualified, and improper application of nursing education programs and nursing practices, in accordance with SDCL 36-9 and SDCL 36-9A.

South Dakota Board of Nursing Officers and Members

Diana Berkland President, RN Member, Sioux Falls

June Larson Vice-President, RN Member, Vermillion

> Christine Callaghan LPN Member, Yankton

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Next scheduled Board of Nursing Meetings, to be held in Sioux Falls, South Dakota:

All licensure forms, the Nurse Practice Act and contact information is available on the South Dakota Board of Nursing Website at www.sdnursing.gov

Board Staff Directory

Gloria Damgaard, MS, RN, FRE Executive Director gloria.damgaard@state.sd.us / (605) 362-2765

Stephanie Orth, MS, RN Nursing Program Specialist Regarding Nursing Education, Nurse Aide Training Med Aide Training

Linda Young, MS, RN, FRE, BC Nursing Program Specialist Regarding Advanced Practice Nursing, Scope of Practice, and Nursing Workforce Center.

> Francie Miller, RN, BSN, MBA Nursing Program Specialist Compliance & Enforcement, Discipline

Erin Matthies Licensure Operations Manager

Robert Garrigan, Business Manager Regarding NCLEX Examination.

> Winora Robles Program Assistant

Lois Steensma, Secretary Regarding licensure verification, renewal, name changes, duplicate licenses, and inactive status.

> Jill Vanderbush Licensure Specialist

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jill.vanderbush@state.sd.us (605) 362-2769

Licensure Information

License Verification

Licensure status for all nursing professions can be verified online, https://www.sdbon.org/verify/ Registry status for Certified Nurse Aides can be verified online, https://ifmc.sd.gov/lookup.php The verification report generated is considered primary source verification from the South Dakota Board of Nursing.

Criminal Background Checks Required

Criminal background checks (CBC) must be submitted to the SD Board of Nursing for all new applications for licensure by examination or endorsement on the South Dakota Board of Nursing cards. Please note: Cards from other agencies are not accepted.

Verification of Employment:

The Board will periodically audit and request a completed employment verification form.

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South Dakota Board of Nursing Meeting Highlights June & September 2014

Education:

- The South Dakota Board of Nursing approved the request for reorganization by Augustana College to initiate an accelerated bachelor of arts nursing option, at the June 2014 meeting.
- The South Dakota Board of Nursing provided an NCLEX Regional Workshop for faculty and deans on June 4, 2014 in Sioux Falls, SD. The interactive workshop was presented by exam staff experts from the National Council of State Boards of Nursing.

Practice:

- The South Dakota Board of Nursing approved the adoption of proposed amendments to Article 20:48 of the Administrative Rules at a public hearing held on June 12, 2014. On July 8, 2014 the proposed rules were presented to the Legislative Interim Rules Review Committee and were adopted. The adopted rules became effective on July 31, 2014. The newly amended rules:
 - Update the definition section to include certified registered nurse anesthetist and clinical nursing specialist in the definition of licensee;
 - Update the references to the American Nurses Association Nursing Scope and Standards of Practice and Guide to the Code of Ethics for Nurses: Interpretation and Application for registered nurses and the National Association of Practical Nurse Education and Service's Standards of Practice and Educational Competencies of Graduates of Practical/ Vocational Nursing Programs;
 - Repeal the course outline and criteria for approval of a course for the preparation of licensed practical nurses for kidney dialysis functions and

grants authority for licensed practical nurses to perform kidney dialysis functions if a course is completed that includes required content;

- Include the delegation of insulin administration by the subcutaneous route to unlicensed assistive personnel in accordance with a required protocol;
- Require registration for individuals trained to perform insulin administration, for individuals that have completed a 20 hour medication administration training program, and for dialysis technicians;
- Remove certification language from the rules for certified registered nurse anesthetists and replace it with licensure;
- Change the Nurse Education Loan Assistance Program to a scholarship program; and
- Change the number of days that a nurse may practice on a former home state license when changing primary residence from 30 to 90 days.
- The South Dakota Board of Nursing reappointed Susan Rooks, CNM to the Advanced Practice Registered Nurse (APRN) Board of Nursing Advisory Committee to serve a 3rd 2 year term at their September 11-12, 2014 meeting.
- The South Dakota Board of Nursing at their September 11-12, 2014 meeting approved a motion to allow two Clinical Nurse Specialist (CNS) members be appointed to the Advanced Practice Registered Nurse (APRN) Board of Nursing Advisory Committee to serve a term of three years, with no appointee serving more than three consecutive terms.



