Message from the President

Aubrey F. Moncrief, CRNA  
President

Hope everyone’s summer has been a good one filled with fun vacations and quality time spent with your families. I recently became a grandfather for the first time and became very aware of how important family support is and can be. My grandson had to spend some time in the Neonatal Intensive Care Unit (NICU). Not because he was early (he was on time) but because his mother’s water broke very early and delivered some 25 hours later setting up a possibility for infection. So this eight pound baby was in the NICU along with some very small babies for seven days of antibiotics.

Besides being very proud of my grandson, I was a worried grandfather wanting the best for my first grandchild. My fears were immediately allayed by the kindness and expertise of his nurse, Dallas. We were kept informed and reassured, as were my son and daughter-in-law.

This is a public “thank you,” not only to Dallas, but to all nurses who every day give their best, sometimes in the worst conditions. I am just one patient’s family member experiencing one fraction of the many “feel good” moments that occur every day with the great nurses working in Missouri.

Continue to be careful out there!

Executive Director Report

Disciplinary and Administrative Procedures for Professions and Businesses

Senator Kevin Engler (R-District 3) introduced House Bill 223 and Senator David Pearce (R-District 31) introduced Senate Bill 191. Passage of either bill authorizes the Board of Nursing to provide funding for the nursing education incentive program. This allows any institution of higher education accredited by the Higher Learning Commission of the North Central Association that offers a nursing education program to apply for grants. Grant award amounts are not exceed $150,000 and no campus will receive more than one grant per year. The Board of Nursing and Department of Higher Education will determine categories and areas of need for designating grants.

The Board of Nursing Fund will support the grant transfer for three years with $1,000,000 per year. The Board of Nursing, Department of Higher Education, the Governor and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue. Future transfers and General Assembly will review program outcomes to determine if the program should continue.

License Verification

Representative Jason Smith (R-District 150) introduced House Bill 265 which will modify disciplinary and administrative procedures for professions and businesses licensed under the Division of Professional Registration. This bill passed under House Bill 265.

MO Healthnet Program

Representative Jeanne Kirkton (D-District 91) filed House Bill 272, which adds a licensed nurse to the MO Healthnet Program. This bill passed under House Bill 265 and Senate Bill 325.

Licensed Practical Nurses

Currently, the Department of Health and Senior Services (DHSS) has rules in place disallowing licensed practical nurses from teaching medication administration and insulin administration courses in the facilities governed by DHSS. However, those same duties are not restricted by the Board of Nursing. In Senate Bill 325, a new section, 335.099, was added to the Nursing Practice Act. This section alleviates any concern about these duties being within the scope of practice of the licensed practical nurse. The new section follows:

335.099 Any licensed practical nurse, as defined in section 335.016.

(1) Who is an approved instructor for the level 1 medication aid program shall be qualified to teach the insulin administration course under chapter 198;
(2) Shall be qualified to perform diabetic nail care and monthly onsite reviews of basic personal care recipients, as required by the department of social services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198; and
(3) Shall be qualified to perform dietary oversight, as required by the department of health and senior services, of a resident of a residential care facility or assisted living facility, as defined in chapter 198.

Suspicious Phone Calls to RNs Reported to Board of Nursing

We have had more than 500 contacts from nurses concerned about unusual phone calls they have received about their renewal applications. All say that they received...
a call from someone saying they were from the board. What the caller asks for varies. Examples include:

- A person who identified himself as "Pinstripe" called and said he was from IntrahCP he called three times and claimed to be from the Board and wanted updated information from me. I refused. He refused to leave a number and showed up "unknown" on the caller ID.

- A caller identified herself as Selena from Pinstripe Healthcare. She had an accent. She said she was "from the nursing" -I asked her if she was from the Board of Nursing and she said "I am from nursing." She said some of her information was lost and they needed to update it. I asked her what my license number was and caller couldn’t answer. I told her I was going to call the Board, at which point the caller hung up. Caller ID was 632-368-7550. I have tried to call the 632-368-7550 and get a message that the call cannot be completed as dialed.

We want to let nurses know that these calls are not coming from the board. Follow your instincts and do not give out any personal information, such as Social Security number or birth date, and certainly not any financial information such as bank account or credit card numbers.

We also want to address concerns about the security of the Board. Information that is housed by the Board is secure, these could be obtained by a list of nurses’ names and addresses, which are public records, and then using the Internet or a database company to find phone numbers. We do not release telephone numbers.

Many nurses have been concerned that these calls have been coming at a time when they just renewed their nursing license or requested a renewal from our office. Again, we have no reason to believe our colleagues would be reaching out in this way.

Futher, we have found no discernible pattern as to who is receiving the calls. Some of the individuals who were called report that they renewed by mail and some have renewed online. Some had not even renewed or had any recent contact with our office.

We contacted Pinstripe Healthcare and they have asserted that such calls would not reflect their philosophy, nor do they condone them and denied these calls have been made by anyone in their organization.

Last Minute License Renewals

RN licenses expire April 30th of every odd-numbered year. We mailed renewal postcards the first week in February. This year was extremely problematic for a couple of reasons. First, our renewal postcard did not indicate a deadline to renew. RNs tell us that there was no sense of urgency to renew because there was no deadline date on the postcard. Second, 2,936 RNs renewed online the last week of renewals. Those who renewed online expected to be able to practice come May 1, 2011, which was not possible due to credit card processing timelines.

We are truly in the age of instant everything. The proliferation of technology has created a world where everything is mobile, connected, interactive, immediate, and fluid. State agencies have a new challenge and heightened pressure to meet the new wave of customer expectations.

In this environment focused on patient and family centered care is an Equal Opportunity/Affirmative

University of Missouri Health System

The Staff for Life

University of Missouri Health, in Columbia MO, invites you to advance your career in an academic environment focused on patient and family centered care.

Full and part-time RN positions are available at University Hospital, MU Women’s and Children’s Hospital, Missouri Psychiatric Center, Missouri Orthopaedic Institute, Ellis Fischel Cancer Center or at one of our 50+ outpatient settings in central Missouri.

We provide an amazing benefits package, including a defined benefit retirement plan, tuition reimbursement, plus 12 sick days and 21 vacation days per year.

For more information or to apply online, please visit jobs.muh Heathcare

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For more information or to apply online, please visit jobs.muh
Missouri State Board of Nursing Education

Committee Members:
- Rosanne McDaniel, RN, PhD, Chair
- Ann Shelton, RN, PhD
- Lisa Green, RN, PhD
- Deborah Wagner, RN
- Irene Cocco, LPN

Missouri Innovation in Nursing Education

As part of a goal to make new and exciting opportunities in nursing education known to Missouri nurses and schools, in April 2010 nursing programs throughout the state of Missouri were asked to write about innovative ways nursing education is fostered at their schools.

At a time when transition to practice as well as RN to BSN completion are on the forefront of issues related to nursing education, keen awareness of what is happening in nursing education is essential.

