Missouri Board of Nursing Urges Nurses to Join State’s Recently-launched Online Health Professionals Registry

The state of Missouri recently launched an online version of the Missouri Health Professionals Registry, and the Missouri Board of Nursing is encouraging all nurses who practice in the state to join the registry today.

“Nursing is a profession of dedicated individuals who want to serve others in a wide variety of health care settings,” says Aubrey Moncrief, CRNA, president of the Missouri Board of Nursing. “To better recognize nurses’ enormous contribution to the health care landscape in Missouri, I encourage all nurses to join this registry, giving the state a better idea of where we practice and how we are contributing.”

The Missouri Health Professionals Registry MissouriHealthProfessionalsRegistry.org was developed by the Missouri Department of Health and Senior Services to help the state better meet the health care needs of all Missouri residents. It will inform public officials about where nursing and other health professionals are practicing in Missouri today and where the need will be tomorrow. (Physicians and dentists are also being asked to join the registry now, and soon the call will go out to all other licensed health professionals).

Registration will provide short- and long-term benefits to Missouri patients and the nurses who care for them. The data will:

- Help elevate nursing as a profession by highlighting nurses’ contributions to Missouri patients and the state’s overall health care needs.
- Reveal education and resource needs of Missouri nurses so that they can continue to grow in their careers.
- Serve as an excellent planning tool that can help employers launch effective recruiting and retention programs.
- Offer insight into shortage areas.

Although similar information has been provided in the past, the new online format of the registry allows for fast and easy data collection and aggregation; it’s pre-populated by the nursing license information. As always, your information will be treated confidentially and will not be shared. Data cannot be individualized as the state will use aggregated census data solely for research and planning.

Registration is easy and takes only 10 minutes. Nurses should go to MissouriHealthProfessionalsRegistry.org, enter their license number and they will be directed to a brief data entry page to input demographic and employment information.

For more information, call the Missouri Department of Health and Senior Services at 1-800-891-7415.

Executive Director’s Report

Legislative Update

Author by Lori Scheidt, Executive Director

Review of Charts by Collaborating Physician

House Bill 1563 was passed. The current law for collaborative practice agreements requires that the collaborating physician review 10% of the charts documenting the APRN’s delivery of health care services and 20% of the charts in which the APRN prescribed controlled substances.

This bill clarifies that any physician in a collaborative practice agreement with an APRN can review a total of 10% of the APRN’s charts or 20% of the charts in which the APRN prescribed controlled substances.

This bill was signed by the Governor on July 12, 2012. The change to the law will go into effect August 28, 2012.

Diagnosis and Treatment of Chronic Pain

Senate Bill 682 was passed. This act mandates that only licensed physicians may use certain techniques in diagnosing or treating chronic pain or pain occurring outside of a surgical, obstetrical, or post-operative course of care. Such techniques limited to licensed physicians are ablation of nerves, placement of drugs in the spinal column under fluoroscopic guidance, discectomy, and placement intrathecal infusion pumps or spinal cord stimulators.

The act will not apply to inter-laminar lumbar epidural injections performed at a hospital or ambulatory surgery center if the standard of care for Medicare reimbursement is changed to allow reimbursement only with use of image guidance after the effective date of the act. This act will not apply to certified registered nurse anesthetists or anesthesiologist assistants providing surgical, obstetrical, or post-operative pain control.

The bill also allows the Board of Registration for the Healing Arts to promulgate rules to implement the provisions of this act. The provisions of this act will expire August 28, 2016, unless reauthorized by an act of the General Assembly.

This bill was signed by the Governor on June 18, 2012. The change to the law will go into effect August 28, 2012.

Last Minute License Renewals

LPN licenses expire May 31st of every even-numbered year. We mailed renewal postcards the first week in March.

Despite our best attempts to urge LPNs to renew early, we still had a record number of LPNs renewing late. A record 1,029 LPNs renewed between May 30, 2012 and June 7, 2012. On May 31, 2012, one-hundred and eighty-five (185) LPNs came to our office in Jefferson City to renew.

Many of these nurses had their renewal postcard in hand, meaning, the nurse received the initial renewal notification that was mailed in early March.

