

Missouri



STATE BOARD OF NURSING NEWSLETTER



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Message from the President

Aubrey F. Moncrief, CRNA

I received several responses from my last newsletter article that really surprised me. Some of the comments expressed were about advertising, disciplinary actions and recognition. First, let me say that advertisements in the newsletter are for you. The Board of Nursing does not benefit from them, and in this time of economic difficulties, another source for job opportunities is only a plus. Next, listing disciplinary actions in the newsletter is a matter of protecting the public. This public information provides information to employers hiring nurses. It is not our intention to place this information solely for the purpose of demeaning an individual. On the other hand, we have on numerous occasions included articles regarding the accomplishments of nurses. As most nurses will tell you, nursing can be a thankless job. However, the peace seen on a patient's face or the smile of a very ill child are often all the thanks we need.

The nursing profession has a lot of challenges to overcome. I recently saw a statement that said, "Where would we be if nursing were mostly men?" The context was in effecting change. However, I say there would be no difference. I am not saying that because I am a male. The

profession is already nearing 50/50 mix of male/female. One of the challenges that concern us most is the shortage of nurses. The "nursing shortage" is something we have been living with or lost lives to for over ten years. However, because of the shortage, changes have been made which have resulted in barriers being broken and scopes being widened. Slowly the nursing profession is trying to make a difference. Currently, one of our biggest challenges is having enough educators to educate the number of nurses needed to help overcome this shortage.

Recently I had the honor to appear with Governor Jay Nixon when he announced the State Board of Nursing's proposed partnership with the Caring for Missourians initiative. As announced, the State Board of Nursing may provide a \$1 million grant each year for three years beginning in 2012 for four-year universities to receive funding for nursing educators. I feel strongly about making a difference and giving back to better our profession.

It is important to understand that the Board of Nursing's mandate is protection of the public. We do not care more for your license than you do. We only protect nursing by keeping a FEW deficient nurses from ruining the reputation of the nursing profession. That is why I say to stay vigilant, stay caring and make a difference. Be careful out there!

Investment by State Board of Nursing Would Continue Successful Caring for Missourians Initiative Gov. Nixon Announces Initiative to Boost Nursing Graduates for Three Years

KANSAS CITY, Mo.—Building on the success of Gov. Jay Nixon's Caring for Missourians initiative, Missouri's public universities could receive an additional \$3 million over the next three years to educate more nurses under a new proposal announced today. Gov. Nixon made the announcement during a visit to the University of Missouri-Kansas City School of Nursing.

"Nursing is a vital and rewarding profession, and students who earn degrees in nursing have a pathway to a secure and rewarding career," Gov. Nixon said. "By investing in nursing education, we are meeting a vital need for more qualified health professionals in Missouri, and we are helping students compete in a rapidly growing industry. This is a strategic investment in the health of Missourians and the health of our economy."

Launched in fall 2009, Caring for Missourians was

a one-time investment of \$40 million to increase the number of nurses, physicians, dentists and other health professionals being educated at Missouri's public colleges and universities. Colleges and universities developed individual plans for how they would invest their Caring for Missourians funds.

In the nursing field alone, the state's public, four-year universities planned to increase the capacity of existing degree programs by 284 seats because of Caring for Missourians. Of that total, 203 seats were part of a one-time increase, but the remaining 81 seats were added on a permanent basis.

The Board of Nursing has voted to award \$1 million in grants each year in fiscal years 2012, 2013 and 2014 to hire faculty to sustain the enrollment increases at Missouri's four-year universities. Funds for the grants would come from the license fees nurses pay to the state of Missouri.

The number of nursing students who could be educated under this initiative would depend on the universities' grant applications. It is estimated that the \$3 million investment would fund approximately 13 full-time faculty positions each year for three years. Before the grants can be awarded, the General Assembly must approve a statutory change.

"I commend the Board of Nursing for its vision and its willingness to help us educate more nurses through Caring for Missourians," Gov. Nixon said. "We have a pressing need for more nurses in Missouri, and I encourage the General Assembly

GOVERNOR

The Honorable Jeremiah W. (Jay) Nixon

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to act quickly to help us get more Missourians working in this critical area."

"Gov. Nixon clearly understands the importance of nurses for our health care system and our state's economy," said Aubrey F. Moncrief, president of the Missouri State Board of Nursing. "We are proud to stand with the Governor to support the Caring for Missourians initiative and to extend the increase in the capacity of Missouri's nursing degree programs. We look forward to welcoming hundreds of additional nurses to our ranks in the coming years."

"When students graduate from UMKC with a nursing degree, they move directly from the classroom to the workforce," said Dr. Thad Wilson, acting dean of the UMKC School of Nursing. "Caring for Missourians has allowed us to provide a quality education to prepare more students to enter the nursing profession. This investment by the Board of Nursing would help us sustain that increase for three additional years and prepare more students for successful careers. We applaud the leadership of both Gov. Nixon and the Board of Nursing on this critical initiative."

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Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (<i>MoSALPN</i>)	573-636-5659
Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700



Executive Director Report

By Lori Scheidt, Executive Director

Medical errors and patient safety are a national concern to all involved in health care delivery.

Health care providers and regulators are legally and ethically obligated to hold individuals accountable for their competency and behaviors that impact patient care.

A punitive environment does not fully take into account systems issues, and a blame-free environment does not hold appropriate individuals accountable.

We know that it is human to make mistakes. We all do it. We try to account for human error by making safer systems.

Despite these facts, the Board of Nursing receives more than 1500 complaints a year.

In almost every investigation, there is an aha moment when you see when the downward spiral started. If only

someone could have intervened at the right moment. Many times that downward spiral continued in an environment plagued with system errors. Sometimes it simply was caused by a bad actor. Regardless, there is a high level of frustration when we see similar systems errors and can only regulate our piece, the nurses themselves.

Everyone has a role in making health care safe, including the patient.

The Board of Nursing has been actively involved in the *Just Culture* movement. Our ultimate goals are 1) educate consumers so they speak up to the right people when in the practice setting and 2) assist employers in identifying issues that are better addressed in the practice setting instead of reporting them to the Board. Healthcare needs to be a partnership at all levels even regulatory. We need to spend our resources on the right things that will have a positive impact on patient safety.

Save the Date! April 5, 2011 Join us for the...

5th Annual MOCPS Patient Safety Conference
"Inspiring Change... Improving Care" featuring keynote speaker David Maxfield, whose book, Change Anything will also be available, along with other national and state-wide safety experts. More Details Coming Soon!



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Number of Nurses Currently Licensed in the State of Missouri

As of January 4, 2011

Profession	Number
Licensed Practical Nurse	23,353
Registered Professional Nurse	91,621
Total	114,974

Schedule of Board Meeting Dates 2011-2012

- March 2-4, 2011
- June 1-3, 2011
- September 7-9, 2011
- December 7-9, 2011
- March 7-9, 2012
- June 6-8, 2012
- September 5-7, 2012
- December 5-7, 2012

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

And Justice for All

Healthcare groups in several U.S. states are pioneering the adoption of a visionary approach to handling medical mistakes – and in so doing, are helping to change the very culture of healthcare.

by Carol Latter

Reprinted with Permission from the WINTER 2009 issue of Prevention Strategist magazine.

Across the country and around the globe, David Marx has spent the last decade or more spreading a message that has been slowly altering the way the world looks at mistakes—from pilot error in the aviation industry to medical errors in the healthcare field.

In our increasingly litigious society, Americans in particular have become known for suing first and asking questions later—and regulators and corporate leaders alike have found it all too easy to cave in to public pressure to “make people pay” for their mistakes.

The idea: to strike fear into people’s hearts so they’ll be driven by fear to avoid slip-ups.

The reality: punitive approaches have been proven ineffective in reducing preventable errors.

The reason: business or operating systems are rarely perfect, and humans—despite their best intentions—are fallible.

Despite decades of strict regulations and harsh penalties for errors, Marx says, “200,000 people die from medical error or hospital infection” in the U.S. each year. And in a climate of fear, medical errors are vastly underreported, reducing the chance for the healthcare system to learn from those mistakes.

Clearly, another approach is needed.

Marx advocates an approach he believes is both more humane and more effective—a middle ground between harsh punishment and a blamefree society. “Just Culture” calls for treating people fairly and encouraging open communication so that “near misses” can serve as learning tools to prevent future problems, and actual mistakes can be used to identify and correct root causes.

Under this model, healthcare organizations still investigate why an adverse incident took place, but they console employees who make honest mistakes and coach those involved in risky behavior. Sanctions are reserved for reckless acts.

A State of Justice

Healthcare organizations in a number of states—North Carolina, Missouri and California chief among them—have heeded Marx’s “better way.” They’ve spent the last several years pioneering the statewide adoption of his visionary approach, with impressive results.

North Carolina is one of a handful of states that have been launching statewide initiatives to engage everyone—from regulators and healthcare leadership to individual physicians and nurses—in this alternate approach to improving patient



safety and the overall tone of the workplace environment.

Dr. Carol Koeble, MD, MS, CPE, is director of the North Carolina Center for Hospital Quality and Patient Safety, an initiative of the North Carolina Hospital Association. The center was established in 2005 through grant funding to put North Carolina on the path to “having the safest, highest quality hospitals in the U.S.”

When she arrived from Alaska four years ago to take the helm of the center, Dr. Koeble learned that the

state board of nursing had invited Marx to speak about Just Culture, and that he was subsequently brought back to address a hospital association member meeting.



Theresa Manley, right, discusses Just Culture initiatives with fellow staff members. Manley is chair of the California Patient Safety Action Coalition, which has been promoting Marx’s approach as a means of improving healthcare safety.

In talking to hospitals, she discovered that many were extremely interested in what Marx had to say. A subsequent statewide, day-and-a-half educational session attracted 130 people from 30 hospitals. This led, in short order, to the establishment of a statewide collaborative to provide participating healthcare organizations with a foundational platform and strategic goals. “We’ve been building statewide consensus for fair and just culture since that time,” says Dr. Koeble.

The NC Quality Center has developed two collaboratives—an 18-month program that began in 2006 and attracted nine hospitals, and a second two-year program, begun in 2008, involving eight facilities. In addition to the collaborative programs, the center provides educational programs on a statewide, regional and local basis.

Three in-person educational sessions, regular teleconferences and coaching calls are offered to participating organizations, Dr. Koeble says. In addition, hospitals are provided with how-to materials created by Marx’s company, including an assessment algorithm tool, to determine how to handle and respond to medical errors at the organizational level.

The North Carolina Board of Nursing is very much involved, and has adopted the Just Culture model to investigate “deviations from [standard] nursing practices. They’ve been piloting a tool in the state to assist hospitals,” she says. Hospitals can use the tool to determine whether they can handle specific adverse events on their own, or whether a case should be referred to the board of nursing. “It’s been a very successful pilot.”

One of the lessons learned along the way involves leadership engagement. Some of the hospitals in the first collaborative “moved rapidly,” while others “barely got out of the starting gate in 18 months. The successful ones were those that had senior leadership engaged from the beginning.”

The second lesson was learned after participants in the first collaborative program were asked to go back to their organizations and train their managers. “They had a difficult time providing the training,” she says. In the second collaborative, representatives from the center provided the

And Justice for All continued on page 4

And Justice for All continued from page 3

follow-up training, traveling to each hospital and spending up to five hours with key managers, using a training guide by Marx.

Other keys to success were setting achievement milestones and “having the right staff involved,” Dr. Koeble says.

The second collaborative has been extremely successful, she notes. “All eight are really moving and are where they should be. We learned from our first program and identified opportunities to make the second collaborative better.”

Finding Champions

Becky Miller, MHA, CPHQ, FACHE and executive director of the Missouri Center for Patient Safety in Jefferson City, says her state’s journey began after Marx addressed a conference there, attended by about 120 people. Marx received a very enthusiastic response, which resulted in 85% of participants indicating interest in a statewide initiative.

On the advice of the **state board of nursing**, the center applied for, and got, a patient safety grant of \$264,000 that allowed it to organize a collaborative. Initially, a briefing was held for leaders of statewide organizations to educate them about Just Culture and gain support for the collaborative. Soon after, 67 organizations asked to participate, and were accepted into the collaborative. That number included five statewide regulatory agencies, a nursing association, two physicians’ offices, a nursing home, a professional school and hospitals.

“We asked each of the organizations to identify a ‘champion’ within their organization, and then established a leadership team that would work on the project with them,” Miller says. “We provided training to the champions and then to their full team. We were also able to provide additional training for organizations wanting to take the next step; 21 received more intensive onsite training for their full executive or management team, or full staff.” Approximately 4,000 people in Missouri were trained in Just Culture concepts as a result of the project.