In this effort, the following article was submitted and is reprinted with the permission of authors, as indicated at the end of the report:

Educating Students for a New Nursing Role: The Clinical Nurse Leader

Kris L’Ecuyer, MSN, RN, CCNS, CNL & Geralyn Meyer, PhD, RN, CNE, CNE

In 2003, The American Association of Colleges of Nursing (AACN), in collaboration with nurse leaders from across the country, proposed a new clinical role, the Clinical Nurse Leader (CNL). This new role was created in response to the urgent need for better patient outcomes and improved coordination in the delivery of healthcare services. The overall purpose of the CNL is to enhance patient safety, with an emphasis on quality and improved outcomes. The CNL is a master’s prepared generalist nurse who provides leadership at the unit level. The CNL puts evidence based practice into action, assesses cohort risk, evaluates patient outcomes, advocates for change and has the skill set to make change happen. There are more than 1300 certified CNLs in the United States (Allan, 2011). AACN’s Role Implementation Task Force developed five curricular models to prepare individuals for the CNL role. Models A and B were designed for BSN graduates; Model B programs include a post BSN residency that prepares individuals for the CNL role. Models C, D and E are designed for the ADN and BSN graduate, respectively. Model C programs prepare individuals who are not nurses, but who have baccalaureate degrees, for both RN licensure and CNL certification in an accelerated time frame (usually 16-21 months). Currently 28 programs of this type exist in the United States (Allan, 2011). Although only 24% of all CNL programs are Type C programs, 60% of all CNL graduates come from this type of program. Saint Louis University School of Nursing (SLUSON) began enrolling students in Missouri’s only Model C Accelerated Generalist Master’s CNL program in August 2011.

Admission requirements for the program at Saint Louis University include completion of a non-nursing baccalaureate degree from a nationally accredited college or university, a minimum GPA of 3.2, and completion of the following prerequisites: Microbiology, Human Anatomy, Physiology, and Inferential Statistics. Students complete the majority of the nursing theory and master’s level course work during the first year in the program. The second year involves a clinical immersion experience using an innovative variation of the Dedicated Education Unit concept. This model is believed to facilitate the student’s clinical learning and transition to practice.

The variation of the Dedicated Education Unit concept involves pairing of students with seasoned nurse clinicians. Clinical agencies partner with SLUSON to identify and recruit preceptors who are not only excellent clinicians but who are also willing and able to help students transition from the classroom to the clinical setting. In addition to these Fundamentals of Nursing, Field Experience, Clinical Simulation, Public Health and Psychiatric Mental health clinical hours, SLUSON CNL students complete more than 800 hours following the schedule of preceptors in a variety of in-patient settings. The students also have an assigned faculty member who is part of the student-preceptor-faculty team that ensures that the student has the educational experiences and meets the requirements necessary for program completion. This model is unique in that the student begins working with a preceptor early in the program of study rather than only in the capstone level course work during the first year in the program. The variation of the Dedicated Education Unit concept is believed to facilitate the student’s clinical learning and transition to practice.

The patients these Clinical Nurse Leaders serve, as well as the healthcare agencies in which they work, will benefit from this exciting new role for nursing.

Resources and websites:
A white paper has been prepared by the AACN that outlines the Education and the Role of the CNL. It can be found with this link: http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader.pdf
AACN’s CNL home page: http://www.aacn.nche.edu/cnl/index.htm
AACN End of program Competencies & Required Clinical Experiences for the CNL: http://www.aacn.nche.edu/CNC/pdf/EndCompсужид.pdf
Example of CNL job description in an acute care setting: http://www.aacn.nche.edu/CNC/pdf/JobDescriptionStaffNurse.pdf
Saint Louis University School of Nursing webpage: http://www.slu.edu/18106.xml

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Kris L’Ecuyer, MSN, RN, CCNS, CNL & Geralyn Meyer, PhD, RN, CNE, CNE

"I am working inside the future of health care.”
-Monica Smith, RN

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I receive questions about why some nurses receive different levels of discipline than other nurses for what appears to be the same conduct. The answer to that question is that what the public sees in the newsletter under the Disciplinary Actions section is a summary of the conduct of the nurse. The summary does not contain all of the information that the Disciplinary Committee board members have seen.

The Board of Nursing investigators do a thorough investigation. They talk with co-workers, supervisors, and the licensee to obtain a picture of what happened. In a diversion case, there is a difference if a licensee has sought treatment (or been through drug court) than if a licensee does nothing since the incident. The former shows the board members that the licensee has at least made an attempt to begin recovery.

Work situations vary and some practice incidents may be a system issue. At times, the system where the nurse is working contributes to the error. If, as a nurse, you are working in a facility where you feel that your license may be in danger due to the work situation, you may want to consider changing jobs so you do not make an error that may harm the patient or your license. Discipline may be different when the system had a problem compared to when the licensee's critical thinking is the issue.

The Board's mission is protection of the public. Every termination of a nurse does not lead to discipline on a nursing license. Every complaint the Board receives does not lead to discipline on a nursing license. A complaint must fall under 335.066 (http://www.mobot.org/nursing-rules-statutes.aspx) to be considered a reason for discipline of a nursing license. The causes for discipline are:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or no contest, in a criminal prosecution pursuant to the laws of any state or the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by sections 335.011 to 335.096;

(6) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(8) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(9) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Violation of any professional trust or confidence;

(13) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is properly directed;

(14) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(15) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;

(16) Failure to successfully complete the impaired nurse program.

As you read the Disciplinary Actions section of the newsletter, determine where the conduct fits as a violation of the practice act. What do you think is necessary for the protection of the public? Then go to https://www.nursys.com/. Click on Licensure QuickConfirm and follow the prompts to find the licensee you have read about. The actual disciplinary order is attached in PDF format that you can view to find more information about the case and the disciplinary requirements.
In the past, I have addressed what I like to refer to as ‘The Process’: that is, the multiple steps that start with the Board receiving a complaint until the licensee has some form of discipline placed against their license. However, if the imposed discipline consists of probation against the license, there is the possibility of another process: the probation violation process. I thought I would discuss probation violations.

The Board gets its authority to place a license on probation from Section 335.066.3 RSMo, which states, in relevant part, that after a finding that the licensee is subject to discipline, the Board may, ‘...place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years...’ This language limits the Board to placing a license on probation for no more than five years, but gives the Board broad discretion as to the terms of the probation imposed. The Board considers the nature of the violation of the Nursing Practice Act and then fixes the terms of the probation in a manner that they feel will most appropriately address the violation. For example, if the Practice Act violation involved a practice error, the Board will assign terms which may include on-site supervision at the place of work and continuing education courses designed to address the violation. If the Practice Act violation involves diversion of controlled substances or abuse of alcohol to the point that it impairs the licensee’s ability to work, the terms of probation will likely include a chemical dependency evaluation and participation in the Board’s random drug and alcohol screening program. Whatever the Practice Act violation, the purpose of the probation is to address that violation so that the licensee can continue to practice in a safe manner.

Licensees who are on probation are monitored by Janet Wolken, our Disciplinary Administrator. One of her main duties is to keep track of every licensee who is on probation and ensure that they are complying with the terms of their probation. If she believes that a licensee is not complying with their probation she will review the licensee’s probationary requirements and the licensee’s compliance with those requirements and submit the case to me. I will then decide whether or not to file a probation violation complaint.

If I decide to file a probation violation complaint, I will draft the complaint. The complaint is a legal document that outlines the terms of the licensee’s probation and why there are grounds to believe that the licensee has violated the terms of the probation. This complaint serves two purposes: one; it gives the Board, who will hear and decide the case, an outline of what they can expect to see at the hearing, and two; it gives the licensee notice of how they are alleged to have violated their probation. Secondly, the Board cannot find a licensee to be in violation of their probation and set additional discipline if the licensee has not been properly advised of the allegations and given an opportunity to defend themselves.

