

MISSOURI

STATE BOARD OF NURSING NEWSLETTER



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Message from the President

An Innovative Nurse Licensure Notification System Service (www.nursys.com)

Rhonda Shimmens, RN-C, BSN, MBA

Typically, when employers want to know if a nurse's license is about to expire, they have to look it up one nurse at a time. When it comes to learning about discipline status, employers must seek out this information on their own as well.

Not anymore.

With NCSBN's Nursys e-Notify® system, institutions that employ nurses or maintain a registry of nurses now have the ability to receive automatic licensure, discipline and publicly available notifications quickly, easily, securely and *free of charge*. Nursys e-Notify is an innovative nurse licensure notification system that automatically provides institutions licensure and publicly available discipline data as it is entered into Nursys by boards of nursing (BONs). Institutions do not have to proactively seek licensure or discipline information about their nurses because that information will be sent to them automatically.

The e-Notify system alerts subscribers when modifications are made to a nurse's record, including changes to:

- License status;
- License expirations;
- License renewal; and
- Public disciplinary action/resolutions and alerts/notifications.

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Nursys is the only national database for licensure verification, discipline for registered nurses (RNs), licensed practical/vocational nurses (LPN/VNs) and advanced practice registered nurses (APRNs). Nursys data is pushed directly from participating BONs' databases (for participating jurisdictions visit nursys.com). Nursys is live and dynamic and all updates to the system are reflected immediately.

Through a written agreement, participating BONs have designated Nursys as a primary source equivalent database. National Council of State Boards of Nursing posts licensure and discipline information in Nursys as it is submitted by individual BONs.

Nursys® Benefits Nurses Too!

Nurses can self-enroll for free and take advantage of a quick and convenient way to keep up-to-date with their professional licenses. They can receive license expiration reminders, licensure status updates and track license verifications for endorsement.

Learn more about Nursys® e-Notify by viewing an introductory video or visiting the website at www.nursys.com. For questions, contact nursysenotify@ncsbn.org.

Executive Director Report

Authored by Lori Scheidt, Executive Director

Protect Your License

These practical tips will help you protect your license.

- If you have not already done so, you should enroll yourself in e-Notify by going to www.nursys.com/e-notify and selecting "As a Nurse" to complete the registration process. By enrolling in this free service, you will receive notifications any time your license status changes as well as receive license expiration date reminders. The e-Notify system also allows you to provide information about the nursing workforce in Missouri. The Missouri State Board of Nursing uses this information to gather important workforce data and uses the data to enhance Missouri's ability to plan for nurse supply and demand and, ultimately, improve healthcare for all. As a reminder, you and your employer can verify your license at any time at www.nursys.com by clicking on Search QuickConfirm and following the instructions.
- Missouri does not issue a license card. Missouri has joined many other states in eliminating the issuance of license cards due to the fact that they can be forged, altered, misappropriated, and contribute to identity theft. Further, they do not reflect recent disciplinary action. Fraud does not just occur by

obtaining financial information or a social security number. It can happen with your nursing license record as well. You should search for your record using Licensure QuickConfirm at www.nursys.com. After you access your record, you can print a report that will show your license number, original issue date, expiration date, whether you have a multistate or single state license and discipline status. Please direct current or future employers to www.nursys.com to verify your license.

- RN licenses expire April 30th of every odd-numbered year. LPN licenses expire May 31st of every even-numbered year. When enrolling yourself in e-Notify, choose the option to receive automated electronic reminders when you have a license that will be expiring within 30 days.
- Keep the board informed of your current name and address. A notification form can be found at www.pr.mo.gov/nursing. There are several reasons for this.
 - ◇ Licenses are suspended by operation of law for not filing or paying state income taxes. If we do not have your current address, your license could be suspended without you receiving notification.

Executive Director continued on page 3

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Important Telephone Numbers

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|---|--------------|
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| Missouri State Association for Licensed Practical Nurses (MoSALPN) | 573-636-5659 |
| Missouri Nurses Association (MONA) | 573-636-4623 |
| Missouri League for Nursing (MLN) | 573-635-5355 |
| Missouri Hospital Association (MHA) | 573-893-3700 |



Number of Nurses Currently Licensed in the State of Missouri

As of April 1, 2016

| Profession | Number |
|-------------------------------|----------------|
| Licensed Practical Nurse | 25,269 |
| Registered Professional Nurse | 102,896 |
| Total | 128,165 |



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- Family Nurse Practitioner
- Pediatric Primary Care Nurse Practitioner

www.umsu.edu/divisions/nursing/employment.html



Executive Director Report

Executive Director Report continued from page 1

- ◇ Failure to inform the board of your current address is cause to discipline your nursing license. You are required to inform the board of a change in your name and/or address within 30 days of the change.
- ◇ Missouri is a member of the nurse licensure compact (NLC). This is similar to a driver's license where you are licensed in one state and can practice in other states that are members of the compact without having to obtain another license in that state. You can find an overview of the compact as well as a list of member states at www.ncsbn.org/compacts. The compact regulations also require that you keep your address updated. Whether you have a multistate or single state license depends on your primary state of residence.
- Practice is where the patient is at the time nursing care is rendered. Know the state's Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice on our web site. You can find links to other state boards of nursing at www.ncsbn.org

Legislative Session

The 2016 legislative session started January 6, 2016 and will go through May 13, 2016.

SB835 – Nursing Education Incentive Program

Senator Jay Wasson (R-District 20) filed Senate Bill 835. Legislation to establish the nurse education incentive program was passed in 2011. It was set up to transfer funds from the Board of Nursing budget to the Department of Higher Education budget. The Department of Higher Education then dispersed the funds.

This bill changes the law so the nursing education incentive program payment function stays with the Board of Nursing rather than the Department of Higher Education. Having both the Board of Nursing and Department of Higher Education choose the grantees remains in order to maintain fairness and objectivity.

Appropriation will remain with the board so the board can determine each year what they can financially afford based on projected revenue and expenditures.

HB 1850 – Workforce Bill

Representative Diane Franklin (R-District 123) filed House Bill 1850.

Section 324.001.3 RSMo, currently authorizes boards within the Division of Professional Registration to collect data to support workforce planning and policy development.

Not all boards have the manpower or expertise to analyze the data and are not authorized in their duties to contract with outside agencies for workforce development and analysis. Boards also have no authority to share data with another entity or agency unless it meets the requirements in section 324.001.8 RSMo, which allows boards to release information to other administrative or law enforcement agencies acting within the scope of their statutory authority.

The boards are charged with protecting the public. Addressing the challenging quality and safety issues pervasive in health care depends upon adequate levels of appropriately educated and prepared health care professionals. A shortage of health care professionals is a quality of care issue.

Health regulatory boards are creatures of statute with only those powers and authority expressly granted in state statute. This bill will allow the Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, and State Board of Registration for the Healing Arts to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data from its licensees, registrants or permit holders for future workforce planning and to assess the accessibility and availability of qualified healthcare services and practitioners in Missouri. The boards shall work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

It gives the board authority to spend appropriated funds necessary for operational expenses of the program formed pursuant to this section.

Data collection will be controlled and approved by the applicable state board conducting or requesting the collection. There are also several other protections in the bill including income or other financial earnings data cannot be collected, only aggregate data can be released so a specific individual or entity cannot be identified, and it allows the board to release data to the contractors but requires that the contractor maintain the confidentiality of data received or collected pursuant to this section and shall not use, disclose or release any data without approval of the applicable state board.

SB 985 & HB 2043 - Adopts the revised (enhanced) nurse licensure compact.

