Message from the President

Aubrey F. Moncrief, CRNA

I had the pleasure to appear with Governor Nixon for the announcement of the Caring for Missourians grants awarded by the Board of Nursing. Congratulations to the seven grant recipients:

- University of Missouri, Kansas City
- Cox College
- University of Missouri, Columbia
- William Jewell College

Our thanks go to Governor Nixon and the nurses of Missouri for making this huge impact on nursing education in our state.

Be careful out there.

Executive Director's Report

by Lori Scheidt, Executive Director

The 2012 legislative session starts January 4, 2012 and will go through May 18, 2012. Legislators began pre-filing bills on December 1, 2011. Representative David Sater (R-District 68) pre-filed HB 1072 which would establish the Volunteer Health Services Act to allow certain licensed health professionals to provide services without additional licensure requirements. Senator Robin Wright-Jones (D-District 5) pre-filed SB 494 which would create the Medical Harm Disclosure Act to require reporting of medical harm events.

Senator Robin Wright-Jones has pre-filed SB 2500, which will modify the state legal expense coverage of certain health professionals and would modify hospital patient safety policies.

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

You should make your thoughts known to your legislators. Monitor bills that are filed in relation to them and become more informed about these important issues, which may prompt legislation to make changes. As it reads on the card. In fact, the information could be up to two years old. Implementation of the Nurse Licensure Compact added another element—whether the person has a multistate or single state license. Relying on a license card puts the public at risk and puts employers at risk for civil penalties and other sanctions.

On January 1, 2010 Missouri eliminated the issuance of license cards for regular license renewals. A license card will still be issued upon initial licensure in Missouri (by exam or endorsement). However, the initial card will not have an expiration date or multistate or single state license status. It will contain the nurse's name, profession and license number. Nurses and employers should go to www.nursys.com to verify multistate or single state license status, discipline and expiration date.

Eliminating the issuance of license cards for renewals benefits the Board, licensees, employers and the public.

- Assists employers in satisfying Joint Commission standards requiring use of primary source data for license verifications.
- Provides quicker access by employers to disciplinary actions taken by the Board.
- Eliminates lost, stolen and duplicate licenses.
- Eliminates imposters using fraudulent licenses.
- Increases the efficiency of licensure, investigative/monitoring and legal staff in license-related functions.
- Licensure verification is available free 24/7 at www.nursys.com
- Reduces expenses by an estimated at $148,000 after 2012.
- Reduces paper—going green!

No cards will be issued for Licensure Renewal

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Volume 14 • No. 1 February, March, April 2012

Governor
The Honorable Jeremiah W. (Jay) Nixon

State Board of Nursing Newsletter
Missouri
Volume 14 • No. 1 February, March, April 2012
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Lori Scheidt, BS

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

Gov. Nixon Announces Grants to Educate More Nurses at Missouri Colleges, Universities

ST. LOUIS—Gov. Jay Nixon today visited the University of Missouri-St. Louis College of Nursing to announce $1 million in grants to educate additional nurses at colleges and universities across the state.

The grants, made available through Gov. Nixon’s Caring for Missourians Initiative, are funded by revenue generated from nursing license fees collected by the Missouri State Board of Nursing. The program will provide $1 million in grants each year in Fiscal Years 2012, 2013 and 2014. Public and private colleges and universities are eligible to apply for grants of up to $150,000 per institution per year to hire additional faculty, purchase vital educational equipment or offer scholarships.

“A nursing education is a direct pathway to a rewarding and lifelong career, but for too long, too many students have been turned away from nursing education programs because they were at full capacity,” Gov. Nixon said. “As our economy begins to move forward, health care will continue to be a growing industry in our state. These grants will help our nursing schools educate more students and connect them with good jobs in every corner of Missouri.”

For the current fiscal year, FY 2012, the State Board of Nursing has approved the following grants:

- Cox College (Springfield) $49,978
- Mineral Area College (Park Hills) $49,950
- Ozarks Technical Community College (Springfield) $150,000
- University of Missouri-Columbia $149,540
- University of Missouri-Kansas City $83,596
- University of Missouri-St. Louis $149,996
- William Jewell College (Liberty) $149,750

To select the grant recipients, the Missouri State Board of Nursing reviewed competitive applications submitted by the institutions. In the second and third years of the program, the board will again invite applications and award the grants on a competitive basis.

According to its grant application, UMSL plans to expand its undergraduate nursing program by 32 students and develop a pilot program for expanding the number of future nursing faculty it educates at the doctoral level.

“We applaud Gov. Nixon and the State Board of Nursing for their leadership in helping us educate more nurses at this critical time,” said Sandy Lindquist, interim dean of the UMSL College of Nursing. “Hospitals, clinics and other providers are hiring nurses as quickly as possible, but capacity limits have forced us to turn away too many good students in the past. This grant will help us significantly expand our undergraduate program, while also laying the groundwork to expand our graduate program in the future. This is a real win for Missouri’s economy and the health of our state.”

Launched in fall 2009, Caring for Missourians was a one-time investment of $40 million to increase the number of nurses, physicians, dentists and other health professionals being educated at Missouri’s public colleges and universities. Colleges and universities developed individual plans for how they would invest their Caring for Missourians funds.

Gov. Nixon and the State Board of Nursing announced plans for this expansion of Caring for Missourians in December 2010. During the 2011 legislative session, the General Assembly passed two bills authorizing the program: House Bill 223 and Senate Bill 325.

