Message From the President

Authored by Robin S. Vogt, PhD, RN, FNP-C
Board President

Board of Nursing's Open Forum

The Missouri State Board of Nursing held its first open forum at the September Board meeting in Jefferson City, Missouri. The open forum has been added to the agenda to allow licensees, the public, and organizations the opportunity to dialogue with the Board members.

Keep in mind that issues brought before the Board will be considered by the members and are very valuable in making decisions. We will not, however, be able to offer an opinion during the forum on many of the issues. The “Board’s” opinion is a collective major- ity of the nine members. Each member has its own opinion and when questions are considered, research into the sub- ject area is done and individual opinions/experience shared to help the Board make educated decisions.

At the first forum, organizations shared information with the Board members. One organization expressed concerns with the clarity of the educational requirements of preceptors in the hospitals for the clinical rotations of the nursing student. Another organization expressed concern that the minimum standards were not up-to-date technologically. The Board of Nursing advised that a task force had been established to review and revise the minimum standards including faculty requirements and standards relating to technological advances such as online education.

A representative from a hospital shared a concern regarding the licensure renewal process and timely return of licenses. We are aware of the impact of getting licenses back to nurses during the renewal cycle. We are working to improve our current process. It is our hope to be online for renewals by the next RN cycle in 2005.

We will continue with the open forums at each board meeting. Please feel free to come and share your concerns with us.

I want to thank everyone who submitted information for the Board to consider during our strategic planning. We try very hard to keep abreast of current issues relative to patient safety.

Commitment to Public Protection through Excellence in Nursing Regulation Project

The Missouri State Board of Nursing participated in the National Council of State Boards of Nursing’s Commitment to Public Protection through Excellence in Nursing Regulation Project. This is the establishment of a performance measurement system that incorporates data collection from internal and external sources and the use of benchmarking strategies and identification of best practices.

Twelve state boards were selected from among volunteers to participate in pilot testing of the data collection instruments. The 12 states participating include Kentucky, Louisiana, Maryland, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Tennessee, West Virginia-PN and Texas-RN.

There were 800 nurses surveyed in Missouri with 293 responding. We thank each of you that responded to the survey. We have already reviewed the findings of the survey and are working on identifying best practices. This exciting and groundbreaking project (no other regulatory group has approached performance evaluation in this manner or to this extent) will clarify the important work of boards of nursing, demonstrate value, and identify best practices.

We received a few comments that our newsletter should be discontinued to save cost, while a few others comment-

President cont. on pg. 5

Missouri State Board of Nursing Update

Authored by Lori Scheidt
Executive Director

Fiscal Year 2003 Statistics


The Missouri State Board of Nursing has reallocated expenditures toward research, analysis, education, and prevention in order to promote patient safety thereby reducing the number of complaints.

Changes were made to the process in September 2002. The Investigations Administrator was vacant from October 1, 2002 to January 6, 2003. On January 6, 2003, Quinn Lewis assumed management of investigations as the Board’s Investigations Administrator. On March 18, 2003, Quinn hired Dawn Wilde to fill one of the vacant nursing home staff investigator positions. Dawn joined Robert Elhard who has been employed as an investigator with the Board since September 1998 and Linda Becker who has more than four years experience as a Board investigator.

Quinn has focused his efforts on managing case assignments, training investigators, and evaluating the quality and timeliness of investigative reports. Quinn holds a bachelor’s degree in psychology and has experience in the health care field as well as ten years experience as a Trooper and then Corporal with the Missouri State Highway Patrol. He is an excellent project manager, investigator and change agent. His educational background and investigative and health care experience have proven to be a perfect fit for the position. He has more than exceeded the expectations of the Board.

FY 2003 cont. on pg. 2
FY 2003 Closed Complaint Categories

The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline based on whether or not the nurse violated the Nursing Practice Act (see 335.066, RSMo).

The Board is authorized to impose any of the following disciplines singularly or in combination:

- **Censure**—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee’s file.
- **Probation**—places terms and conditions on the licensee’s license.
- **Suspension**—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- **Revocation**—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following chart shows the category of complaint for the 902 complaints that were closed this past fiscal year.

The next chart shows the action taken by the Board for those complaints.

FY 2003 Reviewed Applications by Category

Each application is evaluated on a case by case basis. The Board of Nursing considers the nature, severity, and recency of offenses, as well as rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

The following chart shows a breakdown of the reason (category for review).

FY 2003 Closed Complaint Categories

The next chart shows the action taken by the Board.

The next chart shows the action taken by the Board for those complaints.

FY 2003 Complaint Final Actions

Licensure Applications

The Board reviewed 491 applications for licensure by exam, endorsement, or reinstatement that had some type of criminal or discipline history. Applicants are required to report any convictions, guilty and/or nolo contendere pleas, except for minor traffic violations not related to the use of drugs or alcohol. Those needing to be reported include misdemeanors, felonies, “driving on whether or not the nurse violated the Nursing Practice Act (see 335.066, RSMo).” Crimes must be reported even if they are a suspended imposition of sentence (SIS). Applicants are also required to report any prior or current disciplinary action against another professional license, whether it occurred in Missouri or in another state or territory.
As of June 30, 2003, a total of 71,947 Registered Nurses and 22,424 Licensed Practical Nurses held current licenses to practice in Missouri, for a total of 94,371 nurses licensed to practice in this state.

Licensure Database Information

Average Age of RNs = 45
Average Age of LPNs = 44

The following two maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license as of July 1, 2003.

State Income Taxes and Professional Licenses

House Bill 600 of the 92nd General Assembly (2003) was signed into law by the Governor on July 1, 2003. What this means for the Board is that all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If a licensee has failed to pay taxes or failed to file tax returns, HB 600 requires that person’s license to be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.
Nurses Making A Difference, One Life at a Time - You Have Made a Difference

November, December 2003, January 2004

Submitted by Lillian Gonzales, BSN, RN

Spectacular Nurses Needed to Save America’s Healthcare

As a girl, I fantasized about being special. So I joined the U.S. Marine Corps in 1979 at age 18. I was a legal serv-
ces specialist and in off-duty hours I went to college. My goal was to become an attorney, and nothing was going to
stop me. But in December 1981, a traumatic experience
dramatically changed the course of my life.

I married, had children, and became a career secretary.
For years I took a college class here and there, secretly
cling to my dream to become an attorney, and nothing was going to
in my way or discipline to realize my dream.

In 1982, my son was born with a congenital anomaly.
The surgeon said, “I can’t promise we can save him.”
Surgery was done, and from there, courageous NICU nur-
eses took over. They managed the equipment that kept
my son alive: vents, monitors, IVs and tubes. Their watchful,
skillful eyes and intuition were key to saving my son’s life.

In 1991, I took a secretarial job at a VA hospital. Soon
after, my parents moved next door. It was heaven for five
months, until my mother was diagnosed with incurable
cancer. “One month,” was all the doctors could guess.
A courageous VA hospital nurse explained hospice to me.
None of my family had ever heard of this “hospice.”
It was the course my mother chose. Awesome nurses helped
my mother, my family, and me. I developed new respect for
caregivers who cope with our devastating loss.

In 1996, yet another nurse - a psych nurse - diagnosed my problem: irritability, hypersensitivity, job-hopping, marital conflict, depression, and insomnia - waking up at midnight and two: the exact times of my traumatic experiences 14
years earlier: it was Post Traumatic Stress Disorder (PTSD).

Once diagnosed, I qualified for school benefits. I
thought it was my chance to go to law school. “There’s a
nursing shortage,” said the VA counselor. “We’ll pay for aour-year nursing degree. Not law school.
I took the offer, quit my job, and went to nursing school
full-time, thinking: “How hard could that be?”
If you could get through Marine Corps boot camp, you
could get through anything,” said my pediatric clinical
instructor. I responded, “No, ma’am. Nursing school is
much more difficult.” Miraculously, I received my
Bachelor of Science in Nursing Degree in December 2000.

Still oblivious that I was destined to be a nurse, I hoped
for an administrative job. But that job eluded me.
Devastated to face bedside nursing as my only employ-
ment option, I accepted a job as a night-shift nurse in a
maternity ward in San Antonio, Texas.

I was hooked. Newborn and postpartum care were a
thrill. I even floated to NICU where memories of my first-
born’s hospitalization became vivid. I took care of the “feed-
ors and growers,” healthy premature babies - too little to go
home. I have a first-hand appreciation for these talented
nurses who care for the tiniest, most acutely ill humans.

With a year of experience as a mother-baby nurse, I
became a traveling nurse. My first stop: Houston, Texas.
The position was so busy, and the hospital so understaffed,
that one time I took care of nine mothers and nine babies.
I discharged two couples and admitted three. That day I
assessed 24 patients on the three to eleven shift. I won-
dered how my nurse colleagues from India could keep up
with that pace for so many years.

I eagerly took a different assignment in San Jose,
California. There, I witnessed first-hand another nursing
shortage and a massive importation of nurses from other
countries. As I moonlighted to broaden my horizons, I
found that some hospitals were overcrowded, and some

Nurses Making a Difference One Life at a Time

Authored by Becki Hamilton
Executive Assistant

In the last issue of our newsletter we asked if you had made
a difference and we would like to share with you some of the
responses received.

“Something wonderful happens to me every day. I feel
the pride that comes every time you help another human
being. Someone looks into your eyes and you know they
trust you with their life. Where else can you find this kind
of job satisfaction? This isn’t a story of events, it is a life-
time of wonderful experiences with people, young and old,
sick and well, kind and grumpy. I love them all. Each one is
a challenge. I will care for them the very best I can. Yes,
it is hard work, but it’s ever so worth it. If you like people,
join us, the people who make a difference.” – Lynne Jerichow, RN, Mexico, Operating Room nurse

“I have been a nurse for 30 years and always enjoy
being able to help someone who needs it.” – Mary Fiedler, RN, Sedalia, Administrator and Director of Nurses for a
convalescent home

One of the most touching moments in my career
occurred when a family came to visit me unexpectedly at
Christmas time two years ago. I had cared for their only
child when she was in the NICU 14 years ago. She was
born 11 weeks prematurely and was very tiny for her size.
She was a twin, but sadly her sister died in the womb. Due
to complications, this would be the only child this couple
would have. They came to visit me while the daughter was
an inpatient here. She had recently been diagnosed with
diabetes.

