

| Volume 13 | Number 1 | Winter 2015 |

DAKOTA NURSE

C O N N E C T I O N



**Requirements for Licensure by
Examination**

Frequently Asked Questions

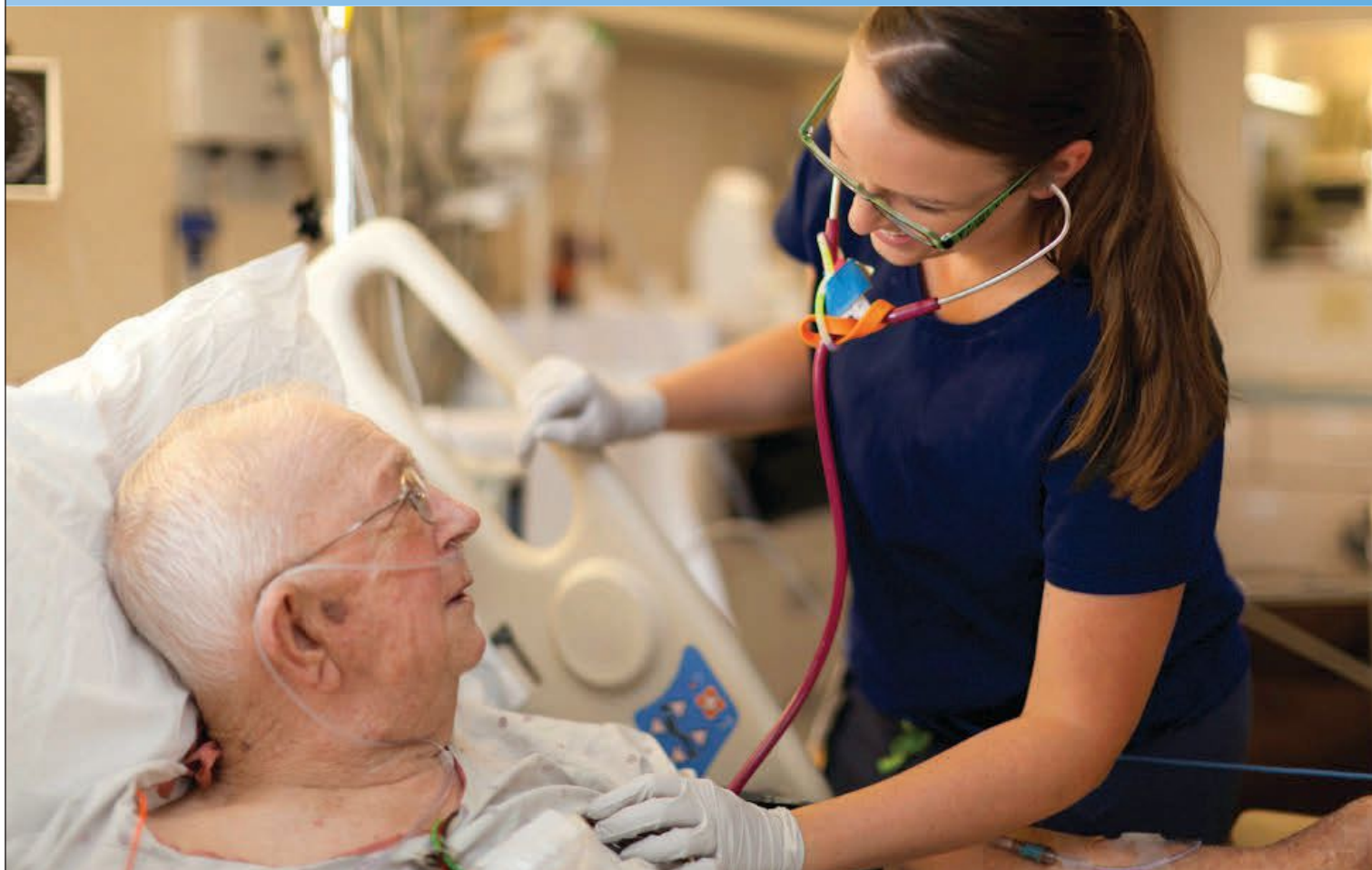
Grassroots Free Clinics

A Needed Reality

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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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The *Dakota Nurse Connection* is published by the South Dakota and North Dakota Boards of Nursing.
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A message from the Executive Director

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

Happy New Year
 to All of our Readers!

It's that time of year again for making resolutions for 2015 and reflecting on the events of 2014. This year, I will not be resolving to lose weight and exercise although it seems that becomes more important with every passing year. Instead, I think I will focus on being faithful, especially in all the small things in life. I am hoping that faithfulness to the small things will bring about the necessary changes to all the "big" things to be accomplished. In the meantime, my message to you focuses on some of the faithful work that is going on in nursing regulation.

Over the past year, the executive officers from all Boards of Nursing in the U.S. and territories have been faithfully working to make revisions to the Nurse Licensure Compact with the goal that more states will join. An important revision to the compact will be the addition of biometric based state and federal criminal background checks (CBC) as a statutory requirement for states to join. This has been a barrier that has prevented other states from joining the compact. There are approximately 14 Boards of Nursing in the country that do not require background checks at this time. Although CBCs have always been an expectation of states that join the compact, the revisions will make it mandatory. Another important change that is proposed is that nurses with criminal convictions will not be granted a multistate license. They will be allowed to hold a single state license if eligibility requirements are met but will not be eligible for a compact license. Another major change will be the addition of rule-making authority for the Nurse Licensure Compact Administrator's Organization known as the NLCA. The

current system of rule-making requires each state that is party to the compact to implement new rules adopted by the NLCA within their own state. The rules do not become effective until all states have implemented. It is a very slow and cumbersome process to get this accomplished. The addition of rule-making authority is intended to streamline the process to make compact operations more timely and effective. The revisions are still in process and will be decided upon early in the year. Each state that is currently party to the compact will need to make revisions through statutory changes to the compact in their home states. We anticipate that the Board of Nursing in South Dakota will make the changes in 2016. There is pressure from the federal government and the tele-health industry for licensing boards to reduce state based barriers to licensure for healthcare professionals. A national tele-health license has been proposed. The Nurse Licensure Compact is a means to reduce licensure barriers through a state based system of licensure that is recognized nationally and enforced locally. I will update you on all of the adopted changes to the compact in the next issue of the DNC.

In July of 2014, the Board of Nursing adopted rules that allow for the delegation of diabetes care tasks, including insulin to trained unlicensed providers. Since the rules became effective, we have been faithfully working on the development of a standardized curriculum for training the unlicensed diabetes aide and a legally defensible exam that will be required to obtain registry status. Linda Young has managed the work of this project that included curriculum and module development from a panel of diabetes experts. The curriculum and exam are complete. The remaining pieces are to obtain a platform to host both the

training and the exam on a web based-platform and implementation of the registry on our licensure database.

The development of a standardized, legally defensible exam for medication aides that have completed the required 20 hours of training has also been a project started in 2014 that will come to fruition this year. Stephanie Orth has managed the work of this project that included test item development from a panel of experts that train and utilize medication aides. Revised administrative rules for the delegation of medication administration require that individuals receive the training, test and be placed on a registry. We are anticipating that this will be ready for implementation by June 1, 2015.

The Board of Nursing is planning to promulgate rules for a fee increase in the Spring of 2015. Even though the cost of doing business has gone up each year, we have not had to raise fees since 2003. We are very pleased that we have managed our resources to be successful for so many years on the fee structure that was put in place 12 years ago.

That is a preview of things to come in 2015 related to nursing regulation. As I enter the 24th year of my work with the Board of Nursing in 2015, I am grateful for the opportunity to serve the public as an advocate for safe and effective nursing practice. I am also grateful for the tremendous work that is done by nurses in our state. May you also be faithful to the small things this year. That is what earns you the most trusted and ethical profession year after year. Happy 2015.