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South Dakota Board of Nursing Meeting Highlights continued June & September 2014

DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

March 27-28, 2014

Lynnette Christine Andru, LPNApplicant	Heather Lynn LairdP010869	Danielle Renee Prudich R036044
Deny Licensure	Voluntary Surrender	Voluntary Surrender
Lisa Anne Brimmer R030772	Joelle Ann MeadeR034523	Cody Lynn Staus R042087
Probation	RN Reinstatement	RN Reinstatement

Licensure:

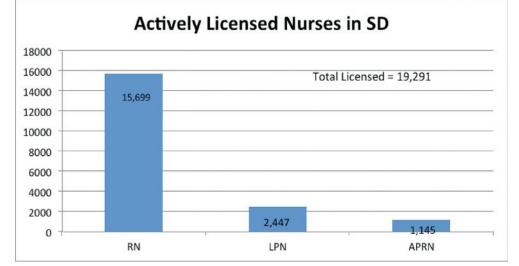
- May 2014 reflected the highest online renewal rate that the Board has seen since implementation of a new licensure database in June 2013. Online renewal rate is currently at 99% (see attached graph).
- With the implementation of the new database the Board is able to offer more online services: renewals, licensure applications, license verification and address changes. The Board is now mailing out postcard renewal reminders to RNs, LPNs and APRNs advising to complete the renewal online. License cards are still being mailed out at this time.

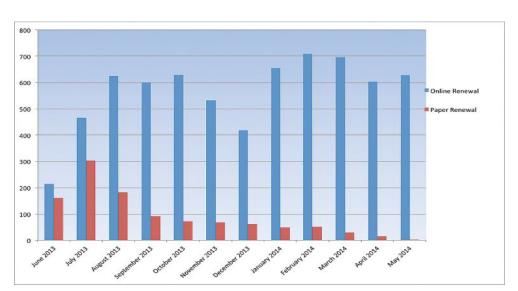
Pursuant to SDCL 36-9-17, the Board is required to meet annually and as often as may be deemed necessary to transact its business. The Board of Nursing generally meets a minimum of five times each year. The following webpage can be accessed for a listing of scheduled board meetings http:// doh.sd.gov/Boards/nursing/Calendar. aspx

Individuals interested in attending should check the Board website for dates, location, and time of upcoming meetings. The agenda will be posted onto this website 24 hours prior to the Board Meeting. All agenda items are due to Jill Vanderbush (jill. vanderbush@state.sd.us) at the Board no later than 2 weeks prior to a scheduled meeting. Minutes from a transacted Board meeting can be found on the Board website: http:// doh.sd.gov/Boards/nursing/Minutes. aspx

Meetings are open to the public, however SDCL 1-25-2 allows a public

body to close a meeting for discussing employee or legal matters. For more information on open meeting law, please go to http://atg.sd.gov/ LinkClick.aspx?fileticket=37WWjqBso3 c%3d&tabid=324&mid=811





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Join ThinkNurse and Poe Travel for our 9th Annual CE Cruise. Cruise the Caribbean on Carnival's Dream while you earn your annual CE credits and write the trip off on your taxes! Prices for this cruise and conference are based on double occupancy (bring your spouse, significant other, or friend) and start at only \$838 per person (not including airfare to New Orleans) A \$250 non-refundable per-person deposit is required to secure your reservations. Please ask about our Cruise LayAway Plan!

South Central Accreditation Program (SCAP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information about the cruise and the curriculum call Teresa Grace at Poe Travel Toll-free at 800.727.1960.