Upon entering the unit, the mom hugged me and asked
if I remembered her. Of course I did! I cared for their tiny
little baby for nearly three months. She began life at 1
pound, 1 1/2 ounces and went home weighing a little over
four pounds. Mom told her daughter that I was her nurse
when she was here and I was the one who took good care of
her every day. She told her daughter ‘she loved you almost
as much as your daddy and I did.’ I knew at that moment
that this family indeed did recognize the love and compas-
son that accompanied the care given to critically ill infants
in the nursery. The care and concern had made a difference
in their lives. As a nurse, there is no greater reward than
knowing that you did make a difference and that you were
able to make a very dark time in someone’s life a little bit
brighter! I can’t tell you a single thing I received for
Christmas that year, but I clearly remember the smiles,
hugs, and thanks I received from this family! They were the
best gifts of all!” – Barb Brucks, RNC, MN, Columbus, Asst.
Manager NICU, Children’s Hospital

Thanks for sharing your stories with us.

If you would like to submit your “Making a Difference”
story, please submit an e-mail to rhamilton@mail.state.mo.us
or by mail to Missouri State Board of Nursing, 3605
Missouri Blvd., PO Box 656, Jefferson City, MO 65102,
Attn: Becki Hamilton.

Nurses Making a Difference One Life at a Time

Author: Becki Hamilton

Date: November 2004

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Financial Assistance

An award has been made in accordance with the
following plans:

1. Missouri Nurses: you have inspired me to believe in
the good in nursing. Together let’s channel our energy to save
our nation’s healthcare!
ed that the newsletter is cluttered with advertisements. We use the services of the Arthur L. Davis Agency to publish and distribute our newsletter. The Board of Nursing incurs NO cost for this. The publishing company mails the newsletter to every Missouri licensed nurse. The publish-
ing company does sell advertisements in order to assist with funding the mailing to approximately 97,000 individ-
uals. We would not be able to fund a quarterly newsletter with a distribution of all Missouri licensed nurses without the Arthur L. Davis Agency. We also received several comments related to employ-
ment issues such as, state and federal regulations, staffing issues, excessive use of unlicensed personnel, temporary nursing staff, inadequate job training/orientation, etc. The Missouri State Board of Nursing has regulatory authority of RNs, LPNs and advanced practice nurses. The Board does not have authority to regulate facilities that employ nurses nor do we have authority to regulate unlicensed personnel. In this newsletter you will find a press release from the National Council of State Boards of Nursing indi-
cating that their membership has directed the National Council to draft a position paper, model rules and regula-
tions on unlicensed personnel. If you have issues with your employer, you should consult your employee manual for grievance procedure information and/or contact the regulatory agency that regulates your employer.
You can find rules for other agencies on the Secretary of State’s web site at http://www.sos.mo.gov/adrules/csr/csr.asp.

**RULES OF INTEREST TO NURSES**

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<td>Nursing</td>
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<td>Department of Mental Health; Mental Health Programs</td>
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<td>Administration and Resident Care Requirements</td>
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<td>Residential Care Facilities; Administrative, Personnel and Resident Care Requirements</td>
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</tr>
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<td>Prescription Requirements</td>
<td>4 CSR 220-2.018</td>
</tr>
</tbody>
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**New Board Member**

We are pleased to announce the appointment of David W. Barrow, LPN, to the Board of Nursing. David was appointed to the Board by Governor Bob Holden on August 6, 2003. He graduated in 1995 from Penn Valley Community College PN program in Kansas City, Mo.

David has worked in a geri-

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**National Committee Appointments**

Teri A. Murray, Ph.D, R.N., member of the Missouri State Board of Nursing, was recently appointed to the Item Review Subcommittee. The subcommittee evaluates all RN and PN pretest questions as well as all operational items, evaluates actual candidate examinations in relation to a variety of criteria, provides written reports to the Examination Committee at each business meeting and may assist the Examination Committee by providing subcom-

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**MSBN Board President Appointed to Cox College of Nursing’s Board of Trustees**

Cox College of Nursing and Health Sciences is pleased to announce the appointment of Dr. Robin Vogt, a 1982 Burge School of Nursing graduate, to its Board of Trustees. Dr. Vogt was nominated by the Executive Board of the Burge School/Cox College Nursing Alumni Association. She was selected for her interest in continuing education and dedication to the nursing profession and as an alumnus of the predecessor school (Burge). The committee felt that Dr. Vogt would be a valuable asset to the Board and would strive to assure that quality education will continue to be offered by the college. She was elected to a two-year term that began with the August 19, 2003 board meeting.
Discipline Corner

Missouri State Board of Nursing Discipline Committee Members:
Charlotte York, LPN, Chair
Arthur Bante, BSA, RN, CRNA
Linda Conner, BSN, RN
Paul Lineberry, PhD
Kay Thurston, ADN, RN
Janet Vanderpool, MSN, RN

“WHAT DO YOU TELL THEM?”

Employers generally call the Board office to verify the status of the licenses of nurses who are being considered for hiring or as part of monitoring during the licensure renewal periods so that the employer can be assured that the nurse has a current and active license. Additionally, the employer or potential employer is informed of current or past disciplinary actions. Inquiries are not only limited to coming from health care entities but may include a member of the public.

When a nurse has never had a disciplinary action against his/her nursing license, only certain information may be given to the caller without a written authorization from the nurse to release further information. The information which is not considered by law to be confidential (open record) and may be given to an inquirer regarding identity, is as follows: a nurse’s name, address, profession (RN, LPN, APRN), license number, date the license was issued, license status (current and active, inactive or lapsed), whether or not the nurse (LPN) is I.V. certified and whether or not there has been disciplinary action, past or current, on the license.

Information, which is considered confidential (closed record) is educational transcripts, test scores, complaints and investigatory reports; this information pertaining to the nurse may not be disclosed without the written consent of the nurse whose record is involved. The Mandatory Reporting Rule (4 CSR 200-4.040) was promulgated by the Missouri State Board of Nursing via the statutory authority of the Tort Reform Law, Section 383.130-383.133, RSMO; Reports on Health Care Professionals-Business and Financial Institutions enacted in 1986. (The statute from which the rule evolved).

This rule mandates that all hospitals and ambulatory surgical centers report to the Board any final disciplinary actions. Hospitals and ambulatory surgical centers should have policies, which reflect what in the progressive disciplinary process is considered final disciplinary action. If either the complainant or the inquiring party is not a Mandated Reporter, non-disciplinary information is not shared unless the licensee has signed an authorization to release information or a court order is received.

In conclusion, information, which is shared with others as explained above, is given in an objective and professional manner without negative inferences from voice tone and attitude from Board staff.

Section 383.130 defines disciplinary action as any final action taken to reprimand, discipline or restrict the practice of the health care professional. The Mandatory Reporting Rule plays a role in the information given to the inquiring party regarding the status of a nurse’s license in non-disciplinary decisions by the Board. If the allegation comes from a hospital or ambulatory surgical center (mandated reporter) and the inquiring party is from a hospital or ambulatory center, the inquirer is informed of an existing complaint or past complaint and the Board decision.

If either the complainant or the inquiring party is not a Mandated Reporter, non-disciplinary information is not shared unless the licensee has signed an authorization to release information or a court order is received.

In the event the nurse has been disciplined in the past or is currently disciplined, the inquiring party is informed of the type of discipline (censure, probation, suspension or revocation) rendered. Additionally, the inquiring party is informed of the length of the disciplinary period, any employment restrictions and the critical events that violated the Nursing Practice Act (Finding of Facts in the disciplinary document) and subsequently resulted in the disciplinary action.

In conclusion, information, which is shared with others as explained above, is given in an objective and professional manner without negative inferences from voice tone and attitude from Board staff.
The Board of Nursing has made changes to its investigative process. As a result, we are conducting and completing investigations in a more timely manner. Our new process involves some changes in how a complaint is handled. We would like to take this opportunity to educate you by emphasizing three points that relate to the new investigative process. Those points are:

- How to submit a complaint against a licensee and what information is required.
- Legally, what information can be released without violating the current HIPAA Laws?
- What happens when a complaint is filed against a licensee?

The majority of complaints received by the Board originate from medical facilities, other licensees and consumers. Occasionally we receive anonymous complaints. Due to the mandatory reporting rule, hospitals and ambulatory surgical centers are required to report disciplinary action against a licensee. When filing a complaint or complying with the mandatory reporting rule, please provide the following information:

A. The identity of the licensee involved including the correct spelling of their first and last name. If it is known, include the licensee's license number and social security number for additional verification.
B. A detailed narrative describing the events that took place including dates and times of each alleged incident. Submit all documents and records that will substantiate your complaint.
C. A list of witnesses, along with contact information for each. Only list those who have first-hand knowledge of the incident. If you refer to someone in your report, please refer to him or her by name.

After reading the above information, you are probably wondering, how can this information be submitted without being in violation of HIPAA. First, to clarify, HIPAA only covers a patient's personal health information, not a licensee's personnel file. HIPAA states that covered entities (facilities falling under HIPAA) may disclose PHI (protected health information) in a judicial or administrative proceeding if the request for information is through an order from a court or administrative tribunal. Also, HIPAA states that there is no restriction on De-Identified information. De-Identified information is defined as, information that neither identifies nor provides a reasonable basis to identify an individual.

The Board takes all complaints seriously, but some complaints are considered more of a threat to the public than others. This new process allows us to immediately investigate those complaints that are a serious threat to the public. When a complaint is received at the Board of Nursing it is read and evaluated by the Investigations Administrator. After it is evaluated, it is decided if the complaint is to be assigned as an in house investigation or as a field investigation. The majority of in house investigations will consist of conducting phone interviews and obtaining written statements. The complaint can't be properly evaluated if we don't have all the information to review. That is why you need to be very detailed when submitting a complaint. Following the review, a letter of notification is sent to the licensee. A copy of the complaint is included. The licensee should immediately take the following action after he/she receives the letter of notification.