Senator Jay Wasson (R-District 20) filed Senate Bill 985 and Representative Kathryn Swan (R-District 147) filed House Bill 2043. Passage of either bill would adopt the revised (enhanced nurse licensure compact). Missouri was the 24th state to pass the nurse license compact in 2009; the first state was in 1999. Since Missouri, only one more state has adopted the compact bringing the total states in the nurse licensure compact to 25. All the boards of nursing in the United States had a series of meetings to figure out what needs to change in the compact so more states would enact and join the compact. The goal is to have all states in the compact. The new compact is a product of that work.

This model is like the driver's license compact where you have a license in your primary state of residence and can practice in other compact states. Some of the states that were reluctant to join said they wanted to be guaranteed that, if a nurse is coming in their state to practice, the nurse has undergone fingerprint background checks and does not have a felony on their record. Missouri already does fingerprint background checks but we may issue a license to a nurse with a felony on their record; it is a case-by-case decision concerning all circumstances and rehabilitation. This compact makes it a requirement that all compact states have to require fingerprint background checks. It puts all licensure requirements in law and says if you have a felony, you cannot have a multi-state license. Each state is free to license a nurse with a felony, but that state would only be able to issue a single-state license, allowing other states to vet the nurse to decide if they want them to practice in their state. The compact does have a grandfather clause so nurses already granted a multi-state license to would keep that as long as the nurse keeps the license active.

This more modern compact must be adopted by the 25 original states and the remaining states. It has an effective

clause that makes it effective December 31, 2018 or when 26 states have passed it. Missouri would operate off the current compact until then.

Telehealth Bills

Senator Gary Romine (R-District 3) filed Senate Bill 621 and Representative Jay Barnes (R-District 060) filed House Bill 1923 related to telehealth.

Advanced Practice Registered Nurses

Senator Brian Munzlinger (R-District 18) filed Senate Bill 752 and Representative Craig Redmon (R-District 004) Filed House Bill 1775 that would allow certain assistant physicians, advanced practice registered nurses and physician assistants to prescribe all Schedule II controlled substances.

Advanced Practice Registered Nurses

Representative Eric Burlison (R-District 133) filed House Bill 1465 that would change some of the collaborative practice requirements.

Representative Lyle Rowland (R-District 155) filed House Bill 1697 that would increase the number of full-time equivalent advanced practice registered nurses that a physician can collaborate with from three to five.

Senate Bill 826 was filed by Senator Wayne Wallingford (R-District 27) and Representative Tila Hubrecht (R-District 151) filed House Bill 1866. Passage of either bill would create a license for Advanced Practice Registered Nurses, would authorize them to prescribe Schedule II controlled substances, and revise collaborative practice requirements.

Representative Keith Frederick (R-District 121) filed House Bill 2275, which would limit the number of providers a collaborative physician can enter into to three.

Speak Up

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You can make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators and let them know how to reach you and your area of expertise if you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>.



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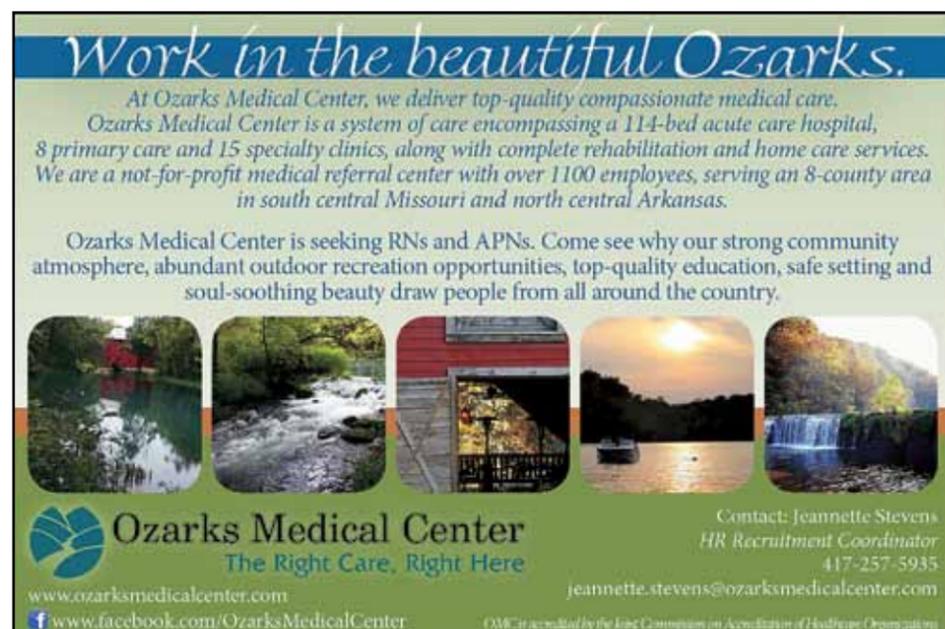
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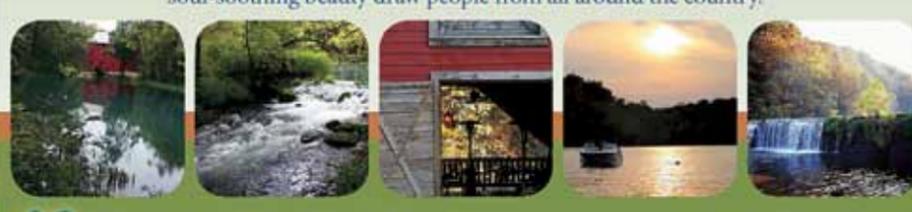
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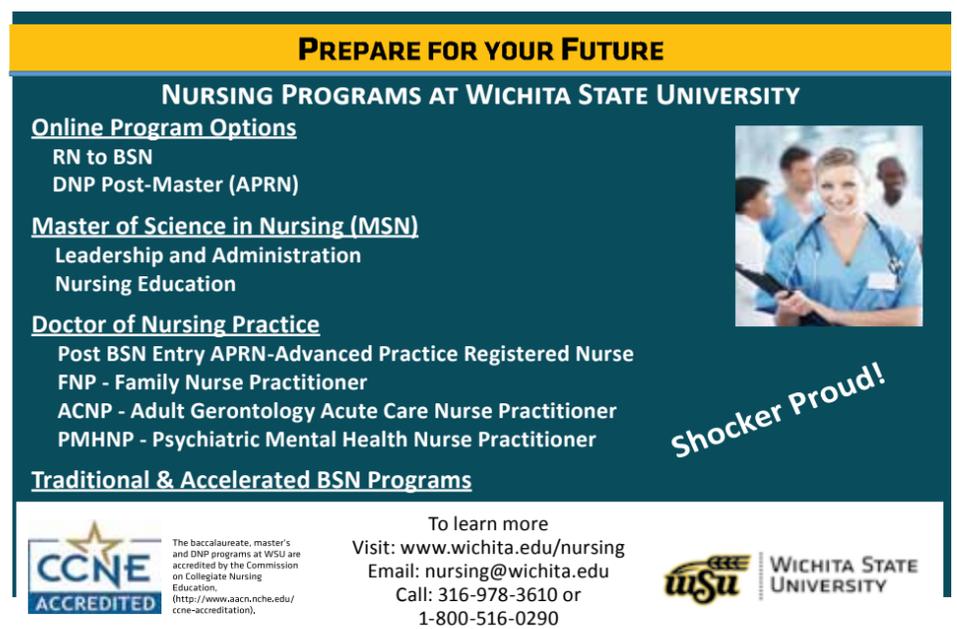