Joint Commission Alerts Organizations to Tubing Misconnection Risks

Elizabeth Eaken Zhani, Media Relations Manager

(OAKBROOK TERRACE, Illinois – August 20, 2014) The Joint Commission issued a new Sentinel Event Alert today that addresses the risks of accidental medical tubing misconnections that can cause severe patient injury or death. Examples of potentially fatal misconnections include a feeding administration tube mistakenly connected to a tracheostomy tube, or an intravenous tube connected to an epidural site.

According to the alert titled "Managing Risk During Transition to New ISO Tubing Connector Standards," the risk for tubing misconnection is high, considering that almost all patients admitted to the hospital are likely to receive an IV. This risk isn't confined to hospitals—it also is seen in other types of health care settings, including long term care and in patients' own homes.

Accidental tubing misconnections occur because medical tubes with different functions can easily be connected with luer-style connectors that are used to make leak-free connections between medical tubing. The tubing connections can also be rigged using adapters, tubing or catheters. In an effort to prevent dangerous tubing misconnections, the International Organization for Standardization (ISO) has developed new international manufacturing standards for connectors. The standards are being introduced in phases and include engineering specifications for small-bore connectors with an inner diameter of less than 8.5 millimeters. The new connectors manufactured under the ISO standards will make it nearly impossible to connect tubing delivery systems that serve different functions.

Although connectors manufactured to the new specifications are expected to enter the marketplace by October 2014, the old connectors will remain in use until supplies are depleted. This is leading to concerns about the potential for misconnections to still occur. Due to the continuing risks, The Joint Commission urges health care organizations to be vigilant and begin planning for the transition to the new connectors, which will introduce changes and new risks into the health care environment. Because the old tubing supplies will be in use until they are depleted, temporary adaptors are being introduced to connect the old tubing with the new tubing and the potential for misconnections will still exist.

The Joint Commission is alerting health care organizations to begin preparing for the changes in connectors and do everything possible during the transitional period to avoid tubing misconnections. The benefit of the transition is that, ultimately, the engineered solutions will make systems safer for all patients.

"Tubing misconnections are the root cause of too many episodes of patient harm, and The Joint Commission is committed to helping health care organizations prevent them," says Mark R. Chassin, M.D., FACP, M.P.P, M.P.H., president and CEO, The Joint Commission. "Organizational leadership is the first line of defense in this transition to the new connectors. Leaders must assume the responsibility for ensuring the safe adoption of the new standards and they must empower their employees to not be afraid to speak up if they discover a problem."

The new ISO connector standards were developed through a collaboration of ISO, the Association for the Advancement of Medical Instrumentation, clinicians, manufacturers and regulators, including the U.S. Food and Drug Administration. The Joint Commission does not anticipate introducing new accreditation or certification standards related to tubing connectors at this time.

According to the Sentinel Event Alert, it is believed that tubing misconnections are underreported overall, especially when the mistake does not result in harm to the patient, and when they are reported it is sometimes under a sentinel event category such as a medication error.

In the Sentinel Event Alert, The Joint Commission offers several detailed strategies in preparation for the launch of the new ISO connector standards. The strategies address assessing and managing current risks of injury; assessing and adapting existing systems, processes and protocols to carefully transition to the new ISO connectors; effective processes and procedures for prevention of misconnections; and implementation of safe practices for the administration of high-alert medications.

The alert is just one part of a larger communication effort led by the Global Enteral Device Supplier Association (GEDSA) called Stay Connected. The Joint Commission participates on the Stay Connected committee, helping to form and facilitate communications about this important initiative. The Stay Connected website, www.StayConnected2014. org, includes a timeline, a question and answer section, and other information.

Much of the information and guidance provided in The Joint Commission's periodic Sentinel Event Alerts is drawn from its Sentinel Event Database, one of the nation's most comprehensive voluntary reporting systems for serious adverse events in health care. The database includes detailed information about both adverse events and their underlying causes. Previous Alerts have addressed risks associated with the use of opioids, health care worker fatigue, diagnostic imaging risks, violence in health care facilities, maternal deaths, health care technology, anticoagulants, wrong-site surgery, medication mix-ups, healthcareassociated infections and patient suicides, among others. The complete list and text of past issues of Sentinel Event Alert can be found on The Joint Commission website.