A researcher helped the center modify a survey tool to determine if those participating in the collaborative came away with increased understanding, “and if they implemented that in their organizations.”

Miller says the initiative proved successful. “We did see a difference, particularly in organizations that got the additional training. Their leaders seemed to be more aware of what their staff perceptions were regarding Just Culture. We think that opened up leaders’ eyes. Those leaders thought their staff members were more mindful of errors and mistakes. They were doing more investigations, even if there wasn’t serious harm.” She adds, “Regulators also told us they had a better understanding of the issues providers were dealing with, and they were interested in integrating these concepts into their own regulatory processes.”



Miller, who has a background in health policy, regulations, and risk management in acute care, says *Just Culture* “really takes the way I tried to work intuitively, and puts a model and some science behind it. If you don’t have people who are aware of Just Culture and are prepared to act on it, you aren’t going to be able to prevent mistakes before they happen. That’s something that needs to be drilled down through the whole organization.”

And while that’s easier said than done, the CEO and a physician at a few hospitals “sat through an entire day of training. That’s the kind of organization that you’re really seeing taking the lead in doing this kind of work,” she says.

Making Healthcare Safer

Theresa Manley, chair of the California Patient Safety Action Coalition (CAPSAC), says that state’s action on Just Culture arose out of two mandatory reporting laws that became effective in July 2007. One was an adverse event reporting mandate; a second piece of legislation introduced an administrative fine for hospitals that failed to report these events in a timely way.

“We decided we wanted to get a group of people together across the continuum of healthcare in California to see how we could make healthcare safer,” Manley says. “At the state level, we all agreed that in light of this punitive legislation that was passed, as a healthcare provider community, we saw a real value in looking at the culture in our organizations.”

CAPSAC obtained a grant to hold a convening meeting in July 2008, and decided to partner with Marx’s company, Outcome Engineering, “in trying to spread the idea of fair and just culture.”

“If you don’t have people who are aware of Just Culture and are prepared to act on it, you aren’t going to be able to prevent mistakes before they happen. That’s something that needs to be drilled down through the whole organization,” says Becky Miller, Executive Director of the Missouri Center for Patient Safety in Jefferson City.

Before long, the number of CAPSAC’s membership organizations grew from 20 to 60. “There was a feeling of urgency among healthcare organizations on how to become safer. We can do a better job of investigating adverse events and finding out why people make the behavioral choices they do. We thought the Just Culture approach could help.”

The coalition began conducting regional trainings across the state for a nominal fee, training more than 900 people, including risk managers and senior leaders, in the Just Culture model. In 2009, the focus turned to investigating adverse events.

CAPSAC is also developing a physician strategy. “We cannot have a successful Just Culture without physician involvement,” says Manley. “We’re going to work with the California Medical Association and senior physician leaders across the state to help lead this effort.”



In addition, CAPSAC is reaching out to the broader community by working with Americans For Quality Healthcare, a national partnership organization, to help identify and engage consumer advocacy groups in its efforts.

“We want to get the patients to sit at the table with us and help us understand how we can influence public perception and, in turn, educate our legislators on principles of a fair and just culture. We want to do more outreach and influence the provider groups in having one voice about eliminating reckless behavior,” Manley says.

As for healthcare professionals, she believes that safe behavior “must become so embedded that it becomes the habit and pattern of every person.”

“History will tell you that having a punitive approach will not get you very far with human behavior. It goes to the fundamentals of social psychology. Instead of saying, ‘We’re going to fine you every time you don’t wash your hands,’ we need to influence your behavior through the social behavior in organizations by highlighting the inherent risk,” Manley says.

“The Just Culture model gets it right because you can’t put red rules in places for everything. A social system must be provided so the individual can recognize the inherent risk and make the right behavioral choices, so at the end of the day we can all feel good about the work we’re doing.”

Dr. Koeble of North Carolina says, “The big thing to realize is that in healthcare in general, nobody wants to do a bad job. In the past, if an error or mistake happened, we generally punished people. That shuts off the information pipeline around the event, and we can’t learn from that. Just Culture allows the person to speak up and talk about a mistake. If something happened to them, they’re going to be treated fairly. They are responsible for their own actions, they have choices, and they know what’s expected of them.”

At the same time, if they choose to deviate from acceptable behavior, “there are repercussions that can happen. If someone coaches me to be in a good place, that’s a positive thing, and I shouldn’t take it personally.”

Manley adds, “This is almost like good parenting. As a supervisor, manager or leader, you’re trying to influence the choices that people will make when you’re not there. Let’s make sure that healthcare workers are not reckless or at risk, and that they choose the right things to do. I think that’s why Just Culture really has such broad appeal. It speaks to the intelligence and integrity of healthcare providers.”

“We can do a better job of investigating adverse events and finding out why people make the behavioral choices they do. We thought the Just Culture approach could help,” says Theresa Manley, Chair of the California Patient Safety Action Coalition.

Prevention Strategist is a quarterly magazine for APIC members that helps put science into practice by providing evidence-based strategies and practices for reducing infections, along with cutting-edge information and resources. It includes pragmatic, actionable information to improve your practice and help you respond to emerging issues and opportunities. You will find practical guidance from leading experts and experienced practitioners, case studies and tools that you can adapt and apply to your own practice.

Published in print with special online-only supplements, *Prevention Strategist* is a membership benefit supported by member dues. You can receive print issues of *Prevention Strategist* by becoming an APIC Member at www.apic.org

Visit www.justculture.org for more information about David Marx and the Just Culture movement.

Visit the Missouri Center for patient safety at <http://www.mocps.org/>



The Legal Perspective

Authored by Mikeal R. Louraine, BS, JD
Senior Legal Counsel for the
State Board of Nursing

It has been brought to my attention that while I have discussed, in several articles, the varying levels of discipline that the Board can impose, I have never included another possible outcome to a discipline case: voluntary surrender.

§335.066.3 RSMo is the statute that gives the Board authority to impose discipline. Here is the relevant portion of that statute, "...the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit."

You'll notice that voluntary surrender is not included in that statute. The Board cannot require or impose a voluntary

surrender. Technically, a voluntary surrender is not discipline. However, it will be reported to the national databases and will be posted on the Board's web-site.

There are two kinds of voluntary surrender: with facts and without facts. If a licensee voluntarily surrenders without facts, it means that they are not admitting to any violation of the Nursing Practice Act. The licensee is simply giving up their right to practice nursing in the State of Missouri.

If a licensee voluntarily surrenders with facts, it means that they are admitting to a violation of the Nursing Practice Act and, in lieu of contested disciplinary proceedings or discipline being entered against their license, they are giving up their right to practice nursing in Missouri. The practice act violation that the licensee has admitted to will be reported to the national database. It will also appear on the Board's public web-site and in the newsletter.

After voluntarily surrendering a license, the licensee may re-apply for licensure. Unlike a revocation, the licensee does

not have to wait a year before re-applying. However, like a revocation, the licensee does have to fully re-apply. What that means is that the individual has to go through the entire application process. This includes the paper application, a background check and, if approved, re-taking the NCLEX. Just as any other applicant, the Board may choose to place the licensee on probation if they allow them to take the NCLEX. If the licensee voluntarily surrendered with facts, this outcome is likely.

Some licensees choose the voluntary surrender option because they feel it will look better on their record than a revocation. Either way, the licensee has lost the privilege of practicing in the State of Missouri. While the licensee can honestly say that they have never been disciplined by the Board, they still have a record that includes the loss of their license.

The voluntary surrender is an option that allows the licensee to avoid formal discipline, while allowing the Board to fulfill its statutory obligation to protect the public.



Licensure Corner

Authored by Angie Morice
Licensing Administrator

Missouri State Board of Nursing Licensure Committee Members:

Deborah Wagner, RN, Chair
 Adrienne Fly, Public Member
 Lisa Green, RN
 Rhonda Shimmens, RN
 Roxanne McDaniel, RN

RN Renewal Notification

In February, renewal notifications will be mailed to all Registered Nurses holding active licenses. The post card size renewal notice will be mailed to your last known address on file with the Board. If you moved and have not updated your address with the Missouri State Board of Nursing, please do so as soon as possible. We are asking that you renew your license online. If you do not have access to the internet, please notify us by fax or mail so that a paper renewal may be mailed to you.

With the many concerns for nurse imposters and altered licenses, beginning with this renewal, you will receive one wallet-sized card that does not contain an expiration date, multistate or single state license status. You need to go to www.nursys.com to verify multistate or single state license status and expiration date. www.nursys.com serves as primary source verification for Missouri.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with

the Division of Professional Registration are required to have paid all state income taxes and to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is suspended for failure to pay or file state income taxes, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at <http://pr.mo.gov>, the form may be downloaded from our website and submitted. Methods of submitting name and/or address changes are as follows:

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Contacting the Board

In order to assist you with any questions and save both yourself and our office valuable time, please have the following information available when contacting the Board:

- License number
- Pen and paper

Save the Date

Missouri State Board of Nursing &
 Missouri League for Nursing

**Midwest Leadership Institute
 for Nurse Educators and Deans/
 Directors**

June 15-17, 2011

Courtyard by Marriott
 Columbia, MO

This institute is designed to expand the skills in both academic and practical health care settings for nurse educators/deans and directors, both new to education as well as seasoned educators.

Participant will have the opportunity to hear speakers who will give new ideas and make you feel recharged and ready to tackle your job



Education Report

**Authored by Bibi Schultz, RN, MSN,
Education Administrator**

Missouri State Board of Nursing Education Committee
Members:

- Roxanne McDaniel, RN, PhD, Chair
- Ann Shelton, RN, PhD
- Lisa Green, RN, PhD(c)
- Deborah Wagner, RN
- Irene Coco, LPN

As the year 2010 has come to a close it is time again to reflect on nursing education in Missouri. Currently there are 47 Programs of Practical Nursing (PN), 35 Associate Degree Nursing (ADN) Programs, 23 Baccalaureate of Science in Nursing (BSN) Programs, as well as one Diploma Nursing Program in Missouri. In order for any nursing program to operate in Missouri, MSBN Program Approval is required.

In 2010 the MSBN Board office received four Letters of Intent for establishment of new Associate Degree in Nursing Programs in Missouri. Letters of Intent were submitted from Brown-Mackie College, ITT Technical College–Springfield, Moberly Area Community College–Kirksville, as well as Arkansas State University.

In addition to Letters of Intent received this year, two applications for establishment of nursing programs, received at the Board office during 2007/2008, were officially closed per request of each sponsoring institution. Future intent for establishment of such new programs would require initiation of new proposal approval processes.

Five new Missouri nursing programs initiated instruction this year. The new nursing programs are the Missouri Valley College–BSN Program in Marshall, PN programs in Carthage and Clinton, and ADN Programs at ITT Technical Institute in Earth City, as well as at Crowder College in Cassville. Initial Program Approval site surveys were conducted to ensure program proposal compliance prior to program start. Follow-up surveys are conducted to assess program progress and/or to address issues as necessary. Upon graduation of each new program's first class and receipt of respective licensure exam results, site surveys will be conducted to assess continued program compliance with Minimum Standards, to include program adherence to the approved proposal. Changes as authorized by the Board may also be assessed, if applicable. The Board then reviews survey reports, to include program data for each program, and has the authority to continue Initial Program Approval for one year at a time, deny Program Approval or grant Full Program Approval.

In 2010 Board staff conducted a total of 46 site surveys. Out of those, 20 were routine visits, to include an Initial to Full Approval visit to the College of the Ozarks–BSN Program in Point Lookout. Board staff also conducted three relocation verifications and 23 focused/follow-up surveys. A total of 12 surveys were conducted at BSN programs, 17 at ADN programs and 17 at PN programs as well. A total of 29 site surveys have been scheduled for the year of 2011 so far.

A list of nursing programs approved by the MSBN, complete with approval status as well as current and past NCLEX pass rates, is accessible through the MSBN website at <http://pr.mo.gov/nursing.asp>, under Schools of Nursing and Pass Rates. A list of MSBN approved IV Therapy Certification Programs is available on the website under IV Therapy Programs, as well.



Investigations Corner

**Authored by Quinn Lewis,
Investigations Administrator**

Reporting Final Disciplinary Actions

I began my employment with the Board of Nursing in January of 2003. During that time we were undergoing several changes in our investigations process. As our investigations process has changed, so have our laws. When I began working for the Board, only hospitals and ambulatory surgical centers were mandated reporters. Now, that list has expanded. That list now includes temporary nurse staffing agencies and all other employers who take final disciplinary action against a nurse licensed in this state.

