NURSES' LONG HOURS Lead to Worse Patient Outcomes

Crissy Hunter supervises Sheridan College second year nursing students: Kary Kelly, Kayla Holt, Stephanie Hoffman and Joe Coones.

Photos by Dennis Jacobs
A Rare Opportunity to Become a Part of Nursing Excellence

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Last year, the Wyoming State Board of Nursing (WSBN) participated for the first time in a major survey done by National Council State Boards of Nursing (NCSBN). One of the many initiatives of NCSBN is the Commitment to Ongoing Regulatory Excellence (CORE). The CORE survey is done approximately every two (2) years to gather data on a multitude of processes with the goal of providing state boards of nursing information about their own regulatory functions and processes as well as comparison data of all other participating boards in order to benchmark improvement measures. Wyoming nurses, administrators and nurse educators were sampled to complete the survey. WSBN received a lengthy report with a multitude of results that will offer information to guide process improvements for a long time to come; or at least until the next survey!

One of the more intriguing aspects of the survey was the comment section where respondents were able to leave an answer to the question, “What additional activities would you like to see your board engage in to promote public protection?” The comments provided a wealth of additional feedback and gave a glimpse of respondents’ perceptions. Some were very positive about the work WSBN is doing and some were clearly unhappy. Most concerning was the number of responses that indicated a lack
of knowledge of why WSBN exists at all. Clearly, there is still much work to be done to educate our licensees and certificate holders about the purpose and mission of WSBN: To protect the PUBLIC through the regulation of nursing education and practice.

I emphasize the word “public” because so many of the comments made requests that the board do more of the following: promote nurses, support nurses, advocate for the role of the Licensed Practical Nurse (LPN), advance the role of Advanced Practice Registered Nurses (APRN), include Medical Assistants (MA), and push for various agendas running the gamut from very personal concerns to healthcare reform. These comments reflected what the WSBN’s role is for the consumer. This edition of the WNR is committed to public safety, sustaining quality nursing care. Sometimes I hear the rejoinder, “Well, I’m a nurse and I’m a member of the public, too!” But unless the nurse saying this is coming to the board as a consumer (or family member of a consumer) of nursing care and practice, it is not where the board’s lens is focused. In truth, this distinction is sometimes very difficult to see and act upon.

There are real challenges in balancing an employer’s need to have new employees licensed quickly to assure safe staffing levels and the board’s licensure process which is designed to protect the public. Clearly, WSBN’s mission “to regulate nursing education” places us at the table addressing issues of curriculum, standards, and entry-level criteria. And of course, we are keenly interested in developing, promoting, and enforcing standards of nursing care and practice. But the over-riding objective in engaging in those activities is to assure that the public, both as a community, and as individuals, is able to receive safe and competent nursing care. We know that “the public” is larger than just Wyoming citizens. Nurses who are licensed to practice in Wyoming are able to use that license to and competent nursing care. Sometimes I hear the rejoinder, “Well, I’m a nurse and I’m a member of the public, too!” But unless the nurse saying this is coming to the board as a consumer (or family member of a consumer) of nursing care and practice, it is not where the board’s lens is focused. In truth, this distinction is sometimes very difficult to see and act upon.

Certainly, WSBN’s mission “to regulate nursing education” places us at the table and as individuals, is able to receive safe and competent nursing care. We know that “the public” is larger than just Wyoming citizens. Nurses who are licensed to practice in Wyoming are able to use that license to endorse into any other state or territory. To put it plainly, WSBN is here for the public, or as it is often referred to in the regulatory world: The Consumer.

To that end, this Fall 2011 issue of Wyoming Nurse Reporter is highlighting that area of board functions and activities that hone in on the consumer. Our board member spotlight will be on our Consumer Member of the board, Marguerite Herman. WSBN is especially proud to have such an active and engaged consumer board member. Marguerite’s insight and wit have proved to be an amazing force on the board. We welcome our readers’ comments and questions on this issue.

On a related note, many of the responses to the CORE survey indicated a strong desire to see a requirement for continued competency in order to renew the Wyoming nursing license. The Consumer Advocacy Center, of which WSBN is a member, reports consumers assume and expect that ALL healthcare providers undergo regular competency assessment and assurance of continued competency in order to practice. Wyoming at present does not require demonstration of continued competency in nursing practice for LPNs or RNs unless it is in lieu of practice hours; and that is satisfied simply by 20 contact hours of continuing education over a 2 year period. There is a swelling national and even international debate on how or if continued competency for healthcare professionals needs to happen. Stay tuned…

A Message from Tracy Wasserburger
President of Wyoming State Board of Nursing

At our annual nursing board retreat, our members and staff continued to update and refine our Strategic Plan, with the intent that we will stay focused, aware and committed to public safety, sustaining quality education programs and promote customer service to our consumers and our licensees. This edition of the WNR is committed to the consumer and I would like to take some time to share and educate our readers as to what the WSBN’s role is for the consumer. I think many times the role of the Board is misunderstood by the public and even our own professionals. It wasn’t until I became a board member that I gained a better understanding of that role. When I attended the National Council for State Boards of Nursing convention last summer, I gained a firmer understanding of board duties. Board Members must always keep in mind whom they represent. If Board members believe they are “representatives for” nurses,
then they voice only the interests and opinions of that constituency and act only on behalf of that constituency’s interest. However, the nurse members of the board are “representatives of” their professional groups, and they are able to ensure that the views, beliefs, values and self-interest of the constituencies they know the best are on the table as part of the conversation. When you choose to become a representative of your professional group, you work to ensure that others are informed of the view of the constituencies that they understand the best. They participate in a collective dialogue and deliberation, knowing that nursing regulation exists to protect the health, safety and welfare of the public in their receipt of nursing services (NCSBN, 2010). This is the bottom-line: When you serve on a board of nursing, your role is to be representative OF nursing, not FOR nursing. The Board roles and responsibilities also include setting organization direction, ensuring necessary resources and providing oversight for the WSBN office.

Public safety is the reason of our existence at the WSBN. The WSBN’s primary role is consumer protection, and it takes disciplinary action against unsafe or incompetent licensees and certificate holders in that role. Additionally, the WSBN approves schools of nursing, promotes nursing education, and approves and reviews curricula for these schools. It also approves all continuing education providers. Board nurse consultants analyze current nursing continuing education providers as well as current nursing practice issues. We at the WSBN are aware that nursing practice – with its own vocabulary – is hard to access for general public. We’re attempting to be more aware of times when the WSBN should help the public understand our actions through statements to news media.

We keep the consumer in mind when we make decisions on applications, discipline, practice and other license regulation. First and foremost is the value of patient (consumer) safety and what we can do to assure safe and competent practice. Public safety is at the end of every licensing or discipline decision, regulation of nurse education, and interaction with health care facilities. The WSBN is aware of the need to make sure the public understands the complaint process and how to access it. Our Executive Director, Dr. Mary Kay Goetter, has been touring the state in an effort to help educate the nurses and the facilities who employ them about when and how to file complaints. The Board has tried to make its Web site “consumer friendly” with clarification and guidance for consumers with complaints.

The public is in mind when we announce discipline decisions, seek public comment on proposed rules, announce policy changes and announce meetings. We value our professionals and have developed more opportunities for their participation in Board work on many levels; as advisory committees on revision of rules and regulations, advanced practice and nursing education, and we are working on creating an advisory group for the nurse monitoring program. Transparency is always a priority, and we are trying to make better use of the web site and this publication, the Wyoming Nurse Reporter to achieve that. We welcome guests to our meetings at all times.

More than 100 years ago, state governments established boards of nursing to protect the public’s health and welfare by overseeing and ensuring the safe practice of nursing. Boards of nursing achieve this mission by outlining the standards for safe nursing care and issuing licenses to practice nursing. We strive for on-going stake holder communication and hope that you see the efforts and strides that our organization has made and continues to make for you.

### Maria Kidner

**AANP Convention**

Maria Kidner, DNP, FN-BCP, FAANP is shown at the induction ceremony for the Fellows of the American Academy of Nurse Practitioners at the AANP convention in Las Vegas last June. AANP Fellows provide leadership and mentoring to other Nurse Practitioner groups and fellow NPs. Standing with Maria was her sponsor, Micheal Zychowicz, PhD, FNP-BC, FAANP, Assistant Dean the Duke University School of Nursing. Maria is the Wyoming AANP representative and serves on the APRN Advisory Committee for WSBN. She works as a cardiology specialist in Cheyenne.
Meet Your Board

In this issue we introduce you to Marguerite Herman

Name: Marguerite Herman
Occupation: Journalist, lobbyist, advocate
Organizations involved in: League of Women Voters, American Heart Association, La Leche League, PTA
Professional background: Journalism – Associated Press, free-lance; Lobbying: LWV, AHA, American Cancer Society-Cancer Action Network; Advocate: Breastfeeding, Education
Education: BA English (The Colorado College), MAT English (University of Chicago), MA Journalism (University of South Carolina)
Residence: Cheyenne, Wyoming

What would you like to see as a legacy of your service to the WSBN?
I want the viewpoint of the consumer to be evident in the licensing and rule-making decisions by the Board of Nursing. I want the board and staff to always be mindful of what the public doesn’t understand and what the public needs to know about board actions – and then make it a priority to get the information out.

I also would like members of the public to see the need for a consumer voice on the board and apply for appointment to the board when my term ends.

Your mentors: All the members of the WSBN who have helped me understand the process of nursing.

Word that best describes you:
Advocate

What you like best about WSBN Board of Directors work: I enjoy working with diligent, delightful board members and staff on the mission of public safety.

Most important lesson learned serving on the WSBN Board of Directors: The importance of honest, earnest inquiry and discussion.