Permission to reprint in the Dakota Nurse Connection obtained September 10, 2014 from: Elizabeth Eaken Zhani, Media Relations Manager Department of Communications and Corporate Marketing, The Joint Commission E-mail: ezhani@jointcommission.org Website: www.jointcommission.org

NCSBN Releases Results of National Simulation Study

Chicago – The National Council of State Boards of Nursing (NCSBN) has released the findings of its award-winning research, "The NCSBN National Simulation Study: A Longitudinal, Randomized, Controlled Study Replacing Clinical Hours with Simulation in Prelicensure Nursing Education," which concluded that substituting high quality simulation experiences for up to half of traditional clinical hours produces comparable end of program educational outcomes to those students whose experiences are mostly just traditional clinical hours and produces new graduates that are ready for clinical practice. The largest and most comprehensive research to date examining the use of simulation in the prelicensure nursing curriculum, this longitudinal study included incoming nursing students from 10 prelicensure programs across the U.S. who were randomized to one of three study groups:

- Control group (traditional clinical where up to 10 percent of clinical time was allowed in simulation)
- 25 percent simulation in place of traditional clinical hours
- 50 percent simulation in place of traditional clinical hours

The study began in the 2011 fall semester with the first clinical nursing course and continued throughout the core clinical courses to graduation in May 2013. Students were assessed on clinical competency and nursing knowledge. They provided ratings on how well they perceived their learning needs were met in both the clinical and simulation environments. A total of 666 students completed the study requirements at the time of graduation. It was found that up to 50 percent simulation was effectively substituted for traditional clinical experience in all core courses across the prelicensure nursing curriculum. Additionally, the use of up to 50 percent simulation did not affect NCLEX pass rates. Study participants were also followed into their first six months of clinical practice. The study found that there were no meaningful differences between the groups in critical thinking, clinical competency and overall readiness for practice as rated by managers at six weeks, three months and six months after working in a clinical position. The full report is available as a supplement to the Journal of Nursing Regulation (JNR) and can be accessed on our website. Founded March 15, 1978, as an independent not-forprofit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN's membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories – American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 21 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories. NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 3 million licensed nurses, the second largest group of licensed professionals in the U.S. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.



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** (U.S. Department of Labor, Bureau of Labor Statistics, Jan. 8, 2014)





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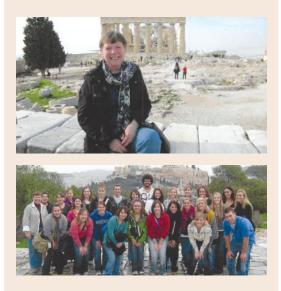
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Innovation in Nursing Education: Transcultural Nursing and Study Abroad!

Article written and submitted by Augustana College Professor Emerita Muriel Larson, RN, MA: The Greek Connection Embracing Transcultural Caring in Ancient & Modern Greece: Reflections on Discoveries in Greece Using Leininger's Theory of Culture Care.



Leininger's Culture Care Diversity and Universality (3rd ed.), A Worldwide Nursing Theory: Jones and Bartlett Publishing. Chapter 16 - "The Greek Connection: Discovering the Cultural and Social Structure Dimensions of the Greek Culture Using Leininger's Theory of Culture Care: A Model for a Baccalaureate Study-Abroad Experience." Written by Muriel Larson.

To request further information on transcultural nursing and/or a copy of Ms. Larson's Bio and article references, please email her at muriel.larson@augie.edu. Please share your unique nursing practice or education stories with the SDBON! Submit electronic entries and requests for inclusion in the Dakota Nurse to Stephanie.Orth@state.sd.us

In the mid-1950's nurse theorist, Dr. Madeleine Leininger, recognized that care and culture were two phenomena in nursing "that had not been formally and systematically studied." (1997). She recognized that the world was rapidly becoming a "global community," and that there would be a great need for nurses to be prepared in transcultural nursing in the future. Her Theory of Culture Care Diversity and Universality and the Sunrise Enabler are recognized as invaluable to the practice of nursing in diverse settings and with diverse populations of people. With the "global community" a reality by the time the 21st Century arrived, nurses have indeed needed to understand transcultural caring and be able to practice competent, congruent cultural care in their everyday practice of nursing.