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<thead>
<tr>
<th>Profession</th>
<th>Hourly Rate</th>
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<tr>
<td>RNs</td>
<td>$42.00/hr</td>
</tr>
<tr>
<td>LPNs</td>
<td>$30.00/hr</td>
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<tr>
<td>CNAs</td>
<td>$18.00/hr</td>
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<tr>
<td>CHHAs</td>
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Number of Nurses Currently Licensed in the State of Missouri

As of January 24, 2012

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
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<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>25,512</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>91,792</td>
</tr>
<tr>
<td>Total</td>
<td>117,304</td>
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http://pr.mo.gov
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MISSOURI STATE BOARD OF NURSING
February, March, April 2012

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Bridgewood Health Care Center is currently seeking an ADON. We are looking for an energetic, results oriented team leader to assist the DON at the facility. The successful applicant will have strong leadership and supervisory skills, a positive attitude, the ability to communicate effectively with residents, and enjoy working with adults who have mental and physical disabilities. Requirements include an unencumbered Missouri RN license and an excellent regulatory compliance record. Previous ADON experience and experience working with Special Needs residents preferred. The position offers an attractive salary, group health/dental insurance, 401K Retirement Plan, Paid Time Off (PTO) and more.

To be considered, please email resume in Word format to jwoodruff@bridgewoodllc.com or fax resume to 816-943-4160.
The Missouri Council of Practical Nurse Educators is a professional group of nurse educators that is focused on all issues related to the education of the practical nurse in the State of Missouri. The group's duty that is three years ago to support practical nursing students with a $500 scholarship. To be eligible the applicant must be actively attending as a support practical nursing students with a $500 scholarship.

Missouri's Nurse Practice Act provides for the regulation of the practice of nursing in the state as well as outlining the structure of the Missouri Board of Nursing which oversees the nursing profession. In fact, the Nurse Practice Act is the single most important document in determining the guidelines for the scope of nurses' professional responsibilities and duties. Defining the scope of practice for the licensed practical nurse is just one of the many issues addressed within the Nurse Practice Act. According to the textbook Basic Nursing published in 2011 by Mosby, Inc., Nurse Practice Acts also allow state nursing boards to set guidelines for the standard of practice in the care of nursing, set educational requirements for nurses and distinguish between the practice of nursing and the practice of medicine.

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North Central Mo. College, North Central Career Center Bethany. Her essay follows:

The Scope of Practice for the LPN

Authored by Kimberly Slaughter

Missouri’s Nurse Practice Act provides for the regulation of the practice of nursing in the state as well as outlining the structure of the Missouri Board of Nursing which oversees the nursing profession. In fact, the Nurse Practice Act is the single most important document in determining the guidelines for the scope of nurses’ professional responsibilities and duties. Defining the scope of practice for the licensed practical nurse is just one of the many issues addressed within the Nurse Practice Act. According to the textbook Basic Nursing published in 2011 by Mosby, Inc., Nurse Practice Acts also allow state nursing boards to set guidelines for the standard of practice in the care of nursing, set educational requirements for nurses and distinguish between the practice of nursing and the practice of medicine.

Practical nurses are defined in Chapter 335 of the Missouri Revised Statutes found on Missouri’s Division of Professional Regulation website, is the performance for selected acts for the promotion of health and in care of persons who are ill, injured or experiencing alterations in normal health processes. The scope of practice for the licensed practical nurse is defined as nursing acts that the nurse has the specialized skill, judgment and knowledge to perform. For the most part, specific tasks and duties are not outlined within the scope of practice for licensed practical nurses as this could be limiting for qualified nurses. Instead this definition provides for consideration of the training and skills of each individual nurse to set guidelines for the standard of practice in the care of nursing, set educational requirements for nurses and distinguish between the practice of nursing and the practice of medicine.

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Authorised by Jacque Carpenter RN, MS, PhD
Staff Development and Director of Nursing Research
Saint Luke’s Hospital of Kansas City

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Currently, a major gap exists between new graduate nurses’ experience levels and the complex care required for seriously ill patients, which typical hospital orientation programs may not address adequately. This presents many challenges for new graduates as they begin their careers, particularly in the acute care setting. The 2010 IOM report on the Future of Nursing (2010) suggested that nurse residency programs are necessary to assist new graduates’ transition into practice by providing structured opportunities to expand clinical and professional competencies. The National Council of State Boards of Nursing (NCSBN) and other nurse leaders (Goode et al., 2009) have recommended that all new graduate nurses participate in a nurse residency program in the year after graduation. In response to these concerns and recommendations, Saint Luke’s Hospital (SLH) convened a Task Force in January 2011 to develop a 12-month Nurse Residency Program to help build clinical competency and professional practice behaviors in new graduate nurses during their first year of practice.

This collaborative task force, composed of SLH nurses and nursing faculty from Saint Luke’s College of Health Sciences (SLCHS), reviewed various Nurse Residency models in search of a program that reflected our commitment to hire and encourage professional and leadership development among all of our new graduates, regardless of education. The NCSBN’s Transition to Practice model, designed explicitly to include nurses at all educational levels, was determined to be the best fit for SLH. The Transition to Practice bi-monthly curriculum is based on QSEN competencies (patient-centered care, communication and teamwork, quality improvement, evidence-based practice, and informatics), weaving patient safety (QSEN) and clinical reasoning concepts throughout.

The program goals include:
1. Transition from entry-level nurse to a competent professional.
2. Develop effective decision-making skills.
3. Develop clinical leadership skills at the point of patient care.
4. Develop strategies to incorporate sources of evidence-based practice and process improvement and present at Research Day.
5. Formulate an individual career plan to promote a lifelong commitment to professional nursing.

Although we have set the NCSBN’s Transition to Practice model as the foundation for our Nurse Residency Program, we have also added two components that we believe will strengthen the program even further: human simulation and intentional mentoring.