Legislative Update continued on page 2
Important Telephone Numbers

Department of Health & Senior Services (nurse aid registrations and general questions) 573-526-5686
Missouri State Association for Licensed Practical Nurses (MoLPAPN) 573-636-5659
Missouri Nurses Association (MONA) 573-636-4623
Missouri League for Nursing (MLN) 573-635-3553
Missouri Hospital Association (MHA) 573-893-3700

Legislative Update continued from page 1

Those who renewed in person expected to be renewed on the spot. That is not possible with our current system. We publicized early that licenses needed to be renewed by May 25, 2012.

“I thought I would share some interesting comments heard from nurses every day.

“I got on the ball ahead of time.” This person did not submit a renewal until May 29, 2012.

“My employer waited until yesterday to tell me I had to renew my license by today.” This was stated on May 31, 2012 when the person came to our office to renew.

“I drive to Jeff City every year on the last day and renew, it is the only time my employer will let me off work. It is like a mini-vacation for me.”

“My license doesn’t really expire May 31st, does it?”

“I always wait to the last day because my employer will let me work as long as I bring a receipt to show that I paid.”

“My ex-husband keeps any of my mail that he thinks is important to me.”

“I was on vacation for the last two weeks and there was nothing I could do from the ship.”

“The post office has my correct address.”

“I thought the post card was junk mail and threw it away; I remember receiving it.”

“My computer crashed.”

“My husband will not drive me there to renew.”

“I always wait to the last day because my employer will let me work as long as I bring a receipt to show that I paid.”

“I have six boys and I never get any of my mail.”

“The fee is far too high and I didn’t have any money.”

“My computer crashed.”

“My husband will not drive me there to renew.”

“I waited till the last day because I had a grace period the last time I renewed.”

As fun as it may seem, we did actually have a couple of nurses who reported their dog ate their renewal postcard.

We all have responsibilities that tug at us in different directions: career, children, relationships, aging parents, and household chores, to name a few. But, there is a big cost to procrastination: both psychological from the stress and financial from lost wages.

There is no grace period during which you can renew your license the minute you get your renewal postcard. Both psychological from the stress and financial from lost wages.

Don’t procrastinate and put your license at risk. Renew your license by today. This was stated on May 31, 2012 when the person came to our office to renew.

Reminder about License Cards

Although license cards have historically been perceived as “proof” of licensure, the fact is that wallet cards are subject to fraud, loss, and theft. Additionally, there is an assumption that the card carrier’s license status is current 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 license cards for regular license renewals. A license card is only issued upon initial licensure in Missouri (by exam or endorsement). The initial card does NOT have an expiration date or multistate or single state license status. It contains the nurse’s name, profession and license expiration date or 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.

This person did not hear from nurses who renewed very late.

If you haven’t renewed when that reminder is displayed, contact the Board of Nursing office to get renewal instructions.

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Number of Nurses Currently licensed in the State of Missouri

As of July 25, 2012

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>22,621</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>95,769</td>
</tr>
<tr>
<td>Total</td>
<td>118,390</td>
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</tbody>
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http://pr.mo.gov

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Gateway Regional 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. Current nursing opportunities are available in the following areas: Cardio/Cath/EP Lab ($5,000 Sign-On Bonus), RNFA, Acute Medicine & Telemetry, Occupational Health, Behavioral Health Services, PRN for Labor & Delivery. Illinois RN license or endorsement required.

Apply directly to our website www.gatewayregional.net today!
Chicago—The National Council of State Boards of Nursing (NCSBN) will recognize its dedicated and exceptional membership and guests at its annual awards ceremony during the NCSBN Annual Meeting and Delegate Assembly, to be held in Dallas, Aug. 8-10, 2012.

Specific award recipients include:

**Sandra Evans**, MAEd, RN, executive director, Idaho Board of Nursing, will be honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and lasting significant contributions through their deep commitment and dedication to the purposes and mission of NCSBN.

**Debra Scott**, MSN, RN, FNE, executive director, Nevada State Board of Nursing, will receive the Meritorious Service Award, which is presented to a board or staff member of a board of nursing (BON) staff member who does not serve as an executive officer or a board member who is not the current board president.

The **Missouri State Board of Nursing** will be awarded the Regulatory Achievement Award that recognizes the member board that has made an identifiable, significant contribution to the purposes and mission of NCSBN.