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WICHITA STATE UNIVERSITY

Education Report

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

Missouri State Board of Nursing Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Lisa Green, RN, PhD
- Mariea Snell, DNP, MSN, BSN, RN, FNP-BC
- Anne Heyen, DNP, RN, CNE

Understanding SARA – State Authorization Reciprocity Agreements

In a time when distance education has become one of the mainstays of post-secondary education it is important to remember that authorization for universities and colleges to offer educational experiences across state borders may differ widely among states. The process to secure authorization to offer programs and courses per distance education in another state(s) can be cumbersome and lengthy. In order to address these issues and to streamline state authorization processes for in-state and out-of-state schools, four (4) regional higher education compacts [Midwestern Higher Education Compact (MHEC), the New England Board of Higher Education (NEBHE), the Southern Region Education Board (SREB) and the Western Interstate Commission for Higher Education (WICHE)] worked jointly to develop the State Authorization Reciprocity Agreements, or SARA. Missouri is part of the Midwestern Higher Education Compact (MHEC) and actively participates in SARA. While regional higher education compacts offered some reciprocity to offer distance education in other states within their part of the region, differences in policies and standards among the four (4) compacts may have hindered a more national approach to reciprocity (<http://nc-sara.org>).

In 2013, the President's Forum, along with the Council of State Governments (CSG), was charged with development of a Model State Authorization Reciprocity Agreement (SARA) that would be nationally acceptable; collectively and collaboratively address established policies and standards enforced by the four (4) regional higher education compacts; and that would enable states to utilize other states' recognition of institutional authority to offer distance education as their own. The National Council for State Authorization Reciprocity Agreements (NC-SARA) was established in 2013 and now oversees SARA agreements that are administered by the four (4) regional higher education compacts. Grant funding was utilized to develop and implement the revised National Council for State Reciprocity Agreements (NC-SARA) in 2014 (<http://nc-sara.org>).

State and school participation in SARA is strictly voluntary. States, districts and U.S. territories are eligible to join SARA upon establishment and/or verification of comparable national standards regarding their policies and requirements for institutional authorization to offer post-secondary course work in their state and nationally (per distance education). Each participating state must follow "Interregional Guidelines for the Evaluation of Distance Education Programs" set forth by NC-SARA in order for post-secondary institutions physically located in their state or territory to participate. SARA agreements are careful to define "physical presence" of the post-secondary institution in order to apply requirements uniformly among states. The SARA website provides ample information regarding SARA policies and standards and can be accessed at <http://nc-sara.org>. Acceptance in SARA is an assurance that standards set forth by their respective regional higher education compact/SARA agreements are met and that educational offerings provided by "SARA schools" in their state hold comparable to standards of their partnering entities within the same region as well as nationally (<http://nc-sara.org>).

Post-secondary institutions with physical presence in a SARA state may become "SARA schools." Universities and colleges located in such states must then apply and be accepted in order to become a member school. As indicated earlier, Missouri is part of the Midwestern Higher Education Compact (MHEC) and actively participates in SARA. A list of Missouri "SARA schools" is provided through the NC-SARA's website at <http://nc-sara.org/states/mo>. In Missouri, SARA is implemented through the Missouri Department of Higher Education (MDHE); the agreement may be accessed through the MDHE website at <http://dhe.mo.gov/DistanceEducation.php>. Participation in SARA implies commitment of member institutions to uphold state and national regulations for offering of course work offered on ground as well as online. Reduction in authorization expense may directly impact educational cost for students and resource management at institutional and/or program levels (<http://nc-sara.org>).

Since participation of post-secondary institutions in SARA is strictly voluntary, schools that are located in SARA states that choose not to participate are required to attain and maintain state authorization to offer distance education in the traditional method, as required by their state of physical presence and individual state(s) they would like to include in their distance learning. As indicated earlier, state authorization requirements in non-SARA states may differ widely and have to be explored and met on individual basis. This would be no different for a school in a SARA state that chooses not to participate.

It is important to note that SARA authorization to operate distance education in respective states does not apply to "professional licensing board approval for programs leading to state licensing in fields such as nursing, teacher education, psychology, etc." as stated per SARA website (<http://nc-sara.org>). Licensing board rules and statutes as well as approval requirements set forth by individual states must be followed in order to attain and maintain state approval to operate pre-licensure nursing education on ground as well as online. In addition, SARA participation does not cover course work that is offered free of charge, is taken for non-credit or goes beyond the scope of current regulation, such as non-credit course work offered per massive open online courses (MOOCs), as indicated as part of SARA regulations per the SARA website (<http://nc-sara.org>). Wikipedia coins MOOCs as "massive open online courses that aim at unlimited participation and open access via the web." Often MOOCs are utilized for communication among students and faculty and to reiterate educational offerings/experiences electronically (<http://nc-sara.org>).

In order to better understand SARA and to truly appreciate efforts gone forth to make all of this happen, it is helpful to consider major benefits of participation in SARA at state and institutional as well as regional and national levels. The National Council of State Authorization Reciprocity Agreements (NC-SARA) describes benefits of SARA participation that can be easily transcribed to educational experiences of students in member states/academic institutions. Benefits may include expansion of educational opportunities/offerings for students in Missouri and other states and reasonable assurance that rules and regulations set forth by state authorization agencies are in place and are followed. Cost savings for post-secondary institutions is projected and will hopefully transpose to a higher level of affordability for students. It is notable that SARA membership to states is offered free of charge. State membership fees that would apply to participation as a "SARA school" in each individual state are set by respective states as part of state authorization processes. In Missouri, "SARA school" membership/renewal fees of \$500 for initial membership as well as for each annual renewal may apply (<http://nc-sara.org>). Schools interested in SARA membership may refer to cited NC-SARA and MDHE websites or contact the Missouri Department of Higher Education directly.

While SARA agreements do not directly impact pre-licensure nursing program approval at the state level and Missouri State Board of Nursing approval must be attained and maintained in order for post-secondary institutions to offer their pre-licensure nursing program(s) in the State of Missouri, it is important to better understand state authorization reciprocity. It is essential to know that this pertains to state authorization for post-secondary institutions to operate distance education in participating states and does not relieve post-secondary institutions and their nursing programs of obligations to comply with all of statutory and regulatory provisions pertinent to nursing program approval, national nursing accreditation, if applicable, and institutional accreditation of the parent institution at the local, regional and national level (<http://nc-sara.org>).

References:

- National Council for State Authorization Reciprocity Agreements (2016, January 15). Retrieved from <http://nc-sara.org>
- Missouri Department of Higher Education – Distance Education (2016, January 15). Retrieved from <http://dhe.mo.gov/DistanceEducation.php>
- National Council of State Authorization Agreements– List of Missouri SARA schools (2016, January 15). Retrieved from <http://nc-sara.org/states/mo>

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A Nurse's Guide to Professional Boundaries

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Professional boundaries are the spaces between the nurse's power and the patient's vulnerability. The power of the nurse comes from the nurse's professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the nurse-patient relationship. Nurses should make every effort to respect the power imbalance and ensure a patient-centered relationship.

Boundary crossings are brief excursions across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient. Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse for potential adverse patient consequences and implications. Repeated boundary crossings should be avoided.

Boundary violations can result when there is confusion between the needs of the nurse and those of the patient. Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur.

A nurse's use of social media is another way that nurses can unintentionally blur the lines between their professional and personal lives. Making a comment via social media, even if done on a nurse's own time and in their own home, regarding an incident or person in the scope of their employment, may be a breach of patient confidentiality or privacy, as well as a boundary violation.

Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the patient. Professional sexual misconduct is an extremely serious, and criminal, violation.

can use this graphic as a frame of reference to evaluate their behavior and consider if they are acting within the confines of the therapeutic relationship or if they are under or over-involved in their patients' care. Over-involvement includes boundary crossings, boundary violations and professional sexual misconduct. Under involvement includes distancing, disinterest and neglect, and can be detrimental to the patient and the nurse. There are no definite lines separating the therapeutic relationship from under involvement or over-involvement; instead, it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues' professional-patient interactions. For a given situation, the facts should be reviewed to determine whether or not the nurse was aware that a boundary crossing occurred and for what reason. The nurse should be asked: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the patient's best interest? Did it optimize or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented?

Boundaries and the Continuum of Professional Nursing Behavior

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the therapeutic relationship.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, patient needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where he or she has a personal, professional or business relationship with the patient.
- Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse-patient relationship is completely terminated.
- Be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).

A nurse must understand and apply the following concepts of professional boundaries.

A Nurse's Guide to Professional Boundaries

Year after year, nursing tops national polls of the most widely respected and trusted professions. The results of these polls reflect the special relationship and bond between nurses and those under their care. Patients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from attaining personal gain at the patient's expense and refrains from jeopardizing the therapeutic nurse-patient relationship. In order to maintain that trust and practice in a manner consistent with professional standards, nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries.

A therapeutic relationship is one that allows nurses to apply their professional knowledge, skills, abilities and experiences towards meeting the health needs of the patient. This relationship is dynamic, goal-oriented and patient-centered because it is designed to meet the needs of the patient. Regardless of the context or length of interaction, the therapeutic nurse-patient relationship protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect.

A Continuum of Professional Behavior



Every nurse-patient relationship can be plotted on the professional continuum of professional behavior illustrated above.

Every nurse-patient relationship can be conceptualized on the continuum of professional behavior. Nurses

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Q&A Regarding Professional Boundaries and Sexual Misconduct

What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct?

The key word here is former. The following are important factors to consider when making this determination:

- What is the length of time between the nurse-patient relationship and dating?
- What kind of therapy did the patient receive? Assisting a patient with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to and how will that affect the future relationship?
- Will the patient need therapy in the future?
- Is there risk to the patient?

What if a nurse lives in a small community? Does this mean that he or she cannot provide care for neighbors or friends?

The difference between a caring relationship and an overinvolved relationship is sometimes difficult to discern. A nursing professional living and working in a small, rural or remote community will, out of necessity, have business and social relationships with patients. In these instances, it is extremely important for nurses to openly acknowledge their dual relationship with patients and to emphasize when they are performing in a professional capacity.

The nurse must ensure the patient's care needs are primary. When this is not possible, nurses should remove themselves from the situation or request assistance from a supervisor or colleague.



Do boundary violations always precede sexual misconduct?

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may or may not lead to sexual misconduct. In some cases, extreme sexual misconduct, such as assault or rape, may be habitual behavior, while at other times it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is not only a boundary violation, it is criminal behavior.

Does patient consent make a sexual relationship acceptable?

If the patient consents, and even if the patient initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for a health care professional. It is an abuse of the nurse-patient relationship that puts the nurse's needs first. It is always the responsibility of a health care professional to establish appropriate boundaries with current and former patients.

Red Flag Behaviors

Some behavioral indicators can alert nurses to potential boundary issues for which there may be reasonable explanations, however, nurses who display one or more of the following behaviors should examine their patient relationships for possible boundary crossings or violations.

Signs of inappropriate behavior can be subtle at first, but early warning signs that should raise a "red flag" can include:

- Discussing intimate or personal issues with a patient
- Engaging in behaviors that could reasonably be interpreted as flirting
- Keeping secrets with a patient or for a patient
- Believing that you are the only one who truly understands or can help the patient
- Spending more time than is necessary with a particular patient
- Speaking poorly about colleagues or your employment setting with the patient and/or family
- Showing favoritism
- Meeting a patient in settings besides those used to provide direct patient care or when you are not at work

Patients can also demonstrate signs of over-involvement by asking questions about a particular nurse, or seeking personal information. If this occurs, the nurse should request assistance from a trusted colleague or a supervisor.

What should a nurse do if confronted with possible boundary violations or sexual misconduct?

The nurse needs to be prepared to deal with violations by any member of the health care team. Patient safety must be the first priority. If a health care provider's behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements and the grounds for discipline in their respective jurisdictions; they are expected to comply with these legal and ethical mandates for reporting.

What are some of the nursing practice implications of professional boundaries?

Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries. Nurses should examine

any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur. Nurses also need to be cognizant of the boundary violations that occur when using social media to discuss patients, their family or their treatment. These issues are discussed in depth in NCSBN's brochure *A Nurse's Guide to the Use of Social Media*.

NCSBN Professional Boundaries Resources

NCSBN offers a variety of resources pertaining to professional boundaries:

- The "Professional Boundaries in Nursing" video, at ncsbn.org/464.htm, helps explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. Internal and external factors that contribute to professional boundary issues, including social media, are explored.
- The "Professional Boundaries in Nursing" online course was developed as a companion to the video. The cost of the course is \$30. Upon successful completion of the course, 3.0 contact hours are available. The course is approved by the Alabama Board of Nursing. Register for the course at learningext.com.

Other resources can be found at ncsbn.org/1615.htm.
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Moments with Marcus

Navigating Nursing

by Marcus Engel

When I'm keynoting for a hospital, there's always a bit of intimidation upon arrival. Before I ever step foot into the building, I'm thinking about worst case scenarios. "Is today the right day? What if I screwed up the calendar and I'm actually scheduled for tomorrow? Now that I'm in (insert place faraway from home) what do I do? Who am I supposed to ask for?" It's a lot of total anxiety before walking into the place.

Then, on through the sliding glass doors, find the desk in the lobby, hope that the person working the desk knows about the programs that day, and try to find the location inside the hospital but where the heck is that? The McCormack Room? Or was it McNamara... These names mean nothing to me.

All this happened just a month ago. Granted, it happens pretty much every time, but the instance I'm referring to took place in Indiana. Luckily, we met a nurse at the front desk who saved the day.

Nurse Cyndee overheard our conversation and recognized yours truly. I'd like to think this is because I'm so suave and debonair, but really, it was my Seeing Eye dog that gave us away!

Cyndee came out from behind the desk, said she knew where I would be speaking and then said the magic words, "Here, follow me!" She led us down several hallways,



up a couple of escalators, past another public area and showed us into the room where I would be presenting. The walk from the front lobby to the room took several minutes. All along the way, Cyndee was telling us about the hospital, complimenting her co-workers and talking about how much she loves her job.

Before Cyndee left us to return to her nursing duties, she gave me her cell number and told us to call if there was anything else she could help with. How's that for assistance? Couldn't be better, in my book!

Sure, I was there in my professional role, but am I that much different than John Q. Patient? I enter the hospital already nervous. I have to ask for help and, thankfully, Cyndee was nearby. She not only was kind and courteous, but went above and beyond just telling me how to get to where I needed to go.

Hospitals are labyrinths of corridors and hallways and offices and doors. Navigating any unfamiliar territory is a challenge for anyone (not just guys that need Seeing Eye dogs). Imagine how intimidating and confusing they are for someone who is hurting or worried about a loved one with a scary diagnosis. Having that professional who steps up, steps forward and guides the lost into areas of comfort and destination is a winning element of any healthcare facility.