Probation violation cases are heard by the Board, not the Administrative Hearing Commission. This jurisdiction is based on Section 324.042 RSMo, which states, “Any board, commission, or committee within the division of professional registration may impose additional discipline when it finds after hearing that a licensee, registrant, or permittee has violated any disciplinary terms previously imposed or agreed to pursuant to settlement. The board, commission, or committee may impose as additional discipline any discipline it would be authorized to impose in an initial disciplinary hearing.” There are a couple of important points to pull out of that statute. First, note the phrase ‘after hearing’. The licensee has an absolute right to a hearing to defend their license before the Board. Prior to the hearing, the Board must provide notice to the licensee and must give them the opportunity to present evidence and/or testimony. The second sentence states that, if the Board finds the licensee to be in violation of their probation, the Board can impose the level of additional discipline that it finds to be appropriate. Therefore, probation violation hearings are two-fold: first, the Board must decide if the licensee has violated the terms of their probation. If they find that the licensee has violated the terms of the probation, they must then determine the appropriate level of additional discipline. The licensee has the right to be represented by an attorney at the hearing. Even if they have never been represented before, they have the right to retain counsel at this point. If the licensee chooses to retain an attorney, it is at their own expense. There is nothing similar to the public defender system in these cases.
Critical Care RNs

CoHealth offers a great working environment including a state-of-the-art ED, soon to open 27-bed ICU, relocation assistance and nursing career ladder opportunities.

Apply online at coxhealth.com 417/269-JOBS hr-recruitment@coxhealth.com

Health Care Specialist/Camp Nurse

Responsible for the medical management for approximately 20 Campers ages 5 to 70 with developmental disabilities and camp personnel.

Camps run August 26 - May 9th, 2012.

14 weeks total, 7 camps each session (not every weekend)

Staff must be present Friday at 6pm - Sunday at 5pm

Current Missouri RN or LPN license required.

Visit www.slarc.org to view and apply.

Jefferson College is an Equal Opportunity Employer

Jefferson College is seeking Level I/PVN Nursing Adjunct Instructors to teach content with a team of instructors in the Practical Nursing program.

Qualifications: BSN required, MSN preferred. Applicants must be willing to participate in a flexible work schedule, possess a current undisciplined license to practice professional nursing in Missouri (or current license with eligibility for Missouri license).

Current geriatrics and medical-surgical nursing experience required with strong expertise in Fundamental nursing skills; current clinical or classroom teaching experience required.

To Apply: Send letter addressing qualifications, resume, list of three references, and copies of all applicable transcripts to: Jefferson College, Office of Human Resources, 1000 Viking Drive, Hillsboro, MO 63050 or email to hr@jeffco.edu

Jefferson College is an Equal Opportunity Employer

Licensure Corner

Licensed to Practice in Missouri

Missouri State Board of Nursing

Licensure Committee Members:

• Deborah Wagner, RN, Chairperson
• Adrienne Fly, Public Member
• Lisa Green, RN
• Rhonda Simmons, RN, BSN, C
• Roxanne McDaniel, RN

RN Licenses

Hundreds of licenses were returned to our office after the RN renewal period. If you did not receive your renewed license, please complete the name/address change form found on our website at http://pr.mo.gov/nursing.asp and fax the completed form to our office with the corrected address and indicate on the form that you have not received your renewed RN license.

Bulk License Verification

Bulk license verifications are now offered to employers free of charge. We encourage employers to check the status of their nurses as least quarterly. Instructions on how to request a bulk license verification can be found on our website at http://coxhealth.com/nursing.asp. You will click on the License Verification tab on the right side of the website. This link will give you instructions on how to request the verifications and the formats accepted. The completed verification file will be emailed back to the person who requested it.

You may also verify single licenses by clicking on the same tab and following the link provided. This link will take you www.nursys.com. Nursys.com serves as a primary source for verification service.

Lapsed or Inactive License Renewals

If you let your license lapse or you placed it on inactive status and wish to renew it now, you will need to complete the Petition for License Renewal found on the Board’s website at http://pr.mo.gov/nursing.asp. You will also be required to complete a criminal history background check before your license can be renewed.

The fees to renew licenses are as follows:

- RN inactive license—$40.00
- RN lapsed license—$90.00 ($40.00 renewal, $50.00 lapsed fee)
- LPN inactive license—$32.00
- LPN lapsed license—$82.00 ($32.00 renewal, $50.00 lapsed fee)

Working on a Lapsed License

If you have been practicing on a lapsed license, you must stop practicing immediately and submit stop working statements from both yourself and your employer, along with the Petition for License Renewal and renewal fees. See 20CSR2200-4.020(11).

The nurse’s notarized statement must include the following information:

- How you discovered that your license was not current;
- Date you discovered your license was not current;
- Date you notified your employer that you could not practice nursing;
- Date you ceased nursing practice; and,
- Confirmation that you will not resume employment in a nursing position until your license is renewed.

The statement from the employer must include:

- Date employer received notification that your license was not current;
- Date employer removed you from a nursing position; and,
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

The license will be renewed after the above information has been received. The information will then be forwarded to the board members for deliberation for discipline on the nurse’s license.

Reapplying for Licensure after Surrender or Revocation

If you wish to reapply for licensure after surrendering your license or having your license revoked, you may do so by completing the appropriate name/address change form that is found on our website at http://pr.mo.gov/nursing.asp.

Anyone who voluntarily surrenders their license may reapply for licensure at any time. After any period of time, and if a license revoked must wait one year from the revocation date to reapply. In both cases, the examination application must be completed in its entirety, including completion of the criminal history background check.

The applicant will need to be truthful in answering all questions on the application and it will be necessary for the applicant to submit a detailed, notarized statement explaining all questions they answered “yes” to on the application. The applicant will also need to submit any supporting documents that support their “yes” answers. It would be beneficial for the applicant to submit at least three reference letters from people who can attest to their moral character and who are knowledgeable of the applicant’s history. Once the application is complete, a review of the application will be completed by the board members. If the application is approved, it will be necessary for the applicant to take and pass the NCLEX before becoming licensed.

324.010 No Delinquency Taxes. Condition for Renewal of Certain Professional Licenses

All persons and business entities renewing a license with the Division of Professional Registration are required to pay past due state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension with 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to timely file.

If your license is suspended for state income taxes, you must stop practicing as a nurse immediately and you can not return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

Name and address changes

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

- By faxing your request to 573-751-6745 or 573-751-0075.
- By mailing your request to Missouri State Board of Nursing, PO Box 606, Jefferson City, Missouri 65102.

Contacting the Board

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

- License number
- Pen and paper
Gov. Nixon Signs Bill to Increase Scholarships for Math and Science Students, Provide Resources to Train More Nurses

House Bill 223 signed in front of 935 high school students selected to attend 2011 Missouri Boys State

WARRENSBURG, Mo.–Gov. Jay Nixon today used the setting of a leadership program for high school students to ceremonially sign legislation that provides more scholarships to Missouri students pursuing college degrees in science and math. House Bill 223, signed by the Governor in front of more than 900 students attending Missouri Boys State, also puts additional resources in Missouri's nurses programs to meet the growing demand for nurses.

“We want to make sure that we’re preparing our students to enter careers where they can be successful in a changing economy,” Gov. Nixon said. “We can do that by identifying industries poised for growth, and aligning our curriculum priorities to meet those needs. Engineers, scientists, innovators and educators play a key role in our global economy. By promoting, encouraging and supporting these core subjects, we can better prepare Missouri’s college students to be competitive in our global economy.”

The section adding resources so Missouri’s colleges and universities can produce more nurses is also critical, the Governor said.

“Missouri needs more nurses, and this bill will help meet that demand,” Gov. Nixon said. “It provides up to $150,000 to each of those programs so they can hire additional faculty to train more nurses. Once it is fully in place, we expect to train more than 130 additional nursing students each year.”

House Bill 223, the Advanced Placement Incentive Grant Program for STEM and Caring for Missouri’s Nursing Education Initiative, passed both chambers of the Missouri General Assembly with overwhelming bipartisan support.

The legislation establishes a one-time, nonrenewable $500 grant to Missouri public high schools who score a 3 or higher on AP tests in math or science, and who receive an Access Missouri award or A+ scholarship.