The **NEA-BC, board staff, Pennsylvania State Board of Nursing**, will each receive the Exceptional Contribution Award, which is given for significant contribution by a board of nursing (BON) staff member who does not serve as an executive officer or a board member who is not the current board president.

The **Missouri State Board of Nursing** will be awarded the Regulatory Achievement Award that recognizes the member board that has made an identifiable, significant contribution to the purposes and mission of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

In addition, service awards will be given to the following executive officers of BONs:

- **Five Years**
  - Patricia Ann Noble, MSN, RN, executive director, Maryland Board of Nursing
  - Nancy Sanders, PhD, RN, executive administrator, Alaska Board of Nursing

- **10 Years**
  - Victoria Damgaard, MS, RN, FNE, executive secretary, South Dakota Board of Nursing
  - Jay Douglas, MSSN, RN, CSAC, executive director, Virginia Board of Nursing
  - Laurette Keiser, MSN, RN, executive secretary/section chief, Pennsylvania State Board of Nursing
  - Karen Scapio-Skinner, MSN, RN, executive director, District of Columbia Board of Nursing
  - Debra Scott, MSN, RN, FNE, executive director, Nevada State Board of Nursing

The following BONs are celebrating 100 years of nursing regulation in 2012:

- College of Registered Nurses of British Columbia
- Louisiana State Board of Nursing
- College of Registered Nurses of British Columbia
- Rhode Island Board of Nurse Registration and Nursing Education
- Alaska Board of Nursing

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 Marianas Islands and the Virgin Islands. There are also nine associate members.

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Technology and Safe Nursing Practice

NCSBN Launches New NCLEX Video

Chicago—The National Council of State Boards of Nursing (NCSBN) created a new video designed to help candidates better understand how the NCLEX-RN Examination and NCLEX-PN Examination use computerized adaptive testing (CAT) to measure the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse.

In 1994, NCSBN became the first organization to use CAT, a method for administering exams that merges computer technology with modern measurement theory. CAT increases the efficiency of the exam process for the purpose of nationwide licensure examinations. Nursing is regulated because it is one of the health professions that poses a risk of harm to the public if practiced by someone who is unprepared; that is why NCLEX exams are vital components in the licensure process.

The new “NCLEX Using CAT” video explains why CAT is used for the NCLEX and how it works. Utilizing the familiar scenario of lifting weights to illustrate the principles behind CAT, the video introduces how the exam is scored, how test items are selected and pass/fail rules.

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Technology should enhance safe nursing practice. However, we have seen some cases that cause us to question the interface between nursing practice and technology. It may be a situation where a nurse has gotten too comfortable with some aspects of their practice. Perhaps facilities are too rigid in their expectations of employees.

Prior to electronic documentation, employers did not know when a nurse removed a medication from a drawer and they did not know the actual time of administration. For example, if a nurse had eight patients and each patient had five medications that were due to be administered at 0800, in reality it was known that each of the forty medications was not given at exactly 0800; however that is how the nurse documented it. The MAR had the time 0800 and the nurse initialed that time. She may have actually given some of the medications at 0745 and some at 0830.

Now the employer knows exactly when the medication is removed from the automated dispensing machine and exactly when the patient’s wrist band is scanned to document the actual administration time to the second. Not only can the employer know this, they are actually pulling those electronic records and running reports. They can compare the removal time to the administration time and wonder why it took so long to administer a medication or why it took so long to waste the excess medication.

With paper charting, the employer didn’t know if the nurse carried flow sheets with her and filled them in as the assessment was completed or if the nurse sat down during a quiet time and charted the 0800, 1000, and 1200 assessments at the same time. Current employers know exactly when you document the assessment. Does the facility policy indicate that you are to document the assessment within a certain time frame of completion? If not, the employer knows exactly when you documentation was completed.

With paper charting, the employer didn’t know if the nurse carried flow sheets with her and filled them in as the assessment was completed or if the nurse sat down during a quiet time and charted the 0800, 1000, and 1200 assessments at the same time. Current employers know exactly when you document the assessment. Does the facility policy indicate that you are to document the assessment within a certain time frame of completion? If not, the employer knows exactly when you documentation was completed.

Following this same thought, in the days of paper charting if your neighbor was in the hospital and you sat at the nurses’ station and reviewed the chart, no one knew.