A. If the letter asks the licensee to respond in writing to the complaint, the licensee should respond within the time frame indicated on the letter. The letter should be typed and must be signed and notarized. This is the licensee’s opportunity to tell his/her side of the story to the Board. Please respond only to the allegations.
B. If the letter informs the licensee that an investigator will contact him/her in the future, the licensee only has to wait until that contact is made. The investigator will then start their investigation.

While some of this is new and there will be growing pains, if you comply with the above requests, it will speed up the process and produce a faster disposition to nursing complaints. If you have any questions, please feel free to contact Investigations at 573-751-0070.
Missouri State Board of Nursing Education Committee Members:
Terri A. Murray, Ph.D., RN, Chair
Arthur Bante, BSA, RN, CNNA
Janet Vanderpool, MSN, RN
Linda K. Corner, BSN, RN

First, a follow up to the information regarding revision of 4 CSR 200-6.010 Intravenous Fluid Treatment Administration as presented in the last issue of the Board of Nursing Newsletter. At the time this article is being written, the draft of the proposed rule change is still being reviewed by the Division of Professional Registration and Department of Economic Development, so it has not yet been published in the Missouri Register for public comment. Again, the Board will keep you informed of the rule and provide you with a summary of changes in subsequent Newsletter articles.

Second, this is the issue of the Newsletter that contains the summary of changes in subsequent Newsletter articles. Some of the results of these informal surveys will be elaborated upon in future issues. The second reason is academic performance. Some of the practical nursing programs lack of qualified faculty available (36%) and the lack of appropriate clinical/health care facilities for student learning experiences (44%). Many of the practical nursing programs do not have the physical space (classrooms, skills laboratories, etc) to expand the program. Of course, state and local budget cuts have also affected public institutions, especially in regards to faculty salaries. The major reason why a student withdraws from a nursing program is personal and family issues. The second reason is academic performance. Some of the results of these informal surveys will be elaborated upon in future issues of the Newsletter. Please keep in mind that the nursing shortage issue is multifaceted and the education of future nurses is one of several components.

How does Missouri rank nationally? The pass rates for Missouri programs and those of neighboring states are doing well on the licensing examinations. Twenty-one nursing programs in Missouri had pass rates of 100% for the 2002-2003 testing period - two Baccalaureate, one Diploma, five Associate Degree, and 13 Practical Nursing. You will find these programs listed elsewhere in this Newsletter. Thirty practical nursing programs have now had four consecutive years of 100% pass rates - Cape Girardeau Career and Technology Center, Hannibal Public Schools, and Kennett Area Vocational and Technical School.

Another interesting note is that there were more first time candidates in Missouri who took the NCLEX PN® examination - 998 this year as compared to 880 last year for an increase of 118. There were 30 fewer first time candidates for the RN examination - 1,615 for this year as compared to 1,645 last year. This last bit of information may provoke questions regarding enrollments in the various nursing programs in the state. At meetings attended around the state, the Education Administrator conducted an informal survey requesting information concerning enrollments, reasons why a program may not be meeting enrollment targets and/or seeking approval to increase admission, and attrition. Responses were obtained from 76% of the practical, 50% of the Associate Degree, and 85% of the Baccalaureate nursing programs. Almost all of the practical nursing programs polled, (80 out of 32) stated that they were currently enrolling the maximum number of students for which approved and 23 programs have a waiting list. Of the ADN programs, 10 out of 15 stated that enrollment targets were being met while only 7 of the 17 BSN programs stated that enrollment targets were being met. The two major factors for all nursing programs polled to not meet enrollment targets or request an increase in the number of admissions were the lack of qualified faculty available (36%) and the lack of appropriate clinical/health care facilities for student learning experiences (44%). Many of the practical nursing programs do not have the physical space (classrooms, skills laboratory, etc) to expand the program. Of course, state and local budget cuts have also affected public institutions, especially in regards to faculty salaries. The major reason why a student withdraws from a nursing program is personal and family issues. The second reason is academic performance. Some of the results of these informal surveys will be elaborated upon in future issues of the Newsletter. Please keep in mind that the nursing shortage issue is multifaceted and the education of future nurses is one of several components.
## Missouri Approved Practical Nursing Programs

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<th>Name of Program</th>
<th># Classes per year</th>
<th># Students tested in Fiscal Report Yr 02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Technology Services/West 17-154 - Chesterfield, MO</td>
<td>2</td>
<td>24 per class 85.70% 30 per class 88.20%</td>
</tr>
<tr>
<td>Applied Technology Services/MET 17-100 - Wellton, MO</td>
<td>2</td>
<td>24 per class N/A N/A 32 per class 90.00%</td>
</tr>
<tr>
<td>Boonville Area Vocational Technical School 17-166 - Boonville, MO</td>
<td>1</td>
<td>24 per class N/A N/A N/A N/A 37%</td>
</tr>
<tr>
<td>Cass Career Center 17-129 - Harrisonville, MO</td>
<td>1</td>
<td>24 per class N/A N/A N/A N/A N/A</td>
</tr>
<tr>
<td>Cape Girardeau Career and Technology 17-167 - Cape Girardeau, MO</td>
<td>1</td>
<td>27 per class 95.90% 32 per class 90.00%</td>
</tr>
<tr>
<td>Columbia Public Schools 17-199 - Columbia, MO</td>
<td>2</td>
<td>32 per class 95.10% 30 per class N/A N/A N/A</td>
</tr>
<tr>
<td>Concord Career College 17-194 - Kansas City, MO</td>
<td>2</td>
<td>30 per class N/A N/A N/A N/A N/A</td>
</tr>
<tr>
<td>Deaconess College of Nursing/Os-Lane 17-110 - St. Louis, MO</td>
<td>1</td>
<td>100 per class N/A N/A N/A N/A N/A</td>
</tr>
<tr>
<td>Franklin Technology Center 17-195 - Joplin, MO</td>
<td>1</td>
<td>32 per class 93.50% 100 per class 85.90%</td>
</tr>
<tr>
<td>Gibson Area Vocational Technical School 17-164 - Eldon, MO</td>
<td>1</td>
<td>40 per class 89.50% 100 per class 85.90%</td>
</tr>
<tr>
<td>Hannibal Public School 17-193 - Hannibal, MO</td>
<td>1</td>
<td>30 per class 93.10% 100 per class 85.90%</td>
</tr>
<tr>
<td>Hillyard Technical Center 17-189 - St. Joseph, MO</td>
<td>1</td>
<td>35 per class 100.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Jefferson College 17-174 - Hillsboro, MO</td>
<td>1</td>
<td>75 per class 97.80% 100 per class 85.90%</td>
</tr>
<tr>
<td>Kennett Area Vocational Technical School 17-169 - Kennett, MO</td>
<td>1</td>
<td>20 per class 82.40% 100 per class 85.90%</td>
</tr>
<tr>
<td>Kirkville Area Vocational Technical School 17-116 - Kirkville, MO</td>
<td>1</td>
<td>27 per class 100.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Lex La-Ray Technical Center 17-105 - Lexington, MO</td>
<td>1</td>
<td>28 per class 86.70% 100 per class 85.90%</td>
</tr>
<tr>
<td>Mineral Area College 17-192 - Park Hills, MO</td>
<td>1</td>
<td>32 per class 100.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Moberly Area Community College 17-183 - Moberly, MO</td>
<td>1</td>
<td>32 per class 89.50% 100 per class 85.90%</td>
</tr>
<tr>
<td>Moberly Area Community College 17-161 - Mexico, MO</td>
<td>1</td>
<td>30 per class 100.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Nevada Regional Technical Center 17-187 - Nevada, MO</td>
<td>1</td>
<td>30 per class 91.30% 100 per class 85.90%</td>
</tr>
<tr>
<td>Nichols Career Center 17-199 - Jefferson City, MO</td>
<td>1</td>
<td>35 per class 95.20% 100 per class 85.90%</td>
</tr>
<tr>
<td>North Central Missouri College 17-185 - Trenton, MO</td>
<td>1</td>
<td>65 per class 92.70% 100 per class 85.90%</td>
</tr>
<tr>
<td>Northwest Career Center 17-102 - Platte City, MO</td>
<td>1</td>
<td>29 per class 91.30% 100 per class 85.90%</td>
</tr>
<tr>
<td>Northwest Technical School 17-179 - Maryville, MO</td>
<td>1</td>
<td>25 per class 100.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Ozarks Technical College 17-198 - Springfield, MO</td>
<td>2</td>
<td>31 per class 96.30% 100 per class 85.90%</td>
</tr>
<tr>
<td>Penn Valley Community College 17-157 - Kansas City, MO</td>
<td>2</td>
<td>30 per year 96.90% 100 per class 85.90%</td>
</tr>
<tr>
<td>Pike/Lincoln Technical Center 17-168 - Elda, MO</td>
<td>1</td>
<td>25 per class 100.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Poplar Bluff School District 17-153 - Poplar Bluff, MO</td>
<td>1</td>
<td>24 per class 86.40% 100 per class 85.90%</td>
</tr>
<tr>
<td>Rolla Technical Institute 17-184 - Rolla, MO</td>
<td>1</td>
<td>32 per class 92.30% 100 per class 85.90%</td>
</tr>
<tr>
<td>Saline County Career Center 17-175 - Marshall, MO</td>
<td>1</td>
<td>22 per class 80.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Sanford Brown College/KC 17-152 - North Kansas City, MO</td>
<td>2</td>
<td>65 per class 69.40% 100 per class 85.90%</td>
</tr>
<tr>
<td>Sanford Brown College/St. Charles 17-104 - St. Charles, MO</td>
<td>2</td>
<td>50 per class 77.50% 100 per class 85.90%</td>
</tr>
<tr>
<td>Sikeston Public Schools/Sikeston - Sikeston, MO</td>
<td>1</td>
<td>32 per class 50.60% 100 per class 85.90%</td>
</tr>
<tr>
<td>Sikeston Public Schools/Hayti - Hayti, MO (Closed Program)</td>
<td>1</td>
<td>20 per class 72.70% 100 per class 85.90%</td>
</tr>
<tr>
<td>South Central Vocational Technical School 17-177 - West Plains, MO</td>
<td>1</td>
<td>40 per class 97.10% 100 per class 85.90%</td>
</tr>
<tr>
<td>St. Charles Community College 17-150 - St. Peters, MO</td>
<td>1</td>
<td>60 per class 44.40% 100 per class 85.90%</td>
</tr>
<tr>
<td>St. Louis College of Health Careers/Butler Hill 17-170 - St. Louis, MO</td>
<td>2</td>
<td>30 per class N/A N/A N/A N/A N/A</td>
</tr>
<tr>
<td>State Fair Community College 17-182 - Sedalia, MO</td>
<td>1</td>
<td>36 per class 97.10% 100 per class 85.90%</td>
</tr>
<tr>
<td>Texas Technical Institute 17-135 - Houston, MO</td>
<td>1</td>
<td>30 per class N/A N/A N/A N/A N/A</td>
</tr>
<tr>
<td>Tri-County Technical School 17-108 - Eldon, MO</td>
<td>1</td>
<td>25 per class 88.90% 100 per class 85.90%</td>
</tr>
<tr>
<td>Warrensburg Area Vocational Technical School 17-172 - Warrensburg, MO</td>
<td>1</td>
<td>30 per class 96.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Washington School of Practical Nursing 17-176 - Washington, MO</td>
<td>1</td>
<td>35 per class 100.00% 100 per class 85.90%</td>
</tr>
<tr>
<td>Waynesville Technical Academy 17-165 - Waynesville, MO</td>
<td>1</td>
<td>30 per class 96.20% 100 per class 85.90%</td>
</tr>
</tbody>
</table>