This legislation also creates grants up to $150,000 per year, per campus, to higher education institutions to hire nursing faculty to address areas of need. These grants will be funded by dollars generated through nursing licensure fees; the State Board of Nursing and the Department of Higher Education will determine categories and criteria for these grants. Gov. Nixon first announced the proposed initiative last December at the University of Missouri–Kansas City School of Nursing.

“I’ve brought that legislation here today to demonstrate that when we stand together on common ground, we can provide for the common good,” Gov. Nixon told the students attending Boys State. “Take the lessons you learn this week about governing, and put them to work in your own lives and careers.”

Missouri Boys State, founded in 1938, is a citizenship and leadership training program held annually in June for high school students who have completed their junior year. Missouri Boys State is sponsored by the Missouri American Legion.
We are happy to announce that Golden Certificates were recently sent to 203 Registered Nurses and 30 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the State of Missouri for 50 years.

The following list is not all-inclusive and is presented in alphabetical order by last name of the registrant.

**Certification follows.**

**Recognition program.**

A list of those receiving Golden awards for special achievement in the sixth year of our Golden Award program. A list of those receiving Golden Certificates follows.

**Certificates**

We are happy to announce that Golden Certificates were recently sent to 203 Registered Nurses and 30 Licensed Practical Nurses. These individuals have active licenses and have been licensed in the State of Missouri for 50 years. We take great pleasure in marking this special achievement in the sixth year of our Golden Award Recognition program. A list of those receiving Golden Certificates follows.

**Recognition program.**

A list of those receiving Golden awards for special achievement in the sixth year of our Golden Award program.
Assistant Administrator/Chief Nurse Executive

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

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

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**CENSURE Continued...**

Licensee was employed by a doctor’s office. Licensee’s niece was a fall risk. One client needed constant monitoring. One resident was a full code. Licensee did not start CPR or attempt any other life-saving measure. The client’s parent video taped Licensee sleeping at a time when she was responsible for monitoring the client. Censure 3/22/2011 to 3/23/2011

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**CENSURE Continued...**

McEwy, Mary B.

Saint Louis, MO

Registered Nurse 937354

Licensee was employed in Missouri without a license from May 1, 2009 through February 23, 2011. Censure 4/21/2011 to 4/22/2011

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**PROBATION**

Madden, Janice D.

Ballwin, MO

Registered Nurse 116733


Esterley, Gabriel Todd

Grain Valley, MO

Licensed Practical Nurse 20081009655

On or about July 2, 2008, Licensee was witnessed applying a Laxoderm patch to his own back after a resident refused the patch. Probation 3/9/2011 to 3/9/2013

Hartman, Patrice Lynn

Sedalia, MO

Registered Nurse 200602270

Licensee was employed as a registered nurse in Missouri from May 1, 2009 through November 12, 2010. Censure 3/16/2011 to 3/17/2011

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Frazee, Janette R. St Peters, MO Registered Nurse 130184 Nixa, MO On October 28, 2010, Licensee was required by her employer, a back injury. During an interview with an investigator for the Board, Licensee admitted to using Methamphetamine.

Smithey, Denise Rene Columbia, MO Registered Nurse 126696 Columbia, MO On or about September 4, 2008, Licensee was placed on a performance improvement plan for performance issues. Licensee developed an action plan to address the performance issues and signed the performance improvement and action plan. On or about June 5, 2009, Licensee was placed on a performance improvement plan for performance issues. Licensee developed an action plan to address the performance issues and signed the performance improvement and action plan. Licensee admitted that the complaints about her were valid and agreed to take care of her health issues. On or about December 23, 2009, a nurse who had the shift after Licensee reported that Licensee had made two (2) medication errors in the previous shift. Licensee did not administer Methadone as ordered by the physician and the patient’s IV did not contain Piriton as ordered by the physician. There was no documentation that the patient or newborns were assessed or that the infant was fed at the required interval. Licensee was unable to provide a clear, accurate report to the oncoming nurse.


Sidle, Rochelle A. Columbia, MO Registered Nurse 124006 On or about August 16, 2006, Respondent removed two Morphine Sulfate 2mg IV syringes. Respondent failed to document whether this medication was administered or wasted. Respondent also removed Ativan 2mg. Respondent failed to document the administration or waste of this medication. At or around 1638 hours and 1822 hours, Respondent removed two Morphine Sulfate 2mg IV syringes. Respondent failed to document the administration or waste of this medication. Probation continued on page 12

Probation continued from page 10

Smithier, Cicily Renea West Plains, MO Registered Nurse 2009024678 On October 28, 2009, Licensee filed a police report with the West Plains Police Department. On October 29, 2009, while being interviewed by the West Plains Police Department, Licensee admitted to using Methamphetamine.


Stryale, Brent M. Shawnee Mission, KS Registered Nurse 2009020153 On January 28, 2010, Licensee was requested to submit to a drug screening by his employer. Licensee’s drug screen was positive for Alprazolam metabolite, Clozazepam metabolite, Fentanyl, and Norfentanyl. Licensee participated in an inpatient treatment program from February 1, 2010 to February 3, 2010. Licensee completed an outpatient program on March 8, 2010.

Probation 5/1/2011 to 5/1/2015

Wright, Susan A. O Fallon, IL Registered Nurse 2004021363 On September 4, 2010, Licensee reported to work on her regularly scheduled shift. Licensee was requested to submit to a blood alcohol test. The test showed Licensee’s blood alcohol content to be .128 by weight.


Barnett, Michelle L. Blue Springs, MO Registered Nurse 149480 On October 22, 2010, Licensee was requested to submit to a ‘for cause’ drug screen. The test was positive for fentanyl and norfentanyl. During an interview with an investigator for the Board, Licensee admitted to diverting fentanyl from the hospital due to a back injury.


Frazer, Janette R. Nixa, MO Registered Nurse 130184 On October 28, 2010, Licensee was required by her employer to submit to a random screening. The results were positive for barbiturates. Licensee did not have a valid prescription for barbiturates.


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document whether this medication was administered or wasted. On or about July 21, 2006, Respondent removed Morphine Sulfate 4mg. Respondent failed to document whether or not the medication was administered or wasted.

On or about August 2, 2006, at or around 1254 and 1534 hours, Respondent removed Morphine Sulfate 4mg. Respondent failed to document whether these doses were administered or wasted. On or about August 16, 2006, at or around 0850 and 0921 hours, Respondent removed Morphine Sulfate 2mg syrings. Respondent failed to document whether this medication was administered or wasted.

On or about August 8 and 9, 2006, Respondent failed to document pain scores. Respondent was responsible for documenting pain scores for Patient A. Patient A was receiving a PCA (or Patient Controlled Analgesia) of Dilaudid. When changing a PCA syringe, it is required that there be two signatures. When changing the PCA syringe, Respondent failed to obtain a second signature.

On or about May 30th, 2008, Licensee was called to assist in flushing a clogged g-tube style feeding tube belonging to a resident Ms. S and Licensee retrieved some “Q-tip” style swabs to attempt to unclog resident feeding tube. Ms. S used the swab and removed some “sludge” from the feeding tube. While attempting to remove the clog from the feeding tube, the swab tip broke off into the resident’s feeding tube. Licensee was aware that Ms. S was attempting to clean the feeding tube with a swab, but was not aware that a swab had broken off into resident feeding tube. It is improper to clean a feeding tube with a swab. The Licensee was responsible for monitoring and/or following up on the cleaning of the feeding tube, ultimately as a supervisor. Licensee was not the primary nurse caring for the resident; however Licensee knew the resident was to be transferred to the emergency department. Licensee, as supervisor, failed to see that the charge nurse was notified and the resident’s physician, which she had a duty to do.