Sincerely,

Gloria Damgaard, Executive Director



A message from the Executive Director

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

As we enter into 2015, the Board of Nursing is celebrating its 100 year of existence. The North Dakota Board of Nursing and the North Dakota Center for Nursing, would like to invite you to our upcoming celebration entitled *Celebrating 100 years of Nursing Excellence: Past, Present and Future*. The celebration will be held at the Heritage Center and the State Capitol Building on May 21, 2015. Mark your calendars!!

The event is the capstone of a year marking the 100th anniversary of the North Dakota Board of Nursing. During the celebration we will have speakers and exhibits from the past, present and future of nursing along with a gala reception featuring awards from both the North Dakota Board of Nursing and the North Dakota Center for Nursing.

We are challenged with another legislative session. The North Dakota Board of Nursing has **NOT** submitted legislation related to the Nurse Practices Act. However, we must be monitoring legislation that may impact all levels of nursing practice. The North Dakota Board of Nursing hires an organization to monitor and track bills affecting the Board and nursing. The Board does not lobby legislators; however

it does provide information when there is a bill that directly impacts the NDCC 43-12.1 Nurse Practices Act.

The Board is completing another record setting renewal for licenses of RNs and LPNs in the state. We have 13,139 RNs and 3,538 LPNs. In addition, the Board licenses 1,097 APRNs of which 697 have prescriptive authority. This number is the highest it has ever been in the history of our state.

This issue of the Dakota Nurse Connection focuses on nursing education. The Board regulates and approves 20 nursing programs of all levels and types. Also you will find information on the Nursing Education Loan program established by the Board. In FY 2013-2014 the Board dispersed \$100,190 to applicants in all levels of nursing education. If you are a beginning level or graduate student this program is available to you. See page 15 for more information.

The Board's annual report is located on the "ABOUT" section and education report under "EDUCATION" on the website.

The Board redesign of the website has gone smoothly and we are very proud of its functionality and overall look. We are always looking for suggestions to improve

the communication to the nurses and consumers. Please forward any suggestions you might have through the Contact Us on the website. We would love to hear your suggestions.

With appreciation & respect for all you do.

Connie Kalanek RN
Executive Director



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

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Telephone Lines Busy? Use E-mail!

You can contact anyone at the Board of Nursing by e-mail.

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NORTH DAKOTA BOARD OF NURSING 2015 BOARD MEETING DATES

March 26, 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.

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- * Violations of NPA
- * Emerging Issues in Nursing
- * Standards of Practice & Code of Ethics

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PRESENTERS:

- Constance Kalanek, Ph.D., RN, FRE
- Karla Bitz, Ph.D., RN, FRE
- Patricia Hill, RN, BSN
- Charlene Christianson, RN
- 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.
Delegating Effectively is 2 contact hours. Approved by the North Dakota Board of Nursing.

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**

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 - License by Endorsement
 - UAP/Technician/Medication Assistant III
- 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

September 2014

- Accepted the proposed revision to the CHRC policy.
- Dr. Gayle Roux, PhD, NP-C, FAAN has been named as dean of the UND College of Nursing & Professional Disciplines and began her duties as the Nursing Program Administrator. Dr. Darla Adams will remain as Associate Dean for an undetermined period of time to assist in and ensure a smooth transition in leadership for the college.
- Tanya Spilovoy, Doctorate of Ed, Director of Distance Education and State Authorization with the ND University System was present to address the board regarding the process for approval of out of state programs providing instruction in ND.
- Approved the revisions to the School of Nursing – Medication Administration – Questions & Answers.
- Approved the revisions to the practice statement titled “RN & LPN scope of practice in the utilization of prescription protocols in clinical settings” related to preventative immunizations.
- An e-newsletter notified all ND licensed APRNs that the drug enforcement administration (DEA) has released its final rule which moves hydrocodone containing products from schedule III to schedule II controlled substances effective October 6, 2014. Any prescriptions issued prior to October 6, 2014 and authorized for refilling may be dispensed prior to April 8, 2015.
- Board reviewed a summary of a director’s meeting feedback
- to proposed revisions to the nurse licensure compact. A letter sent to Kathy Apple, CEO of the NCSBN was also reviewed with comments and feedback from the ND Board of Nursing on the proposed revisions.
- Hired Cory Fong of the Odneysmart firm to monitor legislation during the 2015 session beginning December 1, 2014 through April 30, 2015.
- Reviewed a policy brief by the ND Center for Nursing related to Community Paramedic Pilot Study Recommendations. The study is looking to train and use paramedics more effectively in rural communities in non-emergency settings. The board reviewed the 12 policy recommendations.
- Reviewed information from the Alliance for Healthcare Access related to bill draft language that would change the definition of a “Qualified Mental Health Professional” to include an APRN with certification in psychiatric mental health care.
- Accepted the resignation letter of Executive Director Constance Kalanek effective June 30, 2014 knowing the last day of work will be May 29, 2015.
- Board directed staff to offer those applicants for the Nursing Education Committee that were not selected the opportunity to serve on the nursing practice committee.
 - Luille Heintz, RN
 - Anne Eliason, RN
 - Jenna Herman, APRN
- Approved the following appointments for external
- member to the Nursing Education Committee for 2014-2016:
 - Sara Berger – three year appointment
 - Nicola Roed – two year term
 - Janet Johnson – three year appointment
 - Judy Smith – two year term
- Approved the following re-appointments for external members to the Technology Committee for 2014-2016:
 - Renee Olson, LPN
 - Cindy Brown, Instructional Designer
- Approved the following appointments & reappointments to the Nursing Practice Committee for 2014-2016:
 - New Applications:
 - Elizabeth Anderson, LPN
 - Kimberly Brown, APRN
 - Kelly Grassei, RN
 - Jan Kamphuis, RN
 - Gail Raasakka, RN
 - Trina Schilling, RN
 - Reapplications:
 - Autumn Nelson, RN
 - JoAnn Sund, RN
 - Jessica Wilkens, RN
- Approved the following appointments for external members to the Program Monitoring Committee for 2014-2016:
 - Sandra Boschee, RN
 - Richard Gessler, RN

NORTH DAKOTA BOARD HIGHLIGHTS

November 2014

- Accepted the fiscal year 2013-2014 audit report as presented.
- Accepted the draft fiscal year 2013-2014 annual report with edits.
- Accepted the proposed revision to the investigative plan policy to clarify that staff may contact the facility and the individual under investigation during the investigation.
- Found the University of Jamestown Bachelor of Science in Nursing (BSN) program in substantial compliance with ND administrative code 54-03.2; and Granted full approval of the Bachelor of Science in Nursing (BSN) program until November, 2019.



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- Required the University of Jamestown Nursing Administrator to submit a compliance report related to NDAC 54-03.2-04-07. Preceptors and NDAC 54-03.2-05-01. Student policies and schedule on onsite NDBON focused survey by April 1, 2015 to be completed for the May 22, 2015 board meeting.

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- Approved the request from Concordia College Nursing program for extension of full approval from November 2014 to January 30, 2015 and require submission of a paper interim survey with a deadline of December 11, 2014.

- Approved the University of Jamestown's notification of major programmatic changes of 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 College of Science's notification of major programmatic changes for the AASP and ASN 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 pending higher learning commission approval.