## Missouri Approved Diploma Degree Program

<table>
<thead>
<tr>
<th>Name of Program</th>
<th># Classes per year</th>
<th># Students tested in Fiscal Report Yr 02-03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran School of Nursing 17-392 - St. Louis, MO</td>
<td>2</td>
<td>125 per class 75.50% 77.60% 100.00%</td>
</tr>
</tbody>
</table>

---

**Education Corner cont. on pg. 10**
### Missouri Approved Associate Degree Nursing Programs

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Fiscal Year</th>
<th>Monetary Value</th>
<th>Academic Year Per Capita</th>
<th>Occupation Rate</th>
<th>Employment Rate</th>
<th># Classes per year</th>
<th># Students tested in Fiscal Report Yr 02-03</th>
</tr>
</thead>
</table>

### Missouri Approved Baccalaureate Degree Programs

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Fiscal Year</th>
<th>Monetary Value</th>
<th>Academic Year Per Capita</th>
<th>Occupation Rate</th>
<th>Employment Rate</th>
<th># Classes per year</th>
<th># Students tested in Fiscal Report Yr 02-03</th>
</tr>
</thead>
</table>
Practicing in the interest of protecting public health and welfare. Therefore, National Council recognizes the professional responsibility of nurses to accept or decline overtime assignments based on their self-assessment of ability to provide safe care. Approved 12/4/2001

Written Prescriptions
Question: Can I, as a RN, write a physician's verbal drug prescription?
Answer: No. Pursuant to the statute, 338.095.2, RSMo, a RN can act as the authorized agent of the physician to telephone or electronically transmit a physician's prescription pad, sign the physician's name followed by my own signature, and then send the patient off to the pharmacist with this prescription?

Delegation
The National Council of State Boards of Nursing has several documents regarding delegation. You can access the documents from their web site at www.ncsbn.org. Go to Nursing Regulation and then Delegation and UAP. Two of these documents are being reprinted here with permission from the National Council of State Boards of Nursing. Delegation Decision-making Tree

The Delegation Decision-making Tree was another tool developed to assist nurses in making delegation decisions. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions.

To use the Delegation Decision-making Tree below, start with a specific client, care-giver and nursing activity. Beginning at the top of the tree, ask each question as presented in the box. If you answer “no” to the question, follow the instructions listed to the right of the box and arrow. If you answer “yes,” proceed to the next box. If you answer “yes” for any questions, the task is delegable.

The grid can be used by:
• For nursing delegation decisions.
• For staff education regarding delegation.
• For orientation of new staff, both nurse and UAP.
• For nursing education programs providing basic managerial skills for students.
• For nursing continuing education.
• For Member Boards responding to questions about delegation (Boards may consider including this tool as part of a delegation information packet).
• For orientation of new board members and attorneys.
• For Member Board workshops and presentations regarding delegation issues.
• For evaluation of discipline complaints involving concerns regarding delegation.

The Delegation Decision-making Tree was adapted from a similar tool previously developed by the Ohio Board of Nursing.
Delegation Decision-making Tree
Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing

Are there laws and rules in place which support the delegation?
- No → Do Not Delegate
- Yes

Is the task within the scope of practice of the RN/LPN?
- No → Do Not Delegate
- Yes

Is the RN/LPN competent to make delegation decisions?
- No → Do Not Delegate
- Yes

Has there been assessment of the client’s needs?
- No → Assess, then proceed with a consideration of delegations
- Yes

Is the UAP competent to accept the delegation?
- No → Do Not Delegate
- Yes

Does the ability of the care-giver match the care needs of the client?
- No → Do Not Delegate
- Yes

Can the task be performed without requiring nursing judgement?
- No → Do Not Delegate
- Yes

Are the results of the task reasonably predictable?
- No → Do Not Delegate
- Yes

Can the task be safely performed according to exact, unchanging directions?
- No → Do Not Delegate
- Yes

Can the task be safely performed without complex observations or critical decisions?
- No → Do Not Delegate
- Yes

Can the task be performed without repeating nursing assessments?
- No → Do Not Delegate
- Yes

Is appropriate supervision available?
- No → Do Not Delegate
- Yes

Note: Authority to delegate varies, so licensed nurses must check the jurisdiction’s statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.

Practice Corner cont. on pg. 13
The Five Rights of Delegation

All decisions related to delegation of nursing activities must be based upon the fundamental principle of public protection. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions. However, seldom is a single nurse accountable for all aspects of the delegation decision-making process, its implementation, supervision, and evaluation.

The Five Rights of Delegation, identified in Delegation: Concepts and Decision-making Process (National Council, 1995), can be used as a mental checklist to assist nurses from multiple roles to clarify the critical elements of the decision-making process. Nursing service administrators (all levels of executive/management nurses) and staff nurses each have accountability in assuring that the delegation process is implemented safely and effectively to produce positive health outcomes.

Nursing service administrators (NSA) and staff nurses must work together collaboratively and cooperatively to protect the public and maintain the integrity of the nursing care delivery system. The following principles delineate accountability for nurses at all levels from NSA to staff nurses.

### Right Task

<table>
<thead>
<tr>
<th>Nursing Service Administrator (NSA)</th>
<th>Staff Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate activities for consideration in delegation decisions are identified in UAP job descriptions/role delineation.</td>
<td>Appropriate delegation activities are identified for specific client(s).</td>
</tr>
<tr>
<td>Organizational policies, procedures and standards describe expectations of and limits to activities.</td>
<td>Appropriate activities are identified for specific UAP.</td>
</tr>
</tbody>
</table>

**Generally,** appropriate activities for consideration in delegation decision-making include these:
1. which frequently recur in the daily care of a client or group of clients;
2. which do not require the UAP to exercise nursing judgment;
3. which do not require complex and/or multi-dimensional application of the nursing process;
4. for which the results are predictable and the potential risk is minimal; and
5. which utilize a standard and unchanging procedure.

### Right Circumstances

<table>
<thead>
<tr>
<th>Nursing Service Administrator (NSA)</th>
<th>Staff Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the health status of the client community, analyze the data and identify collective nursing care needs, priorities, and necessary resources.</td>
<td>Assess health status of individual client(s), analyze the data and identify client specific goals and nursing care needs.</td>
</tr>
<tr>
<td>Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs.</td>
<td>Match the complexity of the activity with the UAP competency and with the level of supervision available.</td>
</tr>
<tr>
<td>Provide appropriate preparation in management techniques to deliver and delegate care.</td>
<td>Provide for appropriate monitoring and guiding for the combination of client, activity and personnel.</td>
</tr>
</tbody>
</table>

### Right Person

<table>
<thead>
<tr>
<th>Nursing Service Administrator (NSA)</th>
<th>Staff Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish organizational standards consistent with applicable law and rules which identify educational and training requirements and competency measurements of nurses and UAP.</td>
<td>Instruct and/or assess, verify and identify the UAP’s competency on an individual and client specific basis.</td>
</tr>
<tr>
<td>Incorporate competence standards into institutional policies; assess nurse and UAP performance; perform evaluations based upon standards; and take steps to remedy failure to meet standards, including reporting nurses who fail to meet standards to board of nursing.</td>
<td>Implement own professional development activities based on assessed needs; assess UAP performance; perform evaluations of UAP based upon standards; and take steps to remedy failure to meet standards.</td>
</tr>
</tbody>
</table>

### Right Direction/Communication

<table>
<thead>
<tr>
<th>Nursing Service Administrator (NSA)</th>
<th>Staff Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate acceptable activities, UAP competencies and qualifications, and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures.</td>
<td>Communicate delegation decision on a client specific and UAP-specific basis. The detail and method (oral and/or written) vary with the specific circumstances.</td>
</tr>
</tbody>
</table>

**Situation specific communication includes:**
- specific data to be collected and method and timelines for reporting,
- specific activities to be performed and any client specific instructions and limitations,
- the expected results or potential complications and time lines for communicating such information.

### Right Supervision/Evaluation

Supervision may be provided by the delegating licensed nurse or other licensed nurses designated by nursing service administrators or the delegating nurse. The supervising nurse must know the expected method of supervision (direct or indirect), the competencies and qualifications of UAP, the nature of the activities which have been delegated, and the stability/predictability of client condition.