Needless to say, complaints to the Board have increased due to the current changes in the law. Although we feel that our investigation process is streamlined and efficient, the increased volume of complaints will present a challenge to continue conducting investigations in a timely manner. Due to the Board receiving the majority of its complaints from mandated reporters, we will need help from those employers to limit unnecessary reports to the Board. We ask that employers not send final disciplinary actions that are not violations of the Nurse Practice Act and those that don't fall under the Board's jurisdiction. The items listed below are examples of those types of incidents that don't require a report to the Board.

- Rudeness
- Tardiness
- Absenteeism
- No call no show
- Personality conflicts
- Employees not being a good fit for the organization based on personal beliefs and values
- Time card violations

The purpose of this article will be to educate new mandated reporters on how to evaluate and submit reports of final disciplinary action to the Board. I wrote an article a while back entitled, "Protection Starts with You." The "You" I was referring to are individuals and facilities who send reports/complaints to the Board of Nursing. If we can limit reports to those that are considered legitimate violations of the Nurse Practice Act, this will prevent the Board from being inundated with unnecessary correspondence. This would allow the Board to better utilize its resources, therefore enabling us to conduct more timely investigations. Fewer inappropriate reports burdening the Board's investigative staff will allow us to better protect the public.

The Mandatory Reporting law is found in Chapter 383 RSMo

Chapter 383.133.1—The chief executive office or similarly empowered official of any hospital, ambulatory surgical center, as terms are defined in chapter 197, RSMo, [or] temporary nursing staffing agency, nursing home, any nursing facility as such term is defined in chapter 198, or any entity that employes or contracts with licensed health professionals to provide healthcare services to individuals shall report to the appropriate health care professional licensing authority any disciplinary action against any health care professional or the voluntary resignation of any health care professional against whom any complaints or reports have been made which might have led to disciplinary action.

When deciding what reports are to be sent to the Board, employers should refer to the Nurse Practice Act, Chapter 335.066. A copy of the Nurse Practice Act can be accessed at the board's website (<http://pr.mo.gov/nursing.asp>) under Rules & Statutes (Nursing Practice Act). This section of the Nurse Practice Act lists the 16 possible causes for discipline. Before the Board initiates an investigation against a licensee, the conduct described in the report must fall under one of the 16 causes for discipline. If the cause for final disciplinary action does not meet at least one of those criteria listed, the Board does not have the authority to discipline that licensee. Therefore, there is no need to send that information to the Board.

The sixteen causes for discipline are as follows:

- (1) *Use or unlawful use of any controlled, substances defined in chapter 195 or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096*
- (2) *The person has been finally adjudicated and found guilty or entered a plea of guilty or nolo contendere in a criminal prosecution pursuant to the laws of any state or of the United States for any offense reasonably related to the qualifications functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096 for any offense an essential element of which is fraud dishonesty or an act of violence or any offense involving moral turpitude whether or not a sentence is imposed.*
- (3) *Use of fraud deception misrepresentation or bribery in securing any certificate of registration or authority permit or license issued pursuant to 335.011 to 335.096 or in obtaining permission to take any exam given or required pursuant to sections 335.011 to 335.096.*
- (4) *Obtaining or attempting to obtain any fee charge tuition or other compensation by fraud deception or misrepresentation;*
- (5) *Incompetency misconduct gross negligence fraud misrepresentation or dishonesty in the performance of the functions or duties as any professional licensed or regulated by sections 335.011 to 335.096;*
- (6) *Violation of or assisting or enabling any person to violate any provisions of section 335.011 to 335.096;*
- (7) *Impersonation of any person holding a certificate of registration or authority permit or license or allowing any person to use his or her certificate of registration or authority permit license or diploma from any school;*
- (8) *Disciplinary action against the holder of a license or other right to practice in profession regulated by sections 335.011 to 335.096 granted by another state territory federal agency or county upon grounds for which revocation or suspension is authorized in this state;*
- (9) *A person is finally adjudged insane or incompetent by a court of competent jurisdiction;*
- (10) *Assisting or enabling any person to practice or practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096;*
- (11) *Issuance of a certificate of registration or authority permit or license based upon a material mistake of fact;*
- (12) *Violation of any professional trust or confidence;*

- (13) *Use of any advertisement of solicitation which is false misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;*
- (14) *Violation of the drug laws or rules and regulations of this state any other state or the federal government;*
- (15) *Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;*
- (16) *Failure to successfully complete the impaired nurse program.*

After referring to the 16 causes for discipline, and determining that the nurse's conduct which resulted in the action taken by the employer falls under one or more of the causes for discipline, then proceed with the report to the Board.

Reports to the Board must be made in writing.

The information should be submitted within 15 days of the final disciplinary action and shall contain but need not be limited to the following.

- ▶ Name address and telephone number of the person making the report.
- ▶ The name, address and telephone number of the licensee who is the subject of the report
- ▶ A description of the facts, including as much detail and information as possible
- ▶ The date of each alleged incident
- ▶ The name or names of patients involved
- ▶ If medication is involved, the names all medications
- ▶ A specific description of the details
- ▶ A list of witnesses and their contact information.
- ▶ A copy of the internal investigation, if there is one.

Complying with mandated reporting requirements as defined in Chapter 383, RSMo shall not be deemed a violation of federal Health Insurance Portability and Accountability Act also known as HIPPA. The State Board of Nursing is classified as a health oversight agency as defined in the HIPPA privacy rules.

In those instances where a nurse voluntarily enters into an employee assistance program or a treatment program for alcohol or drug impairment, **and no discipline was taken by the facility**, the facility is not mandated to report that nurse. But, the facility may report the nurse if it chooses to.

The information outlined in this article should be of assistance to employers when complying with the mandated reporting law. We hope that the information will assist you in deciding what is to be sent in to the Board as a report of final disciplinary action.



Practice Corner

Authored by **Debra Funk, RN**
Practice Administrator

Missouri State Board of Nursing

Practice Committee Members:

- Aubrey Moncrief, RN, CRNA, Chair
- Deborah Wagner, RN
- Rhonda Shimmens, RN-C
- Roxanne McDaniel, RN, PhD
- Robyn Chambers, LPN

Requirement for LPN Supervision

We have received several calls from LPNs who are working in some environments where there isn't a physician or RN involved in their practice. This raises the question of who is providing the required supervision for the LPN as required by law. Practical Nursing is defined in 335.016 RSMo as, "the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight." It is very clearly stated that a LPN shall not practice independently. It is also clear that the supervision does not have to be direct, onsite supervision.

Some examples of practice environments that have been brought to my attention include schools, privately owned in-home services, and day care centers or community centers offering child care where tracking of immunizations and other health issues are required. There must be a RN or physician involved in some manner with these environments in order for a LPN to provide care. Often times performing such tasks as record keeping of immunizations, may not be thought of as patient care. This task requires the LPN to use nursing knowledge and expertise for a patient/client population. In many of these positions, the job description specifically requires a licensed professional.

It is possible to contract with a physician or RN to provide this direction or supervision for the LPN. The LPN

is not working under the other professional's license, the LPN has her own license and own scope of practice, based upon their education, experience, knowledge, training, skill and/or competence. The RN or physician must be actively involved in the LPN's practice and have direct knowledge about the types and needs of the patients/clients that the LPN is caring for. If medical treatments are involved, orders from a person licensed by a state regulatory board to prescribe medications or treatments are required.

Changes in Rules Impacting APRNs

Revisions to the APRN and Collaborative Practice rules became effective November 30, 2010. This language includes the rules pertaining to controlled substance prescriptive authority. This practice cannot begin until the BNDD database replacement has been completed. When this practice is to begin, letters will be sent to all APRNs informing them of the process to follow. Other language that has changed:

- Both sections have been reorganized to be more user friendly
- Re-certification for noncertified APRN requirements have been changed to a minimum of 800 hours of clinical practice and 60 contact hours in their advanced practice clinical specialty every two years.

A paragraph was left out of the rules pertaining to controlled substance prescriptive authority. An amendment will be proposed in the near future. The information left out pertained to the requirement for evidence of a minimum of 1000 hours of practice in an advanced practice nursing category prior to application for a certificate of controlled substance prescriptive authority. This requirement is specified in statute 335.019 RSMo and is to be further defined in the rule.

FATIGUE vs SAFE NURSING

by **Roseann Colosimo**

For those of you old enough to remember the Hill Street Blues Television series, the program started with the Sergeant giving assignments and then as officers left for patrol, he would always say, "let's be careful out there!" Patient Safety is a national issue because errors are responsible for significant morbidity and mortality in healthcare. In 2008, Janice Ellis authored the white paper for the Washington State Nurses Association titled *Quality of Care, Nurses' Work Schedules and Fatigue*. She describes today's healthcare

"The modern health care environment includes increased demands regarding improving patient

care outcomes at the same time it is facing a serious nursing shortage. ...These aspects coupled with the increased acuity of patients and complexity of care set the stage for fatigue in nurses and increased errors affecting patients." (Ellis 2008)

Evidence is present both in general occupational and nursing studies that the effects of fatigue on performance are manifested by decreased alertness, vigilance, concentration, judgment, mood and performance. So fatigue is not good for the performance of safe nursing practice. A study of critical care nurses and errors recommended that the use of 12-hour shifts should be minimized and no more than 12 hours should be worked in a 24-hour period. (Scott et al 2006)

The nation is seeing more criminal prosecutions of healthcare providers. Increases in criminal cases that involve nurses should help you to rethink your risky practices. The new *Journal of Nursing Regulation* which had its first publication in April 2010, has an article "Medication Errors and Criminal Negligence: Lessons from Two Cases" by Stephen Hurley JD and Marcus Berghahn JD. The article summarizes the lessons of what transforms ordinary negligence into criminal negligence, citing the following factors:

- Vulnerable patients, including those especially young or old.
- Inattention by the healthcare provider, excessive fatigue that affects a nurse's judgment, bypassing safety systems and failing to follow the "five rights"
- Obtaining medication in anticipation of a physician's order
- Administering or altering the administration method in a manner outside the scope of one's practice (Hurley & Berghahn 2010)

Many times nurses are in denial about the effect of fatigue, they believe that as long as they meant well in working an extra shift nothing bad can happen. This is not true. The family and the legal system do not look at good intentions when a patient is harmed. The family sees the patient harmed by the nurse working hours that national safety standards would not let truck drivers or pilots work. The truck driver causing an accident because of fatigue is the same as the nurse giving the wrong medication or not being vigilant to signs and symptoms of distress in the patient because of fatigue. The American Nurses Association states it is the ethical responsibility of the nurse to understand fatigue and not to practice when fatigue compromises safety and competency.

So "let's be careful out there!"

References

- Ellis, J. R. (2008). *Quality of Care, Nurses' Work Schedules, and Fatigue: A white Paper*, Seattle: Washington State Nurses Association.
- Hurley, S. P. & Berghahn, M. J. (2010) Medication Errors and Criminal Negligence: Lessons from Two Cases. *Journal of Nursing Regulation*. Vol 1, 39-43.
- Scott, L .D., Rogers, A. E., Hwang, W-T, & Zhang, Y. (2006) Effects of critical care nurses' work hours on vigilance and patient safety. *American Journal of Critical Care*. 15, 20-37 CE

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NCSBN Embarks on Landmark Multi-Site Simulation Study to Examine the Use of Simulation in Nursing Education

CHICAGO—NCSBN announces the launch of a landmark, national, multi-site study of simulation use in prelicensure nursing programs. Beginning in the fall of 2011, the NCSBN Simulation Study will monitor students from five associate degree nursing programs and five baccalaureate degree nursing programs in the U.S. from their first day of nursing school through graduation, into their first year of practice.

The NCSBN Simulation Study aims to highlight currently known best practices in simulation use; evaluate the learning occurring with various amounts of simulation substituting for clinical hours; establish key simulation standards and learning experiences in each core clinical course during the study; and evaluate new graduates' ability to translate educational experiences into the workplace. To achieve these objectives, students from each of the 10 study sites will be randomly assigned to one of three groups: a group where up to 10 percent of the time normally spent at clinical sites will be spent in simulation, a group where 25 percent of the time normally spent at clinical sites will be spent in simulation or a group where 50 percent of the time normally spent at clinical sites will be spent in simulation.