Person you are most interested in meeting: Nelson Mandela

Pet peeves: Tie between people who lie with half-truths and misrepresentation and people who swallow these lies uncritically because they agree with their ideology.

Greatest passion: Maternal-child health


Favorite quote: “The newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts and security in the knowledge of her presence. Breastfeeding satisfies all three.” – Grantly Dick-Read, MD

Most influential book: The Healing of America, by T.R. Reid

Favorite website: Amazon.com

Favorite cause: Breastfeeding

Favorite movie: Groundhog Day

Favorite musician: Paul Simon

Most treasured possession: camera

Favorite vacation destination: Yellowstone National Park

Favorite way to spend free time: Knitting – free time, occupied time, all time.
Meet Your Board
In this issue we introduce you to Marcie Burr

It is our intention to provide at least a peek into the personalities of the individuals who share so generously of their time, talent and energy to further and strengthen the WSBN.

Name: Marcie Burr
Occupation: Health Services Administrator
Organization: PHS Corrections
Description of Organization: Correctional Healthcare
Professional background: Local hospitals in Lander, Riverton and Jackson, WY; Santa Rosa Children’s Hospital in San Antonio, TX and Medical University of South Carolina in Charleston, SC.
Education: Central Wyoming College in Riverton, WY
Residence: Fremont County

What would you like to see as a legacy of your service to the WSBN?
I would like to know that I made a difference in the safety of patients; that decisions and actions we share as a board have left a positive impact on the citizens of our wonderful state. I would also hope that I have opened the eyes of many to the correctional healthcare specialty. It truly is a specialty all its own.

What you like best about WSBN Board of Directors work:
A very hard question to answer, as there are many things I enjoy about the state board of nursing. One of the most valuable is the networking with peers and making sound decisions regarding all aspects of nursing in Wyoming. This is such a rewarding position with working on rules and regulations, discipline, reviewing applicants, education and educational opportunities.

Most important lesson learned serving on the WSBN Board of Directors: Be fair in all aspects.

Person you are most interested in meeting:
Well, one never meets a stranger.

Pet peeves: People who won’t look me in the eye.

Favorite quote: frequently said by my Regional VP “Don’t let the tail wag the dog.”

Most influential book: The Bible

Favorite cause: missing children

Favorite movie: plural, I have three- The Color Purple, Forrest Gump and Fried Green Tomatoes.

Favorite musician: Most country artists.

Most treasured possession: My Dads old saddle.

Favorite vacation destination: Ireland, still hoping to get there someday.

Favorite way to spend free time: With the grandkids and horses. Wyoming stuff- mountains, rodeos, fair, the list goes on.

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Jacksonville University School of Nursing
Simulation in Nursing Education

High-tech simulation in nursing education is coming to Sheridan this fall in the form of a nursing simulation center located at 245 Broadway. A generous gift from the Whitney Foundation provided the physical space for this new learning center. Major remodeling, funded with a Federal stimulus grant, resulted in creation of the new multi-use classroom space that will make it possible for the Sheridan College nursing program to expand the role simulation plays in its nursing curriculum.

Simulation is a teaching strategy aimed at providing experiential learning opportunities through the use of technology – in this case, high fidelity simulation mannequins that have lifelike qualities.

The Simulation Center is a joint effort of Sheridan College, Sheridan Memorial Hospital and the Veteran’s Administration Medical Center. The center will provide an additional clinical site for nursing students from Sheridan and Gillette College as well as an orientation and training site for hospital employees.

“I’m excited about the center mainly because students will have the ability to learn in a safe environment. The act of doing carries more weight than reading or observing. During simulation, students are in the hot seat with no time for reading and observing...they are doing,” said Crissy Hunter, SC nursing faculty.

The new nursing lab mimics a hospital unit and features twelve computerized mannequins ranging from a laboring woman to a newborn to a geriatric patient. All of the “dummies” have a heartbeat, can speak, breathe, blink and more. They can simulate more than 50 common medical conditions such as acute pain, hemorrhage or a heart attack, giving students an opportunity to practice technical skills, decision making, and critical thinking. Students can also practice situations that are rarely available for them to see in an actual clinical site so they can learn from their mistakes without causing harm to patients.

Simulation will never be a replacement for actual clinical experiences nor will it diminish the key roles of expert nursing faculty and skilled, experienced preceptors in the community. Incorporating high tech simulation in nursing education will supplement and enhance learning opportunities for students, hospital employees, and other health care professionals.

Jenny Heuck, RN, MS, CNE, is Nursing Faculty at Sheridan College.

“During Simulation, students are in the hot seat with no time for reading and observing...they are doing.”

Chrissy Hunter, SC Nursing Faculty
In this issue, we will highlight the great work WSBN’s two Licensing Coordinators do on a daily basis. On top of handling over 1,600 phone calls and walk-in customers, the Licensing Coordinators issued over 1,200 licenses in the past quarter. Day in and day out they are here to assist you with your licensing questions and needs. Some recent feedback from nurses and employers brings pride to the agency:

“Lavelle Ojeda - I have been working w/ Lavelle for years now. I have been a recruiter for going on 7 years and she has been excellent to work with. She is very knowledgeable about the process, helpful to not only myself but the RNs as well, she is dependable and efficient. She has been a true asset to the license process for our organization. You can tell she works hard to get the license process done in a timely manner.”

“Maxine and LaVelle both are very informative”

“Lavelle Ojeda She is very helpful!!!”

“Maxine, Thanks so much for your help in straightening out my application blunder”

“Maxine, Thank you VERY much for all of your work getting my APRN license through. It is much appreciated. I am sure many days go by and you don’t hear thank you enough for all the work you do behind the scenes…”

Remember, we are paperless! Your license status can be verified on our webpage by you or your employer 24/7.

Please feel free to contact Amanda Roberts at amanda.roberts@wyo.gov for your suggestions and feedback on customer service from WSBN.

Survey Monkey

WSBN has a new feature on the website. In order to improve service and give all of our customers, both nurses and the public, a means to provide feedback, there is a customer service survey on our main page. Please use this Survey Monkey option to let us know how your needs are being met.
Charlene M. Holtzman LPN, CCHP is currently the Assistant Health Service Administrator for Corizon at Wyoming Medium Correctional Institution. She has been NCCHC certified since 2004. She originally moved to Wyoming in 2009 to assist in opening a flagship facility in corrections. Wyoming Medium Correctional Facility (WMCI) is the first of its kind bringing specialized care to corrections. They provide an extended type of care and specialize in long-term medical care for inmates.

In 1989, while living in Massachusetts, I found myself divorced and a single mother of two young daughters and no way to support myself and my family. I had always wanted to be a nurse so with the help and support of my family I went back to school to get my LPN degree. After graduating from school I began working long term care and I loved it. I worked there for 8 years and loved every minute of it. I was getting burned out from the whole nursing game and was undecided if I wanted to continue in the medical field at all. A friend of mine suggested that I come and work with her at the local jail on a per diem basis until I made a decision. After discussing it with my husband I decided to give it a try. I immediately fell in love with correctional nursing. I started as a per diem nurse, then took a full-time position on the evening shift. I was promoted to charge nurse on that shift and then moved to the day shift. While working on the day shift I held many positions, HIV nurse, inmate/staff educator, clinic coordinator, accreditation nurse and finally as health service administrator. During this time all my children grew up knowing that I worked in “jail.”

One year, I went to Denver for an NCCHC (National Commission on Correctional Health Care) conference and to visit with my brother and his wife who lived in Cheyenne at the time. I couldn’t believe how beautiful the area was and how friendly the people were. When I went home I told my husband that I wanted to move out to this area. He said he was willing to go anywhere that would make me happy. But our children were starting high school and really were not happy with the possibility of moving. We decided to put that idea on hold. I received a phone call from my brother that said “They are building a new prison in Torrington.” I kept up on the news between the internet and feedback from my brother and sister-in-law. When I heard they were hiring for the facility I wrote letters to all the wardens asking them to forward my resume onto the medical department. I figured if I didn’t get a job at the new facility then maybe I could take someone’s position that was transferring to the new facility. All my children were grown and on their own, and my personal life wasn’t going all that well at the time. I came to Wyoming and interviewed for a job with Marcie Burr, RN and of course was offered a position. Marcie was fantastic, acclimating me to the area, helping me find a place to live and just being a friend. I went back to Massachusetts and told my family who were stunned and never thought I would go through with it.

In October 2009 I packed up everything I could fit into my little Jeep Liberty and drove to my new life in Wyoming. I immediately felt at home. The people I worked with were from all over and a lot of us were new to the area. The people of Torrington welcomed us and have made us all feel like we belong here.

“I packed up everything... and drove to my new life in Wyoming.”

Coming from a very big city in Massachusetts all of my life to a small town like Torrington has been a life changing experience, definitely a good one. I enjoy my trips back to Massachusetts to see my family and friends and my new granddaughter, but I find myself at the end of the trips looking forward to coming home to Torrington.

Both of my daughters became LPN’s and decided to enter the correctional nursing field. They enjoyed the experience and have moved onto other fields of nursing. I remarried in 2000 and my husband became a correctional officer and did the job for 8 years before joining me in Wyoming this year.
Hospitals in which nurses work long hours have higher rates of patients’ deaths from pneumonia and acute myocardial infarction, according to a new study.

Researchers at the University of Maryland School of Nursing and Johns Hopkins School of Medicine conducted a study of nurses’ work schedules, staffing and patient outcomes as part of ongoing research funded by the National Council of State Boards of Nursing.