Human Simulation
Every other month during the 12-month residency program, new graduates will attend human simulations at Penn Valley’s virtual hospital or SLCHS simulation lab, facilitated by experienced SLH and SLCHS nurses. Through this simulation, new graduates will be exposed to both high risk/low frequency clinical situations and common clinical procedures. Each simulated session will last for 2 hours, that includes a 15 minute pre-briefing bedside report, 1 hour for the actual simulation, and a 45 minute de-briefing to review the process and outcomes of the scenario. The simulated experiences will expose them to challenging clinical scenarios that promote thinking, problem solving, and critical thinking (Beyea, Slattery, & von Reyn, 2010, Decker, Sportsman, Puett, & Billings, 2008), without placing actual patients at risk (Doyle, 2011).

Intentional Mentoring
SLH’s Nurse Residency Program relies on a robust mentor/new graduate nurse relationship that follows best practices specified by The Health Alliance of MidAmerica LLC (2011). Mentors have been trained to work closely with new graduate nurses to serve as a resource and provide professional development guidance and support for the new graduates. Utilizing the Nurse Mentoring Toolkit (The Health Alliance of MidAmerica LLC) designed for nurse mentors in acute care settings will provide structure to their regular meetings and activities. The Toolkit is a practical how-to mentoring guide containing specific questions to jump start discussions, resources, checklists, and activities.

Intentional mentoring will help to increase the new graduate’s commitment to, and active engagement in, the behavioral expectations required to practice; and promote professional development behaviors. Moreover, we expect that the nurse mentors will be exemplary role models for the new graduates, and promote professional development behaviors. However, we expect that the nurse mentors will be exemplary role models for the new graduates, and promote professional development behaviors. Moreover, we expect that the nurse mentors will be exemplary role models for the new graduates....
I’m not just a nurse.
I’m inventing new models of Veteran’s health care.
Chris, VA Nurse

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Licensure Corner

Missouri State Board of Nursing
Licensure Committee Members:
- Deborah Wagner, RN, Chairperson
- Adrienne Fly, Public Member
- Lisa Green, RN
- Rhonda Shimmons, RN, BSN, C
- Roxanne McDaniel, RN

LPN Renewal Notices
Renewal notices will be mailed to all Licensed Practical Nurses in March for those holding an active or retired license. The renewal notice will be printed on tri-fold paper that is sealed on the sides.

Remember, when renewing your license online, it will take 3-5 business days for your license to be updated and show the new expiration date. If you do not renew your license prior to May 31, 2012, and continue to practice, you will be practicing on an expired license and may be subject to disciplinary action. You will need to go to www.murnos.com to verify your renewed license, whether your license is a multistate or single state license, and the expiration date. The website www.murnos.com serves as primary source verification for Missouri.

Please note: You will not be issued a new wallet-sized card with this renewal. Effective January 1, 2010 Missouri eliminated the issuance of license cards for regular license renewals. New licensees will be issued one initial licensure license and will contain the name's nurse, profession and license number. There will be no expiration date on these licensure cards. Go to www.murnos.com to verify multistate or single state license status, discipline and expiration date. Failure to submit a renewal notice does not relieve you of your obligation to timely renew your license.

Insufficient Fees
When applying for or renewing your license, make sure you have the appropriate fees in your account. The Board of your obligation to timely renew your license.

324.010 No Delinquent Taxes, Condition for Renewal of Certain Professional Licenses
All persons and businesses 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 you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 30 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. If your license is suspended for income tax reasons, you may 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.

Contacting the Board
In order to assist you with any questions and save yourself and our office staff valuable time, please have the following available when contacting the Board:
- License number
- Pen and paper

Internal and Social Media
By faxing your request to 573-751-6745 or 573-751-6742.

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EOE

NCSBN Launches New Resources on Social Media and Networking for Nurses

NCSBN Launches New Resources on Social Media and Networking for Nurses

Media Contact: Dawn M. Kappel, Director, Marketing & Communications 312.325.3673 312.270.1034 fax dkappel@ncsbn.org

Chicago–The National Council of State Boards of Nursing (NCSBN) has created a variety of new resources to educate nurses about professional boundaries in a social networking environment. A video and a brochure based upon NCSBN's white paper A Nurse’s Guide to the Use of Social Media are now available on NCSBN's website.

The use of social media and networking is exponentially as the number of social media outlets, platforms and applications available continue to increase. Nurses use blogs, social networking sites, rosters and online chat rooms to communicate both personally and professionally with others. NCSBN recognizes that these social and electronic media tools have tremendous potential for strengthening professional relationships and offering nurses a valuable opportunity to interface with colleagues from around the world, but also carry the risk of inadvertently revealing private and confidential patient information.

In light of the proliferation of social networking, as well as the instantaneous nature of this medium, NCSBN’s newly created resources are designed to make nurses more cognizant of the potential consequences of disclosing patient-related information via social media. It is vital that nurses remain mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media.

NCSBN’s new video, “Social Media Guidelines for Nurses,” offers dramatization of potential scenarios of inappropriate social media use and highlights important concepts about the proper use of social networking in personal professional relationships and offering nurses a valuable opportunity to interface with colleagues from around the world, but also carry the risk of inadvertently revealing private and confidential patient information.

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The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories--American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members. Members: NCSBN provides education research and development for nurses in professional relationships and offering nurses a valuable opportunity to interface with colleagues from around the world, but also carry the risk of inadvertently revealing private and confidential patient information.

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

Indian Hills
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St. Charles Community College invites applications for a FT medical/surgical nursing faculty position for Fall 2012. Responsibilities include: classroom teaching, laboratory and clinical courses. A MSN, at least 5 years of clinical experience and/or teaching experience and an undisciplined Missouri RN license are required. Please submit one complete applicant packet, which must include all of the following: cover letter, resume, three references, copies of transcripts, and Req. No. 11-067, to St. Charles Community College Human Resources, 4601 Mid Rivers Mall Drive, Cottleville, MO 63367 or email to jobs@stchas.edu.