"We are thrilled to launch this innovative and groundbreaking research. A study in simulation of this magnitude has never been done before," said Maryann Alexander, PhD, RN, chief officer, Nursing Regulation, NCSBN. "We are extremely excited to be partnering with outstanding nursing schools who work tirelessly to prepare the nurses of tomorrow. Their participation in this study is instrumental to the future of nursing education."

The NCSBN Simulation Study is being conducted in three phases. Phase I began in January 2010 with a national survey of simulation use in prelicensure nursing curriculum that was distributed to U.S. nursing programs. The findings from this

survey are available in the October issue of the *Journal of Nursing Regulation*.

During Phase II, NCSBN reviewed applications from numerous U.S. nursing programs to serve as study sites. In November 2010, 10 schools were chosen, including:

- College of Southern Nevada, Las Vegas, Nev.;
- Florida International University, Miami, Fla.;
- Ivy Tech Community College of Indiana, Indianapolis, Ind.;
- Johns Hopkins University, Baltimore, Md.;
- Johnson County Community College, Overland Park, Kan.;
- Lancaster General College of Nursing and Health Sciences, Lancaster, Pa.;
- Metropolitan Community College-Penn Valley, Kansas City, Mo.;
- University of South Carolina, Columbia, S.C.;
- University of Southern Mississippi, Hattiesburg, Miss.; and
- Washington State University, Spokane, Wash.

Each study site consists of a Study Team, which is comprised of faculty and staff from the school. All 10 Study Teams will meet three times over the course of the next six months to learn about facilitating simulation, debriefing techniques, and using assessment tools and ratings. Study teams will also establish the curriculum that all study sites will utilize over the next two years based on results from a national curriculum survey that was sent to clinicians and nursing schools. The first of these meetings took place in Chicago, Nov. 30-Dec. 1, 2010.

Study Teams will monitor students daily, upon completion of each clinical course, after one year in the nursing program,

upon graduation and finally, one year postgraduation. The research gathered by the Study Teams will be reported to NCSBN, which will assess nursing knowledge, clinical competence and student satisfaction with the education they received.

During the final phase of the NCSBN Simulation Study, NCSBN will evaluate how well the new graduate nurses are able to apply the knowledge they have acquired during nursing school to their practice as new nurses, providing the missing link that has never been studied in previous simulation studies. Researchers will examine and compare clinical and simulation experiences, competencies and level of practice. The follow-up of graduates into their first year of practice will focus on retention of new nurses and clinical judgment after graduation.

According to Jennifer Hayden, MSN, RN, associate, research, NCSBN, and simulation study project director, "The information that will be gained from this research is desperately needed by nursing regulators and educators, and will impact the future of nursing education. The project team and participating schools have overwhelming enthusiasm for this project, and we are all looking forward to this very important and exciting endeavor ahead of us."

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also seven associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

Health Professional Loan Repayment

The Health Professional Loan Repayment Program is the repayment of outstanding educational loans in exchange for providing primary health care services in areas of need in Missouri. A shortage area means any of the following which the Secretary of Health and Human Services determines has a shortage of health professionals:

- Urban or rural areas
- Population group
- Public or nonprofit private medical facility

There is a minimum, two-year contract required. The Department of Health provides loan repayment to the following:

- Registered and advanced practice nurses
- Primary care physicians
- Primary care dentists
- Psychiatrists
- Psychologists
- Licensed clinical social workers
- Licensed professional counselors
- Dietitians/nutritionists

Maximum Loan Repayment Amounts:

- \$25,000 per year for primary care physicians, dentists, psychiatrists, and psychologists.
- \$10,000 per year for primary care advanced practice nurses, licensed professional counselors and licensed clinical social workers.
- \$5,000 per year for primary care registered nurses and dietitians/nutritionists.

Qualifications Are:

- Must be a United States citizens
- Must have qualifying employment as stated in Missouri Revised Statute 333.245
- Must be employed at least 40 hours per week, and not more than 8 of those hours per week can be devoted to practice-related administrative activities.

The following are for primary care practitioners only:

- Must provide services to MO HealthNet patients.
- Must enter into an appropriate agreement with the state Children’s Health Insurance Program to provide service to children under Title XXI.
- Must provide a sliding fee scale for the uninsured

Missouri Professional and Practical Nursing Student Loan Program FY07

In June, 2006, there were 182 applications received. A total of 67 applicants were selected to receive loans; 62 were made to RNs (or higher) and 5 loans were made to applicants pursuing a LPN degree. All RN contracts were awarded \$5,000 each. All LPN contracts were for \$2,500.

Missouri Professional and Practical Nursing Student Loan Program

	Recipients	Loan Amount	Remaining Funds	Total
RN	62	\$310,000	\$0	\$310,000
LPN	5	\$12,500	\$0	\$12,500
TOTAL	67	\$322,500	\$0	\$322,500

Missouri Professional and Practical Nursing Student Loan Program FY08

In June, 2008, there were approximately 190 applications received. A total of 70 applicants were selected to receive loans; 64 were made to RNs (or higher) and 6 loans were made to applicants pursuing a LPN degree. All RN contracts were awarded \$5,000 each. All LPN contracts were for \$2,500.

Missouri Professional and Practical Nursing Student Loan Program

	Recipients	Loan Amount	Remaining Funds	Total
RN	64	\$320,000	\$0	\$320,000
LPN	6	\$15,000	\$0	\$15,000
TOTAL	70	\$335,500	\$0	\$335,000

Missouri Professional and Practical Nursing Student Loan Program FY09

In June, 2009, there were approximately 143 applications received. A total of 79 applicants were selected to receive loans; 72 were made to RNs (or higher) and 7 loans were made to applicants pursuing a LPN degree. All RN contracts were awarded \$5,000 each. All LPN contracts were for \$2,500.

Missouri Professional and Practical Nursing Student Loan Program

	Recipients	Loan Amount	Remaining Funds	Total
RN	72	\$340,000	\$0	\$340,000
LPN	7	\$17,500	\$0	\$17,500
TOTAL	79	\$357,500	\$0	\$357,500

Missouri Professional and Practical Nursing Student Loan Program FY10

In June, 2010, there were 181 applications received for the diploma level and above. There were 42 applications received for the LPN level. A total of 79 applicants were selected to receive loans; 72 were made to RNs (or higher) and 7 loans were made to applicants pursuing a LPN degree. All RN contracts were awarded \$5,000 each. All LPN contracts were for \$2,500.

Missouri Professional and Practical Nursing Student Loan Program

	Recipients	Loan Amount	Remaining Funds	Total
RN	72	\$340,000	\$0	\$340,000
LPN	7	\$17,500	\$0	\$17,500
TOTAL	79	\$357,500	\$0	\$357,500

Information for this article was obtained from the Missouri Department of Health and Senior Services.



Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Asmus, Catherine Marie
Branson, MO

Licensed Practical Nurse 2002003888

In June 2009, Licensee administered Darvocet to her daughter. Her daughter did not have a valid prescription for Darvocet.
Censure 9/22/2010 to 9/23/2010

Hilmes, Kelly Renee
Breese, IL

Registered Nurse 2008028377

The Board issued Licensee a temporary permit on September 9, 2008. That temporary permit expired on March 8, 2009. Licensee practiced nursing in Missouri without a license from March 8, 2009 through June 2, 2010.
Censure 10/28/2010 to 10/29/2010

Yawn, Wanda Jean
Clever, MO

Registered Nurse 2005006019

On May 13, 2009, Licensee was assigned to care for multiple patients during an overnight shift. At approximately 1:10 a.m. Licensee obtained blood to transfuse to a patient. Licensee set up the blood transfusion. Licensee did not begin the transfusion. Three hours later, Licensee realized that she had not started the patient’s transfusion. Licensee then began the blood transfusion. Licensee falsely documented that she did not obtain the blood until 4:10 a.m.
Censure 9/8/2010 to 9/9/2010

Ruff, Sharon D.
Saint Louis, MO

Registered Nurse 128211

Respondent was required to contract with NCPS, Inc. (now known as FirstLab) to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was required to submit for testing. Respondent failed to report to a laboratory to provide a requested sample on four dates: December 11, 2009; January 27, 2010; March 1, 2010; and April 16, 2010. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive the evaluation that was due on August 28, 2009 until September 17, 2009. The Board did not receive the evaluation for the November 30, 2009 documentation due date. The Board did not receive the evaluation that was due on March 1, 2010 until March 17, 2010.
Censure 9/14/2010 to 9/15/2010

Kimble, Alice F.
Kansas City, MO

Licensed Practical Nurse 017653

Licensee practiced nursing in Missouri without a license from June 1, 2006 through August 24, 2008.
Censure 10/28/2010 to 10/29/2010

Sullivan, Paul S
Clarence, MO

Registered Nurse 115170

While caring for a patient, Licensee pre-charted findings in the patient’s chart.
Censure 11/20/2010 to 11/21/2010

McMahon, Doris
Nevada, MO

Registered Nurse 050274

Respondent was working in a collaborative practice as an advanced practice registered professional nurse. The doctor provided the initial controlled substance prescription for patients, but Respondent would authorize subsequent refills of the controlled substances.
Censure 10/28/2010 to 10/29/2010

CENSURE Continued...

Dunn, James Michael
Arlington, TN

Registered Nurse 2007037665

Licensee administered melatonin to a patient without a doctor’s order and without authorization.
Censure 10/14/2010 to 10/15/2010

Sims, Patricia S.
Cameron, MO

Licensed Practical Nurse 048106

On March 19, 2009, a full card of Oxycodone and the controlled drug record for the card was missing. When questioned by administrators, Licensee stated that the card had become damaged and she placed the card in her pocket. She discovered, after she had left, that she still had the card in her possession. She then destroyed the card and the oxycodone.
Censure 9/14/2010 to 9/15/2010

Dutton, Joan Marie
Joplin, MO

Registered Nurse 1999139241

Licensee, after learning that two graduate nurses had failed their licensure exams, allowed them to continue to work as graduate nurses.
Censure 10/6/2010 to 10/7/2010

Shipley, Ladona A.
Raymore, MO

Licensed Practical Nurse 2007015985

On April 3, 2009, Licensee wrote a prescription for a controlled substance for a patient and forged a doctor’s name to the prescription. Licensee does not have legal authority to prescribe controlled substances.
Censure 9/22/2010 to 9/23/2010

Higgins, Christi Michelle
Columbia, MO

Registered Nurse 2006004522

An infant had an order for Nupogen. Licensee was unsure if the Nupogen had already been administered and, therefore, did not give it. Licensee made no effort to determine if the Nupogen had been given. Licensee administered heparin without documenting in the patient’s chart. Licensee discontinued flow Pap on an infant without a written order. Licensee left the hospital at the end of her shift without obtaining an order. Licensee administered radiology contrast material to a patient through a PCVC; a procedure she had never been trained for. Licensee failed to request assistance for the procedure. Licensee drew blood from two infants in the neonatal intensive care unit without wearing gloves.
Censure 11/10/2010 to 11/11/2010

Weflen, Karen S.
Saint Louis, MO

Registered Nurse 075546

Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. On June 14, 2010, Respondent was advised that she had been selected to submit a sample for testing. Respondent failed to report to a collection site to provide a sample for testing. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the March 9, 2010 or the June 9, 2010 documentation due dates.
Censure 9/13/2010 to 9/14/2010

Glaser, Alice M.
Bellevue, MO

Licensed Practical Nurse 035561

Licensee practiced nursing in Missouri while her license was expired from June 1, 2008 through May 18, 2010.
Censure 10/14/2010 to 10/15/2010

CENSURE Continued...