Blankenship, Sandra Lynn
Benton, MO
Licensed Practical Nurse 058080

On or about July 6, 2005, the Missouri Department of Health and Senior Services (“DHSS”) completed a complaint investigation. Following the investigation, DHSS placed Licensee on its Employment Disqualification List on or about September 15, 2005 following a final disposition of her case with DHSS. Licensee’s name remained on DHSS’s Employment Disqualification List until approximately August 15, 2008.

Probation 3/22/2011 to 3/22/2013

Kimes, Lisa
Cape Girardeau, MO
Licensed Practical Nurse 135704

The hospital conducted a thirty day review of Pyxis records for the month of May, 2010. The review showed that Licensee withdrew eighty-two narcotic doses. Twenty-seven of those doses were not documented in the patient charts. On twelve occasions, Licensee removed medication for patients that were not assigned to her. Licensee removed medications for two patients that were NPO and on a ventilator. On May 27, 2010 three doses of antibiotics, Reglan and a potassium protocol until the error was corrected as five (5) units too large to ‘test’ to see if the inmates were checking their dosages. If the inmate did not check the dosage, Licensee would allow the inmate to inject the dose without preventing them from administering the extra medication. As a result of Licensee’s ‘testing’ the inmates, multiple inmates injected themselves with larger than necessary doses of insulin.

Probation 5/7/2011 to 5/7/2013

Vandeveugden, Patricia M.
Cameron, MO
Licensed Practical Nurse 022688

At the institution where Licensee worked, diabetic inmates were allowed to self-inject their insulin after the dosages were drawn up by nurses. The inmates were supposed to double-check the dosage that had been drawn up for them prior to administering the injection. Licensee routedly drew up a dose that was as many as five (5) units too large to ‘test’ to see if the inmates were checking their dosages. If the inmate did not check the dosage, Licensee would allow the inmate to inject the dose without preventing them from administering the extra medication. As a result of Licensee’s ‘testing’ the inmates, multiple inmates injected themselves with larger than necessary doses of insulin.


Huff, Robyn Lynn
Prescott, AZ
Registered Nurse 2007003272

On November 29, 2009 a physician wrote an order for a Cardiacem drip. Licensee did not start the drip and did not notify the physician that she was not going to start the drip. On December 3, 2009, Licensee noted an order to discontinue Plavix. Licensee did not ensure that the order was entered correctly; causing the patient to continue receiving Plavix, which increased the patient’s bleeding risk during heart surgery. On January 9, 2010 Licensee noted orders prior to ensuring that the medications were on the MAR. The patient did not receive antibiotics, Reglan and a potassium protocol until the error was discovered on January 11, 2010.


Frost, Kimberly A.
Saint Charles, MO
Registered Nurse 133513

On August 11, 2007, Licensee was observed at work to have hurried and excessively loud speech and red, bloodshot eyes. Licensee was suspended from work for two days for behavior that suggested that she was under the influence of drugs or alcohol at work. On October 18, 2007, Licensee was observed at work to have slurred speech, shaky handwriting and red, bloodshot eyes. Licensee was requested to submit to a drug and alcohol screen. Screen results were positive for marijuana and a history of psychotropic drug use.

Probation 5/6/2011 to 5/6/2012

Declue, Mary L.
Cadet, MO
Licensed Practical Nurse 056529

On June 26, 2009, Licensee was feeding resident S. K. The resident kept falling asleep and Licensee would verbally wake the resident and continue to feed her. The resident choked and was stricken. Licensee slid the plate on the table and placed a clothes protector on the emesis and went to assist another resident. During breakfast, resident R. E. began crying as she did not get her breakfast tray fast enough. Licensee made the statement, “Look at the cry baby in the corner, waa waa.” Licensee told R. E. to stop crying as she was upsetting other residents. On June 27, 2009, Licensee came into the break room saying that she had to get away from R. H. as she could not get anything done. R. H. knocked on the door and Licensee signaled to staff present in the break room to be quiet and did not get up and answer the door.

Probation 5/14/2011 to 5/14/2013

Clark, Cherrie Angela
Fulton, MO
Registered Nurse 2002009970

On January 3, 2010, Licensee reported to work. Staff noted that Licensee’s appearance was disheveled, her speech was slurred and she smelled of alcohol. Licensee was required to undergo a drug and alcohol screen. The test showed a positive result for alcohol. Licensee’s blood alcohol level tested at .141.

Probation 3/2/2011 to 3/2/2014

Estes, Joseph Lindol
Kansas City, KS
Registered Nurse 2010013523


Probation 5/12/2011 to 5/12/2013

Hall, Allison B.
Florence, AL
Registered Nurse 099498

On June 7, 2010, Licensee was requested to submit to a drug screening by her employer. Licensee’s test was positive for marijuana.

Probation 4/16/2011 to 4/16/2013

Inman, Christopher John
Advance, MO
Registered Nurse 2009006610

On October 18, 2010, Licensee pled guilty to the Class D Felony of ‘DWI–Alcohol–Persistently Offender’. The offense was classified as a felony because Licensee had been convicted of alcohol related driving offenses in 1996, 1999 and 2006.

Probation 3/22/2011 to 3/22/2014

Barry, Leanne Elizabeth
Lake Winnebago, MO
Registered Nurse 2003027807

On May 28, 2009, Licensee was on duty in a courtyard with a resident. Licensee reported to work, however Licensee knew the resident was to be transferred to the emergency department. Licensee, as supervisor, failed to see that the charge nurse was notified and the resident’s physician, which she had a duty to do.


Probation continued on page 11

Probation continued...

Conway, Marjorie Mallory
Cape Girardeau, MO
Registered Nurse 2001017786

On March 11, 2009, Licensee was assigned to provide care to a patient who was on ‘compassionate care’. Licensee gave the patient double the amount of morphine that was ordered by the physician. Licensee failed to properly document the amount of morphine that she administered to the patient. Licensee then lied to her supervisor about the amount of morphine that she administered.

Probation 5/6/2011 to 5/6/2012

Probation continued on page 13

August, September, October 2011

Probation continued...

Frost, Kimberly A.
Saint Charles, MO
Registered Nurse 133513

On August 11, 2007, Licensee was observed at work to have hurried and excessively loud speech and red, bloodshot eyes. Licensee was suspended from work for work for two days for behavior that suggested that she was under the influence of drugs or alcohol at work. On October 18, 2007, Licensee was observed at work to have slurred speech, shaky handwriting and red, bloodshot eyes. Licensee was requested to submit to a drug and alcohol screen. Screen results were positive for marijuana and a history of psychotropic drug use.

Probation 5/6/2011 to 5/6/2012

Probation continued on page 13

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including physically attacking staff and other patients. Patient P. M. threatened and began threatening staff members and tearing limbs off of the trees in the court yard. Licensed Nurse was given a 20 mg syringe of Gendron, an antipsychotic medication and began convulsing. Patient P. M. then hit the staff in the air emptying the syringe and handed the empty syringe back to Licensee who eventually administered the injection. Probation 3/17/2011 to 3/31/2011

Foster, Jonathan Troy
Bonner Springs, KS
Registered Nurse 2009021896

Licenee was employed as a registered professional nurse with a hospital in Leopold, MO. Licensee was designated as a 'do not return' by the hospital; meaning that the hospital would not allow Licensee to work at the hospital in the future. While working, Licensee diverted morphine, Demerol and fentanyl for his personal consumption. Licensee was assigned to work at a different facility. Again, Licensee was designated as a 'do not return' by the hospital. While working, Licensee diverted morphine and hydromorphone for his personal consumption. As a result of the above incidents, Licensee's license to practice as a registered professional nurse in Kansas was disciplined by the Kansas State Board of Nursing, effective April 27, 2010. Probation 3/2/2011 to 3/2/2016