- Approved the Dakota Nursing program's notification of major programmatic changes for the PN and RN programs 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 request for data for the research project conducted by J. Weigel including requiring submission of the completed thesis.
- Approved the request for data for the research project conducted by Sandy Reagan pending review of final documents by board staff and including requiring submission of the completed thesis.
- Approved the request for a deferment for repayment of Nursing Education Loan and interest for Amanda Dockter until June 30, 2015.
- Approved contact hours for continuing education for the Provision of High Quality Care presentations by board staff & other qualified presenters.
- Accepted the draft 2013-2014 Education Annual Report pending review by program directors according to NDAC 54-03.2-07-09 (1).
- Approved the latest revisions to the school nursing – medication administration – questions & answers.
- Approved to limit the web-streaming to the January Board Meeting.
- Approved the NPA CE course and evaluate usage for budget purposes after previewed by board members and staff.



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Celebrating 100 Years of Nursing Past, Present, Future

MAY 21 | 2015 | BISMARCK, ND

PRESENTED BY: THE ND BOARD OF NURSING & ND CENTER FOR NURSING

The North Dakota Board of Nursing and North Dakota Center for Nursing are excited to partner to celebrate 100 Years of Nursing Excellence in North Dakota. Join the North Dakota Board of Nursing and North Dakota Center for Nursing as we celebrate nursing's history in North Dakota in the newly expanded Heritage Center in Bismarck, ND. The conference will feature lunch in the State Capitol Great Hall, presentations, guest speakers, silent auctions, a GALA with awards and evening entertainment.

Visit the ND Center for Nursing website at www.ndcenterfornursing.org and click on the Events Tab to register for this celebration event.

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

Chicago – 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.

Appreciation For Committee Service 2012-2014

The North Dakota Board of Nursing and Board Staff would like to extend the Board's appreciation and gratitude for the service of the committee members to the citizens of this state through your work and ongoing efforts of service on ALL the Board Committees during the 2012-2014 board appointment. All of the members have been extremely valuable for the committees throughout the term.

PROGRAM MONITORING COMMITTEE

Michael Kaspari, RN
Marvis Doster, RN

NURSING EDUCATION COMMITTEE –

Loretta Heuer, PhD, RN
Barbara Boguslawski, MS, RN
Stephanie Christian, MSN, RN
Jacqueline Reep-Jarmin, MSN, RN

TECHNOLOGY COMMITTEE

Renee Olson, LPN
Jennifer Seamonds, BSN, RN
Cindy Brown, Instructional Designer,
LRSC

NURSE PRACTICE COMMITTEE

Tammy Buchholz, RN (North Dakota
Nurses Association Rep)
Melissa Crawford, APRN
Melissa Hanson, RN
Melana Howe, RN
Lowann Krueger, RN
Autumn Nelson, RN

Margaret Reed, RN
Cheryl Rising, APRN
Kathy Steinke, RN
Joann Sund, RN
Jessica Wilkens, RN
Gwen Witzel, APRN

Also a special thank you to the nurses that served on special task forces for the Nurse Practice Committee during 2012-2014:

Marcie Schulz, RN
Tana Shereck, RN
Lisa Watkins, APRN
Loretta Gerving, RN
Julie Hanson, RN
Amy Byars, RN
Karla Saylor, RN
Richard Schue, APRN

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- Director – Pharmacy – Exempt
- NP or PA – Walk-In Clinic – Exempt
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- RN – ICU – FT (36/72)
- RN – OR – FT (40/80)
- RN – Clinics – FT (40/80)



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Department of Health and Human Services (HHS) Report Shows Improvement in Hospital Patient Safety

According to an HHS report covering 2010 to 2013, data reveals a reduction in hospital-acquired conditions resulted in an estimated 50,000 fewer hospital patient deaths and savings of \$12 billion in health care costs. This represents demonstrable progress in improving patient safety in the hospital setting. In 2013 alone, nearly 35,000 fewer

patients died in hospitals and almost 800,000 fewer incidents of harm occurred resulting in a savings of \$8 billion. Sylvia Burwell, HHS Secretary, states that the data represent significant progress in improving the quality of care that patients receive while spending health care dollars more wisely.

The report estimates that

hospital patients experienced 1.3 million fewer hospital-acquired conditions, a 17 percent decline over the three-year period of 2010 to 2013. Hospital-acquired conditions include adverse drug events, catheter-associated urinary tract infections, central line associated bloodstream infections, pressure ulcers and surgical site infections.



Article Discusses Barriers That Limit Advanced Practice Registered Nurse Practice

According to an article published in the *Online Journal of Issues in Nursing*, as health care reform evolves, nurse practitioners (NPs) will play key roles in improving health outcomes of diverse populations. The Institute of Medicine's 2010 report, *The Future of Nursing*, indicates that nurses should be advancing health by caring for populations within complex health care systems. Despite this recommendation, the authors of the article note that many

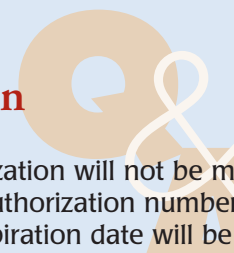
barriers exist that prevent NPs from practicing to the fullest extent of their education and training.

One such barrier is payer policies in that nursing services are not separated from other professional fees on billing statements. This policy may promote the belief that nurses do not generate revenue and contribute to the underrepresentation or exclusion of nurses in cost, value, pricing and payment decision-making

processes. Other barriers include state variance of NP licensure and practice laws, physician confusion regarding the role of NPs, continuity of care issues and job satisfaction. The report also indicates there is a need for more research on the effect of interprofessional education, where health care members of different professions learn interactively together to improve interprofessional collaboration between NPs and physicians.

Frequently Asked Questions

Requirements for Licensure by Examination



APPLICATION PROCESSING

When am I made “Eligible for Licensure by Examination”?

In order to be made eligible to test **AND** be issued a work authorization to practice as a graduate nurse, the following must be received in the board office:

- ◆ On-line application for license by examination and \$130.00 nonrefundable fee (\$110.00 application fee and \$20.00 CHRC Fee) payable by credit or debit card, Paypal account or checking account routing numbers.
- ◆ Official transcripts from nursing program with the degree posted; and
- ◆ Registration from NCLEX Candidates Services for testing (\$200.00 fee required)

What do I do if I have a name or address change?

Address and name changes can be made on this website under NURSE LICENSURE.

What are the payment options and what do I do if I do not have a credit card or debit card?

You may use a Visa, MasterCard or Discover credit or debit cards, checking account information, or a Paypal account. If you do not have any credit cards or a bank account, you can purchase a Visa, MasterCard or Discover gift card at many banks or credit unions or at discount stores such as WalMart and CVS Pharmacy for the purpose of paying for the on-line application.

What if I am claiming another compact state as my primary state of residence?

If you claim another compact state as your primary state of residence, you will need to apply for license by examination in your primary state of residence. If you change your primary

state of residence at a later date, you can apply for license by endorsement in ND. See www.ncsbn.org for a current list of compact states.

SCHEDULING TO TEST

When can I schedule my appointment?

An Authorization to Test (ATT) is required to schedule your appointment. Once you’ve been made eligible for licensure by examination by the Board of Nursing, your ATT will be e-mailed to you by Pearson Vue.

How long is the ATT valid?

The authorization to test is valid for ninety (90) days.

How soon will I be able to test?

You are guaranteed to be offered a testing date within thirty (30) days of the time you call the Pearson Test Center. If the test center offers a date within the 30 days and you decline that date, the test center has met their contractual obligation. Please contact the board office if you have any problems scheduling your test.

What happens if I need to reschedule?

If you need to change your appointment, you must contact NCLEX Candidate Services one full business day (24 hours) prior to your scheduled appointment.

Is there a practice test?

Yes, there is a tutorial available on the test vendor website at www.pearsonvue.com/nclex.

WORK AUTHORIZATION AND PRACTICE AS A GRADUATE NURSE

When do I get my Work authorization to practice as a graduate nurse?