In the study — “Nurses’ Work Schedule Characteristics, Nurse Staffing, and Patient Mortality,” which appears in the January/February issue of Nursing Research — the authors examined patient outcomes and staffing information from 71 acute care hospitals in Illinois and North Carolina. They compared the data with survey responses of 633 randomly selected nurses who worked at the hospitals.

Long work hours and lack of time off were the components most frequently linked to patient mortality. Co-author Alison Trinkoff, RN, ScD, MPH, FAAN, professor at the Maryland School of Nursing, said nurses need time off to rest and recuperate for their own health and to ensure a high level of performance on the job.

In the study, pneumonia deaths were significantly more likely in hospitals where nurses reported schedules with long hours and lack of time away from work. Patient incidence of abdominal aortic aneurysm also was associated with lack of time off for nurses. Mortality in patients with congestive heart failure was associated with nurses who worked while sick. Acute myocardial infarction was associated significantly with nurses’ weekly burden, specifically hours per week and consecutive days.

In previous papers, the authors cited data challenging the 12-hour work shift model, which they said can lead to sleep deprivation, health problems and a greater likelihood of errors when treating patients. They also examined barriers that keep nursing executives from reducing the duration of nurses’ shifts and offered strategies to help mitigate potentially detrimental effects of 12-hour shifts.

With the latest study linking patient deaths from pneumonia and acute myocardial infarction to longer shifts, the authors hope to call new attention to the issue.

“Now that we have data that these conditions affect the public adversely, there is even more reason for providers in each hospital and clinic to look at the situation and find more solutions,” Trinkoff said.

Trinkoff’s co-authors were Meg Johantgen, RN, PhD; Carla Storr, RN, PhD, MPH; Kihye Han, RN, MD; Yulan Liang, PhD; and Ayse Gurses, PhD.

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WSBN Reporting Responsibilities: HOW, WHY AND WHAT WE REPORT

The Wyoming State Board of Nursing (WSBN) is charged with enforcing the Nurse Practice Act and Administrative Rules and Regulations. These are the statutes and rules that govern all nurses and nursing assistants licensed to practice in Wyoming. WSBN is authorized to investigate and take appropriate action whenever statutes are not followed to ensure safe nursing practice and public protection.

Federal law requires disciplinary actions against a nurse's license be reported to the federal data banks. The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) contain disciplinary information regarding licensed healthcare practitioners in the United States.

HIPDB, originally created to protect against fraud and abuse in healthcare, is a tracking system that alerts users to review the practitioner, provider, or supplier's past actions. HIPDB information is used in combination with information from other sources in making determinations on employment, affiliation, certification, or licensure decisions and for insurance reimbursement in health care delivery. NPDB is a tracking system developed to protect beneficiaries of Medicare and Medicaid programs from healthcare practitioners who may be unfit or unsafe. The National Council of State Boards of Nursing (NCSBN) is the reporting agent for our board for licensed nurses (LPNs and RNs). WSBN reports disciplinary action taken against CNAs directly to the HIPDB/NPDB site.

The Code of Federal Regulations (CFR), Title 45 §61.7: “Reporting licensure actions taken by Federal or State licensing and certification agencies” specifies what actions must be reported. WSBN is required by the CFR to report the following final adverse actions taken against a licensee or practitioner:

1. Formal or official actions: Revocation, suspension, reprimand, censure or probation.
2. Any other loss of the license or certification agreement: Voluntary surrender.
3. Any other negative action or finding by WSBN that is publicly available information.

WSBN must include the following information when making a report to NPDB-HIPDB:

1. Name of the individual
2. Social Security Number
3. Address
4. Sex
5. Date of birth
6. Name of each professional school attended and year of graduation.
7. The State license the action was taken against, the license number, the field of licensure.
8. Narrative summary describing the event, injuries and the violations. The violation and action taken are classified according to a reporting code adopted by the agency.
9. The date the action was taken, which includes the effective date and how long it will remain in effect.
10. If the action is on appeal.

Additional information that we report when known:

1. Other names used by the licensee.
2. Other address.
3. Death date, if deceased.
4. Other State professional license numbers.
5. Other numbers assigned by Federal or State agencies (i.e. Drug Enforcement Administration (DEA) number).
6. If the person will be automatically reinstated and the date of appeal, if any.

WSBN's reporting of disciplinary action against licensees and certificate holders is mandated by the Code of Federal Regulations. There are sanctions for failing to provide disciplinary data to the proper reporting agencies and hefty fines may be imposed. It is the purpose of any regulatory board to assure the public that we are lawfully using our authority to protect them from unsafe and potentially harmful healthcare practitioners.

You may visit the NPDB-HIPDB Web site at www.npdb-hipdb.hrsa.gov or the National Council of State Boards of Nursing (NCSBN) website at www.NCSBN.org for further information on HIPDB.

The Wyoming Nurse Practice Act (NPA) and Administrative Rules and Regulations can be found on our website: http://nursing.state.wy.us.

References:

2008 Thomson Reuters/West; Westlaw 45 C.F.R. §61.7
To us, exploration is a way of life.

We seek it, we find it. Groundbreaking accomplishments, medical innovations that improve the way we care for our patients and dynamic, passionate leaders like you. Our expanding healthcare system includes a 218-bed medical center with Level II Trauma Care in Cheyenne, the Cheyenne Physician Group and Home Health Care Centers that expand to Wheatland and Torrington. We’re hiring RNs in the following areas:

- Advanced Practice Nurse: Infusion/OP
- Charge Nurses: Mother/Baby and Ortho/Neuro
- Clinical Research Specialist
- LPNs: Behavioral Health
- Nurse Practitioner: Palliative Care and Bariatrics/Life Management
- Registered Nurses: ARU, Behavioral Health, Endoscopy, Home Health, ICU, Medical Unit, Nursery, Oncology, Operating Room, Ortho/Neuro, PACU, TCU and Telemetry

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Seminar on Decision Making

Dr. Lory Cluckey, PhD, PsyD, RN, CNS, conducted a daylong seminar on effective decision-making and coping skills for board members and staff.

WSBN Annual Retreat

The WSBN held their annual retreat and July Board meeting at the TA Ranch just south of Buffalo. Pictured left to right are current board members: Marguerite Herman (Cheyenne), Marci Burr (Pavillion), Carrie DeSelms (Albin), Lee Carruthers (Cheyenne), Lori Johnson (Thayne), Traci Wasserburger (Gillette), Kellie Clausen (Douglas). The combined retreat/board meeting gives members and staff the opportunity to know each other personally and discuss upcoming WSBN obligations.

BRAND Program

Toni Decklever, MA, RN, Wyoming Nursing Association lobbyist and Todd Berger, WSBN Practice and Education Consultant, speak to the University of Wyoming BRAND class. BRAND is an accelerated nursing program that compresses a three year BSN program into a one year commitment. Students must have a prior college degree in any field. The speakers shared their perspectives on professional involvement, personal stories, and nursing development at the request of Carrie DeSelms, WSBN Vice President and BRAND coordinator.
Compliance Audits

The Wyoming State Board of Nursing (WSBN) has been through two recent audits. The Federal Bureau of Investigation conducted a compliance audit of our Finger Printing and Criminal Background Check processes. We are happy to say we passed every category and are in complete compliance with FBI rules.

WEBSITE Survey

A private evaluation group audited the websites of several Nursing Boards across the country. The goal was to survey sites for user appeal and utility. According to the audit, WSBN’s website is “highly usable, well organized, and visually appealing.” A few suggestions for improvement were made and WSBN is working towards implementing these changes.

Credit Card Processing

In June of 2011, WSBN completed all requirements to become PCI (Payment Card Industry) Compliant. This means that all of our processes for credit cards are secure and approved by all the major credit card companies. This will aid us in processing all licensing fees in the future.

We continue to work toward improving all our processes and fulfilling our mission of public protection.

Compliance Data (July 1st thru June 30th)

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The question has been previously posed regarding conscious (moderate) sedation and the ability of an RN to administer the medication to induce conscious sedation in the presence of the ordering physician. Your ruling, previously printed, stated that with appropriate training in conscious sedation and the medications used, in addition to training and certifications in advanced life support: administration of these medications is allowed. However, my question refers to the specific medications Diprivan and Fentanyl. Both of these medications can be used for deep sedation, at what point does it become considered deep sedation and is the RN still allowed to continue administration after the patient can no longer maintain his own airway, during a procedure. Furthermore, I am wondering then, is the RN allowed to administer the medications (in the presence of the ordering physician) for Rapid Sequence Intubation (RSI) i.e., Vecuronium, Pancuronium, Succinylcholine, as RSI creates a scenario wherein the patient is deeply sedated. Thank you for your consideration.

A First, let me make clear that I do not make rulings. I interpret the meaning of our regulations as they are written and I apply evidence-based standards when necessary. The information I think you are referring to was published in a 2008 WNR. This has been vacated by new information. I addressed this issue in two Q/A segments one year ago in the Fall issue of WNR (a printing error labeled 2 issues Summer Vol. 6 Number 2). The Fall issue shows a male nurse examining a young child. Please check the online issues on our webpage. The Q/A spoke of how Propofol (diprivan) had been reclassified as a Monitored Anesthesia Care (MAC) drug. The FDA approved Propofol as an “anesthetic” agent. Product inserts contain warnings that it “should only be administered by persons trained in anesthesia.” (Note: not all physicians have certification in airway management). The basis of the answer was that a nurse could not do it. In untrained hands, Propofol can be dangerous, even deadly. Administration to a non-ventilated patient by a practitioner who is not trained in the use of drugs that can cause deep sedation and general anesthesia is not safe, even if the drug is given under the direct supervision of the physician performing the procedure. After all, how much supervision can the physician provide if he or she is focused on the procedure itself?