View more information at www.stchas.edu/jobs.

EOE

Director of Nursing
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Discipline Corner

Missouri State Board of Nursing
Discipline Committee Members:
• Adrienne Anderson Fly, JD
• Roxanne McDaniel, RN
• Ann Shelton, RN
• Rhonda Shimmens, RN
• Deborah Wagner, RN

Healthcare Integrity and Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB)

The Board receives phone calls concerning how they protect the public. Callers ask if they are able to look at discipline on a nurse’s license. I always tell them to do a self query through a licensee website.

The Healthcare Integrity and Protection Data Bank (HIPDB) and National Practitioner Data Bank (NPDB) are federal data banks. A Federal law Section 1128E of the Social Security Act (http://www.ssa.gov/OPP_Home/ ssa/title11/1128E.htm) requires that any disciplinary action taken against a health care professional’s license must be reported to these data banks. The section is titled Health Care Fraud and Abuse Data Collection Program. Discipline on a nursing license is reported to the HIPDB. The information is not available to the general public. The table below is on the web site https://www.ncsbn.org/418.htm. The table lists who the law specifies must have access to information in the HIPDB and NPDB.

<table>
<thead>
<tr>
<th>National Practitioner Data Bank (NPDB)</th>
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<tr>
<td>• State Licensing Boards</td>
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<td>• Professional Societies</td>
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<td>• Hospitals</td>
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<td>• Other Health Care Entities (e.g., HMOs), Individual Health Care Practitioners (e.g., nurses, physicians, dentists, etc.) through a self query</td>
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<td>• Federal and State Government Agencies</td>
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<td>• Health Plans</td>
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<tr>
<td>• Health Care Providers, Suppliers or Practitioners through a self query</td>
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The HIPDB is managed by the Healthcare Resources and Services Administration (HRSA) (http://www.hrsa.gov/index.html) under the Department of Health and Human Services. The Missouri State Board of Nursing uses the National Council of State Boards of Nursing to report to HIPDB. To find disciplinary actions on nurses go to www.nursys.com and do a Licensure QuickConform. It is free of charge and you may search for the licensee by name or license number. The discipline orders are attached in PDF format so they may be printed or viewed by the general public.


The Information for the Discipline Committee Members is free of charge and you may search for the licensee by name or license number. The discipline orders are attached in PDF format so they may be printed or viewed by the general public.

Missouri State Board of Nursing

Disciplinary Actions

You can now subscribe to Board of Nursing E-Alerts. Every Monday we will send you an email with an Excel file that contains the names, license numbers and professions of any nurse whose license has been disciplined by the Board of Nursing the preceding week.

Discipline may include license revocations, suspensions, probation or other actions.

You can then go to www.nursys.com to see the details of the discipline including the Board’s order.

To subscribe to the e-alerts, send your name and email address to Lori Scheidt at lori.scheidt@mo.gov

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Board of Nursing
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Disciplinary Actions

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Missouri is one of the most barrier laden states for access to care. While nurses account for nearly 30% of the nation's health care workforce, many nurses are employed in settings where their critical role has not been fully utilized. The Missouri Nurses Association Advanced Practice Registered Nurse (APRN) interest groups and other professional organizations have secured special legislative language to remove practice barriers for APRNs. This legislation will be introduced in the 2012 legislative session. The catch-phrase "Barrier-Free Care" is a reminder of the outcome needed to address the many restrictive barriers found in the health care system.

"Linda H. Aiken is an authority on causes, consequences, and solutions for nurse shortages in the U.S. and internationally. She directs the Center for Health Outcomes and Policy Research, is The Claire M. Fagin Leadership Professor of Nursing, Professor of Sociology, and Senior Scholar for Health Care Policy of the School of Health Sciences at the University of Pennsylvania. She co-directs the National Council on Physician and Nurse Supply, addressing national and global shortages of health professionals. Dr. Aiken has won the 2006 Baxter International Foundation's William B. Graham Prize for Health Services Research, 2006 Raymond and Beverly Sackler Award from Research America, the Academician of the American Academy of Arts and Sciences, the American Academy of Political and Social Science, the National Academy of Social Insurance, an Honorary Fellow of the Royal College of Nursing in the U.K., and former president of the International Council of Nurses.

Dr. Aiken's research has demonstrated that higher levels of education for nurses yield better patient outcomes and less hospital readmissions (Phillips, 2011). APRNs deliver care to patients in an already strained health care system is a less costly, more effective approach to improving access to care in areas that already suffer from tremendous shortage areas. The recent Joplin tornado exposed a significant barrier to access to care. As is, it cannot practice more than 30/50 miles from their collaborating physician. Missouri is the only state with this type of restrictive barrier. Many other barriers exist but are too numerous to list for this article. Missouri citizens may need these 6500 highly qualified nurses to provide quality care in the absence of infrastructure if future disasters occur. An impending explosion of patients in an already strained health care system is a less visible impeding disaster (Blouin, 2009).

Dr. Aiken's research shows that adequate staffing; this is critical research that supports access to care.
Disruptive and Unprofessional Behavior


Background

Although the television physician of old was sometimes depicted as grandfatherly (Marcus Welby), today’s iconic TV physician is Dr. Gregory House: brilliant, irascible, and virtually impossible to work with. This stereotype, though undoubtedly dramatic and even amusing, obscures the fact that disruptive and unprofessional behavior by clinicians poses a definite threat to patient safety. Such behavior is common among patients, nurses and physicians at more than 100 hospitals, 77% of respondents reported witnessing disruptive behavior in emergency department (most commonly verbal abuse of another staff member), and 65% reported witnessing disruptive behavior by nurses. Most respondents also believed that unprofessional actions increased the potential for medical errors and preventable deaths. Disruptive and disrespectful behavior by physicians has also been tied to nursing dissatisfaction and likelihood of leaving the nursing profession, and has been linked to adverse events in the operating room. Physicians in high-stress specialties such as surgery, obstetrics, and cardiology are considered to be most prone to disruptive behavior. These concerns should not obscure the fact that no more than 2%-4% of health care professionals at any level regularly engage in disruptive behavior.