Leininger's Sunrise Enabler emphasizes seven cultural and social structure dimensions that include: Technological Factors, Religious and Philosophical Factors, Kinship and Social Factors, Cultural Values and Lifeways, Political and Legal Factors, Economic Factors and Educational Factors. Leininger's theory poses the premise that there are differences (diversities) and similarities (universals) in transcultural care knowledge and practices that can be discovered which will lead to the establishment of a body of relevant transcultural nursing knowledge as a guide to nursing practice.

Health care as we know it today has its roots deeply embedded in a rich history, much of which takes place in Greece. Recorded history and myths provide us with knowledge about health practices that date back to ancient Greece and the Healing Temples of Asklepios. With Leininger's Theory and Sunrise Enabler as a theoretical underpinning for exploring Greek history and culture, in January 2004 Professor Paula Swiggum from Gustavus Adophus and Muriel Larson, Augustana College embarked on a journey to Greece with 25 college students from mid-America for a month of cultural immersion and exploration. The title of their travel abroad course is The Greek Connection: Embracing Transcultural Caring in Ancient and Modern Greece. Students in this course observe and study Leininger's Culture Care theory and Sunrise Enabler, juxtaposing the ancient practices with the modern culture of Greece. In this process they gain an understanding of the significant role that history and culture has played in the development of "the global community" that Leininger predicted decades ago. The Greek Connection as a course has now spanned a decade and over 200 students have taken advantage of the opportunity to study abroad in Greece with Professor Larson and other co-leaders. Hopefully this course and the students who have experienced Greece will continue to add to the body of transcultural nursing knowledge and expand the concept of competent culture care in nursing practice and education. The experience in Greece for baccalaureate students was made possible by the cooperation and care given to us by our partners in Greece, and by the respective colleges of the Upper Midwest Association of International Experiences (UMAIE). Without their assistance this endeavor would not have been possible. Professor Larson, other co-leaders and students are deeply grateful for this partnership.



Studies show that 3 to 5 minute conversations about a patient's condition during routine visits can contribute to behavior change. The toolkit provides everything health practitioners need to inform and facilitate those conversations.

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The free toolkit is only available online. Download a copy and start the conversation: www.healthysd.gov/healthprofs/obesitytoolkit.aspx

RESOURCES PROVIDED IN THE TOOLKIT INCLUDE:

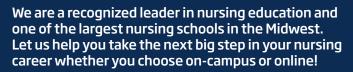
- Child, adolescent and adult assessment criteria and treatment algorithms
- Guidelines for comorbidities
- Basics on how to weigh and measure accurately
- Tips on how to talk to patients about weight issues
- Key messages in nutrition and physical activity
- Referral options specific to South Dakota
- Obesity coding information

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Nursing Programs





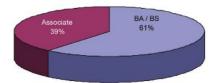


South Dakota 2013 Annual Report of Nursing Education Programs

The Annual Report of **Nursing Education Programs** provides an assessment of South Dakota's nursing education programs and their compliance with standards outlined in the South Dakota Nurse Practice Act. Each nursing education program is required to provide their data on enrolled nursing students, graduates, curriculum, and faculty in the state. The full report titled, 2013 Nursing Education Annual Report for South Dakota Nursing Education Programs, is available at http:// doh.sd.gov/boards/nursing/ under the South Dakota Center for Nursing Workforce, Reports & Publications.

Enrollment

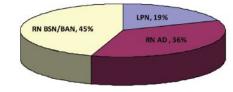
Enrollment is defined as the number of undergraduate RN and LPN pre-licensure students who were accepted into the nursing major and were enrolled in *Figure 2. Percentage of RN Enrollment by Program Type - 2013*



nursing courses, Figures 1 and 2. Enrollment numbers were reported as of the institution's official fall reporting date. Public nursing schools used the date of the fall census data extract and private schools used the IPEDS (integrated post-secondary education data system) reporting date of October 15.