When the ND Board of Nursing has made you eligible for licensure by examination, your work authorization will be issued. A paper work

authorization will not be mailed. Your work authorization number, issue date and expiration date will be posted on our website. You can check our website at www.ndbon.org – click on the Verify Tab.

When can I start working as a graduate nurse?

Your work authorization must be issued before you start practicing as a graduate nurse or attend any orientation sessions.

How long is a work authorization valid?

The work authorization is valid for 90 days, or until you are notified of the test results, whichever occurs first.

Can anyone get a work authorization?

You must complete the application for licensure process within sixty (60) days of graduation in order to be eligible to receive a graduate nurse work authorization.

Will I receive a work authorization by mail?

No. Work authorizations will be posted on our website for applicants and employers to access.

CRIMINAL HISTORY RECORD CHECK

How do I apply for a criminal history record check (CHRC)?

After you complete your application for licensure by examination, click on the Criminal History Record Check link. Print and complete the CHRC Form provided on the link and CAREFULLY follow the instructions for fingerprinting as listed under Option #1 or Option #2.

How long does the fingerprinting process take?

Both federal and state checks will be performed. If fingerprints are not

continued on page 14

continued from page 13

adequate for identification purposes for BCI, new cards will be sent for a second set of prints. If the second set of prints are not adequate for identification purposes, a name search will be requested. Processing time averages ten days if first set of fingerprints are adequate.

OBTAINING RESULTS AND LICENSURE

How soon will my results be available?

Your unofficial examination results are available through NCLEX Quick Results Service offered by the test service. You can access your unofficial results via the internet at www.pearsonvue.com/nclex and sign in with a user name and password. Choose "Current Activity," then "Recent Appointments," and then "Status." After entering a credit card number the unofficial results will be displayed. The fee for this service will be listed on the website. Your credit card will only be charged if your results are available.

The examination results are mailed to you from the board office within 7 days of your testing. The board

office makes every effort to mail the results within 48 hours of your testing. **DO NOT CALL** the board office for your test results, as we are unable to release them over the phone or to your employer. If you pass, you will receive a license to practice as a nurse.

Can I find out if I passed or failed using the board's website?

You can access the board's website to see if a license has been issued. If a license is not showing for you, it does not necessarily mean that you've failed. It is possible that a license has not yet been issued for you. After the results have been processed, the license verification will show a license number if you passed, or the work authorization will be expired if you failed. **DO NOT CALL** the board office for confirmation, we cannot release pass/fail results by phone.

Can I start practicing as a nurse once I received my unofficial results that I passed?

No. You cannot start practicing as a nurse until you have been issued a license by the board of nursing. Licenses can be viewed in the "Verify" Section of the Board website.

When will my license expire?

Effective 4/1/2014, applicants for initial license by examination shall receive a license expiring on 12/31 of the following year as part of the application fee.

What if I fail?

If you fail, you will receive a diagnostic profile of your areas of weakness, and the required documents to submit for retesting. You are able to retest 45 days after your original test date. The retesting application can be submitted on-line prior to that date for processing.

Can I continue to work as a graduate nurse if I fail the NCLEX?

No. Your Graduate Work Authorization becomes invalid when you receive the examination results. A candidate who fails the licensing examination may not be employed in a position with functions that are usually assigned to licensed nurses. You are NOT able to continue to practice as a graduate nurse.

Approved 7/07;
Reviewed/Revised 3/14



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Nursing Education Loan Program

Below are highlights of the Nursing Education Loan program.

- To the extent funds are available the education loans will be made in the following amounts:
- \$1000 for the non-degree licensed practical nurse student.
- \$2000 for the associate degree practical nurse student and the associate degree registered nurse student.
- \$3000 for the baccalaureate registered nurse student.
- \$4000 for the master’s degree in nursing including the post-master’s certificate.
- \$5500 for the doctoral graduate student.
- Refresher course students may receive a loan of not more than the cost of the course.
- The funding for the program is \$10.00 per renewal fee which typically amounts to approximately \$70,000 - \$80,000 annually.
- The awards are made annually and reapplication may occur annually if the applicant has not received the total loan amount.
- The awards for undergraduates are disbursed from the Board of Nursing to the financial aid office in one payment each fall (or upon acceptance into the nursing program), for distribution to the recipient as determined by the financial aid office.
- The awards for the graduate students are made directly to the recipient.
- No changes have been made to the repayment portion of the program.
- A recipient receives \$1.00 credit toward repayment of the loan for every hour they are employed in nursing in the state of ND after program completion.
- Our records indicate a vast majority of nursing education loan recipients take advantage of this option, and do remain in the state of ND for employment after graduation.
- Application forms are available on the North Dakota Board of Nursing website at <https://www.ndbon.org/forms.asp> scroll down to Nursing Ed Loan.

NURSING EDUCATION LOAN DISBURSEMENTS PER FISCAL YEAR

The following table identifies the nursing education loan disbursements by program type and monetary awards for the last five years.

Nursing Education Loans awarded for:	2009-2010		2010-2011		2011-2012		2012-2013		2013-2014	
LPN Certificate Program	1	\$850	1	\$1000	1	\$530	1	\$550	1	\$800
LPN Associate Degree Prog	0	0	1	\$1000	0	0	4	\$4000	3	\$3200
RN Associate Degree Program	6	\$9350	5	\$10,000	1	\$1060	11	\$10,550	9	\$13,600
RN Baccalaureate Degree Prog	15	\$18,140	15	\$21,548	31	\$32,330	26	\$30,900	19	\$28,640
Master's Degree Program	16	\$29,496	10	\$24,600	23	\$36,358	14	\$19,300	16	\$32,950
Doctoral Program	10	\$19,515	7	\$16,125	9	\$10,989	12	\$18,400	8	\$21,000
Refresher Course	0	0	0	0	0	0	0	0	0	0
Total	48	\$77,351	39	\$74,273	65	\$81,267	68	\$83,700	56	\$100,190

The National Council of State Boards of Nursing (NCSBN®) Position Paper on Telehealth Nursing Practice

Approved August 1997 by the Delegate Assembly Editorial Update - April 2014

In the 1990s the increasing use of telecommunication technology to provide nursing services raised the question whether nursing services delivered through broadband and electronic channels constituted the practice of nursing. NCSBN recognizes nursing practice provided through broadband and electronic channels as the practice of nursing and thus asserts that the regulation of telehealth nursing is appropriately done by boards of nursing (BONs).

Telehealth nursing practice is defined as the practice of nursing delivered through various telecommunications technologies, including high speed Internet, wireless, satellite and televideo communications. The nurse engages in the practice of nursing by interacting with a client at a remote site to electronically receive the client's health status, initiate and transmit therapeutic interventions and regimens, and monitor and record the client's response and nursing care outcomes. The value of telehealth to the client is increased access to skilled, empathetic and effective nursing delivered through telecommunications technology.

Much of the debate 20 years ago focused on nursing by telephone. The nurse uses the televideo, email and other two-way telecommunication modalities to gather information from the client and to give appropriate advice based on a nursing diagnosis or medical protocol. Some providers pose that this is not nursing practice; however, all U.S. jurisdictions and many professional associations agree that if nursing

services are delivered, nursing practice has occurred. How nursing services are delivered makes no difference. The challenge to regulation is to identify how nursing care can be safely and effectively delivered using telecommunications technology.

Telehealth is utilized by health care systems as a means for reducing health care costs by making it possible to spread the benefit of limited resources to a large population over a broad geographic region. Managed care organizations and demand-management companies are providing person-to-person contact via nurse telephone advice services. An issue for regulators is how does the caller know that the individual who receives the call is a nurse? Is the public expectation that identification by name and credential is required? If so, how is this verified?