Disruptive behaviors linked to adverse events in

Survey 1

Felt that disruptive behaviors were linked to medical errors

17%

Felt that disruptive behaviors were linked to patient mortality

18%

Report that they were aware of a specific adverse event that occurred because of the disruptive behavior

18%

*Of 4530 participants: 2846 nurses, 944 physicians, 40 administrative executives, 700 “other.”


Although there is no standard definition of disruptive behavior, most authorities include any behavior that shows disrespect for others, or any interpersonal interaction that impedes the delivery of patient care. Fundamentally, disruptive behavior by individuals subverts the organization’s ability to develop a culture of safety. Two of the central tenets of a safe culture—teamwork across the professional spectrum and addressing disruptive behavior during training may prevent subsequent incidents. Unfortunately, there are few data to guide efforts to prevent and address disruptive behaviors. It is clear that improving workplace safety, maintaining a culture of safety, and protecting the health and well-being of patients requires the development of a comprehensive approach to disruptive behavior problem.

Preventing and Addressing Disruptive Behavior

As the sentinel event alert noted, “There is a history of tolerance and indifference to intimidating and disruptive behaviors in health care.” This attitude is so widespread that, in some settings, disruptive behavior is considered the norm. Several studies have demonstrated that unprofessional behaviors, such as disrespectful and/or remediation in response to violations.

The Joint Commission requires that organizations have an explicit code of conduct policy for all staff and physicians. This approach would require collaboration between hospital accreditation organizations, federal and state medical licensing boards, and individual hospitals to establish formal standards for professional conduct, monitor adherence to those standards through confidential evaluations, and provide punishment and remediation in response to violations.

Although most patient safety problems are attributable to underlying systems issues, disruptive behaviors are fundamentally due to individual actions. The concept of just culture provides an appropriate foundation for dealing with disruptive behavior, as it calls for disciplinary action for individuals who willfully engage in unsafe behaviors. The Joint Commission requires that organizations have an explicit code of conduct policy for all staff and recommends including a “zero tolerance” approach to intimidating and disruptive behaviors. One example of a successful approach is the “disruptive behaviors pyramid” approach developed at Vanderbilt University Medical Center. A stepwise process for identifying and managing problem behaviors is outlined in this AHRQ WebM&M perspective.

Current Context

The Joint Commission’s Leadership Standard went into effect in 2009, including mandates for organizations to maintain a code of conduct that defines disruptive behaviors, or at least promote early identification of them. An editorial by Dr. Lucian Leape, one of the founders of the patient safety movement, proposed a systems-level approach to identifying, monitoring, and remediating poorly performing physicians, including those who regularly engage in unprofessional behavior. This approach would require collaboration between hospital accreditation organizations, federal and state medical licensing boards, and individual hospitals to establish formal standards for professional conduct, monitor adherence to those standards through confidential evaluations, and provide punishment and remediation in response to violations.

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Missouri State Board of Nursing • Page 9

Statement of unemployment by the April 4, 2011 and the July 4, 2011 dates of unemployment was to be submitted in lieu of employer evaluations. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted to each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted to each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted to each and every employer.

Censure 9/20/2011 to 9/21/2011

Donnell, Christina M.

Licensed Practical Nurse 2003020592

On October 5, 2010 at 4:15 p.m. a supervisor was reviewing Respondent’s chart and noticed that Respondent had pre-charged the administration of Ativan 0.5 mg. Licensee had documented the administration of Ativan at 7:00 p.m. and had documented the response to the medication at 10:00 p.m. On another patient, Licensee had pre-charged the administration of Vioxx at 9:00 p.m. and had documented the response to the medication at 10:00 p.m. On another patient, Licensee had pre-charged the administration of Vioxx at 9:00 p.m. and had documented the response to the medication at 10:00 p.m. On another patient, Licensee had pre-charged the administration of Vioxx at 9:00 p.m. and had documented the response to the medication at 10:00 p.m. On another patient, Licensee had pre-charged the administration of Vioxx at 9:00 p.m. and had documented the response to the medication at 10:00 p.m. On another patient, Licensee had pre-charged the administration of Vioxx at 9:00 p.m. and had documented the response to the medication at 10:00 p.m.

Censure 9/29/2011 to 9/30/2011

Fields, Violet Antoinette

Saint Louis, MO

Registered Nurse 093053


Probation 9/20/2011 to 7/24/2013

Whitson, Amanda Michele

Braggadocio, MO

Licensed Practical Nurse 051922

In accordance with the Board’s Order, Respondent was required to submit employer evaluations from each and every employer. If Respondent is unemployed, a notarized statement indicating the dates of unemployment was to be submitted in lieu of employer evaluations. The Board did not receive an employer evaluation or statement of unemployment by the April 4, 2011 and the July 4, 2011 documentation due dates. Respondent presented statements of unemployment with her to the Board Meeting.


Wilson, William Terrel

Bridgeport, MO

Registered Nurse 2010307350

On or about November 4, 1988, Licensee pleaded guilty to a misdemeanor charge of stealing, for which he received a suspended 16 month probation and a $1000.00 fine. Licensee has completed his probation so that he has no criminal record for this charge. Licensee has admitted that, in the past, he abused marijuana, alcohol and prescription medications. On April 19, 2011, Respondent pled guilty to the Class C Felony of “Possession of a Methamphetamine Precursor Drug With Intent to Manufacture Methamphetamine” in the Circuit Court of Perry County, Missouri. In accordance with the terms of the Settlement Agreement, Respondent is required to renew her nursing license immediately. On April 30, 2011, Respondent’s nursing license expired.