<table>
<thead>
<tr>
<th>Nursing Service Administrator (NSA)</th>
<th>Staff Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assure adequate human resources, including sufficient time, to provide for sufficient supervision to assure that nursing care is adequate and meets the needs of the client.</td>
<td>Supervise performance of specific nursing activities or assign supervision to other licensed nurses.</td>
</tr>
</tbody>
</table>
| Identify the licensed nurses responsible to provide supervision by position, title, role delineation. | Provide directions and clear expectations of the activity is to be performed:
- monitor performance,
- obtain and provide feedback,
- intervene if necessary, and
- ensure proper documentation. |
| Evaluate outcomes of client care and use information to develop quality assurance and to contribute to risk management plans. | Evaluate the entire delegation process:
- evaluate the client, and
- evaluate the performance of the activity. |

**Practice Corner cont. on pg. 14**
APN RECOGNITION SUMMARY
STATE OF MISSOURI
11/06/2003*

CLINICAL NURSE SPECIALISTS 448**
• Pediatric 027
• Perinatal 005
• Gerontological 031
• Community Health 006
• Maternal Child 005
• Advanced Oncology 025
• Medical-Surgical 173
• Adult Psychiatric/Mental Health 142
• Child-Adolescent Psychiatric/Mental Health 029
• Advanced Diabetes Management 001
• Adult Acute & Critical Care 004

NURSE ANESTHETISTS 1289**

NURSE MIDWIVES 093**

NURSE PRACTITIONERS 2625**
• Adult 410
• Advanced Oncology 002
• Family 1332
• School 0
• Neonatal 172
• Acute Care 040
• Pediatric 351
• Gerontological 094
• Family Psychiatric/Mental Health 004
• Women’s Health 013
• Adult Psychiatric/Mental Health 013
• Psychiatric Mental Health 002

TOTAL NUMBER OF RECOGNITIONS 4455

NOTE: Earliest recognition date was September, 1996
* Numbers of recognitions change monthly.
**Actual number of recognitions may be less: (a) if continued recognition requirements have not been met before ‘Document of Recognition’ expiration date, or (b) due to individuals being recognized in more than one specialty area and/or role
These problems have been addressed and we anticipate that renewals will be processed in a more timely and efficient manner in the future.

Plans are to implement online renewal in time for the 2005-2007 RN renewals. LPN online renewal will not be implemented until the 2006-2008 LPN renewal period.

License Renewal for Deployed Military Personnel

State statute 41.950 states:

‘1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of 30 days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 335. If a nurse does not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within 60 days of completing military service.

When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

Missouri Nursing Practice Act Available Online

You may view the Missouri Nursing Practice Act (NPA) on our web site at http://www.ded.state.mo.us/regulatory/licensing/professionalregistration/nursing/. Click on Nursing Practice Act.

A printed version of the Missouri NPA (including the Rules and Regulations) is also available upon request for the minimal fee of $5 (to cover the cost of printing and mailing). To request a copy or copies, please complete the order form available on the above web site. Be sure to include your check or money order (made payable to MSBN) in the amount of $5 per book.

Commonly Asked Licensure Questions

Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)? Contact the Division of Aging at (573) 526-5686.

Where do I call to verify an Emergency Medical Technician (EMT)? Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state? You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at...
Authorization to Release Confidential Information

I, ______________________________________, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, ______________________________________, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date ____________________________ Applicant’s Signature ____________________________

Applicant’s Printed Name ____________________________

Applicant’s Social Security Number ____________________________

Fax to the Missouri State Board of Nursing at (573) 751-6745
Summary of Actions from September 2003 Board Meeting

**Education Matters**

- **Relocation**
  - Saint Luke’s College of Nursing, BSN Program #17-505 – request to relocate was approved.

- **Student Enrollment Increases**
  - William Jewell College, BSN Program #17-560 – request to increase student enrollment from 60 to 70 was approved.

- Jefferson College, PN Program #17-460 – request to increase enrollment from 60 to 75 one time only in fall 2003 was approved

- The following items were reviewed and accepted:
  - Five Year Surveys – 6
  - ADN Annual Reports – 29
  - Progress Reports – 1
  - Fiscal Year Pass Rates

**Discipline Matters**

- The Board held eight disciplinary hearings and nine violation hearings.
- The Discipline Committee reviewed 141 RN cases, 74 PN cases, 34 Litigation items and 149 disciplined licensee-hearings.

**Licensure Matters**

- The Licensure Committee reviewed 43 applications. Results of reviews as follows:
  - Applications approved – 30
  - Applications approved with probation licenses – 6
  - Applications tabled – 3
  - Applications denied – 4
Happy Holidays
from the Missouri State Board of Nursing
BACKGROUND

A brief explanation of the political, regulatory, and healthcare culture in the state of Utah is necessary to appreciate how the Compact was passed. For those of you keeping score, Utah was the first state to adopt the Compact in 1998. The Compact language enacted was from the model language adopted by the delegates at the December 1997 special session of the National Council of State Boards of Nursing (NCSBN). In 1998, the Board of Directors of the NCSBN made a non-significant change to the model compact language. Hence, in 1999, the Compact language in Utah's law was amended to reflect the model language. Equally important, Arkansas, Maryland, Texas and North Carolina had also passed legislation to enact the Compact.

The effective date for the Compact was specifically set for January 1, 2000, to provide time for the States to implement changes to their databases, and also time for NCSBN to develop the NURSYS system. As states have come onto the Compact, they have chosen an implementation date, separate from the date the law actually passes, which provides time to deal with implementation issues.

The political climate in Utah is very conservative. Mark Russell once came to town, and one of his opening lines was something to the effect of “Oh Utah, where Republicans are from, and the Democrats are too.” Citizens are encouraged there for themselves, and the goal is as little government as possible. Legislators saw the Compact as a method of regulation that opened up state borders while still maintaining state jurisdiction. It allows states to work together and communicate under a single state system, a situation which is actually prohibited under the single-state system. The Compact was also seen as a reduction of unnecessary and duplicative regulation. Legislators were very supportive of the idea that individuals who were working in multiple states did not have to go through the same review process time after time.

The Utah Board of Nursing is an 11-member advisory board to the Division of Occupational and Professional Licensing (DOPL). As such, the members do not have any policy authority. However, it is rare for the Division to ignore or reverse a recommendation of one of its advisory boards. DOPL is an umbrella agency within the Utah Department of Commerce, which oversees the regulation of approximately 55 different professions from nurses and physicians to plumbers and engineers. The Board of Nursing does not have its own budget or resources. Although there is a board secretary assigned to the Board, she is also assigned to two other licensing boards including the Physicians Licensing Board. Even though the Nurse Practice Act requires an Executive Administrator for the Nursing Board who is a master’s prepared nurse, that person also has other administrative responsibilities. DOPL is divided between two functions: licensing and investigations. All complaints and investigations are processed and handled by the Chief Investigator. DOPL has several Assistant Attorneys General assigned to represent the agency, with one given the specific task of addressing all the nursing cases.

In 1998, the Board of Directors of the NCSBN made a non-significant change to the model compact language. Hence, in 1999, the Compact language in Utah's law was amended to reflect the model language. Equally important, Arkansas, Maryland, Texas, and North Carolina had also passed legislation to enact the Compact.

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The Utah Board of Nursing is an 11-member advisory board to the Division of Occupational and Professional Licensing (DOPL). As such, the members do not have any policy authority. However, it is rare for the Division to ignore or reverse a recommendation of one of its advisory boards. DOPL is an umbrella agency within the Utah Department of Commerce, which oversees the regulation of approximately 55 different professions from nurses and physicians to plumbers and engineers. The Board of Nursing does not have its own budget or resources. Although there is a board secretary assigned to the Board, she is also assigned to two other licensing boards including the Physicians Licensing Board. Even though the Nurse Practice Act requires an Executive Administrator for the Nursing Board who is a master’s prepared
message simple and succinct and always concluded with how multistate regulation via the Compact would resolve the issue. Find issues that nurses and legislators can identify with such as mobility and access to consistent, knowledgeable healthcare. Tele nursing call centers and patient triage are frequent issues raised to support the Compact.

For example, as a state with three major regional medical centers, Utah stressed the need for discharged patients to be able to contact the medical center and nursing personnel and ask a question regarding his/her health (access to care). In all the surrounding states, they would require the nurse to be licensed in the state where the patient was located to talk to the patient. Otherwise, the nurse would be practicing nursing without a license, a third degree felony. But who better to call, a nurse in the burn unit with 10 years experience who cared for the patient, or a nurse in the local ER who has never cared for a burn patient? Again, pick several key issues and educate, educate, educate.

Find as many supporters as possible and expand your horizons. Having chosen access to healthcare as our main theme, the Utah chapter of the AARP became interested in this “Compact thing.” Hospital Associations and Associations of Nurse Executives have also been great supporters of the Compact. In some states, the Hospital Association has been the lobbying force behind the Compact legislation. Obviously, nurses are another great source of support. The State Nurses Association may not support the Compact, but other state nurse specialty associations have, and many nurses who hear about the Compact are very supportive and these nurses may or may not belong to an association. Gather letters of support and e-mails to legislators from real nurses, those in the trenches who will be the ones having to explain the Compact to the public.

The State Nurses Association may not support the Compact, but other state nurse specialty associations have, and many nurses who hear about the Compact are very supportive and these nurses may or may not belong to an association. Gather letters of support and e-mails to legislators from real nurses, those in the trenches who will be the ones having to explain the Compact to the public.

IMPLEMENTATION

As I indicated earlier, the most important issue to get right is educating. Ironically, education is the major issue during implementation. At that time, board staff personnel must learn the concepts of the Compact and various licensure scenarios to be able to assist customers. Nurse employers/administrators have a new opportunity to recruit nurse employees, but have a responsibility to check for licensure and/or interstate practice problems.

Never turn down an opportunity to talk or write about the Compact, and never assume that everyone has heard of it by now. After three and one-half years of implementation, I’m still surprised at the number of nurses who do not know what it means to have “Registered Nurse under Interstate Compact” written on a license. Educate, educate, and then educate.

The other major implementation issue is making changes in the state’s licensing database to address the Compact. To ensure that employers know which licensees hold a single-state license, the policies and procedures developed by the Nurse Licensure Compact Administrators (NLCA) require all single-state licenses to be marked “valid in X only.” Compact states can choose whether or not to mark a Compact license. The implementation of the Compact basically creates two new categories of licensees that must be tracked by the database.