Televideo and Internet support groups facilitated by nurses provide emotional and informational support to clients and families. To have an electronic presence to dispel isolation occurs through client-activated alert mechanisms and physical monitoring devices, such as remote telemetry. Does the client or public know the standards that nurses using this modality should be expected to meet and maintain? Does the public know how to report the failure of the nurse facilitator or nurse monitor to provide nursing practice with reasonable skill and safety?

The teaching-coaching embedded in skilled nursing care is perhaps the most readily recognized function which may be carried out using telecommunications. Because clients frequently check out their questions with the nurse before asking the

physician, health care delivery systems have implemented "Ask a Nurse" televideo lines. Postdischarge telephone follow-up and Internet access to a nurse assists clients to "integrate" illness and recovery into their lifestyles. The regulatory community needs to address the patient's control or input regarding information and access, as well as the appropriateness of the type and level of information that is accessible.

Combining effective management of rapidly changing situations with the diagnostic and monitoring function is demonstrated by the well-established practice of televideo triage nursing and remote sensory collection devices. Televideo triage involves prioritizing a client's health problems according to their urgency, educating and advising clients, and making safe, effective and appropriate dispositions. Health care organizations use nurses for televideo triage to assess the patient's potential for wellness and response to various treatment strategies as a mechanism to reduce hospitalizations. This type of practice requires the use of electronic medical records.

The nurse's role in the implementation of medical regimens is also accomplished using telehealth. The electronic implementation of medical protocols or guidelines to achieve certain client health outcomes is an established delivery model. Nurses are expected to use professional judgment to carry them out by assessing what can be safely omitted from or added to medical orders, and by getting appropriate and timely responses from physicians in order to monitor and ensure the quality of health care practices. Interactive video

technology using high speed infrastructure is used by nurses manipulating electronic sensors and interacting with a physician at a remote site to carry out such delegated medical functions as taking X-rays, suturing wounds and setting fractures. BONs and the medical practice must collaboratively identify the responsibility and accountability of practitioners in this interactive practice.

Another example of telehealth nursing practice is the use of interactive video devices via high speed Internet by home health care nurses to provide a means to detect any early warning signals for client complications. The nurse can use remote visual, auditory and tactile sensors, manipulated by the client or family members, to assess the client. Complications, such as breakdown and deterioration, can be anticipated or detected early, prior to confirming diagnostic signs. The data are transmitted electronically so the nurse can detect and document significant changes in a client's condition. Crisis televideo hotlines are used by nurses to identify and manage client crises until other assistance is available.

Often the client is located in one state and the nurse in another jurisdiction. What are the regulatory concerns for practice across state lines? Does the nurse need to be licensed in both states? The functional domains described thus far are examples of how nurses use telecommunications technology to deliver cognitive nursing care. Data are collected, interpreted and analyzed to develop a working diagnosis and plan. The plan is initiated by instructing the client how or where the treatment should occur.

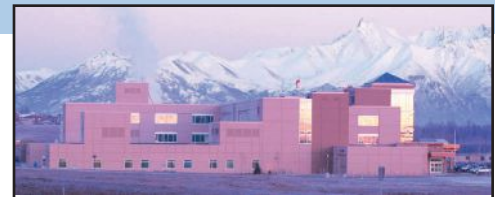
The potential to administer and monitor therapeutic interventions and regimens is significant. Robotic range of motion may be implemented by continuous passive motion devices applied by the client or family member and remotely electronically controlled.

Intravenous therapy may be similarly implemented. Through means of mobile broadband and cellular connectivity a client in a rural area is able to automatically transmit data from the client's insulin pump to a computer in a medical center. The data are compared with the client's blood sugar level, the pump's output is recalibrated and the new data are transmitted to the computer chip in the pump. This same technology is used to administer medications accurately and safely, and to monitor untoward effects, reactions, therapeutic responses, toxicity and incompatibilities.

These examples of telehealth nursing practice presented are not intended to be definitive of nursing practice, but rather are descriptive of how the practice of nursing may be carried out electronically using telecommunications technology. This list provides examples of telehealth nursing practice and is not intended to be exhaustive. Telecommunications is advancing at such a rapid rate that its application to health care delivery and nursing practice will continue to emerge and evolve.

Telecommunications and information technology have brought forward new situations and challenges to nursing regulators. The first step in resolving these regulatory concerns is to answer the question, "Does the provision of nursing services through electronic transmission constitute the practice of nursing?" Affirmatively, "Yes." The delivery of nursing services through the Internet or any other electronic channels constitutes the practice of nursing.

Telehealth is the remote delivery of healthcare services and clinical information using telecommunications technology. This includes a wide array of clinical services using internet, wireless, satellite and telephone media.
-American Telemedicine Association, 2014



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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.

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

Meeting date: **Agenda items due:**

February 5 & 6, 2015 **January 22, 2015**

April 16 & 17, 2015 **April 2, 2015**

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

<p>Stephanie Orth, MS, RN Nursing Program Specialist Regarding Nursing Education, Nurse Aide Training Med Aide Training</p>	<p>Stephanie.orth@state.sd.us (605) 642-1388</p>
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<p>Robert Garrigan, Business Manager Regarding NCLEX Examination.</p>	<p>robert.garrigan@state.sd.us (605) 362-2766</p>
<p>Winora Robles Program Assistant</p>	<p>winora.robles@state.sd.us (605) 362-3525</p>
<p>Lois Steensma, Secretary Regarding licensure verification, renewal, name changes, duplicate licenses, and inactive status.</p>	<p>lois.steensma@state.sd.us (605) 362-2760</p>
<p>Jill Vanderbush Licensure Specialist</p>	<p>jill.vanderbush@state.sd.us (605) 362-2769</p>

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.

South Dakota Board of Nursing Meeting Highlights September & November 2014

Education:

- The South Dakota Board of Nursing granted a motion to continue probationary status for the PN program at Sisseton Wahpeton Community College following a site visit report. A progress report from the nursing program administrator is due to the Board prior to the November 2015 meeting.
- The South Dakota Board of Nursing granted a motion to approve continuation of the following Clinical Enrichment Programs in 2015:
 - South Dakota Dept. of Health Correctional Care
 - Rapid City Regional Hospital
 - Avera McKennan Hospital & University Center
 - Avera Sacred Heart Hospital
 - Avera St. Luke's Hospital
 - Sanford Health Clinical Enrichment (Summer of Excellence)
 - St. Michael's Hospital Avera
 - SD Human Services Center
 - Philip Health Services

Licensure: Licensed nurses, have you recently moved? Please ensure you have updated any name changes or address changes with us. Update your address or primary state of residence on the South Dakota Board of Nursing website: www.sdbon.org/address_change.

Update your address or primary state of residence on the South Dakota Board of Nursing website: www.sdbon.org/address_change

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 two 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=37WWJqBso3c%3d&tabid=324&mid=811>



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DISCIPLINARY ACTIONS TAKEN BY THE SOUTH DAKOTA BOARD OF NURSING

SEPTEMBER 12, 2014

Jeani M Dubs.....P004118
Letter of Reprimand
Stephanie Anne Friese.....R024317
Voluntary Surrender
Kimberly Rae Hubbard.....R033096
Voluntary Surrender
Karissa Ann Kuehl Solinger.....P011511
Voluntary Surrender
Elisabeth Joy LarsenP011298
Voluntary Surrender
Theresa Michelle Newcomb.....R034430

Letter of Reprimand
Jeanne Lenora ReifP009485
Voluntary Surrender
Alana Nicole RogersP009538
Voluntary Surrender
Dorothy Ann SeemanP009534
Voluntary Surrender
Raeanne Marie Shaw.....P010211
Voluntary Surrender
Mashell Lyn Sonne.....R031191
Letter of Reprimand
Elizabeth Ann Springer.....R039669
Voluntary Surrender

South Dakota Board of Nursing

Determining your Nursing Scope of Practice and Role

By Linda Young, RN, MS, FRE, BC
Nursing Practice Specialist, South Dakota Board of Nursing

Nursing practice for both RNs and LPNs is a multi-faceted and dynamic process that involves working collaboratively within a multi-disciplinary health care team. To effectively work within that team it is important for a nurse to understand how to determine what is within his or her own scope of practice. Nurses often recognize that their scope is based on what they learned in nursing school, by facility policy and procedures, or by tasks which are generally considered nursing duties. But when faced with a new procedure or task, and without a black and white list, many nurses wonder if the task is within their scope. Answering the following questions may help guide decisions as to whether a task is, or is not, within a nurse's scope of practice.