Henry, Jerry N.

Saint Louis, MO

Registered Nurse 095804

On December 4, 2010, Licensee came to the hospital and clocked in to work, although he was not on the schedule to work. There was no indication that he cared for any patients that day. A review of the Pyxis reports show that Licensee withdrew two 2mg/ml vials of Dilaudid using the ‘override’ function of the Pyxis. A further review of the Pyxis report from November 1, through December 2, 2010 revealed multiple instances where Licensee pulled controlled substances, but did not document the administration of those controlled substances. When questioned about not wasting the remaining dosage, Licensee stated that he had a habit of throwing medication vials away at the end of his shift.


Anderson, Jessica R.

Kingdom City, MO

Registered Nurse 133148


Probation 9/21/2011 to 9/21/2012

Barnett, Michelle L.

Blue Springs, MO

Registered Nurse 148480

Pursuant to the Agreement, Respondent was required to abstain from the consumption of alcohol. On June 13, 2011, Respondent submitted a urine sample for random drug and alcohol screening. The sample tested positive for the presence of ethyl glucuronide, a metabolite of alcohol. When Respondent

Probation continued on page 11
In accordance with the Agreement, Respondent was required to submit two sets of electronic documents at the direction of the DOH. Respondent was advised to provide the DOH with proof of completion of the continuing education hours at the direction of the DOH. Respondent was required to provide proof of completion of the continuing education hours as of June 1, 2011, and has not been provided proof of completion of the continuing education hours as of June 1, 2011.

On December 15, 2009, Licensee accessed the medical records of Patient 1, and had been accessing the records without consent, but stated that it was done out of concern as the co-worker was sent to another facility for emergency surgery. Upon further investigation, it was discovered that Licensee had examined the medical records of several other patients seen at the hospital without consent to do so. In addition, Licensee was found to have accessed the medical records of individuals without a valid medical reason or without proper authorization.

In accordance with the terms of the Agreement, Respondent was required to attend the DOH’s Continuing Education Seminar on March 22, 2011. Respondent did not attend this seminar.

In accordance with the terms of the Agreement, Respondent was required to complete continuing education hours at the direction of the DOH. Respondent was advised to provide the DOH with proof of completion of the continuing education hours as of June 1, 2011, and has not been provided proof of completion of the continuing education hours as of June 1, 2011.

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PROBATION CONTINUED...

Manager held the conference to address elements of concern with Respondent’s job performance as reported by his supervisor over the last six months. Pursuant to the Employee Conference Report:

- Failure to prioritize patient needs appropriately.
- Failure to demonstrate competent care of patients independent of the presence of a problem (PICC line). These conditions cannot
- Inability to organize nursing care and chart correctly.
- Failure to call NTS on sixteen (16) days. Further, on the following days, was not called to confirm the patient's location.
- Inability to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the required sample.

Probation 9/29/2011 to 1/10/2012

February, March, April 2012

PROBATION CONTINUED...

Logan, Amy K.

Registered Nurse 148819
Pursuant to the Settlement Agreement, Respondent was required to submit random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to complete a random drug and alcohol screening. From the beginning of her disciplinary period to the filing of this report, 11/22/2011, Respondent failed to submit random drug and alcohol screenings. In addition on 5/13/2012, Respondent failed to submit random drug and alcohol screenings in NTS of fifteen (15) days. In addition on 5/18, 2012, Respondent was selected to provide a urine sample for screening and the result of the screening showed a low creatinine reading. A low creatinine level is indicative of “masking” or other attempts to affect the results of the test.

Probation 9/20/2011 to 9/21/2016

Thomann, Theresa K.

Registered Nurse 148679
Probation continued on page 13
February, March, April 2012

PROBATION Continued from page 12

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REVOCATION

Whitt, Anthony David

Braymer, MO

Registered Nurse 2001015790

Registered Nurse at the Community Hospital at the Department at Hospital. On February 9, 2006 at 1:52 p.m. Respondent withdrew Fentanyl for patient, A.I.V. Patient, A.I.V., medication record contained no order from a physician prescribing that the patient receives Fentanyl. On September 9, 2006, Respondent fainted due to the fall. On May 25, 2010, Respondent was asked to submit to a random drug test due to our employment. Respondent was required to abstain completely from the use of alcohol. The request for follow-up does not result in the conviction. The patient's condition improved. The patient was then discharged from the hospital."
her daughter to return the hospital's call. The patient’s daughter returned the telephone message and Respondent was advised that she needed to take the call since she had been the primary nurse for her father. Respondent refused to return the call. Respondent refused to take the daughter’s call. Before leaving her shift, Respondent failed to give report to the charge nurse on the patient.