Characteristics of Student Population

The majority, 88%, of all RN and LPN students were female. Males comprised 12% of the student population. The 2013 gender statistics were similar to 2012 data. Ethnicity of students continues to *Figure 3. Percentage of Graduates Produced in 2013*

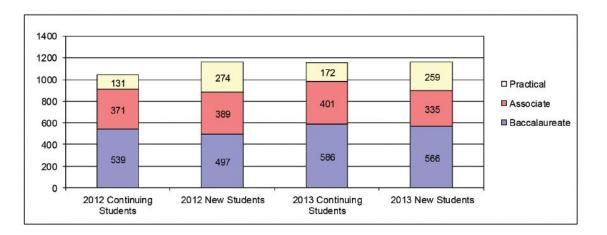


remain predominately white, 89.5%; 3% of students were Native American and 2.6% were African American. As in previous years, the age of most nursing students was thirty or younger; 86.9% of students enrolled in baccalaureate degree programs were 30 and younger, 71.3% of associate degree nursing students, and 74.5% of practical nursing students were 30 and younger.

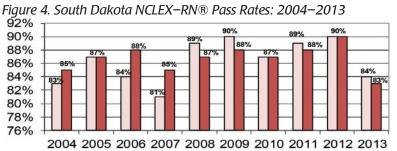
Graduates

In 2013, baccalaureate nursing education programs had 478 graduates, a 6% increase from 2012. Associate degree programs had 383 graduates in 2013, a 15% increase from 2012.

Figure 1. Total Student Enrollment by Program Type

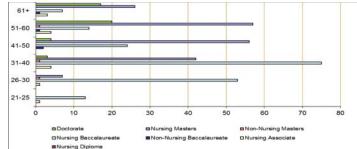


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South Dakota
 National

Figure 5. Nursing Faculty Age and Highest Degree Held: 2013



Graduates of practical nurse education programs totaled 197 students in 2013, an increase of one student from 2012. The percentage of nursing graduates produced in South Dakota in RN baccalaureate and associate programs and LPN programs is shown in Figure 3.

NCLEX Licensure Exam Rates

First-time NCLEX–RN® test writers in South Dakota's baccalaureate and associate degree programs are displayed in Figure 4 for the period of January 1 through December 31, 2013, as well as the past several years. The NCLEX-RN passing standard increased in April of 2013 and nationally pass rates decreased.

Faculty

Baccalaureate and associate RN programs reported employing 382 full and part-time faculty members, a total of 207 FTEs, a marginal decrease from 2012. Practical nursing programs employed a total of 57 full and part-time faculty members or 33 FTEs, a marginal decrease from 2012.

The majority of faculty members teaching in South Dakota's nursing programs are white females. Data revealed 12.3% of all nursing faculty were 61 years and older. Additionally, only 10% of the total nursing faculty population in South Dakota hold a doctoral degree. Figure 5 shows the number of faculty by age and highest degree held. You and baby

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for baby's

DAKOTA NURSE CONNECTION **2**7

Gloria Damgaard, Executive Director, SD Board of Nursing

Elected to second consecutive term, Board of Directors of the National Council of State Boards of Nursing

Gloria Damgaard, RN;MS;FRE, Executive Director of the South Dakota Board of Nursing, has been elected by the NCSBN membership to a second consecutive two-year term on the NCSBN Board of Directors. Gloria was first installed as a Director at Large during the 2012 NCSBN Annual Delegate Assembly held in Dallas, Texas, on August 8-10, 2012, and again at the 2014 NCSBN Annual Delegate Assembly held in Chicago, Illinois this August.

Gloria is excited to continue serving in this capacity for an organization that is highly regarded as the leader in nursing regulation in this country. The term will run from 2014-2016.

At the annual meeting, Gloria also received the Meritorious Service Award, which is presented to a member for positive impact and significant contributions to the mission and vision of NCSBN. During her tenure as the SDBON Executive Director, she has served on various national committees including the Commitment to Ongoing Regulatory Excellence and the Resolutions Committee. She served from 2006-2009 as the Chair of the Nurse Licensure Compact Administrators (NLCA) organization. She also served two terms as a Member at Large of the NLCA.