You are right that both Fentanyl and diprivan can be used for deep sedation, but so can a brick. Their actions may render a patient unconscious but that is not their main purpose. Fentanyl, an opioid analgesic, is used for rapid onset, short duration pain control, especially for procedural pain. No conclusive evidence supports the use of opioids in RSI (but there is benefit to controlling pain associated with extreme intubation). Propofol (lovingly known in the ICU as “Milk of Amnesia”) is an hypnotic, anxiolytic, sedative anesthetic. It also has rapid onset and short half life which allows for, among other things, quickly waking an intubated patient for airway evaluation and then re-sedating them when infused as a slow drip. And if you don’t recognize the name, it is also the drug that gave Michael Jackson his terminal nap.

The line between moderate and deep sedation is generally determined by response. Moderate sedation/analgesia (formerly called conscious sedation) is as follows:

- Depression of consciousness is drug-induced.
- Patient responds purposefully to verbal commands.
- Airway is patent, and spontaneous ventilation is adequate.

- Cardiovascular function is usually unaffected.
- Deep sedation/analgesia is as follows:
  - Depression of consciousness is drug-induced.
  - Patient is not easily aroused but responds purposefully following repeated or painful stimulation.
  - Independent maintenance of ventilatory function may be impaired.
  - Patient may require assistance in maintaining a patent airway.
  - Spontaneous ventilation may be inadequate.
  - Cardiovascular function is usually maintained.

The RN who finds themselves with an unbreathing, unconscious, unresponsive patient is no longer providing moderate sedation but anesthesia. That is beyond your scope. Anytime a MAC level drug is used, an anesthesiology provider should be present to administer and manage airway complications. RSI involves administration of weight-based doses of an induction agent (e.g., etomidate) immediately followed by a paralytic agent (e.g., succinylcholine, vecuronium) to render the alert patient unconscious and paralyzed within 1 minute. This method has been proven safe and effective in EDs over the past 2 decades, and it is considered the standard of care. RSI does not create a sedated patient because the drugs you mention are muscle relaxants generally referred to as paralytics. Paralyzing agents provide neuromuscular blockade and are administered immediately after the induction agent. Neuromuscular blockade does not provide sedation, analgesia, or amnesia; thus, administering a potent induction agent is important. RSI is contraindicated in a patient who is unconscious and apneic. This situation is considered a “crash” airway, and immediate BVM ventilation and endotracheal
intubation without pretreatment, induction, or paralysis is indicated.

The nurse who is assisting with RSI could be tasked with the administration of the drug because the Anesthesiologist is preparing to secure the airway but as a rule, allow the anesthesiologist to administer. Nursing care in this instance would focus on monitoring the patient for reactions and response to treatment, not the med administration. There is a thrill to being involved in medication administration but keep your scope in mind.

Q By law, what professional qualifications are required of the person designated to interview patients to gather a pre-surgical medical history and to advise on medication and preprocedure protocol for an ambulatory outpatient surgical center? Can anyone off the street with no license or medical training do this? MD’s keep sample meds locked in a locker room clothes locker and instruct unlicensed staff to access and hand this out to prospective patients... which I take to be illegal...what does Wyoming law say about this? This involves a privately owned outpatient surgical center.

A There are no “laws” regarding the taking of medical histories or operative protocols. Physicians operate under certain standards which are based on the information needed to form critical judgments about a patient’s ability to undergo surgery. If they choose to delegate this to unqualified personnel they risk missing important information that could be detected in the interview. With adequate training, patient education can be accomplished by ULP (unlicensed personnel) for standardized care. The problem is that all patients are not the same and pre and post operative teaching needs often need to be individualized. Are ULP qualified to do this? I can’t say. WSBN does not regulate the practice of Doctors and we have no jurisdiction over ULP. We can only act on matters of nursing practice and standards.

Regarding the storage and dispensing of medication in the office setting this is entirely a matter for the board of Pharmacy. Their rules and statutes regulate issues pertaining to medication. I will point out that it took a ruling just this year from our Attorney General, Ken Nelson, to clear up the fact that APRNs could provide/ dispense samples. It took a ruling for advanced practice nurses with prescriptive authority to be able to hand out samples. What does that say about ULPs doing the same thing? Legal is not the same as accepted facility policy.

Q My question was regarding WSBN position concerning qualified OB RN’s to perform Medical Screening Exams of pregnant patients presenting to the OB department with complaints of labor, decreased fetal movement, etc. Thank you for your time with answering my question.

A As we discussed on the phone, my understanding of a Medical Screening Exam is to provide diagnostic evaluation of labor for the purpose of admitting a patient. Registered nurses do not diagnose or admit. However, OB qualified and trained nurses do provide specific nursing assessments of pregnant women which may be used in developing the MSE. It may be splitting hairs but it is called a Medical Screening Exam, not a Nursing Screening Exam.

Continued on page 18>>
Q I went onto the BON website to see if my question is addressed on the site and was unable to get into the subsets of the FAQ. May a GN pass medications prior to taking their state boards? If so, may she do so independently (RN on the unit but not in the med room with them) or must they have an RN physically present as they pour and pass medications?

Thanks for your help with this.

A Thanks for writing to the WSBN. A graduate Nurse (GN) may practice to the full extent of the nursing standards while supervised by another RN. Supervision means the direct physical availability but not necessarily immediate presence. Since the RN is supervising, it is their decision to determine the level of delegation they feel confident with. It may also be determined by facility policy.

I hope that answers your question. Congratulations on graduating..... don’t wait too long to take your NCLEX.

Q I am a Regulatory Compliance Associate at Dispensing Solutions, Inc. in Orange County, California. I am in charge of updating dispensing guidelines, regulations, and dispensing label requirements. We are also currently reviewing individual state statutes and regulations regarding dispensing guidelines. We would greatly appreciate your help through our verification process.

Is it correct that an advanced registered practice nurse may dispense medication in the state of Wyoming? But that they must be certified? Are they allowed to prescribe, administer, and dispense non-prescriptive and prescriptive medications, except Schedule I drugs? Are there any other restrictions/limitations that I should know?

Is it also correct that the following nurse practitioners may not dispense drugs at all in Wyoming: clinical nurse specialists, certified registered nurse midwives, midwives, OB/GYN nurse practitioners, pediatric nurse practitioners, psychiatric nurse practitioners, certified registered nurse anesthetists?

A It is time to clear up this issue of APRNs and sample medication. Any APRN that meets certain criteria may receive prescriptive authority for Schedule II-V. APRNs include NP, CNS, CNM, and CRNA and specializations within these groups.

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I am trying to determine the regulations around nursing (RN, LPN) performing CLIA non-waived lab testing or moderately complex lab testing. I tried to find the flow chart on the website but was unable to find anything to determine if this is a function allowed in Wyoming. Montana has a declaratory ruling related to this that allows Montana nurses to do moderately complex lab testing.

WSBN rules and regulations do not address lab testing, however, Federal regulations do. CMS (which covers all Medicare and Medicaid patients) has guidelines regarding the testing and the Clinical Laboratory Improvement Amendments of 1988 (CLIA) standards must also be met. Your facility should establish its own policy on who you allow into this regulated testing process.

In reviewing the Nursing Standards found in Chapter 3 of the Rules and Regulations, nowhere does it talk about nurses performing lab work. All the standards generally relate to nursing practice and patient care. The question is not can a nurse do this but should a nurse do this? A nurse can change a light bulb but should nurses be in charge of changing all light bulbs? You might ask of this testing; 1) Does this contribute to a comprehensive nursing assessment, 2) Is it about developing and implementing a plan of care, 3) Is it about the practice of nursing, 4) How does this contribute to patient care?

Performing these types of tests is time consuming and requires ongoing competency testing. This might be time better spent by nurses on patient care and not technical lab work. I don’t know if nurses are asking for this ability but every time a nurse assumes another unrelated duty it makes the patient care component a little smaller. Nurses do have an obligation to advocate for the patient. The Decision Tree model (attached) is the method WSBN suggests for nurses to evaluate their scope of practice.

Can CNAIs trim toenails of diabetic patients?

I used to think that trimming toenails was such a silly restriction. But when you consider the varying degrees of diabetic neuropathy, the potential for injury to someone with no sensation in their feet, and the extreme danger and sequelae of infection, toenail clipping is not part of the expanded CNA role. I would not want to trace an amputation back to foot care by an unlicensed nurse’s aide. Medicare deems it so important that it can be a billable procedure.

**Special Back To School Charting Questions**

I have a couple of questions about the process of student charting in a clinical setting and your thoughts on students giving meds pulled out of PYXIS by another nurse: Is it appropriate for students to chart on a patient and the primary nurse review the charting and co-sign?

Students charting becomes part of the medical record. As such it should be reviewed for accuracy and clarity. But what does co-signing mean? It acknowledges that you reviewed the charting and implies you verify the documented activity. Can you verify if you did not actually participate or witness the student performing the documented acts? The nurse is expected to evaluate the effectiveness of the student care and documenting this evaluation would be part of the nursing process. Facility and school policy should address the issue of charting / documentation liability. Charting is not specifically addressed in the WSBN Administrative rules and regulations.

When is it appropriate for primary nurses to defer charting to students and co-sign?

See Above. It would be prudent to always add your own documentation of the patient’s condition to verify that you indeed were aware of and involved in the patient assessment and evaluation. A nurse can delegate responsibility for student interaction but not accountability for the patient care. You would not want the medical record to indicate you had no patient interaction for a shift.

Is it appropriate for instructors to co-sign student charting?

Signing for a med usually indicates you were responsible and assume accountability for its proper delivery and administration. Your facility or school policy would need to determine what co-signing denotes.