Revoked 9/20/2011

White, Nathan Burk Miami, OK
Licensed Nurse 2010005813 Pursuant to an Order from the Board of Nursing, Licensee was required to meet with representatives from the Board at regular intervals. Licensee was properly and timely served by certified mail with a notice to meet with Board representatives on a specific date. Licensee did not attend the meeting and failed to call to reschedule the meeting. Licensee was also required to update the Board with evaluations from each and every employer or, if unemployed, to submit a notarized statement indicating the dates of unemployment. Licensee did not provide evaluations or notarized statements from Licensee. Licensee also had a lapse license which he ordered to renew and to not allow his license to lapse in the future. Respondent failed to renew the license and the license remains lapse at this time.
Revoked 9/20/2011

Auzat, Tony Marie Union, MO
Licensed Practical Nurse 2009015535 Pursuant to the Order, Respondent was required to contact the Board’s approved third party administrator (TPA), currently National Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Pursuant to that contract, Respondent was required to submit a toll free number every day to determine if she is required to submit a sample for testing that day. Since March 16, 2011, one of the dates of the deadlines for submission, the beginning of her disciplinary period to the filing date of the complaint, Licensee failed to call in to NTS on five (5) days. Licensee, called NTS and was advised that she had been selected to provide a urine sample for screening. Licensee failed to report to a collection site to provide the required sample. In accordance with the Agreement, Licensee was required to undergo a thorough chemical dependency evaluation within six weeks of the effective date of the Agreement. Licensee was properly and timely served with notice of the requirements of the affidavit. The Board did not receive an employer evaluation or notified the Board that he had missed the deadlines established through his probation.
Revoked 9/20/2011

Owen, Charles T. Saint Clair, MO
Licensed Nurse 099381 Respondent worked as a registered nurse in the Intensive Care Unit (ICU) at Red. Licensee admitted to intentionally misappropriating prescription drugs (his pain pills) as far back as November 2007. On or about November 27, 2005, Respondent informed the clinical nurse manager that he was self-referring to a detox center for abuse of his own prescription drugs. On or about December 15, 2008, Respondent began working with the Behavioral Health Unit at Red. On or about December 14, 2008, Respondent indicated on the intake form that his drugs of choice were Marijuana and Heroin. On December 14, 2008, Respondent was scheduled to meet with the employee assistance program and take a drug screening test. On December 24, 2008, Respondent did not go through with the drug screening test and have the results sent to the Board within ten working days after its completion. The chemical dependency evaluation was due in the Board Office May 31, 2011. The Board did not receive the chemical dependency evaluation in a timely manner.
Revoked 9/20/2011

Gustafson, Ronald G. Kansas City, MO
Licensed Nurse 2000014918 On August 19, 2008, Respondent was observed entering and exiting a building, which he had not been cleared to, for drug and alcohol screening. The lab found that the urine sample submitted was not from a human urine. Dr. James Ferguson, Medical Director for FirstLab’s Professional Health Monitoring Program stated, “I am not aware of any chemicals in the human urine, meaning the donor either added water at collection or otherwise diluted the specimen not only beyond the normal ranges of urine but so much that it is not possible for humans to produce urine with these substances.”
Revoked 9/20/2011
A nursing career at Barnes-Jewish Hospital is a career like nowhere else. Included in U.S. News & World Report’s Honor Roll of Best Hospitals for 19 consecutive years, we are a Level I trauma center and Magnet hospital. We’re also a national leader in many specialties, surgeries and transplant procedures. For you, that means the opportunity to provide innovative and challenging care that will stretch your talents...the potential to collaborate with physicians and colleagues who are nationally renowned...and the ability to benefit from our many career development and skills training programs.

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February, March, April 2012
Missouri State Board of Nursing • Page 15

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1. Attend an approved risk management seminar
2. Hold an approved certification
3. Work at a Magnet Hospital
4. Work in a unit that is a current recipient of the AACN Beacon Award for Excellence

Learn more at anahq.org

February, March, April 2012
Missouri State Board of Nursing • Page 15

Why nurses need their own malpractice plans:

So your professional reputation will not be compromised just to settle a claim.

If you and a healthcare facility were named in a malpractice lawsuit, whose interest would be the top priority for your employer’s malpractice plan?

Yours?  
Or the healthcare facility?

Too often, nurses feel pressure from employer liability plans to “settle” a case...perhaps damaging your professional reputation at the same time...to minimize what could be an expensive claim.

That’s why ANA recommends personal malpractice coverage for every practicing nurse. Your personal malpractice plan stands by your side, protecting your interests and reputation. It’s an important distinction...and can be a critical safety net if you find yourself named in a lawsuit.

Special Discounts Negotiated For ANA Members

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12.08, 2002, two cards of Vicodon for Sr. B.C. were signed in as accepted by Respondent and added to the total card count (41 to 43). On August 25 and 26, 2008, cards were added and subtracted with corrections to the numbers by “write overs.” Upon close inspection, it was found that the numbers involved in the “write overs” resulted in one card of Vicodin being unaccounted for. An investigation revealed that Respondent had written over existing numbers with card counts, changing the number of pills without initialing off, and having another nurse sign off on it, in violation of policy. During an investigation, Respondent admitted that she “wrote over” the card count to “straighten out the numbers” and she also admitted that she took a card of Vicodin prior to her leaving the facility. Respondent admitted to diverting Vicodin, Percocet, and Ambien. Respondent left on the morning of September 3, 2008, approximately 2 hours and 15 minutes prior to the end of her shift. Respondent did not communicate this to her supervisor.


Gray, Phoebe M.
Columbia, MO
Licensed Practical Nurse 2006029389
Voluntary Surrender 11/8/2011

Douglass, Kelly Sue
Pola, KS
Registered Nurse 153866

Harrison, James E.
Wildinford, MO
Registered Nurse 128503
Licensee was employed in the home health care industry. In July 2009, Licensee accepted a twelve (12) hour shift to care for a ventilator-dependent quadriplegic. When Licensee relierced the previous nurse on duty, Licensee and the nurse had a verbal altercation wherein Licensee screamed profanity that was overheard by the patient. Licensee did assume the shift despite her unprofessional behavior. Also present in the patient’s home was a home health aide who was there to assist Licensee with the patient’s care but was licensed to medically trained. At approximately 9:40 a.m., Licensee informed the aide that Licensee was leaving to get something to eat and left the patient’s home. Licensee left the patient without a licensed person or ventilator trained individual in the home to assume care of the patient. The aide informed the patient that Licensee had left. The patient asked that a relative be called. Subsequently, the employer was notified at 10:10 a.m. that there was no nurse in the home. The employer attempted to telephone Licensee on a cell phone to inquire of Licensee’s whereabouts while another nurse was sent to the patient’s home. Licensee admitted to leaving the patient’s home. Licensee returned to the patient’s home at approximately 10:30 a.m. but was relieved of duties at 11:00 a.m. by the employer due to the employer’s grave concern for the lack of nursing judgment that Licensee exhibited by leaving the medically complex patient in the care of an unlicensed and untrained person. Licensee opted to resign in lieu of termination.