1. Is the activity/task expressly permitted or prohibited in the South Dakota Nurse Practice Act?

One of the first things to determine is whether or not a nurse may perform the task or activity based on the laws of the state. The South Dakota Nurse Practice Act (NPA) is comprised of statutes and rules which define and govern nursing practice. It is important to recognize that most state NPAs do not include lists of tasks that can or cannot be performed. Instead laws are written broadly to allow flexibility so nurses can practice in a variety of settings and can learn new skills and tasks as health care evolves.

The evolution of nursing practice is clearly addressed and allowed in the NPA, in SDCL 36-9-1.1. This statute also recognizes the existence of overlapping functions of nursing and medicine. However it is also important to recognize that some tasks may only be expressly allowed in another health provider's scope, and would not be in a nurse's scope. For instance the task of prescribing medications is identified as specific scope in the medical practice act and is not included in the NPA. Therefore the task of prescribing medications is not in a nurse's scope of practice. The laws and rules relating to nursing scope of practice are provided below; these laws may

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also be accessed via a link on the Board's website: <http://doh.sd.gov/Boards/Nursing/nurseact.aspx>.

STATUTES: South Dakota Codified Law (SDCL)

SDCL 36-9-3. Scope of registered nursing practice. As used in this chapter, the practice of nursing by a registered nurse means the:

- (1) Nursing diagnosis of human responses to actual or potential health problems of individuals or groups, providing preventative, restorative and supportive care, health teaching and counseling, case finding and referral; and
- (2) Administration, supervision, delegation, evaluation and teaching of health and nursing practice; which require substantial specialized knowledge, judgment and skill based upon the principles of the biological, physiological, behavioral and sociological sciences, and for which the registered nurse bears responsibility and accountability.

The registered nurse may perform in addition to the foregoing, those acts which require additional education which shall be authorized by the board through its rules.

SDCL 36-9-4. Scope of licensed practical nursing practice. As used in this chapter, the practice of licensed practical nursing means:

- (1) The performance of any acts in the care, treatment, or observation of the ill, injured or infirm;
- (2) Maintenance of health of others and promotion of health care;
- (3) Assisting with health counseling and teaching; and
- (4) Applying procedures to

safeguard life and health, including the administration of medications and treatments consistent with the practical nurse's education and preparation under the direction of a physician licensed or exempt from licensing pursuant to chapter 36-4,

dentist or registered nurse.

36-9-4.1. Additional functions after special training of licensed practical nurse. The licensed practical nurse may perform any of the duties described in § 36-9-4 and with appropriate training as approved by the board rules

continued on page 22



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continued from page 21

and regulations may, under the direction of a physician licensed or exempt from licensing pursuant to chapter 36-4, dentist or registered nurse:

- (1) Perform additional specialized nursing functions; and
- (2) Assist with teaching, supervision, delegating, and evaluation of health and nursing practices.

Administrative Rules: (define the statutes)

20:48:04:01. Scope and standards of nursing practice – Basic role.

The scope of practice of the registered nurse and the licensed practical nurse is dependent upon each nurse's basic education and demonstrated competence in additional skills acquired through in-service, continuing education, or graduate studies. A

licensee is personally responsible for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person.

The following are the standards of nursing practice:

(1) For the registered nurse:

- a. The registered nurse shall utilize the following recurring nursing process:
 - i. Make nursing assessments regarding the health status of the client;
 - ii. Make nursing diagnoses which serve as the basis for the strategy of care;
 - iii. Develop a plan of care based on assessment and nursing diagnosis;
 - iv. Implement nursing care; and

- v. Evaluate responses to nursing interventions;
- b. The registered nurse shall recognize and understand the legal implications of delegation and supervision. The nurse may delegate to another only those nursing interventions which that person is prepared or qualified to perform and shall provide minimal or direct supervision to others to whom nursing interventions are delegated. The registered nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01;
- c. When providing preventive, restorative, and supportive care, the registered nurse may determine and place durable medical equipment

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1. <http://bhr.sd.gov/workforus>
2. Click "**All open positions**" on the right side of page
3. Enter 3777 in the Job ID or Keyword field
5. Click "Registered Nurse" position to view description
6. Click "Apply Now" and follow the instructions

If you get an error after Item #3, see instructions at bottom of web page.

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- or therapeutic devices necessary to implement the overall nursing plan of care; and
- d. The board recognizes Nursing: Scope and Standards of Practice, 2004, and the Guide to the Code of Ethics for Nurses: Interpretation and Analysis, 2008, as published by the American Nurses Association as the criteria for assuring safe and effective practice following licensure;
- (2) **For the licensed practical nurse:**
- a. The licensed practical nurse shall assist the registered nurse or physician in the recurring nursing process as follows:
- Contribute to the nursing assessment;
 - Participate in the development of the nursing diagnoses;
 - Participate in care planning;
 - Participate in the implementation of nursing interventions;
 - Contribute to the evaluation of responses to nursing interventions;
- b. The licensed practical nurse may practice as follows in two general settings:
- With at least minimal supervision¹ when providing nursing care in a stable² nursing situation; and
 - With direct supervision³ when providing nursing care in a complex⁴ nursing situation;
- c. The licensed practical nurse may perform the intravenous therapy functions defined in § 20:48:04:06, with demonstrated competence acquired through basic nursing education or in-service training or other forms of continuing education;
- d. The licensed practical nurse shall consult with a registered

- nurse or other health team members and seek guidance as necessary and shall obtain instruction and supervision as necessary;
- e. The licensed practical nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter

- 20:48:04.01; and
- f. The board recognizes the NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs, 2007, as published by the National

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Association for Practical Nurse Education and Service as the criteria for assuring safe and effective practice following licensure.

20:48:01:01. Definitions. Terms defined in SDCL chapter 36-9 have the same meaning when used in this article. In addition, terms used in this article mean:

¹ (12) "Minimal supervision," supervision given by a registered nurse, licensed physician, or dentist who is physically on the premises where the client is being cared for or readily available by telephone;

² (14) "Stable nursing situation," a situation in which the client's clinical and behavioral state is known and predictable

and no rapid change in that state is reasonably anticipated;

³ (9) "Direct supervision," supervision given by a registered nurse or licensed physician who is physically present in the immediate area where the client is being provided nursing service;

⁴ (5) "Complex nursing situation," a situation in which the client's clinical and behavioral state is not predictable and rapid change in that state is reasonably anticipated;

2. If the task is *not* expressly prohibited in the NPA, ask:

- Is there a South Dakota Board of Nursing Advisory Opinion/ Position statement on the topic?
 - The Board of Nursing provides statements on practice based on written

requests. Although they are not judicially reviewable and do not have the force and effect of law, they do serve as a guideline for nurses who wish to engage in safe nursing practices. The Board has issued position statements on various areas of practice; these statements can be accessed at: <http://doh.sd.gov/boards/nursing/title-opinion.aspx>.