The database must also allow for the movement of a licensee between the two categories. For example, a nurse who becomes subject to a three-year probation would have the Compact license revoked, and a “valid in X state only” license would be issued during the period of probation. If the nurse successfully completes probation, then the “valid in X state only” license can be cancelled, and the Compact license can be reinstated. The state’s database will need to be able to address these issues and provide an accurate history. Also, the data will need to be migrated to the NURSYS database for nation-wide sharing. The need here is to ensure that the state’s data is accurate and as complete as possible.

EVALUATION

Eighteen states have enacted the Compact, and several others have plans to move forward with legislation in the next one to three years. Overall, the states report that the implementation has gone smoothly. There has been little or no problem with multistate cases. Licensing boards are learning to live with these new cases. Education is the key to passing legislation to enact the Compact. Gain support from as many groups as possible and look for a variety of support such as AARP and the State Hospital Association. Education is also imperative during the implementation stage. Board staff will have to learn a new thought and work process to explain how a person can choose whether or not to mark a Compact license. The Compact states to be marked “valid in X state only.” Compact states base will need to be adapted to recognize Compact and non-Compact licenses to be marked “valid in X state only.”

The Compact allows party states to effectively address discipline issues. For example, a nurse in Virginia has a serious investigative information. The cases are resolved quickly, with one and sometimes two states taking action. The Executive Officers of the states involved decide, based on the specifics of the case, which state is best to gather what information, and which state should adjudicate the case. The concern that multistate cases would be ignored has been unfounded. In reality the opposite generally occurs in that a case involving more than one state becomes a priority. Addressing discipline within and between Compact states has been effective. These states that are waiting to join the Compact until “that discipline issue gets worked out” do not need to wait any longer.

SUMMARY

January 1, 2000, brought a new century and a new alternative mechanism for licensing RNs and LPNs. This mechanism is the Nurse Licensure Interstate Compact that addresses nursing practice via telehealth and in multiple states. Traditionally, we think of telehealth as a telephone triage center, but telehealth includes a bedside nurse talking to a patient in another state who was discharged earlier in the day. The Compact is needed to allow nurses to provide consistent access to care for patients.

Education is the key to passing legislation to enact the Compact. Gain support from as many groups as possible and look for a variety of support such as AARP and the State Hospital Association. Education is also imperative during the implementation stage. Board staff will have to learn a new thought and work process to explain how a person can choose whether or not to mark a Compact license. The Compact states base will need to be adapted to recognize Compact and “valid in X state only” licenses.

The Compact allows party states to effectively address discipline issues. For example, a nurse in Virginia has a serious investigative information. The cases are resolved quickly, with one and sometimes two states taking action. The Executive Officers of the states involved decide, based on the specifics of the case, which state is best to gather what information, and which state should adjudicate the case. The concern that multistate cases would be ignored has been unfounded. In reality the opposite generally occurs in that a case involving more than one state becomes a priority. Addressing discipline within and between Compact states has been effective. These states that are waiting to join the Compact until “that discipline issue gets worked out” do not need to wait any longer.

Experience cont. from pg. 19

Nurse Regulators Meet For Annual Meeting and 25th Anniversary

August 12, 2003

Chicago, IL. The National Council of State Boards of Nursing (NCSBN) met August 5-8, in Alexandria, Virginia, to consider key organizational business. Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing, presided at the meeting in which 55 of the 61 member boards participated.

Significant actions included:

• Election of new NCSBN area directors and directors-at-large.

• Resolution of some portions of NCSBN Bylaws.

• Authorization for the Board of Directors to consider extending the time limit for candidates sitting for the NCLEX-RN examination.

• Adoption of the new NCLEX-RN test plan.

• Creation of a new NCSBN mission statement. The mission statement was last revised in 1997.

NCSBN, composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

• Review of NCSBN plan to offer NCLEX examina-

tions abroad for domestic licensure. This initiative will not occur prior to 2005. No countries have been selected yet, and multiple criteria will be used to assess the best options.

• Resolution to create a position paper on regulation of nursing assistive personnel, to be heard at the 2004 Delegate Assembly. This will include a model act and rule/regulation language.

Donna Dorsey stated that NCSBN’s 25th meeting was a huge success. “I am proud of the work of our member boards, both during the meeting and in their individual jurisdictions,” Dorsey said.

NCSBN also formally celebrated its 25th anniversary at the Women in Military Service Memorial, located in Arlington, Virginia. Four member boards celebrated their 100th anniversary of nursing regulation in federal jurisdictions.

The state and territorial nurse regulators meet next in Kansas City, Missouri, August 3-6, 2004.
NCSBN Elects New Board Of Directors At Annual Meeting

August 12, 2003
Chicago, IL

The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2003 Delegate Assembly. Members representing 55 boards of nursing elected four area directors for a two-year term and two directors-at-large for one-year terms. Those elected include:

**Area Directors**

1. **Gary Harter, JD**, board member, Arizona State Board of Nursing and attorney with the firm of Lewis and Roca LLP. Mr. Harris served as director-at-large for the NCSBN board during the last year, as a member of the NCSBN Bylaws Committee and volunteered to help coordinate the 2002 and 2003 NCSBN Investigator Summit. He served as an assistant attorney general representing the Arizona Board of Nursing, and the Arizona Department of Insurance as an administrative law judge, as well as the department's executive assistant director.

2. **Mary Blubaugh, MSN, RN**, executive director, Kansas State Board of Nursing. Ms. Blubaugh has most recently served on the Practice, Regulation and Education Committee for NCSBN. She also serves on the Kansas Organization of Nurse Leaders, Kansas Society of Public Managers and Kansas Nursing Workforce Partnership.

3. **Mark W. Majek, MA, PHR**, Director of Operations, Texas Board of Nurse Examiners. Mr. Majek was re-elected to this position. He formerly served on the NCSBN Nurses Advisory Panel, Phase II User Group for Nursys, and the Information System Users Group. He also serves on the Texas State Human Resource Association and was past chair. Additionally, he is active in the Small State Agency Task Force, and was also past chair and in the Texas State Business Administrators Association.

4. **Myra A. Broadway, JD, MS, RN**, Executive Director, Maine State Board of Nursing. Ms. Broadway has been active in NCSBN's Commitment to Ongoing Regulatory Excellence project and served as a Director-At-Large from 2000-2002, where she was Board Liaison to Commitment to Excellence, Model Rules Subcommittee, and the Bylaws Committee Liaison. Ms. Broadway is active in the United States Air Force Reserves.

**Directors-at-Large**

- **Polly Johnson, RN, MSN**, executive director, North Carolina Board of Nursing. Ms. Johnson has held various committee appointments at NCSBN, including the Commitment to Excellence Project. She also is a member of the Nurse Licensure Compact Administrators (NLCA). She has also served on her county's Advisory Committee for Assisted Living Facilities, the North Carolina Center for Nursing Advisory Council and as a member of the North Carolina Association of Nurse Leaders. Ms. Johnson serves on the Institute of Medicine’s (IOM) Committee on Health Profession Education. She is also active with the Citizen Advocacy Center (CAC) and their Practitioner Remediation and Enhancement Partnership (PREP) Project.

- **Marjesta Jones, LPN**, board member, Alabama Board of Nursing. Ms. Jones is currently a staff nurse at Vaughn Regional Medical Center and a school nurse in the Selma City Schools. She also belongs to the Alabama School Nurses Association, Alabama Federation of LPN’s Incorporated (as Director) and the Alabama and National Education Associations.

- **Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing**, said, “These new board members represent a wealth of nurse regulatory experience and will bring much to NCSBN.”

In addition, NCSBN members elected two of their four nominating positions during the Delegate Assembly. Those chosen to serve include Karla Birt, MMGT, RN, North Dakota Board of Nursing and Shirlie Meyer, RN, Idaho Board of Nursing. NCSBN will elect new officers, and two members to serve on the Nominating Committee in 2004, along with the annual director-at-large elections, August 3-6, in Kansas City, Missouri.

**Mission:** The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

Award Ceremony Honors Exceptional Nurse Regulators and 100 Years Of Nursing Regulation

August 12, 2003
Chicago, IL

The National Council of State Boards of Nursing (NCSBN) recognized its exceptional membership and special guests at its annual awards luncheon during the 2003 NCSBN Delegate Assembly. Over 300 guests were in attendance for this celebration honoring NCSBN members and the first four boards of nursing celebrating their 100th anniversary, that included North Carolina, Virginia, New York and New Jersey.

NCSBN celebrated its 25th anniversary during 2003, and honored the American Nurses Association (ANA) and Barbara Nichols, Chief Executive Officer of the Commission on Graduates of Foreign Nursing Schools (CGFNS) and ANA President in NCSBN’s founding year of 1978. NCSBN separated from the ANA in 1978 to create an independent and autonomous organization for nurse regulators whose missions are to protect the public.

Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing remarked, “This celebration is a favorite of mine at NCSBN annual meetings. It was made extra special by our achievement of the 25-year milestone, four centennial boards and the many special honorees this year.”

Specific award recipients included:

- **Sharon M. Weisenbeck, MS, RN, Executive Director**, Kentucky Board of Nursing

The R. Louise McManus Award is the most prestigious of NCSBN’s awards. Individuals nominated for this award have made sustained and significant contributions through the highest commitment and dedication to the purposes of NCSBN.

- **North Carolina Board of Nursing**

This Regulatory Achievement Award recognizes the member board that has made an identifiable and significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

- **Cookie Bible, BSN, RNC, APN, Board Member**, Nevada State Board of Nursing

The Exceptional Leadership Award is granted to an individual who has served as president of a member board and has made significant contributions to NCSBN in that role.

- **Sandra MacKenzie, RN, Assistant Director for Licensure, Minnesota Board of Nursing**

The Exceptional Contribution Award is granted for significant contribution by a board of nursing staff member who does not serve as an executive officer or a board member who is not the current board president.