Reed, Russell A.
Jefferson City, MO
Registered Nurse 137581

On June 24, 2008, Licensee pled guilty to the Class B Misdemeanor of 'Driving While Intoxicated'. Licensee was sentenced to serve six (6) months jail. Execution of that sentence was suspended and Licensee was placed on two (2) years of unsupervised probation. In addition, Licensee was ordered to undergo treatment for alcohol dependence treatment, and/or wastage. Licensee was not following policies related to recording medications prior to administration and not properly documenting supervision of prescriptions. In Licensee's interview with an investigator from the Board, Licensee admitted that he diverted Morphine and Dilaudid for his employer for his own personal use. Probation 4/1/2011 to 4/1/2015

Schaub, Michael Shane
Smithboro, IL

On August 31, 2010, Licensee was assigned to provide care to the patient until 5:00 p.m. When the patient's next family requested that he be provided constant supervision as he was prone to confusion and was a fall risk. Licensee was not following policies related to recording medications prior to administration and not properly documenting supervision of prescriptions. In Licensee's interview with an investigator from the Board, Licensee admitted that he diverted Morphine and Dilaudid for his employer for his own personal use. Probation 4/1/2011 to 4/1/2015

Miller, Sheila D.
Lees Summit, MO
Registered Nurse 2011001283

On September 25, 2010, Licensee was assigned to provide care to an elderly patient who suffered from dementia. The patient's family requested that he receive constant care. On February 4, 2010, Licensee admitted to writing the prescription and giving the medication. Probation 3/16/2011 to 3/16/2012

Mayberry, Jason Daniel
Salem, MO
Registered Nurse 2002031155

On or about January 22, 2010, Respondent was found guilty by a jury of two counts of Theft/Stealing Any Controlled Substance, a Class C Felony. Probation 3/9/2011 to 3/9/2012

Berkhardt, Kristen Anne
Saint Charles, MO
Registered Nurse 03002274

On November 16, 2007, Licensee pled guilty to two (2) counts of the Class C Felony of Theft/Stealing a Controlled Substance. The Court revoked his probation and placed Licensee on five (5) years of supervised probation. Probation 3/2/2011 to 3/2/2014

Brown, Ronald L.
Medic, MO
Licensed Practical Nurse 056484

On June 20, 2007, Licensee diverted oxycodone and hydrocodone for his personal consumption. Probation 5/2/2011 to 5/2/2014

Wheeler, Penny LaRay
Novinger, MO
Registered Nurse 2004038222


Durand, Debra Sue
Neosho, MO
Licensed Practical Nurse 2004031198

As Licensee was coming on duty and taking report from the off-going nurse, the Director of Nursing (DON) was advised by another employee that they believed that Licensee was under the influence of alcohol. The DON requested Licensee to submit to a breath alcohol test. The test showed Licensee to have a blood alcohol content, by weight, of .16. Probation 3/9/2011 to 3/9/2013

Heard, Heath Ashley
Lawson, MO
Licensed Practical Nurse 2009005800

On July 29, 2010, Licensee was providing care to a resident. The resident had physician's orders for Roxanol, 10 mg every two hours as needed for pain. The resident also had a physician's order for Ativan, .5mg every four hours as needed for anxiety and shortness of breath. During his shift on July 29, 2010, Licensee administered Roxanol and Ativan every hour. Licensee failed to document the resident's pain scores or anxiety level. Licensee also failed to document the effectiveness of the medications. Licensee admitted that he administered the medications in excess of the doctor's orders. Licensee stated that he was verbally advised by the doctor that the drug had been changed, but admitted that he failed to confirm that information. Probation 3/9/2011 to 3/9/2013

Rapp, Brenda S.
Kansas City, MO
Registered Nurse 083316

On September 9, 2009, Licensee was sitting on a chair at the cafeteria table with a mask on her face. The machine was set to deliver Nitrous Oxide at a rate of 10 liters/ minute and Oxygen at 3 liters/minute. Nitrous Oxide is not a controlled substance, but is a dangerous anesthetic substance. Probation 3/2/2011 to 3/2/2013

Leitmann, Christine M.
Willow Springs, MO
Licensed Practical Nurse 084404

Licensee was assigned to work with a fourth grade student who required constant care and attention. On October 5, 2010, Licensee administered the medications to the student at school on the bus stop. When she arrived at the school with the student, she was observed by school administrators to be staggering, speaking incoherently and slurring her words, and she was also observed using a cell phone. When confronted, Licensee admitted to drinking prior to accompanying the child to school. Probation 5/17/2011 to 5/17/2013

Bougher, Theresa Georgann
Republic, MO
Registered Nurse 2005007985

Pursuant to the Agreement, Respondent was required to contract with a qualified mental health professional (i.e., a Licensed Professional Counselor, Counseling Psychologist, Licensed Clinical Social Worker, Pharmacist, Mental Health Nurse Practitioner, Psychologist, Psychiatric Mental Health Nurse Practitioner, or Family Nurse Practitioner) to attend treatment(s) for chemical dependency, as well as to undergo a psychiatric evaluation as a condition of the Agreement. Probation 3/9/2011 to 3/9/2012

Oreay, Nancy C.
Malta Bend, MO
Licensed Practical Nurse 504975

Pursuant to the Agreement, Respondent was required to abstain completely from the use or possession of any controlled substance or other drug for which a prescription is required unless use of the drug has been prescribed by a person licensed to prescribe such drug and with whom Respondent has a bona fide relationship as a patient. On November 20, 2009, Respondent submitted a urine sample random for drug screening. That sample tested positive for the presence of fentanyl. Probation 3/9/2011 to 3/9/2014

Schaub, Michael Shane
Saint Charles, MO
Registered Nurse 2002031872

Licensee was employed by the Pyxis and failed to document their administration and/or wastage. Licensee withdrew narcotics from the Pyxis for patients that were not assigned to him and failed to document those administrations and/or wastage. Licensee was not following policies related to administration of medications to patients. Probation 4/1/2011 to 4/1/2015

Tinoco, Marian P.
Fenton, MO
Registered Nurse 2010012843

On September 25, 2010, Licensee was assigned to provide care to an elderly patient who suffered from dementia. The patient's family requested that he receive constant care. On February 4, 2010, Licensee admitted that he diverted Morphine and Dilaudid for his employer for his own personal use. Probation 4/1/2011 to 4/1/2015

Gallimore, Lorie A.
Nevosha, MO
Registered Nurse 120376

In July of 2008, the Hospital requested Licensee to submit to a screening for alcohol and drugs. The test was positive for Meperidine. Probation 4/1/2011 to 4/1/2014

Miller, Nicole K.
Troy, D.
Registered Nurse 124445

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

Richardson, Lara Leigh
Gravins Mills, MO
Licensed Practical Nurse 2010007969

On July 28, 2009, Licensee pled guilty to the Class A Misdemeanor of 'Stealing'. Probation 5/16/2011 to 5/16/2012

Probation continued from page 12

PROBATION Continued...

Slone, Mary Ellen
Salem, MO
Registered Nurse 2005020873

From January 2, 2007, through July 11, 2008, Slone had prescriptions for Oxycodone, Diazepam, Alprazolam, Hydromorphone and Endocet filled, totaling 9,650 tablets. Multiple doctors and pharmacies were used. Slone used 240-300 mg tablets of Oxycodone a week. On July 22, 2008, Slone withdrew narcotics from the Pyxis and failed to document the medications. Probation 3/9/2011 to 3/9/2016

PROBATION Continued...