Licensee’s conduct was found by the Administrative Hearing Commission to constitute incompetency and gross negligence in the performance of the functions and duties as a nurse and a violation of a professional trust or confidence with Licensee’s employer and colleagues, warranting the imposition of discipline against her license.

Revoked 9/22/2011

Philpot, James E.
Olathe, KS
Licensed Practical Nurse 051887
"Licensee’s license in Missouri is lapsed; however, Licensee also held a license in the State of Colorado. The State of Colorado suspended Licensee’s Colorado license after Licensee pled guilty to felony sexual assault on a child in Colorado. Sexual offense of a child is a crime involving moral turpitude and is a ground for which revocation or suspension is authorized in Missouri."

Revoked 10/14/2011

Shepard, Robin L.
Willow Springs, MO
Registered Nurse 141421
Respondent was required to abstain completely from the use or consumption of alcohol. On November 12, 2010, Respondent submitted a urine sample for screening. The sample tested positive for the presence of alcohol.

Revoked 2/7/2011

Voluntary Surrender continued on page 17
Lake Regional Health System provides comprehensive health care services throughout the Lake of the Ozarks.

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EOE

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Emergency Department RNs
The success of our Emergency Room RNs depends on the dedication of our experienced nurses. No matter the emergency, our ER RNs work together with all facets of our medical teams to provide excellent care and compassionate service. Our RN team works closely with EMS providers to quickly respond, diagnose, and provide stabilizing care and compassionate service. Our RN team works closely with EMS providers to quickly respond, diagnose, and provide stabilizing care and compassionate service.

Mary Culver Home seeks a RN with excellent nursing skills to provide compassionate and highly personalized care. Our nursing home for blind ladies is the ideal setting for the hands-on nurse who leads by doing with an excellent reputation for excellence, and all the benefits of one strong system.

The expansion of our ED from 18 to 28 beds is nearly complete, creating new opportunities for experienced ED Nurses. We are interested in qualified RNs with a current Missouri RN licensure and the Class C Felony of Assault in the Second Degree and two (2) counts of the Class A Misdemeanor of Endangering the Welfare of a Child in the Second Degree.

Voluntary Surrender continued from page 16

Klopf, Jerry L.
Springfield, MO
Registered Nurse 130.304
On or about November 12, 2007, Licensee was on duty as a registered professional nurse when his co-workers observed that Licensee smelled “like alcohol” and that his hands were “very shaky,” as well as other indicia of potential impairment of Licensee. The blood alcohol test was negative, however, Licensee’s drug screen tested positive for tetracyclodruganaline (‘THC’), a metabolite of marijuana.
Voluntary Surrender 9/29/2011

Lyons, Kathleen
Mountain View, MO
Registered Nurse 2008000421
On August 5, 2010, Licensee was found guilty of one (1) count of the Class C Felony of Assault in the Second Degree and two (2) counts of the Class A Misdemeanor of Endangering the Welfare of a Child in the Second Degree.
Voluntary Surrender 9/21/2011

Pohl, Julie Ann
Glen Carbon, IL
Registered Nurse 200503.3626
On September 26, 2011, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 9/26/2011

Voluntary Surrender continued from page 16

Klopf, Jerry L.
Springfield, MO
Registered Nurse 130.304
On or about November 12, 2007, Licensee was on duty as a registered professional nurse when his co-workers observed that Licensee smelled “like alcohol” and that his hands were “very shaky,” as well as other indicia of potential impairment of Licensee. The blood alcohol test was negative, however, Licensee’s drug screen tested positive for tetracyclodruganaline (‘THC’), a metabolite of marijuana.
Voluntary Surrender 9/29/2011

Lyons, Kathleen
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Voluntary Surrender 9/21/2011

Pohl, Julie Ann
Glen Carbon, IL
Registered Nurse 200503.3626
On September 26, 2011, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 9/26/2011

Kohler, Melanie Mae
Urbana, AL
Registered Nurse 2008022183
On September 27, 2011, Licensee surrendered her Missouri Nursing License.
Voluntary Surrender 9/22/2011

Maxwell, Cara Lee
Baton Rouge, LA
Licensed Practical Nurse 200404.6272
On or about April 6, 2005, Licensee pled guilty to DWI-Alcohol.
On or about September 13, 2006, Licensee pled guilty to DWI- Alcohol. On or about April 28, 2007, Licensee pled guilty to DWI-Alcohol Persisting Offender, a Class D Felony.
Voluntary Surrender 9/29/2011

Barton, Joni E.
Burlington, MO
Registered Nurse 142233
On September 14, 2011, Licensee surrendered her Missouri nursing license.
Voluntary Surrender 9/14/2011

Ball, Connie S.
Arbuckle, MO
Licensed Practical Nurse 047661
Voluntary Surrender continued from page 16 VOLUNTARY SURRENDER Continued....
Capital Region Medical Center (GRMC), is a 282-bed acute-care facility with a 100-bed behavioral health unit conveniently located 10 miles from downtown St. Louis.GRMC is nationally recognized by The Joint Commission for achieving excellence on performance of key quality measures.

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* U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008
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