- Is there a policy or protocol on the task or activity at your employing facility?
 - If yes, read and follow the policy. Agency policies should guide you in providing safe care within that facility.



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- Referral options specific to South Dakota
- Obesity coding information



A PUBLIC HEALTH MESSAGE FROM THE SOUTH DAKOTA DEPARTMENT OF HEALTH

Employers are accountable to review policies and protocols regularly to make certain they include current, evidence based practices that meet all state and federal regulatory, reimbursement, or other accrediting body requirements.

- What are the standards of practice and guidelines for this task/activity? Is there current nursing literature or evidence based research on the task or activity? And would a reasonable, prudent nurse perform the task in a similar situation or circumstance?
 - Gathering information from national nursing specialty organizations identifies what national experts believe is the standard of practice. For instance practice guidelines on wound care might be found on the Wound, Ostomy, and Continence Nurses Society website; or intravenous infusion therapy guidelines might be found on the Infusion Nurse’s Society website. A helpful link to a list of national professional nursing organizations is: <http://www.nurse.org/orgs.shtml>.
 - Requesting policies and procedures from other facilities might also be useful in determining the standard of practice and what might be considered reasonable and prudent nursing practice for the specific task or activity.

Finding answers to some or all of the questions may serve as evidence that the task or activity is or is not in a nurse’s scope of practice.

3. **If the evidence demonstrates that the task or activity may be in a nurse’s scope ask, “Does the nurse have the knowledge and skills necessary to perform the task or activity?”**

Nurses are responsible to perform safe care and accept assignments within their individual educational preparation, experience, knowledge, skills and abilities. Pursuant to ARSD 20:48:04:01, “a licensee is personally responsible for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person.” As such a nurse must determine for him/herself whether or not he/she has the depth of knowledge needed to

perform the new task in an effective and safe manner and according to agency policy. Nurses without sufficient depth of knowledge or skill may obtain additional education and training through in-service, continuing education, or graduate studies in order to perform that task or activity.

Scope of Practice Decisioning Model

The *Scope of Practice Algorithm* was developed as a reference tool for nurses to use in determining if a task or activity may be in their scope. The algorithm was approved by the South Dakota Board of Nursing at their November 2004 meeting and can be accessed on the Board’s website, <http://doh.sd.gov/boards/nursing/documents/ScopeofPractice3.pdf>.

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RN Scope	LPN Scope
<ul style="list-style-type: none"> Conduct and document a nursing assessment. <ul style="list-style-type: none"> Based on substantial knowledge obtained through educational preparation, the RN is responsible for the assessment and synthesis of information obtained to prepare a nursing diagnosis and plan of care to meet the needs of the patient. The RN remains accountable and responsible for the assessment according to SDCL 36-9-3. 	<ul style="list-style-type: none"> Contribute to the nursing assessment by collecting objective and subjective data. Employers frequently ask if “an LPN can perform an initial assessment?” Nothing in the SD NPA refers to an “initial” assessment. SD law provides that an LPN may contribute to the assessment process by collecting data. Employers are recommended to contact the agency regulating their environment to determine specific requirements for level of assessment needed and if the LPN’s contribution to the assessment is adequate.
<ul style="list-style-type: none"> Establish and document nursing diagnoses to serve as the basis for the plan of care. 	<ul style="list-style-type: none"> Participate in the development of nursing diagnoses.
<ul style="list-style-type: none"> Develop and coordinate a comprehensive plan of care based on the nursing assessment and nursing diagnoses. 	<ul style="list-style-type: none"> Participate in care planning.
<ul style="list-style-type: none"> Implement the plan of care and document interventions. 	<ul style="list-style-type: none"> Participate in the implementation and documentation of nursing interventions.
<ul style="list-style-type: none"> Evaluate and document responses to interventions using outcome data. 	<ul style="list-style-type: none"> Contribute to the evaluation of responses to nursing interventions.
<ul style="list-style-type: none"> Collaborate and communicate with interdisciplinary healthcare team. Make referrals, as needed, and follow-up on referrals. 	<ul style="list-style-type: none"> Collaborate and communicate with interdisciplinary healthcare team. Expected to report patient changes and are supervised as follows: <ul style="list-style-type: none"> Complex environment, the RN (or physician or dentist) is physically present in immediate area. Stable environment, the RN (or physician or dentist) must be present on premises or available by telephone.
<ul style="list-style-type: none"> Delegate nursing interventions to qualified nursing staff or unlicensed personnel in accordance with standards in ARSD 20:48:04.01. 	<ul style="list-style-type: none"> Delegate nursing interventions to qualified unlicensed personnel in accordance with standards in ARSD 20:48:04.01.
<ul style="list-style-type: none"> Provide supervision, minimal or direct, of other licensed or unlicensed care providers to whom nursing assignments or interventions have been delegated. 	<ul style="list-style-type: none"> Provide supervision of unlicensed persons to whom nursing assignments or interventions have been delegated.

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LPN Role

Often it is difficult for employers to understand the role of the LPN and what they may or may not do. In order to understand the role better, it is important to start with the Nurse Practice Act and the Board of Nursing’s advisory opinions, referenced above. These laws, rules, and opinions were adopted to clarify the scopes and standards of practice and to promote safe practice standards.

The law requires that LPNs practice under the supervision of an RN, physician, or dentist. The level of supervision is determined by the complexity of the practice setting. For example a more complex patient environment, such as a hospital setting, requires a higher level of RN supervision than a more stable and predictable setting, like a skilled nursing home. A complex environment always requires direct supervision by an RN because the patients are less stable and their conditions may change rapidly. In these settings the RN must be onsite and available to the LPN. A clinic or a nursing home however is a more stable environment, so the RN or physician should be available on site or by telephone to consult and assist

as needed. Also know that the NPA does not require that an RN ‘sign-off’ on the care provided by the LPN; only that the LPN should be able to consult with and report to an RN (or physician or dentist) any changes in a patient’s condition and results of assessment findings.

The table above summarizes basic differences between RN and LPN scopes of practice.

LPNs and employers often ask whether or not an LPN may perform a certain task. The table below provides a list with some of the tasks LPNs may or may not be allowed to perform. Keep in mind that in order for a task to be within a nurse’s scope the appropriately prepared nurse must:

1. Be educated and competent to perform the procedure or activity;
2. Have an appropriate medical order for the procedure;
3. Practice according to accepted standards of practice;
4. Have a facility policy or procedure in place that supports the performance of the task or activity, as appropriate; and
5. Have in place the adequate level of RN (or physician or dentist) supervision.