Missouri State Board of Nursing • Page 13

Probation continued on page 14
Pierce, Sherry Lynn
West Plains, MO
Licensed Practical Nurse 2011007750
On July 20, 2007, Licensee admitted herself for treatment for amphetamine and marijuana dependence. She successfully completed the program and was discharged on November 7, 2007. Licensee attended aftercare and reports that she has remained clean and sober since July 3, 2007. Probation 3/31/2011 to 3/31/2013

Good, Erin L.
Saint Charles, MO
Licensed Practical Nurse 2011007968
On June 27, 2007, Licensee pled guilty to the Class C Felony of ‘Possession of a Controlled Substance with Intent to Deliver’. On December 6, 2008, the Court entered an Order finding that Licensee had complied with the terms of the probation and the Court granted her early release. As a result of the Court’s findings and Licensee’s successful completion of probation, Licensee was not formally convicted of the offense. Probation 3/16/2011 to 3/16/2012

Wiggins, Sonya Elise
Little Rock, AR
Licensed Practical Nurse 2010004123
A chart audit of Licensee’s patient revealed several discrepancies which occurred on May 3, 2010. At 12:23 p.m., Licensee withdrew two (2) Vincodin for a patient. Licensed documented the administration of the one (1) Vincodin at 3:30 p.m. There is no documentation of administration or waste for the remaining Vincodin. When questioned, the patient denied that they had received any medication. At 4:06 p.m., Licensee withdrew two (2) Tylenol #3 for a patient. Licensee documented the administration of the medication at 4:08 p.m. When questioned, the patient stated that they received only one (1) tablet of Tylenol #3. At 5:49 p.m. and 5:50 p.m., Licensee withdrew one (1) tablet of Percocet for another patient. Licensee documented the administration of one (1) tablet of Percocet at 5:48 p.m. There is no documentation of administration or waste of the remaining Percocet. At 12:30 p.m. and 3:32 p.m., Licensee withdrew two (2) tablets of Vincodin for a patient. Licensee documented the administration of the two (2) tablets at 3:36 p.m. There is no documentation of administration or waste of the remaining Vincodin. At 5:43 p.m., Licensee withdrew two (2) Vincodin for a patient. The patient had been discharged at 4:50 p.m. There was no documentation of administration or waste of the Vincodin. Probation 3/22/2011 to 3/22/2012

Brewer, Janis F.
Cape Girardeau, MO
Registered Nurse 145821
On April 24, 2009, Licensee communicated three (3) serious medication errors during the course of one shift. Licensee was assigned to a patient who had an order to have lipids infuse over twelve (12) hours. Licensee documented that she administered insulin at 1100 and Lactinex at 1200. Again, the nurse that she had documented. Licensee documented that she administered a medication cup. Licensee did not administer the medication as administered Lactinex to a patient at 1200. However, the nurse that was assigned to a patient who had an order to have lipids infuse over twelve (12) hours. Licensee committed a culpable violation of K.A.P. and ordered to serve a disciplinary sanction in accordance with the terms of K.A.P.

Bell, Brandi Marie
Kansas City, MO
Registered Nurse 135882
On January 22, 2010, the Director of Nursing conducted a medication audit. Licensee signed out a Tylenol 3 with Codiene timed at 0500 when the current time was 0450. On January 22, 2010, Licensee’s coat pocket was searched and contained one Oxycontin 15 mg tablet; one Liumnoril 30 mg tablet; seven Hydrocodone 250 mg tablets; four unknown round green pills; three small white sugar pills used to deliver medication in; and one small rolled cigar containing burnt marijuana residue. Licensee admitted that, on January 17, 2010, she smoked marijuana with her boyfriend. Probation 3/31/2011 to 3/31/2013

Payne, Pamela J.
Doniphan, MO
RN 2011007270
On December 12, 2005, Licensee pled guilty to one count of the Class C Felony of ‘Possession of a Controlled Substance’, three counts of the Class C Felony of ‘Possession of a Chemical with Intent to Manufacture a Controlled Substance’ and one count of the Class D Felony of ‘Unlawful Use of Drug Paraphernalia’. On April 25, 2005, Licensee pled guilty to one count of ‘Possession of Pseudoephedrine Knowing and Having Reasonable Cause to Believe it would be used to Manufacture Methamphetamine’. The Court sentenced Licensee to serve one year in the Federal Bureau of Prisons to be followed by two year of supervised probation. Licensee was previously licensed by this Board as a registered professional nurse. That license was revoked by the Board on June 13, 2008. Probation 3/31/2011 to 3/31/2015

Douglas, Kelly Sue
Paola, KS
Registered Nurse 135886
In accordance with the terms of the Settlement Agreement, Respondent was required to comply with the terms of KNAP. On January 10, 2011, Respondent was required to comply with the terms of KNAP. Respondent advised the Board that he had violated the terms of KNAP by relapsing. Probation 3/31/2011 to 9/30/2013

Williams, Lesa E.
Novinger, MO
Licensed Practical Nurse 063935
The hospital’s automated chart audit system revealed that between October and December of 2009, Licensee committed eighteen (18) documentation errors. The errors involved failing to document wasted medication, failing to document after administration. Licensee also administered a medication after it had been discontinued by the patient’s physician. There were also multiple instances when the Licensee charted the wrong amount, the wrong time or charted in the wrong location in the chart. Licensee was allowed to resign in lieu of termination. Probation 3/31/2011 to 3/31/2013

August, September, October 2011

Rivers, Chaneil Marie
Rolland Park, KS
Licensed Practical Nurse 2011009175

Moore, Tonya Marie
Clarksville, MO
Registered Nurse 2008006178
On October 23, 2008 Licensee’s Texas Registered Nurse license was disciplined. Probation 4/16/2011 to 4/16/2013.

Russ, Heather Michelle
WXYZ, MI
Registered Nurse 2005009964
On November 10, 2009, the Oklahoma Board of Nursing temporarily suspended Licensee’s license until January 28, 2010, and ordered the license be referred to the Peer Assistance Program of the Oklahoma Board of Nursing. Probation 4/19/2011 to 4/19/2014

Harris, Cindy L.
Ironton, MO
Registered Nurse 137893
While working at the hospital in early 2008, certain electronic medical records were accessed using Licensee’s computer passcode which Licensee would have no medical purpose to access. Accessing the records of an individual for whom there is no medical purpose constitutes a HIPAA violation. On May 22, 2008, Licensee resigned in lieu of termination. Probation 3/16/2011 to 3/31/2011

Martinez, Maggie Mac
Sedalia, MO
Licensed Practical Nurse 2005011435
On May 1, 2010 Licensee instructed a certified nurse assistant to administer medication to a resident, without first assessing the resident. Licensee instructed another certified nurse assistant to administer controlled substances to a resident without first assessing the resident. Probation 5/14/2011 to 5/14/2013

Rossi, Karin Lynn
Hartsburg, MO
Registered Nurse 2010114016
On January 13, 2010, Licensee removed Fentanyl from the Pyxis. Licensee did not document the administration or waste of the Fentanyl. When confronted, Licensee refused to take a urine drug screen indicating that it would be positive for marijuana. Probation 5/12/2011 to 5/12/2014

Merrill, Meredith Christine
Joplin, MO
Registered Nurse 2005034144
On June 9, 2008, a pharmacy contacted the supervisor of a facility regarding a prescription reffill of Hydrocodone for J. M., who was Licensee’s fiancé at the time. There was no evidence of a prescription for J. M. in the patient’s chart so the supervisor requested a copy of the prescription. The prescription had the physician’s signature on it and was for Hydrocodone 60 mg tablets.

Probation continued from page 13

PROBATION Continued...