In addition, service awards were given to the following executive officers of boards of nursing:

- **Lorinda Inman**, Iowa, 20 years of service
- **Faith Fields**, Arkansas, 15 years of service
- **Charlene Kelley**, Nebraska, 15 years of service
- **Polly Johnson**, North Carolina, 15 years of service

The 2004 awards ceremony for NCSBN will take place at its annual meeting. This event will be held in Kansas City, Missouri, August 3-6.

**Mission:** The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.
Message from Division Director

Author by Marilyn Taylor Williams  
Division Director

It is no secret that the State is in a financial crisis. Governor Holden has worked diligently to see that essential state services are funded for children and our most vulnerable citizens. The good news, however, is that the Governor’s budget included a pay increase of $600 for all state workers making $40,000 or less. This increase was effective July 1.

The Division of Professional Registration is fortunate to be funded through professional licensing fees that are deposited into dedicated funds. The Division, therefore, does not have to rely on general revenue funds for its operation. The Legislature passed a retirement incentive package which affects re-hiring of personnel in any position vacated because of this incentive. According to state statute, an agency can fill only 1 out of 4 vacancies caused by this retirement incentive. House Bill 600, which was signed into law with an emergency clause making this legislation effective July 1, 2003, affects all licensees within the Division of Professional Registration. Effective July 1, 2003, all persons and business entities applying for or renewing a professional license with the Division of Professional Registration are required to have paid all Missouri income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If licensees have failed to pay their taxes or have failed to file their tax returns, their licenses will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law on July 1st by the Governor. My Administrative Staff and the Division’s Management Information System staff are working with the Department of Revenue and the Attorney General’s Office to establish the necessary procedures for implementing this bill.

Administrative Staff along with the Division’s Management Information System staff have been working toward making on-line renewal a reality. We have awarded the credit card contract and are hoping to start pilot boards renewing on-line in the very near future.
Chicago, IL. The National Council of State Boards of Nursing (NCSBN) met August 5-8, in Alexandria, Virginia, to adopt changes to the NCLEX®-RN Test Plan. This plan is used to construct each administration of the NCLEX-RN® examination, and is reviewed by NCSBN’s Examination Committee on a triennial basis and presented to the Delegate Assembly for adoption.

Changes in the test plan were determined by the committee, after reviewing the Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (Smith & Crawford, 2003). The committee recommended changes in the structure and content distribution for the NCLEX-RN® Test Plan, and incorporated enhancements to improve readability and clarity to the NCLEX-RN® Test Plan document. Empirical evidence from job incumbents, professional judgment of the committee, NCSBN legal counsel review and feedback from the 61 member boards as well as other stakeholders support the 2004 NCLEX-RN® Test Plan recommendations.

The revisions to the test plan will be effective beginning April 2004. Test plans will be available for purchase from NCSBN and may be accessed for no charge from the NCSBN web site in fall of 2003 at www.ncsbn.org.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.
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.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Censured License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dana Lynn Murphy</td>
<td>PN 2003019958</td>
<td>Section 335.006.1 and .2 (2), RSMo 2000 On 10/16/01, Licensee pled guilty to one count of unlawful use of drug paraphernalia.</td>
<td>Restricted License 8/13/2003 to 6/10/2005</td>
</tr>
<tr>
<td>Charolyn Denise Warren</td>
<td>PN 841156</td>
<td>Section 335.066.1 and .2 (1) and (14), RSMo 2000 Licensee possessed and consumed cocaine and alcohol on an ongoing basis, resulting in her addiction to these substances.</td>
<td>Restricted License 7/29/2003 to 7/29/2006</td>
</tr>
<tr>
<td>Monique Chariese West</td>
<td>PN 2003016563</td>
<td>Section 335.066.1 and .2 (2), RSMo 2000 On 3/13/00, Licensee pled guilty to possession of a controlled substance with the intent to distribute.</td>
<td>Restricted License 7/10/2003 to 7/10/2005</td>
</tr>
</tbody>
</table>
### CENSURED LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Censured License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trudy C Allgeyer</td>
<td>PN 051024</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 8/12/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 8/10/01, after giving a resident a bath, Licensee and another employee failed to utilize a Hoyer lift which was required and subsequently dropped the resident, resulting in resident injury. Licensee did not immediately report the incident to the nurse on duty and did not complete an incident report.</td>
<td></td>
</tr>
<tr>
<td>Cynthia Belt</td>
<td>RN 140196</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 6/25/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Licensee practiced nursing from 5/1/01 through 10/25/02 on a lapsed license.</td>
<td></td>
</tr>
<tr>
<td>Michelle D Bozarth</td>
<td>RN 108400</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 7/23/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 10/26/01, a resident fell and fractured her shoulder. On 11/23/01, documentation shows that the bone in the resident's shoulder broke through the skin.</td>
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<tr>
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<td>Licensee documented that she felt the bone had come through the skin, but failed to notify the resident's physician.</td>
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</tr>
<tr>
<td>Kersha D Crosson</td>
<td>RN 151780</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 7/15/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 5/1/01 through 11/5/02, Licensee worked as a registered professional nurse on a lapsed license.</td>
<td></td>
</tr>
<tr>
<td>Deborah Ann Duckett</td>
<td>RN 095094</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 8/20/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 10/1/00 through 6/1/02, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.</td>
<td></td>
</tr>
<tr>
<td>Nancy C Duer</td>
<td>RN 153786</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 8/7/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 11/24/01, Licensee failed to notify the resident's physician regarding the change of the resident's condition.</td>
<td></td>
</tr>
<tr>
<td>Shelly G Easton</td>
<td>RN 137215</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 7/9/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 5/1/01 through 5/8/02, Licensee practiced as a registered professional nurse on a lapsed license.</td>
<td></td>
</tr>
<tr>
<td>Kimberly D Engler</td>
<td>PN 047306</td>
<td>Section 335.066.2 (12), RSMo 2000</td>
<td>Censure 6/21/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 10/18/00 through 1/11/01, Licensee submitted 33 timecards with a forged supervisor's signature for work performed. On 11/13/01, Licensee pled guilty to a Class C felony of stealing $750 or more by deceit.</td>
<td></td>
</tr>
<tr>
<td>Kathleen Haldimann</td>
<td>PN 041193</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 7/4/2003</td>
</tr>
<tr>
<td></td>
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<td>From 7/14/02, Licensee administered Morphine via IV push to a resident. The circumstances were not life threatening and did not necessitate the administration via IV push.</td>
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</tr>
<tr>
<td>Mary Ann Harshman</td>
<td>RN 156036</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 6/21/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Licensee practiced nursing from 5/1/01 through 1/18/02 on a lapsed license.</td>
<td></td>
</tr>
<tr>
<td>Sandra C Herzog</td>
<td>RN 149416</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 6/25/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 7/15/02, Licensee failed to follow established procedures in drawing blood on three separate donors.</td>
<td></td>
</tr>
<tr>
<td>Connie S James Fenton</td>
<td>RN 086361</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 8/23/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 9/9/02, after reviewing blood test results for a patient, Licensee notified the patient's family that the results were indicative of leukemia. Licensee did not consult with or receive authorization from the patient's physician prior to informing the patient's family member of the diagnosis.</td>
<td></td>
</tr>
<tr>
<td>Lori J Milburn</td>
<td>PN 058328</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 8/1/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 9/8/02, Licensee left a skilled nursing facility at approximately midnight without notifying anyone. During Licensee's absence there was no other nurse on staff at the time.</td>
<td></td>
</tr>
<tr>
<td>Cynthia D Myers</td>
<td>RN 123760</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 7/25/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 4/15/01, while serving as the Director of Nursing and the RN on-call, Licensee, after receiving a report from the LPN on duty that a resident was not registering a blood pressure, failed to advise the LPN to call the resident's physician, the hospital or ambulance and failed to advise that CPR be administered.</td>
<td></td>
</tr>
<tr>
<td>Sharon L Placatka</td>
<td>RN 052270</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 7/21/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 5/1/01 through 11/8/02, Licensee practiced as a registered professional nurse on a lapsed license.</td>
<td></td>
</tr>
<tr>
<td>Mary M Redman</td>
<td>RN 062410</td>
<td>Section 335.066.2 (5), RSMo 2000</td>
<td>Censure 7/15/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 3/9/01 through 6/28/02, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.</td>
<td></td>
</tr>
<tr>
<td>Jennifer D Schlhoff</td>
<td>PN 034682</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 7/23/2003</td>
</tr>
<tr>
<td>St. Joseph, MO</td>
<td></td>
<td>Licensee fraudulently documented that she had assessed a resident's wound and changed the dressing.</td>
<td></td>
</tr>
<tr>
<td>Tony M Schneider</td>
<td>RN 058121</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 7/23/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 9/5/02, Licensee falsely documented on the M.A.R that another nurse had administered 12 a.m. medications to a patient.</td>
<td></td>
</tr>
<tr>
<td>Bertha A Stallard</td>
<td>RN 143405</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000</td>
<td>Censure 8/19/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Licensee failed to notify the resident's physician regarding the changed condition of the resident.</td>
<td></td>
</tr>
<tr>
<td>Deborah A Standridge</td>
<td>PN 042706</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000</td>
<td>Censure 8/30/2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From 6/1/00 through 7/8/02, Licensee practiced as a licensed practical nurse and administered intravenous fluid treatments (I.V. treatment) to patients without being I.V. certified in Missouri.</td>
<td></td>
</tr>
</tbody>
</table>
### PROBATION LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roger Wayne Boyer</td>
<td>RN 2001080766</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000 On 1/31/02, Licensee failed to administer an I.V. as ordered but documented its administration. Licensee failed and/or delayed the notification of the patient's physician regarding serious blood pressure changes.</td>
<td>Probation 8/20/2005</td>
</tr>
<tr>
<td>Jane R Braker Jasper</td>
<td>RN 109786</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to follow physician orders, accurately chart the administration of medications, or accurately chart physician orders and patient assessments.</td>
<td>Probation 7/24/2003 to 7/29/2004</td>
</tr>
<tr>
<td>Melanie J Cream</td>
<td>PN 052425</td>
<td>Licensee pld guilty to the class C felony of forgery.</td>
<td>Probation 7/9/2003 to 7/28/2004</td>
</tr>
<tr>
<td>Nikie Marie Dover Rolla</td>
<td>PN 2000168064</td>
<td>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - On 10/9/01, Licensee pld guilty to two counts of fraudulently attempting to obtain a controlled substance.</td>
<td>Probation 7/21/2003 to 7/25/2003</td>
</tr>
<tr>
<td>Roberta L Galate</td>
<td>PN 068281</td>
<td>Section 335.066.2 (5), (11), (12), and (14), RSMo 2000 On 1/7/02, Licensee's employment was terminated due to misappropriation of Vyadicin. On 5/23/02, Licensee's employment was terminated from another facility due to misappropriation and falsification of a doctor's order.</td>
<td>Probation 6/21/2003 to 6/21/2008</td>
</tr>
<tr>
<td>Rhonda L Gildeewell</td>
<td>PN 044239</td>
<td>Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 Licensee misappropriated Vyodicin on numerous occasions from her employer for her personal consumption.</td>
<td>Probation 7/25/2003 to 7/25/2006</td>
</tr>
<tr>
<td>Katherine L Hajjar</td>
<td>PN 041513</td>
<td>Section 335.066.2 (5), (6), and (12), RSMo 2000 From 6/3/98 through 11/5/02, Licensee practiced as a licensed practical nurse on a lapsed license.</td>
<td>Probation 8/10/2003 to 8/30/2005</td>
</tr>
<tr>
<td>Susan R Hawksley</td>
<td>RN 101203</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to accurately chart immunization information on 13 patients.</td>
<td>Probation 7/29/2003 to 7/29/2005</td>
</tr>
<tr>
<td>Aprelle Dawnelle Holloway</td>
<td>PN 2000154219</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000 On 7/20/01 at 4 p.m., Licensee, while on duty, left the Hospital without notifying anyone; Licensee also took the keys to the medication cart and failed to lock the cart. Attempts to page the Licensee went unanswered.</td>
<td>Probation 8/29/2003 to 8/29/2004</td>
</tr>
<tr>
<td>Barbara L Hughes Festus</td>
<td>PN 044698</td>
<td>Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 In 4/01, Licensee obtained Valium from a friend, which she took on an ongoing basis. On 4/5/01, Licensee submitted to a urine drug screen which the results were positive for Oxaizepam and Nordiazepam.</td>
<td>Probation 8/20/2003 to 8/20/2006</td>
</tr>
<tr>
<td>Todd Sue Miller</td>
<td>PN 2001020751</td>
<td>Section 335.066.2 (7), (15), and (12), RSMo 2000 On 8/26/02, Licensee pld guilty to a class D felony-fraudulent use of a credit device.</td>
<td>Probation 7/25/2006</td>
</tr>
<tr>
<td>Leigh A Myerchin Nixa</td>
<td>PN 052592</td>
<td>Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On 1/31/01, Licensee consumed a coworker's Viciodin and Pencoet. On 1/3/01, while on duty, Licensee submitted to a urine drug screen which the results were positive for Oxazepam and Nordiazepam.</td>
<td>Probation 7/24/2003 to 7/24/2004</td>
</tr>
<tr>
<td>Janet F Pinkard Leneux</td>
<td>RN 069884</td>
<td>Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On 7/8/02, Licensee knowingly possessed and consumed medication containing amphetamines and her son's prescription Adderall. Licensee submitted to a urine drug screen which was positive for the presence of amphetamines.</td>
<td>Probation 8/15/2003 to 8/15/2005</td>
</tr>
<tr>
<td>Samantha K Ridgway</td>
<td>PN 054363</td>
<td>Section 335.066.2 (2), (5), and (12), RSMo 2000 Licensee misappropriated Paxil, Roxicet, Cefarison, and Vitamin K from the employing facility. On 3/1/01, Licensee pld guilty to misdemeanor stealing</td>
<td>Probation 7/11/2003 to 7/11/2004</td>
</tr>
<tr>
<td>Brian K Smith McAlester</td>
<td>RN 130443</td>
<td>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee misappropriated Flexyl and Versed for his personal consumption, which he consumed while on duty.</td>
<td>Probation 8/22/2003 to 8/22/2007</td>
</tr>
<tr>
<td>Thomas D Tinspon</td>
<td>PN 042736</td>
<td>Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 Licensee misappropriated Demerol on more than once occasion for his personal use and consumption.</td>
<td>Probation 7/4/2003 to 7/4/2005</td>
</tr>
<tr>
<td>Rebecca J Williams Nesso</td>
<td>RN 103891</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to administer scheduled medications in a timely manner and failed to document the administration of medications on the patient's M.A.R.</td>
<td>Probation 7/29/2003 to 7/29/2004</td>
</tr>
</tbody>
</table>