Nurses, you are navigators of compassion. And not just in your healthcare environment. You're the ones who tell the confused family member that, no, that pimple is probably not malignant melanoma. You're the ones who guide those with low health IQ to healthier choices. You're the ones who hold the hands of the vulnerable and afraid, both in and outside the hospital, clinic and home. Thanks to you and nurses like Cyndee, those of us who are "flying blind" have awesome navigators in the co-pilot seat.

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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.

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

Cheryl Bishop – PN 038805

Britt Cailotto – RN 133592

Ericka Moore – PN 2010024993

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

CENSURE

Cunningham, Johnathon David
Saint Louis, MO

Registered Nurse 2013044037

Licensee received “coachings” from the hospital for using obscene, abusive or threatening language for being disrespectful while working as an RN at the hospital on the following dates: 10/18/2013, 12/11/2013, 5/7/2014, and 7/25/2014. Licensee also received “coachings” for two unrelated incidents, one on 6/6/2014 involving his accessing a “port-a-cath” and one on 9/15/2014 involving his administration of a Versed drip, both of which he had never received adequate training on or approval from the hospital to do such procedures. On September 21, 2014, licensee accessed the hospital’s “EPIC” system from his home while he was off duty and put in an order for a type and crossmatch for a patient and changed the entry to show another nurse had entered the Order. There was no physician’s order for the type and crossmatch before licensee entered it, and the doctor was never contacted in regard to this entry by licensee before he entered it. Censure 02/10/2016

Addison, Shanice Monique
Raytown, MO

Registered Nurse 2010025643

On April 30, 2012, Licensee submitted to a urine drug screening test as part of the pre-employment hiring

CENSURE continued...

process. The urine sample provided by Licensee tested positive for Propoxyphene.
Censure 12/31/2015

Bentz, Melissa Joy
Kansas City, MO

Registered Nurse 2008034610

Respondent failed to call in to NTS on seven (7) days. Further, on September 14, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on two (2) occasions, September 25, 2015, and October 8, 2015, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of February 13, 2015. The Board did not receive a continuing chemical dependency treatment evaluation submitted on Respondent’s behalf by the documentation due dates of May 13, 2015, and August 13, 2015.
Censure 01/08/2016

Hamilton, James Lee
Cairo, MO

Licensed Practical Nurse 2006026920

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of May 7, 2015, or August 7, 2015.
Censure 01/06/2016

Tomlinson, Joyce
Duplo, IL

Registered Nurse 086928

Licensee smacked a student on the back of the head for failing to have proper supplies during clinical.
Censure 01/26/2016

Mason, James L
Billings, MO

Registered Nurse 134605

Respondent failed to call in to NTS on twenty (20) days. Further, on April 30, 2014; July 29, 2014; July 1, 2015; and September 17, 2015, Respondent called NTS and

CENSURE continued...

was advised that he had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On July 11, 2014, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates.
Censure 01/06/2016

Smith, Kimberly Dyan
Raytown, MO

Licensed Practical Nurse 2010031263

Licensee practiced nursing in Missouri without a license from June 1, 2014, to November 5, 2015.
Censure 01/29/2016

Owens, Terrie L
Union, MO

Registered Nurse 086110

Respondent failed to call in to NTS on one (1) day. On August 25, 2015, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxazepam. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of October 16, 2015.
Censure 01/06/2016

Sovulewski, Katherine M
House Springs, MO

Registered Nurse 2005014038

Respondent failed to call in to NTS on one (1) day. Respondent failed to report to a collection site to provide the requested sample. Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol.
Censure 01/06/2016

Selsor, Heather J
Columbia, MO

Registered Nurse 150302

Censure continued on page 10

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Censure continued from page 9

On August 8, 2014, Licensee pled guilty to the class A misdemeanor of Theft/Stealing.
Censure 02/24/2016

Love, Janae Monique
Kansas City, MO

Licensed Practical Nurse 2012035238

Licensee practiced nursing in Missouri without a license from June 1, 2014, to September 4, 2015.
Censure 12/08/2015

Gaytan, Misty Renae
Ozark, MO

Registered Nurse 2010007668

In November 2014, the hospital received legal notice that a patient was going to be seeking litigation against the hospital due to inappropriate access of health records by Licensee. An audit was run of the patient's record, and it uncovered that from April 2014 to July 2014 Licensee had, on multiple occasions, accessed information about this patient that was clearly outside the scope of her job duties and in violation of HIPAA.
Censure 01/21/2016

May, Amelia Joyce
Bonne Terre, MO

Registered Nurse 2010023835

On November 19, 2014, after the agency office had closed, Licensee left her equipment and a note in the agency offices resigning her position. Licensee left her employment without providing adequate time and notice for coverage to be found for her assigned clients who had appointments scheduled on November 20, 2014. Licensee left her employment without completing and signing off on all the necessary client paperwork and documentation on the clients she had seen. The manner in which Licensee resigned her employment, without proper notification, caused a delay in the treatment and assessment of clients she was assigned.
Censure 12/02/2015

Barnhart, Stacy Lynn
Jefferson City, MO

Licensed Practical Nurse 2006005957

On five (5) separate occasions, Respondent reported to a lab and submitted the required samples which showed a low creatinine readings. On October 8, 2015, Respondent reported to a collection site to provide a sample; the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of

Censure continued...

alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol.
Censure 01/06/2016

PROBATION

McDaniel, Melanie Elizabeth
Poplar Bluff, MO

Licensed Practical Nurse 2001011903

On February 11, 2009, Licensee pled guilty to the class C felony of assault 2nd degree - operating a vehicle while intoxicated resulting in injury, and the class B misdemeanor of driving while intoxicated - alcohol. On August 18, 2014, Licensee pled guilty to the class A misdemeanor of driving while intoxicated - drug intoxication - prior offender. Licensee has more than one alcohol-related enforcement contact in that she received an administrative alcohol suspension effective January 7, 2009; a point revocation of her driver's license effective May 4, 2009, based upon her guilty pleas; a chemical refusal revocation effective on September 22, 2014; and, a ten year minimum denial of her driver's license based upon her guilty pleas as set forth. Licensee states that her sobriety date is August 16, 2014.
Probation 02/03/2016 to 02/03/2020

Jones, Michelle Lynn
Hollister, MO

Licensed Practical Nurse 2015043926

On January 22, 2015, Licensee pled guilty to the class A misdemeanor Theft/Stealing.
Probation 12/18/2015 to 12/18/2017

Blankenship, Rose M
Lake Ozark, MO

Licensed Practical Nurse 053338

On October 25, 2014 Licensee administered medication to patient AM that belonged to patient AD. Licensee discovered the mistake at approximately 9:10 a.m. Licensee monitored patient AM's vitals every 20 minutes, but failed to notify the camp Executive Director, the patient's parents, a physician, or emergency personnel. At approximately 10:00 a.m., patient AM's blood pressure had dropped to 82/48; Licensee instructed patient AM to take a nap. Patient AM was later discovered unresponsive and 911 was called. Patient AM was subsequently admitted to the hospital and placed on life support.
Probation 02/16/2016 to 02/16/2018

Probation continued...