What are the thoughts on instructors co-signing all meds pulled by students pulled from the PYXIS machine?

Signing for a med usually indicates you were responsible and assume accountability for its proper delivery and administration. School policy should be clear in determining instructor responsibilities for student charting.

When would it be appropriate for instructors to co-sign student charting?

WSBN regulations do not speak to it. The question of co-signing is really a matter of school or facility policy. Keep in mind it becomes part of the medical record and that is an issue for risk management usually.

Giving meds pulled out of PYXIS by another nurse:

What, if any, legal implications are there if students physically administer medications pulled out of the PYXIS machine (or other med storage type machine) in the clinical setting?

The dispensing of meds in the hospital setting is determined by facility policy. Students are allowed to practice at a level commensurate with their level of preparation in an approved nursing program. Regardless of how the meds are obtained, the 6 R’s of drug administration must be observed.

What are the thoughts on instructors co-signing all meds pulled by students pulled from the PYXIS machine?
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March 21, 2011 — Catherine Beck, an adjunct professor in the University of Wyoming School of Nursing, is one of only 10 nurses nationwide to be seated on a national panel.

Beck, who serves on UW’s BRAND (Bachelors Reach for Accelerated Nursing Degree) program, was nominated to serve on the RN Practice Analysis Expert Panel for the National Council of State Boards of Nursing. She was nominated by the Wyoming State Board of Nursing. The expert panel takes part in the process of developing the NCLEX-RN exam, which every nursing student across the nation must pass to be able to become a registered nurse.

“Having a foot in both the academic and practice worlds helps me expose the students to a glimpse of the real world of nursing, and gives me an understanding working with new nurses transitioning into their professional roles,” she says. “It is an honor for me to be a part of a stellar team of professionals at the Fay W. Whitney School of Nursing, who are committed to laying the foundation for student nurses.”

“I have a great passion for nursing and for our responsibility as a profession to constantly be growing the next generation of nurses.” Hoping to inspire other nurses to make a similar commitment, Beck developed an on-line preceptor workshop during her master’s studies. She encourages nurses to become preceptors, which are experienced nurses who work alongside student nurses, overseeing their application of knowledge and skills in a practice setting.

An accelerated BSN program for students who have earned a previous non-nursing baccalaureate degree but decided to change careers and become a registered nurse, BRAND offers a win-win for its graduates, who can benefit from the program’s generous loan repayment plan, and the state’s healthcare industry, which desperately needs skilled and qualified nurses to work in hospitals in Wyoming communities.
Employee Fired Over Cell-Phone Photo Of Patient

An emergency department patient technician was assigned to monitor a psych patient who had been placed in restraints in the E.R. due to intoxication and combative behavior. The patient requested the technician remove his urinary catheter. While removing the catheter the tech became concerned over what he considered to be an excessive amount of tape that was used to secure the catheter tubing to the patient’s upper thigh. He believed this constituted mistreatment and he wanted to bring it to the attention of hospital management. He asked the charge nurse if he could use his personal cell phone to take a picture of the patient’s leg and the tape. He was told, “just go ahead and deal with it,” which he interpreted as permission to go ahead. He got verbal permission from the patient and took the picture.

After he showed the cell-phone picture to the emergency department nurse manager a meeting was scheduled with the nurse manager and a representative from hospital human resources. Instead of hearing out his concerns over mistreatment of the patient they told him he was being terminated for unauthorized use of his personal cell phone and potentially bringing on liability against the hospital.

The tech sued the hospital for wrongful termination, claiming the reasons given for his termination were pretexts for retaliation and he wanted to bring it to the attention of hospital management. He asked the charge nurse if he could use his personal cell phone to take a picture of the patient’s leg and the tape. He was told, “just go ahead and deal with it,” which he interpreted as permission to go ahead. He got verbal permission from the patient and took the picture.

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A skilled nursing facility was cited and assessed a civil monetary penalty for violations of three separate Federal regulations in the care of one particular resident, which was upheld by the US Court of Appeals for the Fifth Circuit.

Development, Progression Of Skin Lesions Is A Significant Change in Health Status

The resident developed two Stage II pressure ulcers, then two more two weeks later. A week after that one worsened to Stage III and a week later another worsened to Stage IV. Facility staff did consult with the dietician to see if changing the resident’s diet might help with the problems with her skin. The Court saw this as an indication there was a realization that there had been a significant change in her health status requiring a comprehensive re-assessment of her needs, which was never done.

Skin Care, Call Lights, and Skilled Nursing Violations

Federal regulations for skilled nursing facilities require the facility to complete a comprehensive assessment of a resident after it is determined, or should have been determined, that there has been a significant change in the resident’s physical or mental condition. Significant change can mean a major decline in the resident’s health status that will not normally resolve itself without further intervention or implementation of standard disease related clinical interventions, that has an impact on more than one area of the resident’s health status and which requires interdisciplinary review or revision of the care plan.

Federal regulations require that a resident who enters the facility without pressure sores does not develop pressure sores unless the resident’s clinical condition demonstrates that they were unavoidable.

Federal regulations require that a resident who is unable to carry out activities of daily living receive the personal services necessary to maintain good nutrition, grooming and personal and oral hygiene.

Failure to Follow Nursing Care Standards Creates Immediate Jeopardy Court Rules

The US Court of Appeals for the Eleventh Circuit upheld civil monetary penalties against a nursing facility for violations of Federal standards in the care of two separate patients. The first patient was an eighty-three year-old woman who suffered from congestive heart failure, diabetes and obesity.

Failure to Follow Care Plan

Her care plan called for the use of a mechanical lift in all transfers. Nevertheless, two aides attempted to transfer her from her bed to her wheelchair without using the mechanical lift, in violation of her care plan. The patient was either dropped or lowered to the floor. It was not clear from the court record whether the patient was actually injured.

The Court ruled that this violation rose to the level of “immediate jeopardy” because members of the nursing home staff directly violated the care plan in the transfer of an elderly obese patient.
who suffered from serious medical conditions which made her unable to stand on her own even momentarily.

The second patient was an eighty-five year-old woman who suffered from congestive heart failure and dementia. She managed to wiggle out of her wheelchair while two aides were standing by with her preparing to transfer her from the wheelchair. She fractured her wrist in the incident. The patient was in a frail physical condition and had limited mobility and limited range of motion in her lower body, needed extensive assistance with transfers, had poor cognition and judgment and was known to fidget during care. Her diagnosis of osteoporosis made it extremely dangerous for her to fall.

The Court upheld a civil monetary penalty levied against the nursing facility, finding that this second violation also rose to the level of immediate jeopardy.

Failure to Provide Adequate Supervision to Prevent Accidents

The patient was not provided with adequate supervision to prevent accidents, a violation of the express language of Federal Medicare/Medicaid standards, the Court said. That failure to provide supervision came in two forms. The aides who were with the patient when she wiggled out and fell should have been watching her more closely. It also came to light that the patient was known to have the tendency to wiggle while in her wheelchair and had wiggled out of her chair on to the floor on previous occasions. The patient’s well-known tendency to wiggle in her wheelchair pointed to a need to address the issue of restraints for her own safety, but that was never done.


Operating Room: Repositioning

Seen As A Nursing Responsibility

The patient was a 400 pound former professional football player with a muscular build who was positioned face-down on a Jackson table for a neurosurgical procedure that lasted more than ten hours, longer than expected. The initial positioning and padding were done under directions from the neurosurgeon. After the procedure the patient had pressure sores on his chest and brachial plexus atrophy palsy, a nerve injury which has rendered him permanently disabled with atrophy of his arms and little or no use of some of his fingers. The Court of Appeals of Texas upheld the jury’s verdict of more than $900,000 for the patient which assigned blame 60% to the anesthesiologist and 40% to the nurses. The jury absolved the neurosurgeon from fault for the way the patient was positioned and padded at the start.

According to the Court, use of the table that was used in this face-down procedure causes pressure points on the chest and hips. During a lengthy procedure it is wrong merely to allow pressure lesions to develop and try to treat them later. The nurses have to be aware that prolonged pressure can lead to compromised circulation and nerve damage and see that the patient is checked and repositioned.


Seeing that the patient’s pressure points are checked and the body repositioned every two to six hours to prevent pressure sores and to allow circulation was the responsibility of the nurses and the anesthesiologist.

Nursing Home Aide Terminated For Misappropriation Of Funds.

An aide working in a nursing home obtained written permission from one of the residents to handle her personal checkbook. The aide gave two notes signed by the patient to the charge nurse who placed them in the resident’s chart. The aide was fired and reported to the local police when the administrator learned she was handling the resident’s affairs and confronted her and she was unable to account for the funds which were absent from the resident’s checking account. The aide sued for wrongful termination and malicious prosecution, claiming she was actually fired in retaliation for filing a worker’s compensation case and for threatening to expose alleged violations of patient-care regulations. The Court of Appeals of Ohio upheld her termination.

Federal nursing home regulations require facilities to develop and implement policies to prevent mistreatment of residents and misappropriation of their property. The nursing home’s policy, which complied with Federal and state law, was that all resident funds were to be deposited with the nursing home administrator’s office and employees were to refrain from handling resident’s funds, even to the extent of not accepting funds even temporarily for immediate deposit with the front office.


Federal and state laws require nursing facilities to set up and enforce policies against abuse of residents and misappropriation of their funds, including a mandatory duty to report misappropriation to local law enforcement.

Self-Medication: Nurse’s Firing Upheld By Court.