**Effective Date of Probation:**
- 7/29/2003 to 7/29/2004
- 7/25/2006
- 7/24/2004
**SUSPENSION/PROBATION LIST**

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Violation</th>
<th>Effective Date of Suspension/Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belinda A Daly</td>
<td>RN 151503</td>
<td>Section 621.100, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee failed to follow physician orders regarding the administration of Fosphenytoin to a patient in that she improperly mix saline with 1000mg of Fosphenytoin and began infusing by I.V.</td>
<td>Suspension 7/21/2003 to 1/21/2004 Probation 1/22/2004 to 1/22/2007</td>
</tr>
<tr>
<td>Janell L Pace</td>
<td>RN 123301</td>
<td>Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee misappropriated a blank prescription pad from her employer and used the prescription pad to write prescriptions for Vicodin for herself and a family member, and then forged the physician’s name. On 6/15/00, Licensee pled guilty to possession of drug paraphernalia.</td>
<td>Suspension 7/21/2003 to 7/21/2004 Probation 7/22/2004 to 7/22/2009</td>
</tr>
<tr>
<td>Tracy D Ridpath</td>
<td>RN 140447</td>
<td>Section 335.066.2 (5) and (12), RSMo 2000 On 7/10/02 and 8/12/02, Licensee self administered insulin which she had misappropriated from her employer.</td>
<td>Suspension 7/15/2003 to 1/16/2004 Probation 1/16/2004 to 1/16/2006</td>
</tr>
</tbody>
</table>
Section 335.066.2 (1), (2), (3), (5), (11), (12), (14), and (15), RSMo 2000
- On 3/30/94, Licensee pled guilty to seven counts of Class C felony forgery. Licensee has tested positive for cocaine on four different occasions. On 8/24/99, Licensee filed an LPN license application on which she answered "no" to the question, "Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violation)?" On 9/99, while Licensee was employed by a long-term care facility, she helped a co-worker use the name and social security number of a resident for the co-worker's electric bill. On 10/23/01, the Division of Aging listed Licensee on its Employee Disqualification List for three years.

Section 621.110, RSMo 2000 and 335.066.3, RSMo 2000
- On 8/28/00, Licensee entered a plea of guilty to manufacturing methamphetamine.

Section 620.153, RSMo 2000
- Licensee violated the terms of the Settlement Agreement by not attending required meetings and by not submitting required documentation. On 10/7/02, Licensee pled guilty to one count of the Class D felony of fraudulently attempting to obtain a controlled substance.

Section 620.153, RSMo 2000
- Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.

Section 335.066.2 (5) and (12), RSMo 2000
- On 5/1/02, Licensee was assigned to provide care to a resident who was unconscious and unable to speak or eat on her own. The resident was placed on oxygen to assist her breathing. At some point during her shift, Licensee tightened the metal nose clamp on the resident's oxygen mask, "pushed" her chin upward, and held her mouth closed for approximately ten minutes in order to suffocate her. When Licensee believed that the resident was no longer breathing, she removed the oxygen mask and began to wipe the resident's face. While wiping the resident's face, the resident took another breath, so Licensee again "pushed" the resident's chin upward and held her mouth closed for another minute or two until the resident ceased breathing. As a result of the conduct, Licensee was arrested on 5/21/02, and a complaint was filed on 9/4/02, charging her with felony murder in the second degree.

Section 621.110, RSMo 2000 and 335.066.3, RSMo 2000
- On 9/4 and 9/5/01, Licensee misappropriated Demerol for his personal consumption.

Section 620.153, RSMo 2000
- Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.

Section 621.110, RSMo 2000
- Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.
NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI
As of November 6, 2003

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>23,353</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>73,916</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>97,269</strong></td>
</tr>
</tbody>
</table>

IMPORTANT TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Senior Services (nurse aide verifications and general questions)</td>
<td>573-526-5686</td>
</tr>
<tr>
<td>Missouri State Association for Licensed Practical Nurses (MoSALPN)</td>
<td>573-636-5659</td>
</tr>
<tr>
<td>Missouri Nurses Association (MONA)</td>
<td>573-636-4623</td>
</tr>
<tr>
<td>Missouri League for Nursing (MLN)</td>
<td>573-635-5355</td>
</tr>
<tr>
<td>Missouri Hospital Association (MHA)</td>
<td>573-893-3700</td>
</tr>
</tbody>
</table>

SCHEDULE OF BOARD MEETING DATES THROUGH 2004

<table>
<thead>
<tr>
<th>December 3-5, 2003</th>
<th>September 1-3, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 3-5, 2004</td>
<td>December 1-3, 2004</td>
</tr>
<tr>
<td>June 9-11, 2004</td>
<td></td>
</tr>
</tbody>
</table>

All meetings will be held at the Harry S. Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

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.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our web site at http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing
DID YOU CHANGE YOUR NAME?
DID YOU CHANGE YOUR ADDRESS?
DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing……” and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change.”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use the form or contact information below to notify the board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change? □ YES □ NO
2. Is this a name change? □ YES □ NO

Missouri License Number

□ RN □ LPN

OLD INFORMATION (please print):
First Name
Last Name
Address:
City State Zip Code

NEW INFORMATION (please print):
First Name
Last Name
Address (if your address is a PO Box, you must also provide a street address):
City State Zip Code Telephone Number

Please provide signature:

Duplicate license instructions:
It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and/or wall hanging document), and the required fee of $15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?
If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on our website at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:
• Internet E-mail: nursing@mail.state.mo.us (address changes only)
• Fax: 573-751-6745 or 573-751-0075
• Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
• Telephone: 573-751-0681 (address changes only)
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