Ludwig, Mary E.
Saint Louis, MO

Registered Nurse 061199

Licensee practiced nursing in Missouri while her license was expired from May 1, 2009 through August 12, 2010.
Censure 10/6/2010 to 10/7/2010

Hussing, Bridget Dianna
Richmond, MO

Licensed Practical Nurse 2006027470

On March 18, 2008, Licensee filed an application to renew her license with the Missouri State Board of Nursing. Licensee was asked if she was being investigated or if any disciplinary action was pending against any license, certification, registration or permit that she held. Licensee responded ‘no’ to the question. In fact, Licensee’s certificate as a Certified Nursing Assistant was being investigated by the Missouri Department of Health and Senior Services.
Censure 10/22/2010 to 10/23/2010

Markis, Natalie Elaine
Columbus, OH

Registered Nurse 2007024251

Licensee was caring for a patient receiving a Levophed drip to stabilize blood pressure. The IV became dislodged, causing the Levophed to seep into the tissue around the IV site. Licensee did not immediately turn off the drip. Licensee was instructed to call the physician to call anesthesia. Licensee called the physician herself and got an order for a central line and paged anesthesia herself. Licensee was coached that she would need to fill out an incident report which the Licensee did not do immediately.
Censure 10/6/2010 to 10/7/2010

Serrone, Judith Ann
Gladstone, MO

Licensed Practical Nurse 053499

Licensee and a resident were having a relationship outside of work. She and the resident had met for dinner and the resident had been to her house. Licensee stated they had even talked of the resident moving in with her. The resident’s last Social Security check was mailed to her house and Licensee brought the check in for the resident.
Censure 11/6/2010 to 11/7/2010

Beedle, Sandra Marie
Sikeston, MO

Licensed Practical Nurse 2006030447

Licensee was employed by Correctional Medical Services. Licensee got into a verbal altercation with an inmate. Licensee informed the inmate that he would be getting a shot if he did not calm down. The inmate had an order for a psychotropic medication. The order was ambiguous as to whether or not the medication was an involuntary medication. Licensee did not clarify the order with the physician. Licensee had other employees restrain the inmate and she administered the injection. The physician had not ordered an involuntary medication for the inmate.
Censure 11/5/2010 to 11/6/2010

Arnoldy, Venus
Keyesport, IL

Registered Nurse 150354

On December 13, 2008, Licensee surrendered her registered nursing license in the State of Florida. Pursuant to Florida law, the surrender of a professional license constitutes disciplinary action against the license.
Censure 10/28/2010 to 10/29/2010

Censure continued on page 12

*Censure Continued from page 11***Ball, Deborah I.**

Shawnee Mission, KS

Registered Nurse 150203

Licensee pled guilty to the offense of 'Stealing' in Shawnee, Kansas.

Censure 11/5/2010 to 11/6/2010

Trillin, Clay Alan

Liberty, MO

Registered Nurse 2001015704

Through his employment, Licensee was assigned to provide care to a patient. On August 26, 2008, the patient complained of severe shoulder pain due to a degenerative joint problem. Licensee attempted to contact the physician to obtain a prescription. Licensee was unable to contact the physician. Licensee had in his possession a sample packet containing two tablets of Flexeril. Licensee provided the Flexeril without physician approval or authorization.

Censure 9/14/2010 to 9/15/2010

PROBATION

Santagato, Gina M.

Collinsville, IL

Registered Nurse 2007025717

On January 13, 2009, Licensee obtained a multi-dose vial of Lidocaine from the hospital's pyxis system for her own personal use. On January 13 and 14, 2009, a physician with the hospital injected Licensee with the Lidocaine to help relieve her back pain. The injections took place in the room of a patient who was sedated. There was no charting or documentation of the injections. Therefore, the hospital was not compensated for the supplies and medication that Licensee used.

Probation 9/28/2010 to 9/29/2010

Hotop, Ann Marie

Valley Park, MO

Licensed Practical Nurse 2007003415

On or about June 21, 2007, Licensee wasted Ativan without a witness. Licensee was assigned as the floor nurse on September 15-17, 2008. On September 18, 2008, the Care Plan Coordinator, was assigned as the floor nurse. She noticed that the dressings on multiple patients were the same dressings from three days prior that she had put on herself. The dressings were still labeled with initials and dated September 15, 2008. Licensee hadn't changed the dressings for the past three days. Dressings were required to be changed daily. One resident was supposed to receive Oxycodone and another resident was supposed to get a scheduled antibiotic, but Licensee failed to administer the medications as ordered. Licensee also failed to sign off on a treatment record. On September 19, 2008, there were still dressings on two patients dated September 16, 2008. Licensee also failed to do treatments as ordered. On September 19, 2008, another nurse covered for Licensee while a meeting was held with Licensee. When the nurse went to take over for Licensee, Licensee stated that she had just finished the medication pass and said that everything was done. When the nurse looked in the medication cart, she noticed that in the top drawer there was an unsealed cup of medications with a resident's name on it. The medications had been pre-poured in violation of National Healthcare policy. When a comparison was made of the meds in the cup to what the resident should be getting, some of the pills were missing. The nurse also noted that routine medications for the last ten residents were not signed out. The nurse had to go to each resident and ask if they had been given their medications. All the residents said they had received their medications.

Probation 11/16/2010 to 11/16/2012

*PROBATION Continued...***Sopko, Shannon E.**

Fulton, MO

Licensed Practical Nurse 2007032739

On or about February 15, 2008, a fellow employee complained to Licensee that his eyes were dry and hurting from his contacts and asked if Licensee had anything for them. Licensee went to the med cart and removed a bottle of Atropine Sulfate 1% and gave to fellow employee to use. Fellow employee added the drops to his eyes, while his contacts were still on, and had burning and pain. Licensee appeared for work on March 2, 2008 and met with the Director of Nursing. During the meeting, Licensee admitted to not doing treatments on the floor as prescribed. Licensee further admitted to administering "Atropine" to fellow employee for his eyes, as she did not think that it would hurt.

Probation 9/1/2010 to 9/1/2012

Greenlee, Julie Melissa

Saint Peters, MO

Registered Nurse 2004023224

On August 9, 2009, Licensee withdrew ten (10) mg of Morphine for a patient. Licensee documented that she administered four (4) mg to the patient at two different times. There is no documentation of administration or waste of the remaining two (2) mg. On or about August 13, 2009, Licensee was assigned to care for a patient that had had abdominal surgery approximately two weeks earlier. The patient had been receiving oral pain medication to manage their pain for the prior seven days. Licensee restarted the patient on IV pain medication. Licensee's justifications for her actions were that the incision site was becoming necrotic and the patient complained of 'severe pain'. Licensee did not document her assessment of the incision site and did not document a pain score for the patient. When the patient was examined by the surgeon, he noted that the incision site was healing normally. The patient told the surgeon that they had not complained of pain and was, in fact, not in pain. Licensee's actions caused the patient to have to stay hospitalized for an extra day.

Probation 9/22/2010 to 9/22/2011

Selig, Jeannine Elizabeth

Neosho, MO

Licensed Practical Nurse 2005041166

On August 8, 2007, Licensee entered a plea of guilty to possession of up to 35 grams of marijuana, a Class A misdemeanor. The court suspended the imposition of sentence and placed Licensee on probation for two years.

Probation 9/14/2010 to 9/14/2011

St. Peter, Larry G.

Lawrence, KS

Registered Nurse 2004015931

Licensee diverted Lortab for his personal consumption. Licensee diverted by taking Lortabs that were to be destroyed. When the facility discovered Licensee's diversion, Licensee admitted to his actions and sought treatment. Licensee enrolled in the Kansas Nurse Assistance Program (KNAP).

Probation 9/29/2010 to 6/24/2013

Dowling, Liza Ann

Saint Charles, MO

Licensed Practical Nurse 2006010201

On December 22, 2009, Licensee was placed on the Missouri Department of Health and Senior Services' Employee Disqualification List for a period of four (4) years.

Probation 9/9/2010 to 9/9/2013

Cobb, Kathy Lynn

Grover, MO

Registered Nurse 2010032218

On September 12, 2006, the Texas State Board of Nursing revoked the Texas professional registered nursing license of Licensee. Specifically, Licensee's license in Texas was disciplined for practicing nursing while her license was expired.

Probation 9/9/2010 to 9/9/2011

Yeast, Beverly A.

Mexico, MO

Licensed Practical Nurse 047960

On February 22, 2010, Licensee submitted to a urine drug screening test as part of the post-offer, pre-employment hiring process. The urine sample tested positive for THC, a metabolite of marijuana.

Probation 9/28/2010 to 9/28/2012

Spray, Tymber Dawn

Piedmont, MO

Registered Nurse 2003024636

In accordance with the Agreement, Respondent was required to obtain fifteen continuing education contact hours in 'Documentation' and submit proof of completion to the Board. The Board did not receive proof of completion for any continuing education hours.

Probation 9/14/2010 to 9/14/2011

*PROBATION Continued...***Ellis, Stephanie Grace**

Queen City, MO

Licensed Practical Nurse 2010039949

On September 16, 2004, Licensee pled guilty to the Offense of 'Stealing'. The Court ordered Licensee to pay a fine and costs.

Probation 11/22/2010 to 11/22/2011

Denney, Charity LeeAnn

Barnard, MO

Licensed Practical Nurse 2003025439

On October 10, 2007, Licensee reported to work at the facility. Facility staff observed Licensee as having red eyes, having a runny nose, having difficulty tracking with her eyes, having difficulty maintaining a single train of thought and spoke in fragmented sentences, and that she appeared nervous. Licensee also appeared pale and was sweating. Licensee was asked to submit to a urine drug screen. Licensee refused to submit to a urine drug screen and was terminated from employment.

Probation 9/17/2010 to 9/17/2013

McMellen, Helen

Jefferson City, MO

Licensed Practical Nurse 035718

At approximately 2:40 a.m., a laboratory technician entered the room of resident to draw blood for lab tests. The lab tech was unable to wake the resident, was unable to obtain enough blood from the resident for the ordered tests and noted that the resident's skin was 'cool to the touch'. Licensee was called from the Alzheimer Unit and began CPR on the patient while the Charge Nurse went to obtain the crash cart. When the charge nurse returned with the crash cart, Licensee was standing in the doorway stating, "I can't do it anymore." Licensee discontinued CPR after approximately five to ten minutes as she stated that she was exhausted and her back was hurting. The Emergency Response Team arrived at approximately 3:25 a.m. and assessed the patient. Resident was a 'full code', meaning that the nurses were required to attempt all life-saving measures until they were relieved by ambulance personnel.

Probation 9/22/2010 to 9/22/2013

Galovich, Michelle Y.

Arnold, MO

Licensed Practical Nurse 045326

On July 4, 2009, the nurse manager requested Licensee to work in a different ward. When the nurse manager contacted Licensee, she was crying and admitted that she was "not in a healthy state to work". The nurse manager sent Licensee home. After Licensee left, several of Licensee's co-workers approached the nurse manager and advised him that, based on their observations, they believed that Licensee was impaired by drugs or alcohol. On July 5, 2009, Licensee returned to work and was acting strangely. The weekend supervisor asked Licensee to submit to a drug screen and breathalyzer. Licensee initially agreed to submit to the testing. When the supervisor retrieved supplies for the testing, Licensee refused the drug screen, gathered her belongings and left the facility.

Probation 11/2/2010 to 11/2/2013

Bougher, Theresa Georgeann

Republic, MO

Registered Nurse 2005007985

On December 3, 2007, another nurse discovered that Licensee dispensed 100 mcg of Fentanyl on a patient that was not assigned to her. The patient had already been admitted to an inpatient unit, and there was not an order for the Fentanyl. Upon being confronted about the discrepancy, licensee pulled an empty syringe from her pocket and stated she could not account for the missing Fentanyl. Licensee was requested to submit to a drug screen and tested positive for Fentanyl. Licensee was discharged on December 12, 2007 as a result of the positive drug screen.

Probation 10/28/2010 to 10/28/2015

Bokay, Sarah Brooke

Saint Joseph, MO

Licensed Practical Nurse 2010036655

On December 13, 2004, Licensee pled guilty to the Class D Felony of 'Property Damage in the First Degree' in the Circuit Court of Buchanan County, Missouri. The Court suspended imposition of sentence and placed Licensee on two (2) years of supervised probation. Licensee successfully completed the terms of probation and, as a result, was not convicted of the offense.

Probation 10/15/2010 to 10/15/2011

Ellegood, Wynsleen K.

De Soto, MO

Registered Nurse 086048

On February 23, 2009, Licensee pled guilty to one count of the offense of 'Making a False Statement in Relation to the Employee Retirement Income Security Act' in United States District Court for the Eastern District Court of Missouri. The Court placed Licensee on probation for a period of three (3) years and ordered her to pay fines and restitution.

Probation 11/2/2010 to 11/2/2012

*Probation continued from page 12***Meier, Jeanette L.**

Kansas City, MO

Registered Nurse 128258

A pharmacy audit conducted between June 9, 2008 and June 23, 2008, revealed sixteen (16) occasions when Licensee withdrew oxycodone tablets without corresponding documentation concerning administration or waste of the oxycodone. Licensee admitted to stealing oxycodone from the unit on multiple occasions for her personal use. Licensee then submitted to a drug test. The test was positive for marijuana. Oxycodone and marijuana are controlled substances. Licensee did not have a valid prescription for oxycodone or marijuana. Probation 11/16/2010 to 11/16/2014

Mack, Marcus Wayne

Saint Louis, MO

Licensed Practical Nurse 2010038304

On January 22, 2007, Licensee pled guilty to the misdemeanor of 'Unlawful Use of a Weapon'. Probation 11/4/2010 to 11/4/2012

Hall, Becky A.