A nurse had a migraine headache when she arrived for work at the hospital shortly before she scheduled 3:00 p.m. start time. She was told to rest. About an hour later he co-workers advised

Continued on page 24>>
her to go home, but she stayed at the hospital and told her co-workers she believed she would be able to start working around 7:00 p.m.

At 5:00 p.m. she unexpectedly began breaking out in hives.

Nurse Used Her ID Card to Obtain Patient’s Medication For Herself

To obtain a dose of Benadryl for herself the nurse went to the medication room, swiped her ID card and entered a patient’s identification data. The equipment dispensed an IV dose of Benadryl, which was not what she wanted, so she disposed of the medication and entered in the patient’s records that it had been wasted so that the patient would not be billed for it. Then the nurse swiped her card again, entered the same patient’s data and obtained a Benadryl pill which was what she wanted. The patient was eventually billed $4.25 for the medication.

Another nurse, surprised to see that the nurse had not gone home, looked into the medication room to check on what she was doing there. The computer screen on the medication dispensing room to check on what she was doing there. The hospital had grounds to fire the nurse for misconduct.

The nurse’s only argument in her defense was to raise the question why anyone would risk their job stealing something that would cost less than a dollar if purchased over the counter at retail. That argument ignored the hard evidence that she had, in fact, self-medicated on the job with a patient’s medication, an offense serious enough to justify termination regardless of the dollar amount involved.


Horseplay In OR: Employee/Patient Has Right To Sue For Assault, Court Says.

A patient was admitted to the hospital for a tonsillectomy to be performed in the very same surgical department where he worked as a surgical tech. As a joke, two of his co-workers, both registered nurses, painted his fingernails and toenails with pink nail polish, wrote “Barb was here” and “Kris was here” on each of his feet and wrapped his thumb with tape, while he was under anesthesia either right before or during the actual procedure. Afterward the surgical tech sued the hospital and the co-workers involved in the incident for civil assault and intentional infliction of emotional distress. The Court of Appeals of Texas ruled there were grounds for his lawsuit.

Assault in the Hospital Is Not a Healthcare Liability Case

The Court rejected the argument that this was a healthcare malpractice case which required expert testimony outlining a departure by the defendants from the standard of care or face dismissal of his lawsuit. According to the Court, not every legal case which arises out of events in a health care setting is a health care liability case, even if the persons allegedly responsible were caregivers acting within the course of their employment in a healthcare facility when the events occurred. The best analogy would be a sexual assault by a physician or other health care professional during the course of treatment. The professional standard of care for the treatment being rendered is not relevant and expert testimony is not needed for the victim to succeed in court.

Assault as the basis for a civil lawsuit is intentional physical contact which is known or reasonably should be known will be regarded by the victim as offensive or provocative. The surgical tech alleged in his lawsuit that as a direct result of the intentional physical violation of his bodily integrity by his co-workers while he was unconscious he suffered humiliation and continued to feel extreme embarrassment afterward because of the negative impact that homophobic innuendo had on his work environment.


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Wyoming Chapter Cordially Invites you to:
The 2011 Prematurity Summit & Nurse of the Year Awards
November 3rd & 4th - Casper, Wy

For more information Contact:
Faith Havens | ehavens@marchofdimes.com | 307-266-6789

Dougherty Law Office

Contact Angela Dougherty, former Senior Assistant Attorney General and Prosecuting Attorney for the Wyoming State Board of Nursing.

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24 WYOMING NURSE REPORTER
The focus of this issue of the Wyoming Reporter is on the consumer and what they want from nurses. The overall aim of RENEW is to enhance the quality of nursing and health care in Wyoming, a goal most consumers desire, by revolutionizing nursing education. RENEW seeks to enhance the quality of nursing and health care in Wyoming by building a stable, adequate nursing workforce. This goal will be achieved through implementation of a common, competency-based statewide curriculum where students can start at any Wyoming community college and earn an associate degree then transfer seamlessly to the University of Wyoming (UW) and earn a bachelor’s degree (or higher). The curricular redesign will ensure that nurses are knowledgeable, skilled and capable of addressing the needs of the community. The initiative is closely aligned with the recommendations from the Institute of Medicine (IOM) in their recently released publication, The Future of Nursing. The IOM recommends that “nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” They specifically recommend that the proportion of nurses with a baccalaureate degree be increased to 80 percent by 2020.

As a next step in the planning process for RENEW, the Wyoming Center for Nursing and Health Care Partnerships sponsored another statewide nursing education summit in Casper in May 2011. Over 100 nurses, nurse educators, administrators, and other key stakeholders from across the state worked with Drs. Chris Tanner and Paula Gubrud-Howe from the Oregon Consortium for Nursing Education to lay the groundwork for a set of common curriculum. The summit was designed as a workshop addressing fundamental issues in nursing and nursing education with representatives from nursing educational programs, clinical facilities and others working together to enrich the discussions.

Participants discussed the health needs of Wyoming that must be considered in developing a nursing curriculum. A variety of significant needs were identified: occupational health issues related to Wyoming’s energy and agricultural industries, mental health illness including drug and alcohol use, chronic illness, etc. In addition, participants felt that the rural nature of Wyoming was a significant factor, with barriers to accessing care, independence, lack of health promotion and disease prevention behaviors, etc. There were very rich discussions of what needed to be included in nursing educational programs, especially in relation to skills. What skills are critical for all nurses to be proficient in? Are there skills that students need to be introduced to, but don’t need to be proficient in? Are there skills that students don’t need to learn in nursing school because they are used in specialized areas? The ideas generated in these discussions were recorded in notebooks and will be used, along with the Delphi survey work done by Dr. Susan Steiner from the University of Wyoming prior to the summit on “characteristics of the ideal nurse,” to develop a set of competencies for graduates of nursing programs in Wyoming. Competencies are statements about knowledge, skills and attitudes needed by graduates in order to practice nursing and serve as the foundation for any curriculum.

Participants also began to address several potential “hot button” issues that need to be addressed in development of a statewide curriculum such as Licensed Practical Nurse (LPN) and Certified Nursing Assistant (CNA) educational programs. Currently, some Wyoming nurse educational programs require students to be a CNA to be admitted. Participants addressed tough questions such as:

• What is the purpose for requiring a student to be CNA certified?
• Is there a different way to teach the skills students learn in a CNA program?
• Is there another way to introduce students to nursing, interacting with patients, etc. through a CNA program?

In relation to LPN education, several associate degree programs have LPN “spin-off” programs in which students can become a LPN after the first year of the RN program. LPNs are very much needed in long-term care in our state so LPN education is an important issue to consider. Similar tough questions were asked:

• Is the spin-off option the best way to prepare LPNs for a career?
• Can LPN education be incorporated into a statewide curriculum?

There are no easy answers to these “hot button” issues. As RENEW moves forward we will continue to update people around the state on these issues. If you have thoughts, please feel free to forward them to the WCNHCP. Or better yet… please consider joining one of the RENEW committees!

Curriculum Committee:
- Finalize curricular framework, e.g., outcomes, core curricular concepts and key professional attributes.
- Develop curriculum overview with prerequisite courses and nursing courses.
- Develop course structures/syllabi, e.g., course titles, credits, type (clinical or didactic), prerequisites, expected learning outcomes, content, etc.
- Develop academic standards, including admission criteria and progression and graduation standards.

Student Support Committee:
- Develop processes for co-admission and dual enrollment.
- Develop process to support students’ financial aid, ADA accommodation.
- Develop joint advising processes.

Nursing Professional Education Committee:
- Develop plan for faculty and nurse (preceptor) development related to didactic and clinical teaching and new active pedagogies, e.g., case-based learning.
- Plan nursing education summits.
- Develop instructional materials, e.g., case studies.

Clinical Education Committee:
- Develop statewide plan for clinical transformation.
- Oversee implementation of plan.

If you wish to be part of a RENEW committee please contact Matt Sholty at the Wyoming Center for Nursing and Health Care Partnerships at info@wynursing.org. We very much need nurses in a variety of clinical facilities to participate in all of the committees.

We appreciate everyone’s input and work they are putting into the RENEW project. This truly is an exciting (and challenging) project!

The WCNHCP is the nursing workforce center for the State of Wyoming. The mission of the center is to strengthen the nursing workforce through ongoing collaboration, communication, and consensus building to meet the health needs of the people of Wyoming. For further information, please visit the WCNHCP’s webpage at wynursing.org.

In Memoriam

Marjorie Ann Wilson 1961-2011

Marjorie Wilson died Friday, April 8, 2011, at Davis Hospice Center in Cheyenne following a nearly five-year, courageous battle with breast cancer.

She was born a twin on March 14, 1961, in Hot Springs, S.D., the daughter of Howard and Deloris (Fredrickson) Geslin. The family moved to Riverton, and she attended school there until the fifth grade. They moved to Kemmerer, where she finished her schooling, graduating from the Kemmerer High School in 1979.

She attended and graduated from the University of Wyoming with a bachelor of science degree in nursing in 1984. She met and later was married to Britt Wynn Wilson on Oct. 13, 1984, in Laramie.

She was a registered nurse working for the hospital in Corpus Christi, Texas, for two years, Evanston for four years, Laramie for two years, and the past 20 years for Memorial Hospital of Converse County. She also was the school nurse for Glendo for 10 years.

She was the co-chairman of American Cancer Society Relay for Life for five years; was the founder and chapter chair for Safe Kids Day in Converse and Platte counties for 15 years; established and served as president for 10 years of Converse County Breast Cancer Awareness Task Force; and served on the Converse County Memorial Hospital Foundation for six years.

She established and, for 17 years, developed the Wellness Department and Cardiac Rehabilitation Program, and became certified to head the American Diabetic Association Diabetic Education program at Memorial Hospital of Converse County.