The mission of the NCSBN is to provide education, service and research through collaborative leadership to promote evidencebased regulatory excellence for patient safety and public protection.



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Leadership at all Levels



Conference Monday, November 10, 2014 8:00 AM – 4:30 PM (CST) In the Prairie Center, Sr. Colman Room (On the Avera McKennan Hospital Campus) 1000 E. 23rd Street Sioux Falls, South Dakota



This educational activity has been specifically designed to provide registered nurses information needed to prepare themselves to lead change and to be a voice at decision making tables. The South Dakota Nursing Workforce Center, in partnership with the South Dakota Nurses Association, developed this conference to help prepare nurses to lead at all levels.

Objectives:

8:00am

8:30am

8:40am

10:10am

10:30am

11:30am

12:00pm

1:00pm

2:30pm

2:45pm

Upon completion of this educational activity participants will be able to:

- 1. Describe leadership at all levels.
- 2. Discuss how nurses can impact legislation at the state and national level.
- 3. Discuss the importance of influence and mentoring to help prepare nurses to lead.
- 4. Identify what nursing leaders have learned from their leadership journeys.
- 5. Discuss ways to prepare nurses to help lead the future of nursing and health care.

Contact Darcy Sherman Justice To request a brochure or for more information: darcy.shermanjustice@avera.org 605-322-7833

Agenda

Registration

Linda Young

Leadership at all Levels

Getting Nurses Voices Heard In the

The Importance of a Leader Mentor

Lesson Learned By Nursing Leaders

Preparing Ourselves for the Future

Rhonda Kemmes

Break/Networking

Legislative Arena

Lunch provided

Judy Blauwet

June Larsen

Break/Networking

Diana Berkland

Jessica Cherenegar

Facilitator: Jerry Nagel

Senator Deb Soholt

Darcy Sherman Justice

Welcome

General Information

Goal:

This educational activity has been specifically designed to provide registered nurses information needed to prepare themselves to lead change and to be a voice at decision making tables. The South Dakota Nursing Workforce Center, in partnership with the South Dakota Nurses Association, has developed this conference to help prepare nurses to lead at all levels.

Objectives:

Upon completion of this educational activity the participant will be able to:

- 1. Describe leadership at all levels.
- Discuss how nurses can impact legislation at the state and national level.
- 3. Discuss the importance of influence and mentoring to help prepare nurses to lead.
- 4. Identify what nursing leaders have learned from their leadership journeys.
- 5 Discuss ways to prepare nurses to help lead the future of nursing and health care.

Registration Information

Name:
Credentials:
Organization:
Email:
Phone:
Address:
City:
State:

Fee:

Registration fee is \$25 dollars per participant (includes breaks, lunch, handouts and contact hours)

Pre-registration is required. Please register no later than <u>November 6, 2014</u>. Full refunds, less a \$10 processing fee, allowed in case of a major personal emergency when notice is given at least 96 hours prior to the start of the event.

Due to event-planning expenses, there will be no refunds issued if the event is cancelled for any reason including, but not limited to, weather, natural disaster or acts of terrorism.

Please send the registration form and fee to: SDNA PO Box 1015

Pierre, SD 57501-1015

By November 6, 2014

4:30pm Adjournment





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For additional information, contact: Ron Balas (406)538-7451 rbalas@mt.gov MMHNCC 800 Casino Creek Dr. Lewistown, MT 59457



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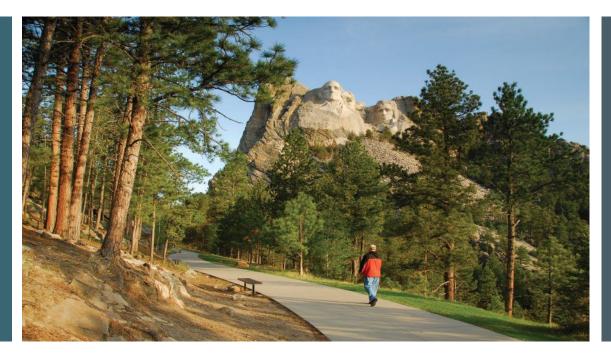
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