Columbia, MO

Registered Nurse 107315

On April 22, 2007, Licensee left a patient in the shower. The patient's wife showed up and the patient was unresponsive. On November 12, 2008, Licensee administered a blood product and documented that she gave the blood product with normal saline in three different places. However, Licensee actually gave the blood product with Dextrose water which can be fatal. Therefore, the information that Licensee wrote on the patient's medication administration record (MAR) was incorrect. Further, Licensee did not follow correct protocol. On November 28, 2008, Licensee failed to provide adequate pain control for a patient. According to the patient's medication administration documentation, the patient received one dose of Norco 10-32. Licensee never came to reassess the patient's pain the rest of the day as indicated on the MAR. In addition, Licensee never even checked to see if the medication she administered even helped with the pain. Licensee indicated on the PCA Flowsheet that the machine malfunctioned or had a mechanical failure. The patient went from 7:00 a.m. until well into the evening shift without getting any pain medication. Licensee was aware of the situation, but failed to change the pump. On April 20, 2009, Licensee failed to follow proper procedure in documenting the fall of a patient. Probation 11/10/2010 to 11/10/2011

Frye, Melody J.

West Plains, MO

Licensed Practical Nurse 2006003997

On August 18, 2007 Licensee accessed a patient's medical records through an Emergency Room account. Licensee was not assigned to provide care to the patient and had no medically valid reason to access the patient's records. On December 16, 2007, Licensee again accessed the same patient's OB account. Licensee had never worked in OB and this patient was last seen in the hospital on August 18, 2007. Licensee had no medically valid reason to access the patient's records. On December 16, 2007, Licensee also accessed the same patient's ER account. Licensee had no medically valid reason to access the patient's records. Probation 9/28/2010 to 9/28/2011

Sims, Veronica Chante'

Columbia, MO

Licensed Practical Nurse 2007027427

On March 4, 2008, Licensee pled guilty to the Class A Misdemeanor of 'Animal Abuse' in the Associate Circuit Court of Pettis County, Missouri. The Court suspended imposition of sentence and placed Licensee on two years of unsupervised probation. Probation 11/10/2010 to 11/10/2013

Wiley, Summer A.

Lees Summit, MO

Registered Nurse 2000150472

From approximately April 1, 2009 until June 17, 2009, Licensee diverted Dilaudid and Demerol from the hospital for her personal consumption. Probation 10/27/2010 to 10/27/2014

Saunders, Amanda Lynn

Salisbury, MO

Licensed Practical Nurse 2002023806

Licensee was the Resident Care Coordinator of a locked unit in the Center. On June 29, 2009, a resident in the unit Licensee was responsible for eloped from the unit. Licensee was aware of the resident's elopement. Licensee documented in the resident's chart that she completed a full assessment of the resident at a time when she knew that the resident was not in the Center. Licensee falsely documented in the resident's chart in an effort to conceal the fact that the resident had been able to leave a locked unit. By falsifying documentation, Licensee contributed to a significant delay in the facility and state's investigation of the elopement. Probation 11/16/2010 to 11/16/2011

*PROBATION Continued...***Staggs, Abby L.**

Joplin, MO

Registered Nurse 147278

On October 25, 2007, Licensee submitted to a random drug test. The test was positive for Fentanyl, Meperidine, Methadone and Opiates. On October 30, 2007, Licensee entered into a Conditional Employment Agreement with Freeman Health System. On May 9, 2008, Licensee was requested, in accordance with the requirements of the Conditional Employment Agreement, to submit to a random drug screen. Licensee refused, stating that she would fail the test as she had relapsed on hydrocodone. Probation 10/19/2010 to 10/19/2015

Pendleton, Nichole Marie

Iberia, MO

Licensed Practical Nurse 2010008896

In accordance with the terms of the Order, Respondent was required to meet with representatives of the Board at regular intervals. Respondent did not attend the meeting and did not contact the Board to reschedule the meeting. In accordance with the Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent was unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the first documentation due date of June 18, 2010. Probation 9/14/2010 to 9/18/2011

Levine, Spring E.

Windsor, MO

Registered Nurse 2001002250

On or about January 5, 2007, Licensee was caring for two patients in the recovery area. For each patient Licensee withdrew two Vicodin tablets from the Pyxis and documented the administration of both Vicodin tablets to the patients although only one Vicodin tablet was given. Probation 9/4/2010 to 6/8/2013

Knupp, Patricia Jean

Olive Branch, IL

Licensed Practical Nurse 2006028259

On July 10, 2009, Licensee was assigned to a patient diagnosed with a cerebro vascular accident (CVA). Licensee took a blood pressure reading from the patient of 210/112, which constitutes a highly elevated reading. Licensee did not alert the patient's physician to the elevated blood pressure or take any interventional measures. Licensee also did not take follow-up pressure readings to monitor the patient. On July 10, 2009, Licensee discharged a patient who had been prescribed sixteen (16) medications. Licensee only verified ten (10) of the medication and sent the patient home without six (6) prescriptions for breathing assistance. On January 6, 2010, Licensee failed to perform chart checks on five (5) patients, which was the facility's policy. Licensee's failure to check the charts resulted in one of the patients receiving a medication that the physician had ordered to be discontinued. On January 10, 2010, Licensee was instructed to contact the physicians for two patients to obtain new orders to address pending issues with changes in condition of the patients. Licensee failed to contact the physicians which resulted in a significant delay in the patients receiving appropriate treatment. Probation 11/18/2010 to 11/18/2011

Johnson, James William, Jr.

Herrin, IL

Registered Nurse 2010034057

On or about June 9, 2009, the Board received certified documents from the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, which stated that Licensee was currently licensed in Illinois as a registered professional nurse, and that Licensee's license had been disciplined. Specifically, Licensee's Illinois nursing license had been placed on probation for one year. On or about January 25, 2000, Licensee was convicted of battery. That conviction has been expunged from Licensee's criminal record. The underlying facts to this conviction were related to Licensee's position as a registered professional nurse and the performance of his duties and responsibilities as a nurse. Licensee was accused of inappropriately touching a patient under his care. Licensee underwent a psychiatric evaluation and was cleared to be safe to practice as a nurse. Probation 9/27/2010 to 9/27/2015

Keeley, Erin Kathryn

Union, MO

Licensed Practical Nurse 1999137526

Following an incident at a patient's home, Licensee was requested to submit to a urine drug screen. The test was positive for marijuana, propoxyphene and amphetamine. Probation 9/22/2010 to 9/22/2012

Cunningham, Lana Shanise

Hazelwood, MO

Licensed Practical Nurse 2010037157

On August 3, 2007, Licensee pled guilty to the Class C Felony of Stealing . The Court suspended imposition of sentence and placed Licensee on five (5) years of supervised probation. Probation 10/21/2010 to 10/21/2013

*PROBATION Continued...***Witt, Ladonne M.**

Saint Louis, MO

Registered Nurse 074350

On or about March 1, 2008, a co-worker of Licensee reported that there was an "odor of alcohol on or about her" during report. She was asked to submit to a breathalyzer test and a urine drug screen. The breath alcohol test was negative for alcohol. The urine sample was positive for Marijuana. Probation 9/1/2010 to 9/1/2012

Smith, Kimberly Joyce

Poplar Bluff, MO

Licensed Practical Nurse 2003024495

On March 31, 2008, Licensee informed a coworker that she had a broken tooth. The coworker had gotten a prescription for Vicodin following two root canals, and kept the prescription bottle in her purse which was placed in an unlocked cabinet in the nursing office when she arrived for work at 7:00 a.m. on April 1, 2008. The coworker offered Licensee one of the Vicodin tablets from her purse for the pain. Later on April 1, 2008, the coworker discovered that half of her bottle of Vicodin tablets was missing and reported it. Licensee later called the coworker and apologized as she felt guilty and wanted to make amends for taking the Vicodin. Licensee has never denied that she took the Vicodin from her co-worker's purse without permission. Probation 9/7/2010 to 9/7/2012

Elsenraat, Staci L.

Hermann, MO

Registered Nurse 140752

On March 19, 2009, Licensee self-reported that on approximately five occasions during the preceding year, Licensee called in a prescription for Tramadol in her husband's name and has called in Darvocet twice and Soma once in her name. Probation 9/28/2010 to 9/28/2012

Scholand, Melissa Rae

Winfield, MO

Licensed Practical Nurse 2005020689

On September 8, 2009, Licensee submitted to a drug test as a part of the pre-employment screening process. The test was positive for marijuana. Marijuana is a controlled substance. Licensee did not have a valid prescription for marijuana. Probation 11/18/2010 to 11/18/2012

Shira, Sommer Dawn

Joplin, MO

Registered Nurse 2004023218

On January 30, 2008, Licensee was caring for a patient that was experiencing a great deal of anxiety and was requesting something to help calm her. The patient had an order for Valium that could be administered at bedtime. Licensee instructed a nursing student to administer the Valium at 9:30 a.m., approximately twelve (12) hours early. Licensee stated that she would get authorization to administer the Valium from a physician at a later time. As the day progressed, Licensee failed to call the physician to get authorization to give the previously administered Valium. After the hospitalist advised Licensee that he would not write an order to cover the early administration of the Valium, Licensee falsely documented that a Nurse Practitioner gave an order approving the early administration of the Valium. The nurse practitioner did speak with Licensee about the early administration, but did not approve the early administration, as Licensee documented. Probation 10/13/2010 to 10/14/2010

Probation continued on page 14

Probation continued from page 13

Gosser, Sally Ann
Saint Charles, MO

Licensed Practical Nurse 2010038284

Licensee is licensed by the Kansas, Iowa and Nebraska State Boards of Nursing as a licensed practical nurse. On June 30, 1998, the Nebraska State Board of Nursing entered a disciplinary order against the nursing license of Licensee. The grounds upon which the Nebraska State Board of Nursing based its actions constituted grounds upon which suspension or revocation is authorized by Missouri. On October 18, 2001, the Iowa State Board of Nursing entered a disciplinary order against the nursing license of Licensee. The grounds upon which the Iowa State Board of Nursing based its actions constituted grounds upon which suspension or revocation is authorized by Missouri. Probation 11/4/2010 to 11/4/2011

Nunnally, Armel LaCreed
Fulton, MO

Licensed Practical Nurse 2007037666

On October 30, 2008, Licensee was prepping patients to be seen by the doctor. The doctor was going to remove a wart from a

PROBATION Continued...

patient's finger and instructed Licensee to obtain liquid nitrogen for the procedure. When Licensee advised the doctor that he had obtained all necessary items to perform the procedure, he misinterpreted the Doctor's response and performed the procedure himself. Removing a wart using liquid nitrogen is a procedure that is normally outside the scope of practice for a licensed practical nurse. Licensee had never received training in the proper way to perform the procedure. Probation 9/1/2010 to 9/1/2012

Bosaw, Rachel Nicole
Saint Louis, MO

Registered Nurse 2007007044

In April 2009, on at least five occasions, Licensee diverted Dilaudid from the hospital. Probation 9/1/2010 to 9/1/2015

Hulett, Tracy Lynn
Kansas City, MO

Registered Nurse 2008006652

On February 2, 2009, a review of the weekly narcotic report was done. Licensee had withdrawn Ativan at an unusual interval for the same patient. A two week Pyxis activity report on Licensee was generated for January 19, 2009 through February 3, 2009. The report revealed 15 occasions when Licensee withdrew controlled substances but did not document their administration or waste. Probation 10/19/2010 to 10/19/2013

Thurman, Cheryl A.
Lees Summit, MO

Registered Nurse 077810

On or about October 8, 2007, Licensee was not scheduled to work at the Hospital. Although not scheduled to work, Licensee went to the surgery department allegedly to retrieve some personal items. The supervisor allowed her to go into the department but thought it strange, so the supervisor ordered an audit of the narcotics in the surgery department. Four vials of Sufenta were discovered missing. On or about October 9, 2007, Licensee reported to work and assisted in several surgeries at the Hospital. After Licensee completed her shift and had left the Hospital, a second narcotic count was conducted in the surgery department. A second discrepancy was discovered, in that Licensee failed to document patient names for the Sufenta she'd withdrawn. Licensee also back dated the withdrawals to October 6, 2007. On or about October 10, 2007, Licensee came to the Hospital, but left shortly after arriving. A narcotic count was conducted after Licensee left the Hospital. Another vial of Sufenta was discovered missing. Licensee diverted Sufenta for her personal use and documented various patient names to cover up her diversion. Probation 11/5/2010 to 1/1/2013

PROBATION Continued...