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LPN Practice, Task or Responsibility:	May perform the following based on individual LPN scope:	May not perform:
Medication Administration	<ul style="list-style-type: none"> Administration of oral, SQ, IM, topical, rectal, vaginal, inhalation, eye, ear. May delegate medication administration to trained UAP in accordance with ARSD 20:48:04.01. 	<ul style="list-style-type: none"> Delegation of SQ insulin administration to UAP/unlicensed diabetes aides.
Peripheral Venipuncture	<ul style="list-style-type: none"> May perform for patients 12 years and older, including aspiration for lab blood draws (must also meet laboratory requirements). 	
Intravenous (IV) Therapy – Peripheral & Externally Accessed Central Lines See ARSD 20:48:04:06 and 20:48:04:07 http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=20:48:04&cookieCheck=true	<ul style="list-style-type: none"> May provide for patients 12 years and older. May assemble and maintain equipment for gravity drip infusion and electronic controlling devices: <ul style="list-style-type: none"> Calculate and adjust infusion rates using standard formulas, Perform routine tubing set changes. May administer standard (maintenance) solutions at a defined flow rate, with or without admixtures, mixed and labeled by a pharmacist, RN, or physician. May administer vitamins, antibiotics, corticosteroids, and H2 antagonists by piggyback route, mixed and labeled by a pharmacist, RN, or physician. May perform routine peripheral IV site and central line dressing changes Peripheral IV only, may: <ul style="list-style-type: none"> Convert and flush heparin or saline intermittent infusion devices, Discontinue peripheral IV. 	<ul style="list-style-type: none"> Insertion and discontinuation of midlines, PICCs, central lines, and port-a-cath needle. Assembly and maintenance of equipment for client-controlled devices, e.g. PCA pump. Administration of: <ul style="list-style-type: none"> IV solutions with potassium chloride added at concentration that exceeds 20 meq/liter or at a rate that exceeds 10 meq/hour, first dose of vitamins, antibiotics, corticosteroids, and H2 antagonists (must be administered by RN), medications by direct IV push or bolus route, Blood or blood products, (may assist with monitoring patient) Fat emulsions, Total parenteral nutrition, Chemotherapy (may assist with monitoring IV site), or Any medications by intravenous route not authorized by § 20:48:04:06.
Hemodialysis and Peritoneal Dialysis May perform following completion of additional education, see ARSD 20:48:04:02.03 (http://legis.sd.gov/Rules/DisplayRule.aspx?Rule=20:48:04:02.03&cookieCheck=true)	<ul style="list-style-type: none"> May provide for clients 12 year and older May initiate, monitor and discontinue dialysis treatments for peripheral or central catheter accesses according to the IV therapy guidelines described above. 	
Trach Care	<ul style="list-style-type: none"> May suction, perform dressing changes. 	
Naso-gastric Tube	<ul style="list-style-type: none"> May insert and remove tube, Administer medication via tube. 	
Gastrostomy Tube	<ul style="list-style-type: none"> May change or replace tube, Administer medication via tube. 	
Foley Catheter	<ul style="list-style-type: none"> May insert catheters, remove. 	
Suprapubic Catheter	<ul style="list-style-type: none"> May change or replace tube. 	
Wound Care	<ul style="list-style-type: none"> May perform sterile, complex dressing changes, Remove sutures and staples. 	
Patient Teaching	<ul style="list-style-type: none"> May assist with admission and discharge of patients. 	
Physician Orders	<ul style="list-style-type: none"> May receive and document verbal orders. 	
Leadership	<ul style="list-style-type: none"> May Accept role of charge nurse, team leader in long term care, assisted living settings. Supervise unlicensed personnel. 	<ul style="list-style-type: none"> Supervise licensed health professionals <ul style="list-style-type: none"> Since LPNs are required in law to be supervised by an RN, physician, or dentist, the LPN should not be a supervisor of licensed providers.
Dermatologic Procedures	<ul style="list-style-type: none"> May administer Botox (an appropriately prepared nurse may administer following assessment by a physician, NP, or PA-C; the patient must have a valid treatment order; the drug must be dispensed according to state law). 	<ul style="list-style-type: none"> Laser therapy; e.g. hair removal Microdermabrasion Chemical peels Sclerotherapy
Massage	<ul style="list-style-type: none"> May perform basic or more advanced massage consistent with additional education received. 	

SD Board of Nursing Seeks Interested Clinical Nurse Specialists for Open Positions on Advanced Practice Registered Nurses Advisory Committee

The South Dakota Board of Nursing is seeking to fill two open Clinical Nurse Specialist (CNS) positions on their Advanced Practice Registered Nurse (APRN) Advisory Committee.

The APRN Advisory Committee is a Board of Nursing appointed committee composed of two SD licensed CNMs, four SD licensed CNPs, and two SD licensed CRNAs. At the September 2014 South Dakota Board of Nursing meeting they also approved the appointment of two SD licensed CNSs to this committee.

Committee involvement requires attending an annual meeting held in August and committee work throughout the year conducted by teleconference and e-mail. The Committee is responsible to assist the Board of Nursing in evaluating advanced practice nursing care standards and regulation.

CNSs interested in being considered as an advisory committee member should complete the application questions below and send along with resume/vitae to the Board of Nursing Office, attention Linda Young by March 27, 2015. The Board of Nursing will review and appoint new committee members. Applicants will receive notification following the Board's decision at their April 16-17, 2015 meeting.

Advanced Practice Registered Nurse Advisory Committee Application Directions:

Applicants must be actively licensed in South Dakota as a CNS.

1. Provide a copy of your resume/vitae including full name and contact information.
2. Provide your SD CNS license number and specialty/focus area of practice.

Provide a type written response to the following questions:

3. Explain your interest in serving on the Committee.
4. Describe your background education/experience in evaluating standards of advance practice nursing care and in relation to relevant statutes and regulations.
5. Can you commit to serve a 3 year term and to meet at least annually?
6. Are you available via e-mail or phone to provide direction to Board staff regarding Advanced Practice Nursing questions?

Submit application materials by **March 27, 2015** to:
Linda Young

South Dakota Board of Nursing

4305 S. Louise Ave, Suite 201
Sioux Falls, SD 57106-4305

Or email documents to Linda.
Young@state.sd.us

Or fax, attention Linda Young: 605-362-2768

Contact Linda Young at 605-362-2772 with any questions.

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Grassroots Free Clinics A Needed Reality

Members of "Set Free Church," a small Baptist church in Beresford, South Dakota, teamed up with a mission group from Rayville Christian Union in Missouri to offer donated activities from free oil changes, auto maintenance, haircuts, a workshop on chainsaw care, massage therapy, and basic healthcare screenings. The development of community health centers and free clinics seems to be a growing trend for many reasons. Set Free Church sees it as an opportunity to help the "working poor struggling to pay healthcare deductibles" (personal communication, Pam Lundt, 2014). While these centers and clinics meet a relatively small portion of an individuals' healthcare needs, they are a vital healthcare option in small towns and rural communities.

"It's not possible to start a program on need alone: someone has to have a passion for the cause and be willing to champion that cause" shared Pastor Mike Lindsay of Set Free. One such person quickly came forward. Marianne Sauer, a retired nurse with over 20 years' experience, felt she was far from finished with her nursing career and her desire to help people. She took on the role of church nurse for the clinic.

Many people took advantage of the free healthcare screenings offered at Set Free Church. The nurse, Marianne Sauer, kept meeting with them and in the first month close to 100 people received care. While the healthcare ministry was needed, what made it possible was the availability of nurses at the church who were willing to do the work.

Marianne smiles as she recalls monitoring blood pressures in a rather crowded Sunday school room. Today, she has a newly constructed, fully equipped exam



room. Many items were donated or purchased second hand, but all are part of a well-functioning ministry. When it comes to a vision for the future, added exam rooms and a dental clinic are not out of the realm of possibility.

"Everything about our church is a bit non-traditional," Pastor Lindsay stated. "We are housed in what was formerly a bowling alley but was empty for several years until our church purchased the building." As if having a church and clinic in a former bowling alley isn't enough, the church is also a distribution center for Feeding South Dakota, TEFAP (The Emergency Food Assistance Program), and Senior Commodities, and provides sign language classes and Spanish classes. Marianne and the Set Free Church's clinic demonstrate that you don't need a fancy building to reach out to people in your community. All that is needed is a little space and the desire to make a difference.

Article written by Pastor Mike Lindsay (featured in thumbnail photo with Nurse Marianne) and Pam Lundt, BS education, MS Secondary Ed., Church representative.

Questions regarding the article or Set Free Church services should be directed to:

Pam Lundt at sdlundt@yahoo.com

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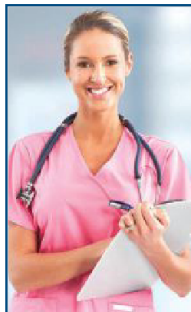
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