She was very active in the community of Glendo, working with the Glendo Community Theatre, which raised money for the booster club and individuals. She was an active member of the Saint John the Baptist Episcopal Church and was a 4-H member/parent with Horseshoe Livestock 4-H Club. She worked closely with the Glendo School in supporting the FFA, music department and booster club programs. It was a rare occasion that Marge was not in attendance at a school function.

Marge enjoyed biking, running, baking, reading, travelling and, her greatest joy, her family.

She is survived by her husband Britt of Glendo; children Taylor at the University of Wyoming and Garret at the Air Force Academy in Colorado Springs, Colo.; mother Deloris of Pocatello, Idaho; siblings Mike (Paige) Geslin of Smithfield, Utah, Daniel Geslin of Cheyenne and James Geslin of Colstrip, Mont.; mother-in-law and father-in-law Donna and Jim Wilson of Glendo; and sisters-in-law Shelly (Mark) Cain of Billings and Kerry (Doug) Quinn of Cheyenne.

She was preceded in death by her father, Howard, on March 23, 2010.

Serving as honorary pallbearers were James Geslin, Michael Geslin, Daniel Geslin, Colin Geslin, Connor Geslin, Alex Geslin and Casey Quinn.

Condolences may be sent to the family at gormanfh.com.

Teresa Dawn Lewis 1978-2011

Teresa Lewis, a resident of Douglas, died Friday, March 11, 2011, at her home of cancer.

She was born on March 20, 1978, in Chadron, Neb., the daughter of David W. and Twila Vogl (Mahring) Vogl. She became a fighter at an early age, when she underwent heart surgery at age 5. Teresa attended school in Crawford, Neb., where she participated in many extra-curricular activities. She started college in August 1996 at Chadron State College, where she met the love of her life, Casey Lewis. Teresa continued to work hard at several jobs while putting herself through college, each one preparing her in some way for the career she would pursue in nursing. God opened the doors for her to attend nursing school through Oglallala Lakota College on the Pine Ridge Reservation.

Teresa and Casey were married in Crawford on July 1, 2000. She received her RN degree in August 2001. She then moved to Douglas and started working for a private physician and later for Memorial Hospital of Converse County. She tried her hand at different areas of nursing and found her love in the OB department, where she spent the rest of her career and made many close friends. Her love for this career and the people she met was so strong she worked as she battled her way through a year of cancer treatments.

Teresa took great pride in her yard and home and loved taking on new projects and lining them up for her husband. Together, they enjoyed this hard work as they took on home improvements with each home they owned. Teresa and her family loved the outdoors and spent many summers making their annual trips to the Big Horns, where it became a tradition for everyone to gather with their campers. She enjoyed taking pictures on these events and would come home to her craft room to scrapbook and sew. The true joy for Teresa was her two children, Avery, 5, and Ridge, 3. Each day with them warmed her heart and uplifted her day. She was a proud and wonderful mother who will be dearly missed.

She was preceded in death by paternal grandmother Evelyn Vogl and grandpa Jerry Lewis.

Teresa is survived by her husband Casey Lewis; daughter Avery; son Ridge; parents Dave and Twila Vogl; brothers Kevin (Brenda) Vogl and Kory (Mandy) Vogl; paternal grandparent Ken Vogl; maternal grandparents Shirley and Carroll Brown; aunt Shirlene Groethe; nieces Jordan Staman and Jocelyn Staman; nephews Dennis Vogl and Aiden Vogl; and the many loving relatives of her extended Lewis family, including Kevin (Renee) Lewis, Brady (Emily) Lewis, Dusty (Beth) Lewis; niece Brooklyn Lewis; nephew Easton Lewis and grandma Nora Lewis.

A memorial to the Teresa D. Lewis Memorial Fund, an educational fund for her children, in care of Converse County Bank, P.O. Box 689, Douglas, WY 82633 would be appreciated by the family.

Condolences may be sent to the family at gormanfh.com.

The above obituaries were originally printed in the Douglas Budget.
With support from WSBN and Wyoming Nurses Association, Governor Matt Mead issued this state proclamation supporting nursing services for National Nurses Week last May.

WHEREAS, the Wyoming Department of Health is the second largest department in Wyoming state government, and nurses are the largest workforce within the Wyoming Department of Health; and

WHEREAS, the Wyoming Department of Health nurses meet the different and emerging healthcare needs of the Wyoming population in a wide range of settings; and

WHEREAS, the Wyoming Department of Health is working to chart a new course for a healthy state that relies on increasing delivery of nursing care; and

WHEREAS, professional nursing has been demonstrated to be an indispensable component in the safety and quality of care of patients; and

WHEREAS, the demand for nursing services will continue to rise because of the aging of the Wyoming population, the continuing expansion of life-sustaining technology and the explosive growth of healthcare needs; and

WHEREAS, the cost-effective, safe and quality healthcare services provided by nurses will be an even more important component of the Wyoming healthcare delivery system in the future; and

WHEREAS, the American Nurses Association has declared the week of May 6-12, 2011 as Wyoming Nurses Week with the theme Nurses: Trusted to Care in celebration of the ways in which nurses strive to provide safe and high quality patient care and map out the way to improve our healthcare system.

NOW, THEREFORE I, MATTHEW H. MEAD, GOVERNOR, do hereby proclaim May 6-12, 2011, in the State of Wyoming as

WYOMING NURSES’ WEEK

and ask all residents of this state to join me in honoring Wyoming’s nurses who care for all of us, to celebrate the accomplishments and efforts by Wyoming nurses to improve our healthcare system and show our appreciation for the state-employed nurses during this week, and at every opportunity throughout the year.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Executive Seal of the Governor of Wyoming to be affixed this 1st day of May, 2011.

Matthew H. Mead
Governor
Grounds for discipline for Licensed Practical Nurses and Registered Professional Nurses are located in the Administrative Rules and Regulations Chapter 3, pages 5-13 through 3-15 and Certified Nursing Assistants Chapter 7, pages 7-16 and 717 (July 2010).

Grounds for Discipline are: (i) Engaging in any act inconsistent with uniform and reasonable standards of practice, including but not limited to: (A) Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal; (B) Performance of unsafe client care; (C) Misappropriation or misuse of property; (D) Abandonment; (E) Abuse, including emotional, physical or sexual abuse; (F) Neglect, including substandard care; (G) Violation of privacy or confidentiality in any form, written, verbal or technological; (H) Drug diversion-self/others; (I) Sale, unauthorized use, or manufacturing of controlled/dangerous drugs; (J) Criminal conviction; (K) Unprofessional conduct; (L) Boundary violations, including sexual boundaries; (M) Failure to comply with reasonable requests from the board including, but not limited to: (I) Responses to complaints; (II) Responses to formal pleadings such as notice of hearing and/or petition and complaint; (III) Responses to requests regarding application and/or renewal information; (IV) Written response to request for explanation for failure to disclose required information; (V) Failure to appear at properly noticed hearings; (N) Impairment. (I) Lack of nursing competence; (II) Mental illness; (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or (IV) Chemical or alcohol impairment/abuse; and (ii) Failure to conform to the standards of prevailing nursing practice, in which case actual injury need not be established.

PATRICIA BURROUGHS, RN 9687 LETTER OF REPRIMAND Patricia Burroughs, RN, entered into a Settlement Agreement, Stipulation and Order for Letter of Reprimand on July 8, 2011. The complaint was initiated by WSBN compliance staff based upon Ms. Burroughs’ self-report of her participation in improper dispensing of controlled substances to home health clients. Ms. Burroughs received a physician’s order for a Fentanyl patch for a patient for whom she was caring; however, no patch was actually available due to the lapse of the order. Ms. Burroughs contacted the DON at the facility, the facility which provided Ms. Burroughs with a Fentanyl patch from a supply of controlled substances she had collected and was storing in her office at the facility.

DESIREE EVANS, CNA 21231 LETTER OF REPRIMAND On or about May 18, 2011, WSBN entered an Order of Default Judgment and an Order of Reprimand against Desiree Evans, CNA. Pursuant to WSBN Rules and Regulations, Chapter 8, Section 7(a), WSBN may enter an order of default based on the allegations in a petition and complaint against a respondent/licensee who fails to appear for a properly noticed hearing. Ms. Evans failed to appear at a properly noticed disciplinary hearing. As a result, the petition and complaint, which alleged violations of the Nurse Practice Act through Ms. Evans’ actions related to unsafe practice, abandonment, unprofessional conduct, failure to conform to the standards of prevailing nursing practice, and failure to comply with reasonable requests from the board, the WSBN reprimanded Ms. Evans’ CNA certificate.

CARRIE WAGNER, CNA 14313 LETTER OF REPRIMAND Carrie Wagner, CNA, entered into a Settlement Agreement, Stipulation and Order for Letter of Reprimand and License Restrictions on June 1, 2011. A complaint was filed by Ms. Wagner’s employer in October 2010, which generally alleged patient neglect and unprofessional conduct. Specifically, it was alleged that Ms. Wagner abruptly quit her job during the middle of her shift after leaving her two patients unattended for hours. Specifically, it was alleged that Ms. Wagner abruptly quit her job during the middle of her shift after leaving her two patients unattended for hours. Upon investigation, WSBN determined that Ms. Wagner did not provide adequate care to her patients during her shift and subsequently made the decision to voluntarily surrender her CNA certificate.