Cannon, Cristy M.
Doniphan, MO

Registered Nurse 137782

In October, November and December of 2008, Licensee diverted Vicodin from the hospital for her personal consumption. Licensee concealed her diversion by writing verbal orders to cover the medications that she removed from the medication cart. When confronted by her superiors, Licensee admitted to the diversion. Probation 9/22/2010 to 9/22/2013

White, Nathan Burke
Miami, OK

Registered Nurse 2010005813

On March 23, 2010, the Oklahoma State Board of Nursing reprimanded the professional registered nursing license of Licensee. The grounds upon which the Oklahoma State Board of Nursing based its actions constituted grounds upon which suspension or revocation is authorized by Missouri. Probation 11/4/2010 to 11/4/2012

Ernst, Margaret Katherine
Kirksville, MO

Registered Nurse 2009004407

On March 16, 2009, while on duty, a co-worker reported that Licensee was acting strangely and inappropriately. Licensee was requested to submit to a drug and alcohol screening. The first breath test revealed a blood alcohol content of .130 alcohol by weight. A confirmation test conducted approximately fifteen minutes later revealed a blood alcohol content of .125 alcohol by weight. Probation 9/3/2010 to 9/3/2015

Whitson, Amanda Michele
Hayti, MO

Registered Nurse 2007024059

On February 27, 2009, Licensee was caring for a patient who had an elevated heart rate. Licensee contacted the patient's physician and got an order for Lopressor. Licensee documented that she administered the Lopressor at 11:37 a.m. The medication was not delivered to the floor by the pharmacy until approximately 11:45 a.m. when Licensee was on her lunch break. Licensee administered the Lopressor at 12:07 p.m. and then corrected her charting to accurately reflect the time of administration. Probation 11/23/2010 to 11/23/2012

Van Goethem, Deborah L.
Louisburg, KS

Registered Nurse 073709

On June 12, 2008, Licensee reported to work at approximately 9:30 a.m. The Administrator detected a strong odor of alcohol present on her person. Several of Licensee's co-workers reported that Licensee's behavior was unpredictable and erratic. Licensee was requested to submit to an alcohol breath test. Licensee's alcohol breath test results were positive at 11:57 a.m. (.052) and again at 12:18 p.m. (.042). Probation 10/21/2010 to 10/21/2013

Menard, Aymilee Michelle
Eldon, MO

Registered Nurse 2005021682

Licensee had a valid prescription for Phentermine. Phentermine is a controlled substance. Licensee last refilled the prescription approximately February 16, 2009. On April 23, 2009, the valid prescription had expired and/or did not have refills available. On April 23, 2009, Licensee attempted to call in a new prescription for Phentermine for herself. Licensee used the name of nurse that she worked with and used her old prescription number. Probation 10/29/2010 to 10/29/2012

Sedabres, Trisha Marie
Granite City, IL

Registered Nurse 2009006867

On December 15, 2009, Licensee submitted to a urine drug screening test. The urine sample submitted tested positive for marijuana. Probation 11/19/2010 to 11/19/2012

Montgomery, Susan A.
Poplar Bluff, MO

Licensed Practical Nurse 058557

On September 10, 2009, an order for Zyprexa was incorrectly transcribed by a nurse on orientation as Zyprexa 25 mg BID. The correct dosage was Zyprexa 0.25 mg BID. Licensee was the preceptor; therefore, part of Licensee's job duties was to review the work of the new employee. The incorrect order was sent to pharmacy. On September 10, 2009 the pharmacy contacted Licensee regarding the high dose of Zyprexa. On September 15, 2009, staff made Licensee aware of discrepancies in the medications received. On September 24, 2009, staff reported to Licensee that the youth appeared overdosed and unable to function. Licensee looked at the progress notes and discovered the error. Licensee did not place the Zyprexa on hold. Licensee states she called the doctor's office to clarify the order, however the doctor's office states they did not receive a call from Licensee. Probation 11/16/2010 to 11/16/2011

Probation continued on page 15

Probation continued from page 14

Walden, Craig M.
Columbia, MO

Licensed Practical Nurse 045919

On February 11, 2008, Licensee attempted to obtain Soma by calling in a fraudulent prescription.
Probation 10/21/2010 to 10/21/2015

SUSPENSION/PROBATION

DeShazer, JoAnn
Lexington, MO

Licensed Practical Nurse 2000144231

On March 16, 2009, Licensee pled guilty to two counts of the Class B Felony of Distribution, Delivery or Sale of a Controlled Substance. The Court sentenced Licensee to ten (10) years in the Missouri Department of Corrections on each count. The Court suspended execution of the sentence and placed Licensee on five (5) years of supervised probation.
Suspension 9/1/2010 to 3/1/2011
Probation 3/2/2011 to 3/2/2016

Muhs, Melissa Ann
Lampe, MO

Registered Nurse 2001019770

Suspension from 9/14/2010 to 11/13/2010

Probation from 11/14/2010 to 11/14/2015

On October 2, 2007, Licensee submitted to a urine drug screen, which was positive for Opiates and Oxycodone. On October 11, 2007, Licensee admitted to taking Morphine for her own personal use. Licensee also admitted to taking Vicodin, Percocet and Oxy IR for her personal consumption while she was on duty. Licensee was terminated on October 11, 2007. Licensee reported to an agent of the Board that, beginning in May of 2009, Licensee was diverting Vicodin and Percocet.
Suspension 9/14/2010 to 11/13/2010
Probation 11/14/2010 to 11/14/2015

Kafer, Jamie L.
Saint Joseph, MO

Registered Nurse 106957

On May 28, 2009, Licensee pled guilty to the Class C Felony of Possession of a Controlled Substance. The Court suspended imposition of sentence and placed Licensee on supervised probation for a period of four (4) years.
Suspension 9/14/2010 to 10/14/2010
Probation 10/15/2010 to 04/23/2013

Taylor, Tammy L.
Springfield, MO

Registered Nurse 116641

On or about February 19, 2010, staff reported Licensee was exhibiting unusual behavior including leaving the unit four (4) times for 30-40 minutes each time. A review of unit's narcotics withdrawals revealed that on January 17 and 18, 2010 Licensee did not document the waste or administration of 250 mcg of Fentanyl. On February 18, 2010, Licensee diverted Fentanyl from the hospital for her own personal consumption.
Suspension 11/23/2010 to 5/23/2011
Probation 5/24/2011 to 5/24/2016

Miller, Nicole K
Troy, IL

Registered Nurse 124445

On December 17, 2009, Licensee pled guilty to the Class C Felony of 'Theft/Stealing Any Controlled Substance' in the Circuit Court of St. Louis, Missouri. The Court suspended imposition of sentence and placed Licensee on supervised probation for a period of five (5) years.
Suspension 11/16/2010 to 5/16/2011
Probation 5/17/2011 to 5/17/2016

Paris, Rosland R.
Saint Louis, MO

Registered Nurse 2001005143

Licensee was employed as the Assistant Director of Nursing. On August 22, 2008, six (6) control narcotic sheets for five present and former residents were found in the closet in Licensee's office. On August 26, 2008, the Narcotic Destruction Records were removed from Licensee's office to see if these narcotics were logged for destruction and none were logged. Licensee then produced nine (9) additional narcotic control sheets for residents that were either discharged or expired from the facility containing Vicodin, Ativan and Oxycontin IR. Licensee signed that she had destroyed the controlled substances herself without a witness. Licensee submitted to a urine drug screen which tested positive for opium and morphine. Licensee advised that she had valid prescriptions for the drugs; however, she failed to take the steps necessary to prove that the prescriptions were the cause of the positive test. Licensee was then. Licensee was employed by another facility. On January 15, 2009, Licensee discovered a patient without vital signs. Licensee was aware that the patient was a full code; meaning that all life-saving procedures should be attempted. Instead of starting CPR or requesting assistance, Licensee called the Director of Nursing to retrieve the number for the medical examiner. Licensee was ordered to call 911 and start CPR.
Suspension 11/2/2010 to 2/2/2011
Probation 2/03/2011 to 2/03/2014

REVOKED

Young, Lori A.
High Ridge, MO

Registered Nurse 2001001359

Respondent was required to contract with NTS to schedule random screenings. Respondent was required to call a toll free number every day to determine if she was required to submit for testing that day. Respondent failed to in to NTS on five (5) days. On April 20, 2010 and June 10, 2010, Respondent was advised that she had been selected to submit for testing. Respondent failed to provide a sample for testing. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the first documentation due date. Respondent was to submit evidence of attendance at support group meetings. Respondent failed to submit evidence of attendance by the first documentation due date.
Revoked 9/29/2010

Renkemeyer, Shelley Ann

Jefferson City, MO

Registered Nurse 2003018687

Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit a sample for testing. Respondent failed to call on 8 days. Respondent was required to abstain completely from the use or consumption of alcohol. On June 14, 2010, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Revoked 9/13/2010

Scheffler, Richard T.

Barnhart, MO

Registered Nurse 103527

On June 25, 2009, Licensee was requested to submit to a "for cause" urine drug screen. Licensee admitted that he withdrew morphine in the name of a patient and self-administered the morphine.
Revoked 11/20/2010

Ritter, Natalie Jean

Dexter, MO

Licensed Practical Nurse 2004036880

Between February 21, 2007, and March 6, 2007, Licensee stole hydrocodone tablets for Licensee's personal consumption. On January 16, 2008, in the Stoddard County Circuit Court, Licensee pled guilty to one count of theft/stealing a controlled substance, a Class C felony. The court suspended the imposition of sentence and placed Licensee on five years' supervised probation.
Revoked 9/14/2010

Harmel, LeAnna Kristine

Kansas City, MO

Licensed Practical Nurse 2006020118

Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. On May 12, 2010, May 24, 2010 and June 21, 2010, Respondent called and was advised that she had been selected. Respondent failed to report to a collection site to provide the requested sample. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the first documentation due date. Respondent was required to undergo a thorough chemical dependency evaluation. The Board has never received a chemical dependency evaluation. Respondent was prohibited from allowing her nursing license to lapse. Respondent's Missouri nursing license expired May 31, 2010 and remains lapsed.
Revoked 9/14/2010

Spradling-Hodges, Mary Jo

Springfield, MO

Registered Nurse 124970

Respondent was required to contract with NCPS to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was required to submit for testing. Respondent failed to call on 78 days. Respondent was required to submit employer evaluations from each and every employer. Respondent failed to submit an evaluation by the October 21, 2009 and the January 21, 2010 documentation due dates. Respondent was required to obtain fifteen continuing education contact hours in 'Anger Management' and submit proof of completion to the Board. The Board has never received proof of completion of any continuing education hours.
Revoked 9/14/2010

Butler, Denise G.

Mountain View, MO

Licensed Practical Nurse 045047

Respondent submitted a urine sample for drug testing. Respondent's urine sample tested positive for amphetamine and methamphetamine. Respondent did not have a valid prescription for amphetamine or methamphetamine.
Revoked 9/14/2010

REVOKED Continued...

Kopesky, Wanda J.
Jerseyville, IL

Registered Nurse 141950

Respondent is required to renew her nursing license immediately and not allow her license to lapse. On April 30, 2009, Respondent's license expired. Respondent has not renewed her license.
Revoked 9/14/2010

Hunn, Tammie Renee

Eolia, MO

Licensed Practical Nurse 2001026468

Respondent was required to meet with representatives of the Board at regular intervals. Respondent was advised to attend a meeting on April 7, 2010. Respondent did not attend the April 7, 2010 meeting. Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent was to submit to NTS within twenty days of the effective date of the Agreement. Respondent failed to complete the contract process with NTS. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an evaluation by the first documentation due date.
Revoked 10/21/2010

Owen, Stacey L.

Kansas City, MO

Registered Nurse 150611

Licensee submitted to a pre-employment urine drug screen on April 10, 2008. Licensee's urine sample tested positive for marijuana.
Revoked 9/14/2010

Kelsaw, Kelli J.

Saint Peters, MO

Registered Nurse 155543

Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Respondent has a bona fide relationship as a patient. On June 7, 2010, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of marijuana.
Revoked 9/14/2010

Halford, Georgia M.