Schwartz, Wendy Marie
Lancaster, MO

Licensed Practical Nurse 2011031890

Licensee stayed overnight at her client's house before her 7:00 am to 7:00 pm shift on February 8, 2015. The client's mother reported that Licensee stayed up most of the night socializing with people at the house. It was reported by the client's mother that Licensee slept during most of her shift on February 8, 2015, and falsely documented nursing care during that time. The client's mother reported that she cared for her son on February 8, 2015, while Licensee slept. The client's mother stated that Licensee woke up around 3:00 pm and started documenting in the patient's chart, and then Licensee left.
Probation 02/03/2016 to 02/03/2018

Beatty, Colleen Lee
Kansas City, MO

Licensed Practical Nurse 2006010398

On February 11, 2009, Licensee pled guilty to the crime of driving while intoxicated. On July 11, 2012, Licensee pled guilty to the class A misdemeanor of driving while intoxicated - prior offender. On December 5, 2013, Licensee pled guilty to the class D felony of driving while intoxicated - persistent offender, Licensee submitted, with her application, a treatment plan. The treatment plan indicates that Licensee was admitted to the Comprehensive Substance Treatment and Rehabilitation (CSTAR) program on January 14, 2015. The report reflected that Licensee reported that she had received six DWIs.
Probation 12/14/2015 to 12/14/2020

Uhrig, Misty Ann
Imperial, MO

Licensed Practical Nurse 2001017758

COUNT I
On May 21, 2014, at approximately 8:00 am, Resident MA reported that her black purse was missing. It was observed on the video tape that the only other person who entered resident MA's room was Licensee at approximately 5:52 am. Licensee is then observed leaving the room with an accu check box and a pad with a long black strap hanging down. Licensee was observed moving through the facility for the next ten minutes carrying the pad. Licensee was observed entering a room in another wing of the facility at about 6:00 am, and when Licensee left the room she was no longer carrying anything. There were no residents living in that room. The room was searched and resident MA's purse, containing her wallet and ID, was discovered

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Probation continued...

in the room. Licensee was questioned about the incident and said that she removed a purse from resident MA's room believing that the purse belonged to another resident. Licensee stated that she left the purse at the nurses' desk. No purse was reported as being found at the nurses' desk.

COUNT II

Licensee worked the overnight shift from December 30, 2014 through December 31, 2014. As Licensee continued through her shift, her coworkers discovered her to have slurred speech, she was unable to complete sentences, she was very lethargic, and she was unable to maintain her balance. Licensee was observed by her coworkers to fall asleep while she was standing at the medication cart. While Licensee was sleeping on the couch she had episodes of apnea and her coworkers could not wake her up. Licensee's coworker's called 911 and emergency workers arrived to assist Licensee. Licensee was asked to submit a sample for a drug screen and the drug screen returned positive for benzodiazepines and oxycodone. On January 7, 2015, Licensee was asked to submit a sample for further drug testing, and Licensee refused to submit a sample.

Probation 01/26/2016 to 01/26/2019

McKinney, Kristen Noelle

Jefferson City, MO

Registered Nurse 2011005887

Respondent tested positive for marijuana.

Probation 01/08/2016 to 01/08/2019

Elsen, Carrie Beth

Shelbina, MO

Registered Nurse 2006024941

On or about November 21, 2013, between 8:30 a.m. and 9:00 a.m., Licensee was working with a second year nursing student at a hospital, assessing the student's patient. During the morning assessment the patient was difficult to arouse, but the patient requested pain medication (specifically IV Dilaudid) for a pain rating of 8/10. Licensee was concerned to give the patient the IV Dilaudid because of how lethargic she was that day. The patient refused the oral pain medication, and continued to complain of pain and continued to request the IV Dilaudid. Licensee instructed T.P. to give the patient normal saline, and to tell the patient it was IV Dilaudid. Licensee and T.P. went into the patient's room and proceeded to tell the patient they had given her IV Dilaudid. Upon T.P. pushing the normal saline, Licensee stated that the patient immediately became upset and knew that she was not getting her IV Dilaudid, stating "you are lying to me, this isn't IV Dilaudid." Licensee told the patient that it was the IV Dilaudid, but that they had diluted it.

Probation 02/16/2016 to 02/16/2018

Dockins, Lisa Carol

Sikeston, MO

Licensed Practical Nurse 2005024251

On October 9, 2012, Respondent pled guilty to the offense of Conspiracy to Distribute 500 Grams or More of a Substance Containing a Detectable Amount of Methamphetamine.

Probation 01/08/2016 to 01/08/2021

Campbell, Nicole Lyne

Kansas City, MO

Registered Nurse 2007025115

Probation continued...

On or about March 14, 2015, Licensee exhibited impaired behavior while on site at a long term care facility. Licensee was asked by the hospice company to submit to a for-cause drug screen. On or about March 26, 2015, Licensee's drug screen was confirmed positive for amphetamines and methamphetamine.

Probation 01/27/2016 to 01/27/2021

Williams, Donna F

St. Louis, MO

Licensed Practical Nurse 031576

Employer noticed that during the May 21-22 night shift, patient records for patient P.V. showed that he had expired at approximately 2:00 a.m. on May 22, 2013, but Respondent had documented removing and administering 0.5 cc of morphine to patient P.V. at 6:00 a.m. that morning. On the same shift, Respondent also documented removing and administering 0.25 cc of morphine to patient C.W. at 10:30 p.m. and at 2:00 a.m. The documented count for the medication showed that after these doses were given, the amount remaining would have been 24.5 cc. A count done the next morning, however, showed a count of only 16 cc of morphine. Respondent later admitted to employer that she had not done the medication count with the off-going nurse the previous evening, even though she had documented that she had done so. The nurse who worked the shift prior to Respondent confirmed that she and Respondent did not do a drug count when Respondent started her shift and that Respondent had told her to "go ahead and leave."

Probation 01/08/2016 to 01/08/2018

Thornhill, Kathryn Michelle

Lake Saint Louis, MO

Registered Nurse 2006023339

On or about May 2014 through October 2014, a routine pharmacy audit indicated that the Licensee was withdrawing more narcotics than her co-workers, which included morphine, Norco, Fentanyl, Vicodin and Dilaudid. On or about January 12, 2015, Licensee admitted that on approximately 5-6 occasions she diverted morphine and Dilaudid for personal use.

Probation 01/19/2016 to 01/19/2016

Bilynsky, Eryn Rose

Lawrence, KS

Registered Nurse 2014000208

The Kansas Board of Nursing disciplined Respondent's nursing license based upon grounds for which revocation

Probation continued...

or suspension is authorized in this State.
Probation 01/08/2016 to 01/08/2021

Gilmartin, Jacquelyn Meghan Lee

Kansas City, MO

Licensed Practical Nurse 2011008793

Licensee failed to accurately document what happened with controlled substances which were in her control.

Probation 01/23/2016 to 01/23/2019

Strasser, Jennifer Elaine

Mulberry, KS

Registered Nurse 2014016918

On her Application, Licensee checked "No" to question number 18: "Have you had any professional license, certification, registration, or permit, revoked, suspended, placed on probation or otherwise subject to any type of disciplinary action?" On November 14, 2014, the Kansas State Board of Nursing revoked Licensee's nursing license based upon the following facts:

- Licensee was employed by Hospital in Pittsburgh, Kansas from 1/9/2009 to 5/8/2013. Her employment was terminated due to medication error.
- Licensee cared for a patient with a CADD pump with Fentanyl infusing for pain control. The licensee acknowledged giving the patient a "bolus" of fentanyl on 5/2/2013 by accident when she was attempting to remove an air bubble from the tubing. She stated that she knew she should have disconnected the tubing from the patient before she attempted to remove the air bubble. On 6/4/2013 she repeated the mistake and again gave the patient a bolus of Fentanyl. The patient became unresponsive and coded. The patient received a total of two doses of Narcan before the patient became responsive. Licensee did not express remorse or take responsibility for her repeated errors.
- Licensee's employment was terminated by because she was under an employee performance plan at the time of the over doses. She had failed to perform up to expectations on multiple orders and on different patients.