TAMI PRELLWITZ, RN Applicant, was issued a Conditional License on July 11, 2011. Ms. Prellwitz’s application was approved with the following conditions in place for 60 months: (1) must enroll in WSBN Nurse Monitoring Program; (2) abstain from the use of all mind-altering drugs or medications; (3) random drug screens; (4) attend a minimum of three AA or NA meetings weekly with monthly attendance at Caduceus meetings; (5) may not sign out, dispense, or administer controlled substances for at least 24 months, followed by a period of direct supervision for 12 months, followed by a period of minimal supervision for 12 months; (6) must obtain a Worksite Monitor; (7) must obtain a substance abuse evaluation annually; (8) may work only in a position where direct supervision by a Registered Nurse is provided; and (9) provide an annual report on her progression and education in substance abuse recovery.

MARIA ALVAREZ, CNA 6838 VOLUNTARY SURRENDER Maria Alvarez, CNA, agreed to voluntarily surrender her certificate on April 27, 2011. Ms. Alvarez was the subject of a complaint initiated by her employer alleging drug diversion following discovery that she received money for the sale of a controlled substance. Ms. Alvarez subsequently made the decision to voluntarily surrender her certificate.

DEBORAH KETCHAM RN 21611 VOLUNTARY SURRENDER Deborah Ketcham, RN, agreed to voluntarily surrender her license on July 8, 2011. Ms. Ketcham had initially entered into an agreement for a Conditional License in November 2010, based upon (1) her employer’s report of alleged drug diversion; and (2) Level III Relapse while participating in the Wyoming Professional Assistance Program. Ms. Ketcham subsequently made the decision to surrender her license after failed urine drug screens and relapse behaviors while participating in the WSBN Nurse Monitoring Program.
2011. Ms. McKnight originally entered into a Settlement Agreement, Stipulation and Order for a Letter of Reprimand on June 2, 2010. Ms. McKnight was alleged to have borrowed $4,000.00 from a resident at a nursing home under her care and to have failed to repay the loan. Such conduct was alleged to have failed to conform to nursing standards and to have been a misappropriation of property and a boundary violation. Ms. McKnight admitted to this conduct and expressed remorse. In light of the isolated nature of this conduct, the WSBN agreed to the issuance of a letter of reprimand and to recommend Ms. McKnight to complete courses in boundaries and ethics and to fully repay the loan. Ms. McKnight failed to repay the loan or complete the courses identified in the Letter of Reprimand. Ms. McKnight subsequently made the decision to surrender her certificate.

CAROL OLMSTEAD RN 9880
VOLUNTARY SURRENDER
Carol Olmstead, RN, agreed to voluntarily surrender her license on June 1, 2011. Ms. Olmstead was the subject of a complaint initiated by WSBN following notification by the Department of Family Services of suspected abuse and neglect of a vulnerable adult. Ms. Olmstead subsequently made the decision to surrender her license.

EDNA SCHILLING RN 16038
VOLUNTARY SURRENDER
Edna Schilling, RN, agreed to voluntarily surrender her license on July 8, 2011. A complaint was initiated in November 2010 by WSBN following notification from the Wyoming Board of Pharmacy, who had been contacted by a detective from the Sublette County Sheriff's Department that Ms. Schilling was collecting and storing donated controlled substances in her office at her place of employment. The detective confirmed this with WSBN and also confirmed that Ms. Schilling had been engaged in the distribution of these substances, as well. About one week later, Ms. Schilling's employer filed a complaint, which included additional information supplied by one of Ms. Schilling's subordinates to the Executive Director of the facility.

HEATHER BURNHAM RN 28014
ORDER OF REVOCATION
On or about May 18, 2011, WSBN entered an Order of Default Judgment and an Order of Revocation against Heather Burnham, RN. Pursuant to WSBN Rules and Regulations, Chapter 8, Section 7(a), WSBN may enter an order of default based on the allegations in a petition and complaint against a respondent/licensee who fails to appear for a properly noticed hearing. Ms. Burnham failed to appear at a properly noticed disciplinary hearing. Accordingly, based on the petition and complaint which alleged violations of the Nurse Practice Act through Ms. Burnham’s acts that were inconsistent with standards of nursing practice, discipline in other jurisdictions, fraud and deceit/failure to disclose, unfitness/incompetency due to use of drugs or other mind-altering substances, and a conviction that relates adversely to the practice of nursing or to the ability to practice nursing, the WSBN revoked Ms. Burnham’s license.

Denials of Applicants Seeking Licensure or Certification

The Nurse Practice Act, 33-21-146 identifies the following reasons that an application may be denied:

“(a) The board of nursing may refuse to issue or renew, or may suspend or revoke the license, certificate or temporary permit of any person, or to otherwise discipline a licensee, upon proof that the person:

(i) Has engaged in any act inconsistent with uniform and reasonable standards of nursing practice as defined by board rules and regulations;

(ii) Has engaged in any act contrary to and failed to conform to the essential standards of acceptable and prevailing nursing practice, in which case actual injury need not be established.

(b) Upon receipt from the department of family services of a certified copy of an order from a court to withhold, suspend or otherwise restrict a license issued by the board, the board shall notify the party named in the court order of the withholding, suspension or restriction of the license in accordance with the terms of the court order. No appeal under the Wyoming Administrative Procedure Act shall be allowed for a license withheld, suspended or otherwise restricted under this subsection" (pg 12-13 of 18).

DENIALS OF APPLICANTS SEEKING LICENSURE OR CERTIFICATION

JOSEPH YOUNG CNA APPLICANT
Mr. Young’s application for certification as a CNA was denied by WSBN application review committee based upon information indicating a criminal history and related impairment issues.
New York State announced the takedown of an elaborate criminal network that set up bogus nursing schools throughout New York City and Long Island. Hundreds of students collectively paid more than $6 million to enroll in the programs that claimed would qualify them for careers in nursing. However, the certifications and transcripts the schools provided were fraudulent.

According to the indictment, the defendants conspired to create and operate entities that claimed to be nursing schools. The defendants recruited individuals – particularly of lower income – and falsely stated that completing the programs would make them eligible to take the New York State Nursing Board Exam (NCLEX), and become Licensed Practical Nurses (LPNs) or Registered Nurses (RNs) in New York.

Those who enrolled spent between $7,000 and $20,000 and between 10 months and two years completing the program, only to be issued fraudulent transcripts and certifications from various foreign schools – none of which were approved to operate in New York. Contrary to what they were told, the students who paid for and participated in the programs were not eligible to take the Nursing Board Exam or become LPNs or RNs.

Scams like this are generally successful in densely populated areas where there are large numbers of potential victims and the boards can’t check every document thoroughly. There have been no reported online fraud cases involving Nursing education in Wyoming. WSBN encourages all CNAs and Nurses to add to their education. Sometimes the most convenient way is through online classes. Always take the time to make sure the program you sign up for will provide the benefits you want.

- Online Continuing Education hours – If approved in another state it will be accepted in WY. Get documentation of subject, date, hours credit, and contact information if you need to submit proof.
- Nursing programs online should have a contingency for directed clinical practice.
- If a Nursing Program claims to be accredited check with the agency that issued the accreditation.
- WSBN cannot check into every possible online offering. Your first homework assignment is to make sure everything they say is true and the program fits your needs.
Great Nurses Thrive Here!

Are you looking to make a positive change? To work with people you respect? In a community where you are valued?

Then look no further than Regional West. Located in wonderful Scottsbluff, in Western Nebraska, our community is vibrant, progressive, and alive with cultural and recreational activities. It is a great place to work, live and grow!

Join us on our Magnet journey, and contribute your nursing experience, skills and compassion to one of the leading healthcare systems in the Midwest.

Review all nurse openings at www.rwhs.org, or inquire at careers@rwmc.org or 308.630.1586

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Featured Opportunities

Up to $15,000 Sign-on Bonuses for ICU/PCU Nurses
(see full details below*)

Regional West has career opportunities for RNs throughout our organization, in a number of specialties.

Join our outstanding team today!

*ICU/PCU Sign on bonus plan: With one year + current experience in critical care, a $5,000 sign on bonus is paid with an additional $5000 for 2nd year. With five years+ current experience in critical care a $7,500 sign on bonus is paid with an additional $7500 for 2nd year. Full time-0.9 FTE critical care position required. For part time duty, the bonus will be prorated to worked hours. Resource employees are not eligible for this sign on bonus.

Call: Brad Wiegel (308) 630-2605

Seventh Annual Nursing Continuing Education Cruise

April 22-29, 2012

Day          Port            Arrive           Depart
April 22    New Orleans, Louisiana    --           04:00 PM
April 23    Fun Day At Sea           --           --
April 24    Fun Day At Sea           --           --
April 25    Montego Bay, Jamaica      09:00 AM   06:00 PM
April 26    Georgetown, Grand Cayman  07:00 AM   04:00 PM
April 27    Cozumel, Mexico          10:00 AM   05:00 PM
April 28    Fun Day At Sea           --           --
April 29    New Orleans, Louisiana    08:00 AM   --

Who says Continuing Education can’t be fun?
Join ThinkNurse and Poe Travel for our 7th Annual CE Cruise. Cruise the Caribbean on Carnival’s Conquest 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 $855 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!

There’s no better way to conquer the High Seas than with the ship Carnival Conquest! Beautiful destination spots, award-winning stage shows, swanky clubs and lounges plus Spa Carnival, a friendly casino, delicious dining options and the Carnival Seaside Theatre. Make your reservations today!

For more information about the cruise and the curriculum, please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.
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Just tell your friends, patients and their families to get screened for colon cancer. As a nurse, you are in a unique position to influence behavior that can change lives.

Colorectal cancer is Wyoming’s #2 cancer killer, but it is preventable when detected early.

Colonoscopies make that possible.

Through Wyoming’s Colorectal Cancer Screening Program, free colonoscopies are available to eligible Wyoming patients.

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or visit https://ccedp.health.wyo.gov