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with five refills. Upon further review, it was determined that the prescription had been written on May 15, 2008, when the physician was not in the office and therefore, could not have signed the prescription. It was discovered that J. M. had prescriptions authorized by the physician filled for Hydrocodone at multiple pharmacies. The prescriptions for Hydrocodone were written on September 21, 2007 with no refills. November 28, 2007, with three refills; February 22, 2008 with five refills; and May 15, 2008 with five refills. Licensee obtained prescriptions for controlled substances to be filled in her fiancé’s name.

Probation 5/6/2011 to 5/6/2014

Clark, Karen Sue
Sainte Genevieve, MO
Registered Nurse 2007008466
On September 9, 2010, Licensee submitted to a pre-employment urine drug screen. The test was positive for THC, a metabolite of marijuana.

Probation 4/21/2011 to 4/21/2013

REVKWATION Continued...

Christensen, Naomi Jeanne
Saint Louis, MO
Registered Nurse 2009014872
Respondent was required to meet with representatives of the Board as required by the Board. Respondent was advised by certified mail to attend a meeting with the Board’s representative. Respondent did not attend the meeting.

Revoked 3/9/2011

Middgett, Robyn Ann
Independence, MO
Licensed Practical Nurse 2006035280
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. On April 12, 2010; April 20, 2010 and October 21, 2010, Respondent was advised that she had been selected for screening. Respondent failed to report to a collection site. Respondent was required to abstain completely from the use or consumption of alcohol. On January 27, 2011, Respondent submitted a sample for screening. The sample tested positive for alcohol. Respondent was required to submit employer evaluations. The Board did not receive an employer evaluation by the May 2010, November 2010 or the February 2011 documentation due dates.

Revoked 3/9/2011

Galovich, Michelle Y.
Arnold, MO
Licensed Practical Nurse 645326
Respondent was required to undergo a chemical dependency evaluation. The Board never received a chemical dependency evaluation submitted on behalf of Respondent. Respondent was required to undergo a mental health evaluation. The Board never received a mental health evaluation submitted on behalf of Respondent. Respondent was required to renew her nursing license immediately. Respondent’s license expired and remains lapsed.

Revoked 3/9/2011

Cannon, Crissy M.
Springfield, MO
Registered Nurse 137782
Respondent was required to contract with NTS and participate in random drug and alcohol screenings. Respondent failed to call NTS on 77 days. On November 2, 2010, Respondent called NTS and was advised that she had been selected. Respondent failed to report to a collection site to provide the requested sample. Respondent was required to submit employer evaluations from every employer. The Board did not receive an employer evaluation by the first documentation due date in December, 2010.

Revoked 3/9/2011

Stagg, Abby L.
Joplin, MO
Registered Nurse 1447287
Respondent was required to abstain completely from the use or possession of any controlled substance. On November 29, 2010, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of fentanyl.

Revoked 3/9/2011

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Revocation continued on page 15

Wildenhain, Cindy L.
Macon, MO
Registered Nurse 124334
Respondent was required to submit to a urine drug screen. The test results were positive for Benzodiazepine. Licensee diverted controlled substances from the hospital for personal use. She admitted that she had a drug abuse problem.

Revoked 3/9/2011

Thomas, Christine Joy
Independence, MO
Registered Nurse 2008005718
Respondent was required to submit employer evaluations from every employer. Respondent failed to submit an employer evaluation by the August and November 2010 documentation due dates.

Revoked 3/9/2011

Jones, Patricia E.
Montrose, MO
Registered Nurse 104409

Revoked 4/21/2011

Van Goethem, Deborah L.
Louisdurg, KS
Registered Nurse 073709
Respondent was required to abstain completely from the use or consumption of alcohol. Respondent submitted a urine sample for random screening. The sample tested positive for the presence of alcohol.

Revoked 3/9/2011

DuVall, Darla
Edwardsville, IL
Registered Nurse 146274
Respondent was required to contract with NTS and participate in random screenings. On June 25, 2000; July 12, 2010; and September 8, 2010, Respondent was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample.

Revoked 3/9/2011

Ducko, Stormee Shrive Rae
Kimbirg City, MO
Registered Nurse 2009037231
Respondent was required to complete the Board’s designated continuing education hours. The Board did not receive proof of completion of any contact hours.

Revoked 3/9/2011

Prindle, Lisa Marie
Chillicothe, MO
Registered Nurse 2004407804
On September 3, 2010, when Licensee reported to work she was observed to have slurred speech, a strong odor of alcohol and was unable to concentrate enough to participate in the narcotics count. Licensee admitted to drinking prior to arriving at work. On October 13, 2010, Licensee pled guilty to the Class A

Revocation continued on page 16
**New Hospital: Enhanced Services; Same Compassionate Care!**

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Jefferson City, Missouri—July 21, 2011—As part of the Missouri Center for Patient Safety’s initiative, People, Priorities & Learning Together, 13 Missouri hospitals have joined CUSP Teamwork & Communication Tools, launched in June, 2011, to increase patient safety and eliminate medical errors by improving communication and coordination of care at the bedside.

The six month module builds upon The Basics of CUSP, the first module offered by MOCPS last fall to teach hospital units how to implement the Comprehensive Unit-based Safety Program (CUSP), an evidenced-based safety improvement program developed by Johns Hopkins University to help bedside caregivers drive safety and quality improvement on their units.

In CUSP Teamwork & Communication Tools, units will continue to proactively seek out and resolve defects on their respective units by learning to implement ‘Multi-disciplinary Rounds with Daily Goals’ and ‘Structured Huddles.’

Multi-disciplinary Rounds with Daily Goals is an effective strategy that assembles patient care team members to review important patient care and safety issues and improve collaboration within the overall plan of care for individual patients. Tools such as daily checklists are used during patient rounds to prompt caregivers to focus on daily accomplishments that safely move patients closer to their transfer out of the ICU or discharge home. The practice has improved communication among care team members, patients and family members regarding the patient’s daily plan of care.

Research studies on the effectiveness of multi-disciplinary rounds show earlier identification of clinical issues, more timely referrals, improved patient outcomes and improved ratings by nurses and physicians on teamwork, communication and collaboration.”

“Using a Standardized Work System, the object of implementing Multidisciplinary Rounds with Daily Goals is to achieve a stable baseline for patient care processes in order to systematically improve them,” says MOCPS project manager, Kimberly O’Brien. “Patient goals are specific, measurable and documented where all care team members, patients and family members have access to specific, measurable and documented where all care team members, patients and family members have access to.

“The mantras in this module are ‘What you permit, you promote’ and ‘We deserve what we tolerate.’”

O’Brien says Structured Huddles are designed to keep bedside caregivers informed and engaged in improvement efforts every day as a briefing to review goals and progress.

The brief daily meetings allow staff members to focus on safety assessments asking proactive questions such as “what patients on the unit today are at risk for falling and what can we do to ensure those potential falls do not occur?” Other main areas of focus include discussing any variances from patient safety or clinical outcome goals, and developing daily strategies to help meet those goals.

“These short briefings allow unit staff members to stay informed, review work, make plans and move ahead rapidly,” says O’Brien. “They give fuller more frequent participation for bedside caregivers who often find it impossible to get away for the conventional hour-long improvement team meetings.”

“We are really proud of the 13 hospitals that have taken on this second patient safety module and look forward to working with them in the months to come,” O’Brien said.

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

- Elaina Bentrup – RN 2008008474
- Carrie Berry-Moyer – PN051027
- Sonja Cahill – RN138397
- Shawn Garbin – RN2000157060
- JoAnn Gaylor – RN130451
- Jamie Henke – RN110458
- Sandra Dawson – RN 2007007742
- Kathy Deckard-Smith – PN 2001026758
- Linda Forrest – PN 053815
- Amanda Kuehn – RN 2000151384
- Meredith Roman – RN106239
- Erma Glaus Long – PN035911

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