Probation continued on page 12



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Probation continued from page 11

d. Licensee has failed to respond to the investigator or to Board counsel.
 Probation 12/25/2015 to 12/25/2017

White, Margaret D
 Kansas City, MO
Registered Nurse 092964

On or about February 16, 2015, a GI technician found an unlabeled specimen while cleaning a procedure room. It was determined that Licensee was the RN during the procedure when the specimen was taken. Licensee was unable to identify the patient to whom the specimen belonged and took the specimen home with her and did not report the incident. Several days later the GI technician informed the Director of what happened and asked if the specimen had been identified. The Director began an investigation into what occurred and spoke to Licensee about the issue. When Licensee was questioned about the specimen, Licensee admitted that she became afraid when she found the unlabeled specimen and took the specimen home. Licensee was asked to return the specimen so that it could be sent to the lab for analysis. Licensee returned the specimen to the facility, and the specimen was properly matched to the correct patient.
 Probation 01/22/2016 to 01/25/2016

Waters, Rex Allen
 Prairie Village, KS
Registered Nurse 2011040756

The Missouri State Board of Nursing received information from the Kansas State Board of Nursing via the NURSISYS website that the nursing license of Respondent was summarily suspended in Kansas due to a disciplinary action being taken by the Kansas State Board of Nursing in a Summary Order (Order) dated July 10, 2014; however, on December 17, 2014, an Order Lifting Summary Order Suspension was issued and the suspension of Respondent's license was lifted. Respondent's license was reinstated

Probation continued...

to active status with the restriction of no unsupervised practice for one (1) year.
 Probation 01/07/2016 to 01/07/2018

Leuckel, Robin Lyn
 Perryville, MO
Registered Nurse 2007017786

Respondent reported that she had been "slightly noncompliant" with the Hospital's drug testing protocol, she had smoked marijuana approximately two weeks before the drug test, and her subsequent urine sample was positive for marijuana.
 Probation 12/11/2015 to 12/11/2017

De Arman, Christie A
 Dexter, MO
Registered Nurse 113288

On January 21, 2015, Licensee submitted a sample for drug screening. Licensee's drug screen returned positive for marijuana.
 Probation 01/26/2016 to 01/26/2021

REVOKED

Bajkowski, Rebecca J
 Pleasant Hill, MO
Registered Nurse 100465

Respondent failed to call in to NTS on three (3) different days. Further, on September 11, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on three (3) separate occasions, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On August 19, 2015, Respondent reported to a collection site to provide a sample for a phosphatidyl ethanol bloodspot (PETH) test and the sample tested positive for phosphatidyl ethanol, an indicator of alcohol use. Respondent admitted that she had consumed three (3) cocktails on July 24, 2015. On August 25, 2015, Respondent reported to a collection site to

Revoked continued...

provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol.
 Revoked 01/06/2016

Kennedy, Jennifer Evelyn
 Imperial, MO
Registered Nurse 2000168034

Respondent improperly documented the administration and wasting of controlled substances.
 Revoked 01/06/2016

Sherrick, Regina R
 Fulton, MO
Licensed Practical Nurse 2003022547

On August 13, 2013, a discrepancy in a patient's medications was discovered by facility officials. The facility began drug-testing all employees, including Respondent, who had access to the medication room at the facility. On August 14, 2013, Respondent submitted to a drug screen at the facility. Respondent's drug screen was positive for opiates.
 Revoked 12/10/2015

Frydman, Bettie C
 Saint Joseph, MO
Licensed Practical Nurse 028505

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of March 26, 2015; June 26, 2015; and September 28, 2015.
 Revoked 01/06/2016

Waller, Chelsea R
 Kansas City, MO
Licensed Practical Nurse 2007004950

Respondent did not complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the due date of October 14, 2015. The Board did not receive a thorough chemical dependency evaluation by the due date of September 8, 2015.
 Revoked 01/06/2016

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Revoked continued...

Cantrell, Kevin D
Nixa, MO
Licensed Practical Nurse 047345

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of March 17, 2015, June 17, 2015, and September 17, 2015.
Revoked 01/06/2016

Flick, Laura Lee
Ozark, MO

Licensed Practical Nurse 2002024921

Respondent never completed the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of July 6, 2015. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of June 1, 2015.
Revoked 01/08/2016

Manz, Tonya Beth
Clarkton, MO

Licensed Practical Nurse 055873

Respondent was employed by a home care company based in St. Louis, Missouri, at all times relevant herein. In June 2014, Respondent was working as an LPN for the company providing in-home care to pediatric patient AA. Respondent failed to document on June 4, 2014, that patient AA had been administered the ordered doses of Colchicine, Lidocaine and Epogen. Respondent failed to document on June 10, 2014, that patient AA had been administered the ordered dose of Colchicine. Respondent failed to document on June 11, 2014, that patient AA had been administered the ordered doses of Colchicine, Lidocaine and Epogen, although the separate nurse's notes indicated patient AA had an Epogen injection. On June 13, 2014, during a visit to patient AA's home by another staff member, no evidence of notes or documentation on patient AA's last injection was located, but an unused syringe was found. Respondent later admitted she had taken the nurse's notes with her and left patient AA's home, on June 11, 2014. Respondent's LPN license expired on May 31, 2014. Respondent practiced nursing in Missouri without a license from June 1, 2014 through June 13, 2014, and did not pay timely renewal fees by May 31, 2014.
Revoked 12/14/2015

Revoked continued...

Taylor, Julia Ann
Hughesville, MO
Licensed Practical Nurse 2008030789

On June 7, 2011, Respondent pled guilty to the class A misdemeanor of possession of a controlled substance.
Revoked 01/08/2016

Murry, Erica Janice
Saint Louis, MO

Licensed Practical Nurse 2012040641

Respondent practiced nursing in Missouri without a license from July 8, 2013, through November 4, 2013. Respondent was granted a license on November 26, 2013. Respondent additionally failed to cooperate in the Board's investigation regarding this matter.
Revoked 01/08/2016

Rhodes, Morgan Karli
Miami, OK

Registered Nurse 2006021308

Respondent's license was disciplined by the State of Oklahoma upon grounds for which revocation or suspension is authorized in this State.
Revoked 12/23/2015

Grannemann, John C
Union, MO

Licensed Practical Nurse 054337

Respondent did not attend the meeting or contact the Board to reschedule the meeting set on July 7, 2015. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 30, 2015. The Board did not receive proof of completion for the continuing education classes by the documentation due date.
Revoked 12/23/2015

Marrero, Jennifer
O Fallon, MO

Registered Nurse 2009039239

Respondent was employed by a hospital in O'Fallon, Missouri, from January 4, 2010, through September 5, 2012. On August 26, 2012, the hospital pharmacy discovered an irregularity in narcotics administration by Respondent. On August 26, 2012, the Flowsheet for patient KS noted that the patient's IV was removed by 0620. At 0621, the Flowsheet reflected that patient KS was refusing

Revoked continued...

to have a new IV placed. At 0940, Respondent received an order discontinuing patient KS's IV antibiotic and starting a new order for an oral antibiotic. Even though patient KS's IV had been removed, Respondent removed and charted the administration of hydromorphone, by IV, at 0808, 1045, 1226, 1444, 1646, and 1836 for patient KS. Nurse LB, the nurse caring for patient KS on the shift after Respondent, reported that patient KS denied receiving any pain medication on August 26, 2012, and had not had an IV all day. Based off of the above irregularities, the hospital conducted an audit of Respondent's narcotic administrations and discovered multiple discrepancies.
Revoked 12/14/2015