New Madrid, MO

Licensed Practical Nurse 054662

Respondent was required to renew her nursing license immediately. On May 31, 2010, Respondent's license expired and remains lapsed. Respondent was required to meet with representatives of the Board. Respondent was advised by certified mail to attend a meeting with the Board. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Respondent was required to contract with a third party administrator and participate in random drug and alcohol screenings. Respondent never completed the contract process. Respondent was required to undergo a thorough chemical dependency evaluation. The Board never received a chemical dependency evaluation. Respondent was required to undergo a thorough mental health evaluation. The Board never received a mental health evaluation.
Revoked 9/14/2010

Joyce, Traci A.

Belleville, IL

Registered Nurse 2001000451

Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the April 6, 2010 or the July 6, 2010 documentation due dates. Respondent was to renew her nursing license immediately. Respondent's license expired April 30, 2009 and remains lapsed. Respondent was required to obtain continuing education contact hours and submit proof of completion to the Board. Respondent failed to provide proof of completion of any continuing education contact hours.
Revoked 9/14/2010

Mueller, Kristen Noel

Florissant, MO

Registered Nurse 2004018021

Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. Respondent failed to call on 54 days. On April 12, 2010 and May 19, 2010, Respondent called and was advised that she had been selected. Respondent failed to report to a laboratory to provide the requested sample. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the first documentation due date. Respondent was required to undergo a thorough chemical dependency evaluation. The Board did not receive a letter of ongoing treatment evaluation by the first documentation due date.
Revoked 9/13/2010

Revoked continued on page 16

Revoked continued from page 15

Cole, Marilyn J.
Springfield, MO
Licensed Practical Nurse 036322
Respondent was required to abstain completely from the use or consumption of alcohol. On June 28, 2010, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol.
Revoked 9/14/2010

Willman, Jan M.
Saint Louis, MO
Registered Nurse 124055
Respondent was required to undergo a thorough chemical dependency evaluation performed by a certified addictionologist. Respondent was also required to provide quarterly updates to the Board. The Board did not receive an update from the addictionologist by the April 19, 2010 documentation due date. Respondent was required to contract with a third party administrator to schedule random drug and alcohol screenings. Respondent was required to call every day to determine if she was to submit for testing. Respondent failed to call on 17 days. On November 9, 2009, Respondent was advised that she had been selected to provide a sample. Respondent failed to report to a laboratory to provide the requested sample. Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an employer evaluation by the April 19, 2010 documentation due date.
Revoked 9/13/2010

VOLUNTARY SURRENDER Continued...

Shawhan, Karen L.
Independence, MO
Registered Nurse 056278
Licensee was interviewed regarding the suspected diversion of controlled substances involving patient specific issued Patient Controlled Anesthesia IV bags. Licensee admitted that she had taken the subject controlled substances for her own use. Licensee said she used any narcotics that were left over from patients and she used them while working.
Voluntary Surrender 9/21/2010

Thornton, Carol S.
Festus, MO
Registered Nurse 137726
Voluntary Surrender 9/9/2010

Matlock, Brenda G.
Lilbourn, MO
Registered Nurse 055897
On November 24, 2010, Licensee voluntarily surrendered her Missouri Nursing License.
Voluntary Surrender 11/24/2010

Karney, Belinda C.
Columbia, MO
Registered Nurse 084757
Licensee voluntarily surrendered her Missouri Nursing License on November 24, 2010.
Voluntary Surrender 11/24/2010

Burgess, Mary Sue
Strafford, MO
Licensed Practical Nurse 2005039246
Licensee was assigned to care for a diabetic patient. Licensee administered insulin to the patient without a physician's order. The patient's blood sugar was over 450. Licensee failed to contact the patient's physician. Licensee did not document the administration of insulin in the patient's chart.
Voluntary Surrender 11/23/2010

Ice, Vickie D.
Mounds, IL
Registered Nurse 097506
On July 31, 2009, Licensee's Illinois nursing license was disciplined by the Illinois Department of Professional Regulation.
Voluntary Surrender 11/5/2010

Sheridan, Thomas M., Jr
Eureka, MO
Registered Nurse 144475
On January 11, 2010, Licensee was found guilty of the Class A Misdemeanor of 'Sexual Misconduct in the First Degree' in the Associate Circuit Court of St. Louis County, Missouri.
Voluntary Surrender 11/18/2010

VOLUNTARY SURRENDER Continued...

Lenk, Shannon O.
Silex, MO
Licensed Practical Nurse 057760
Licensee was employed at a long term care facility. Licensee diverted duragesic patches from the facility for her own personal use.
Voluntary Surrender 11/5/2010

Hammons, Linda E.
Marshall, MO
Licensed Practical Nurse 054910
Licensee received a physician order for Heparin for one of her patients. Licensee removed Solumedrol in error from the pyxis. A co-worker caught Licensee's error before she could administer the medication to the patient. Licensee drew up 100 units of Lantus insulin for a patient with a physician's order for 10 units of Lantus insulin. Licensee incorrectly transcribed the order on the patient's MAR.
Voluntary Surrender 11/5/2010

Johnson, Timothy Axel
Wichita, KS
Registered Nurse 2010034693
Licensee voluntarily surrendered his Missouri Nursing License on November 16, 2010
Voluntary Surrender 11/16/2010

McCrary, Suzanne
St Peters, MO
Licensed Practical Nurse 025689
On November 19, 2007, an employee informed the Director of Nursing that the narcotic count was off. Licensee had documented in the MAR, but not the narcotics sheet, that she had removed medications from patient's cards. Multiple discrepancies involving Xanax were discovered. When questioned about the discrepancies, Licensee admitted to administering Xanax in excess of the physician's order.
Voluntary Surrender 10/22/2010

Elder, Mary S.
St. Charles, MO
Registered Nurse 098402
On October 6, 2010, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 10/6/2010

Williams, Cristina Jean
Terrell, TX
Registered Nurse 2009009453
On June 3, 2009, the Texas Board of Nursing entered an order placing Licensee's Texas nursing license on probation.
Voluntary Surrender 10/5/2010

VOLUNTARY SURRENDER

Cummings, Abby Rae
Old Monroe, MO
Licensed Practical Nurse 2005008148
On October 21, 2010, Licensee Voluntarily Surrendered her Missouri nursing license
Voluntary Surrender 10/21/2010

Drogan, Susan A.
Kansas City, MO
Registered Nurse 119364
Respondent was required to submit employer evaluations from each and every employer. The Board did not receive an evaluation by the September 21, 2009 due date. Respondent was prohibited from violating the Nursing Practice Act. On April 1, 2010, Respondent was employed as a hospice nurse. K. E. was a patient that Respondent was assigned to care for. Respondent charted the following scores after assessing K. E.: agitation-0; pain-4; and anxiety-2. Respondent also charted that K. E. was alert, peaceful and responded appropriately to questions. K. E. had orders for Ativan and Haldol for agitation and anxiety and morphine for pain. All orders were prn. The orders stated that Ativan should not be administered unless Haldol was ineffective. Respondent administered Ativan, Haldol and morphine to K.E. in a cup of Mylanta. When giving report to the oncoming nurse the following morning, Respondent said that she did not tell K. E. what medications she was giving her.
Voluntary Surrender 9/21/2010

The Board of Nursing is requesting contact from the following individuals:

Cris Bottcher PN2006026232
Lisa Tate RN155607
Vernalisa Wyatt PN2003022288
Cindy Kays RN2005026092
Kenya Walzer PN2001017514
Tracy Dinwiddie RN2004026161
Cynthia Boyd RN113010
Kenneth Shepard RN2007035074
Tracey Ritchey PN057920
Pamela Kerr RN068952
Ronald Gustafson RN2000149148
Debra Gundry PN047615

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

An Open Letter to the Business Community

The recent election results have people wondering about the future of the changes in health care financing and delivery embodied in the federal Affordable Care Act (ACA). Opponents of the ACA see the results as a mandate for restructuring the law or even for seeking repeal. Supporters point to exit polls demonstrating that 61% of voters were motivated by concerns with the economy, while only 19% cited dissatisfaction with health reform as their main concern.



**James R. Kimmey,
MD**

These two issues—the economy and health care—are intimately tied to one another. As a source of employment, demand for support services, and consumer of technology—health care represents 17% of the gross domestic product (GDP). The costs associated with sustaining the current health care system; however, are a growing burden on the general economy—contributing to inflation, eroding profits, and making U.S. business less competitive in global markets.

At a micro level, the cost has made it impractical for many small businesses to offer health insurance coverage. It has driven those businesses that do provide health coverage to increase copays and premium sharing as insurance costs increase each year at rates far ahead of business growth. Coupled with the current economic downturn, the result has been a dramatic increase in the employed uninsured.

This problem is magnified in a system largely dependent on employment-based health insurance as the mechanism for meeting the costs of illness for individuals and dependents. U.S. businesses have assumed responsibility for what in other developed countries is viewed as a societal responsibility or public good. This approach, which results from both historical and philosophical factors, has worked well in the past, but is steadily eroding in effectiveness in the face of increasing health care costs.

The foundation of the ACA is an employment-based approach rather than social insurance. Provisions of the law focus on making health insurance more affordable and available through provisions that improve competition among insurers, broaden choice for both individuals and businesses, and provide subsidies to business to support insurance for their employees.

The Affordable Care Act is the object of a great deal of misunderstanding and misinformation. A September 2010 statewide public opinion poll commissioned by the Missouri Foundation for Health showed that while a majority of Missourians did not support the law, an even greater percentage supported many of the provisions aimed at improving access to and the affordability of health insurance. Polling indicated that Missourians, like Americans in general, were having a difficult time separating fact from fiction. As an organization, the Foundation strives to provide accurate nonpartisan information to allow individuals and organizations to draw their own conclusions concerning the many provisions of the law and the impact on their lives in the future.

The Foundation offers an extensive list of written materials providing details of the various provisions of the law and a web site (www.covermissouri.org) designed to provide real-time information on its implementation.

Understanding the components of health reform is the first step towards being able to have a reasonable discussion regarding the law's strengths and limitations. The Foundation's hope is that the information it provides will correct misinformation, raise the level of knowledge about this law, and lead to a factual discussion of what Missouri needs and expects of our health care system.

Sincerely,

James R. Kimmey, MD
President and CEO
Missouri Foundation for Health

This letter appeared in a November 2010 issue of the St. Louis Business Journal. It is reprinted here with the permission of Missouri Foundation for Health.

1930s Mementos Returned to Family

“I’m glad I took the time to do a little research and made someone’s day.”

BECKI HAMILTON, executive with the Nursing Board, made one family’s holiday unforgettable. The board in October received a package from San Francisco containing a moldy diploma from St. Louis University, several old nursing licenses and association cards, pay stubs, information on a move to California and a letter from the dean of St. Louis University offering congratulations on the recipient’s marriage. The documents dated back to 1938 and had been found in an old trunk.

Becki had some sleuthing to do. After researching online, she discovered that the documents’ owner, Constance Ann Rhodes Haberer, had lived in California with her husband and two children but had died about 40 years ago.

Digging deeper she found what she presumed to be contact information for the woman’s son. Nervous, she called the man, told the story of how she possessed the documents and asked if he believed they belonged to his mother.

The man, shocked, agreed that these moldy papers were probably his mother’s. Still astonished, he said his mother and father had died when he was a teenager and a trunk containing the documents was assumed to be lost or stolen.

“I was quite excited that I had actually found the correct person and was able to send these musty items to someone that really cared about receiving them,” Becki said.

Several weeks later Becki received a Christmas card from the son and his sister again thanking her for the mementos. “I’m glad I took the time to do a little research and made someone’s day,” Becki said.



PR’s Becki Hamilton received a thank-you card for returning long-lost documents to a California family.

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE		
<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> PHONE CHANGE
_____ <input type="checkbox"/> RN <input type="checkbox"/> LPN		
Missouri License Number _____	Social Security Number _____	
→ _____		_____
Signature (This form must be signed. Use your current signature.)		Date
NAME AS CURRENTLY IN OUR SYSTEM		
Last Name (Printed) _____	First Name (Printed) _____	
NEW INFORMATION		
Last Name _____	First Name _____	Middle Name _____
(_____) _____	_____	
Daytime Telephone Number _____	E-mail Address _____	
PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)		
Physical address required, PO boxes are not acceptable		
CITY _____	STATE _____	ZIP _____
MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)		
STREET OR PO BOX _____		
CITY _____	STATE _____	ZIP _____
<input type="checkbox"/> I am employed exclusively in the U.S. Military (Active Duty) or with the U.S. Federal Government and am requesting a Missouri single-state license regardless of my primary state of residence.		
Return completed form to: Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745		
If you wish to obtain a duplicate license you must return this form along with your current wallet size license and a \$15.00 check or money order payable to the Missouri Board of Nursing.		