Eden, Miriam Darlene
Nixa, MO

Registered Nurse 2006007406

On July 31, 2012, Respondent received a final warning for falling asleep while at work at the hospital. On August 25, 2012, Respondent submitted a urine sample for a post-accident drug screen. The urine sample submitted by Respondent tested positive for marijuana.
Revoked 12/23/2015

Voluntary Surrender continued on page 14

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The Missouri State Board of Nursing produces video with Central Methodist University

The nursing program at Central Methodist University (CMU) was honored by the Missouri State Board of Nursing Wednesday, Mar. 9 at a board meeting in Jefferson City. Board of Nursing Executive Director **Lori Scheidt** and Public Information Administrator **Yaryna Klimchak** produced a video about state nursing licensure requirements and benefits for the Professional Profiles series. The video was filmed at CMU and featured CMU nursing student Taylor Zey. Zey was not present but also received an award for her participation. Klimchak filmed and produced the video and Scheidt distributed it to nursing contacts throughout the country. The video gained positive feedback and garnered more than 2,000 views on YouTube and social media in the first month.

On hand for the award presentation were (from left) Missouri State Board of Nursing board members Alyson Speed, Mariea Snell, Anne Heyen, CMU Division of Health Professions Chair Dr. Megan Hess, CMU Provost Dr. Rita Gulstad, CMU Assistant Professor of Nursing Kim Oeth, Missouri State Board of Nursing President Rhonda Shimmens, CMU Assistant Professor of Nursing Heather Dougherty, and Missouri State Board of Nursing members Lisa Green and Adrienne Anderson Fly.



The Missouri State Board of Nursing recognized Central Methodist University and CMU nursing student Taylor Zey for their participation in the creation of a video for the Professional Profiles series.



The communications team has launched a video series called **Professional Profiles**, which is intended to highlight all of the Professional Registration boards.

Professional Profiles is featured as a playlist at youtube.com/missouridifp and will be placed on each of the board's websites and difp.mo.gov to highlight what they do and why they are important. The series is meant to educate the public about the role of the Division of Professional Registration. The communications team will reach out to boards to plan and film each feature.

For more information, comments, or ideas for the series, contact Yaryna Klimchak.



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VOLUNTARY SURRENDER

Moore, Stacey R
Auxvasse, MO
Registered Nurse 140416
On May 14, 2015, co-workers at the hospital reported Licensee as lethargic and having slurred speech. Licensee's affect was flat and her responses were slow. Licensee said that she was having a migraine and had taken medication for it. Licensee's drug screen tested positive for opiates, barbiturates, and benzodiazepines and was sent off for confirmation testing. Licensee did not have a valid prescription for Morphine.
Voluntary Surrender 02/16/2016

Johnson, Susan L
Sedalia, MO
Registered Nurse 111139
On January 9, 2014, Licensee pled guilty to the class A misdemeanor of DWI. Licensee was diagnosed with Alcohol Use Disorder Severe. Licensee previously pled guilty to driving while intoxicated in February 2010.
Voluntary Surrender 02/10/2016

Townsend, Dennis James
Port Charlotte, FL
Registered Nurse 2015019234
Licensee voluntarily surrendered his Missouri nursing license on December 21, 2015.
Voluntary Surrender 12/21/2015

Thornhill, Kathryn Michelle
Lake Saint Louis, MO
Registered Nurse 2006023339

Licensee Voluntarily surrendered her license.
Voluntary Surrender 01/19/2016

Adams, Natalie Denise
Joplin, MO
Registered Nurse 2005017509
On several occasions, beginning February 2014 through April 2014, Licensee forged a prescription for herself for hydrocodone, as if the hydrocodone was prescribed by Dr. R.H. The prescriptions were filled and picked up by Licensee. Licensee admitted to ingesting the hydrocodone. Licensee was drug tested on April 22, 2014, which was positive for butalbital.
Voluntary Surrender 12/14/2015

Thompson, Elaine F
Fairview Heights, IL
Registered Nurse 076738
Licensee surrendered her Missouri nursing license, effective January 4, 2016.
Voluntary Surrender 01/04/2016

Singleton, Lenore W
Palmyra, MO
Licensed Practical Nurse 018241
On or about May 9, 2014, hospital staff discovered that a vial of ephedrine was missing from an anesthesia cart. Hospital staff reviewed closed-circuit video recordings, which showed Licensee removing a vial from the same anesthesia cart, placing the vial in her pocket, and walking away. On or about May 9, 2014, Licensee admitted to hospital staff that she had taken an ampule of ephedrine from the medication cart in the operating room with the intention of drinking it for a "buzz". Licensee further admitted to taking ephedrine vials home in the past in order to drink the vials for a "buzz."
Voluntary Surrender 02/23/2016

Graham, Suzella E
Garden City, MO
Registered Nurse 126636
The Missouri State Board of Nursing received information from the Texas State Board of Nursing via the NURSYS website that Licensee's privilege to practice in Texas was voluntarily surrendered due to a final disciplinary action being taken by the Texas State Board of Nursing in an Order dated September 21, 2015.
Voluntary Surrender 02/29/2016

Farris, Roxy J
Creighton, MO
Registered Nurse 075158
Licensee failed to properly document the administration, waste or return of controlled substances in her possession.
Voluntary Surrender 12/09/2015

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When a natural disaster or public health emergency occurs, the City of St. Louis Medical Reserve Corps is ready to respond. We are seeking medical and public health professionals to join us.

For more information:
<https://www.stlouis-mo.gov/government/departments/health/medical-reserve-corps.cfm>

NOTIFICATION OF NAME AND/OR ADDRESS CHANGE

NAME ADDRESS PHONE ALTERNATE PHONE EMail

RN APRN LPN

Missouri License Number _____ Last 4 Digits of Social Security Number _____

NAME AS CURRENTLY IN OUR SYSTEM _____

Last Name (Printed) _____ First Name (Printed) _____

NEW INFORMATION

Last Name _____ First Name _____ Middle Name _____

() _____ () _____ () _____

Daytime Telephone Number _____ Alternate Phone 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 _____

I declare _____ as my primary state of residence effective _____.

(primary state of residence) (effective date)

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.

Information on the Nurse Licensure Compact can be found at www.ncsbn.org/nlc.htm
 In accordance with the Nurse Licensure Compact "Primary State of Residence" is defined as the state of a person's declared fixed, permanent and principal home for legal purposes; domicile. Documentation of primary state of residence that may be requested (but not limited to) includes:

- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

When your primary state of residence is a non-compact state, your license will be designated as a single-state license valid only in Missouri.

When your primary state of residence is a compact state other than Missouri, your Missouri license will be placed on inactive status and you can practice in Missouri based on your unrestricted multi-state license from another compact state.

I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

→ _____ Date _____

Signature (This form must be signed)

Complete, SIGN and Return to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 Or Fax to 573-751-6745 or Scan and Email to nursing@pr.mo.gov

SCHEDULE OF BOARD MEETING DATES THROUGH 2017

| |
|----------------------|
| June 8-10, 2016 |
| September 7-9, 2016 |
| November 16-18, 2016 |
| March 1-3, 2017 |
| June 7-9, 2017 |
| September 6-8, 2017 |
| November 15-17, 2017 |

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>



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Please call Colleen Schmidt for further information at **844-417-9111** toll free or email your resume to Colleen.schmidt@premierhospitalsservices.com

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