Now if you enter the electronic record, the record reflects that you entered it and exactly what screens you read. If you are not providing direct patient care to that neighbor, even if the neighbor is on the same floor where you are taking care of patients, and the neighbor has requested that you look at the chart, you have probably violated a HIPAA policy of your facility. This report can be run at anytime and the nurse can be disciplined by the employer for violation of a facility policy and HIPAA. Even if the nurse did not tell a single person what they had viewed on that chart.

Working in home health provides its own electronic challenges. Many agencies have the nurse telephonically checking in and out at each home visit. We would encourage employers, keep in mind that health care workers are human and as such will make mistakes. If you haven’t already, incorporate “just culture” principles into your policies. You can’t expect nurses to be perfect. You need to identify those areas where your systems and humans are vulnerable and work to improve reliability in those areas. Be careful not to be so rigid that the employee is set up to fail.

We would encourage every nurse and facility to review the facility policy on documentation. Keep your personal electronic equipment personal. Do not leave it in an area where the patient will touch it. Do not use your personal computer to access the health care system electronically. Do not check in or post new information, you employer knows that you were on Facebook during business hours and旸exercise content that you are posting. Current and future employers are checking Facebook pages for behavior issues and HIPAA violations.

Be very careful that you know the facility text policy. It may be a facility policy violation to text during working hours. A violation could lead to discipline by your employer. An employer may allow a few messages with your children or family members but be aware that there are violations.

Do not charge your electronic device by plugging it into a work or patient’s computer. In some cases all of your personal pictures or personal information may be transferred to the other computer. Do not take a picture of any personal information of the patient or anything that is confidential to the patient. It is illegal to take a picture of any personal information of the patient or anything that is confidential to the patient.

In conclusion, know facility policy. Be aware that new technology may make your job easier but every time you do something different you leave a trace, other people can access your work. Your digital footprint is like a map of everywhere you have been, every image or comment you have posted, and every file you have downloaded or viewed. Technology is great, but you need to take some care about how you use it.
Licensed Practical Nurse Renewals

LPN licenses expired May 31, 2012. If you have been practicing on a lapsed LPN license, you must stop practicing immediately and submit a LPN Petition for License Renewal. This form is available when contacting the Board: Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

The statement from your employer must be on letterhead and include:
- Date employer received notification that your license was not current;
- Date employer renewed you from a nursing position; and,
- Confirmation that you will not be allowed to resume a nursing position until your license is renewed.

You will also be required to complete a criminal history background check prior to the renewal of your license. Directions on how to complete the background check are on the form.

New No License Cards Issued With Renewals
New license cards are not issued after every renewal. You will continue to use the last license card that was issued to you. License cards no longer have an expiration date on them. Therefore, it will be necessary for you and your employer to go to www.murxvs.com to verify the status of your license and whether it is a multi-state or single state license.

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

All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and 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 and/or your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue that delinquency or failure to file. If your license is suspended for state income tax, you must stop practicing as a nurse immediately and you cannot return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 753-731-7200.

Name and address changes

Please notify our office of any name and/or address changes immediately in writing. The request must include your name, license number, your name and/or address change and your signature. An address/name change form can be found at http://pr.mo.gov, the form may be downloaded from our website and submitted. Methods of notifying name and/or address changes are as follows:
- By faxing your request to 753-731-6745 or 753-731-0075;
- By mailing your request to Missouri State Board of Nursing, PO Box 656, Jefferson City, Missouri 65102.

Changing your address with the post office will not ensure that important information such as renewals, newsletters, complaint information, etc. will be mailed to your new address. It is imperative that you complete the Name and Address Change form and submit it to the Missouri Nursing Board.

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

Nursing Education Incentive Program—2012

As many may know, in 2011 the state of Missouri established, through legislative action and appropriation of funds, the Nursing Education Incentive Program within the Missouri Department of Higher Education. This funding is made available through generosity and foresight of the Missouri State Board of Nursing in collaboration with the Missouri Department of Higher Education. A second year of grant funding has been made available this year to qualifying education programs. Each year a total of $1 million is awarded to promote nursing education. A third year of grant funding is anticipated. Major grant focus on increase of physical and educational capacity of professional nursing education programs in Missouri is demonstrated. While applications to nursing programs are under review, it is expected that nursing educators will continue to struggle to attain resources to expand enrollment. As shared in an earlier report, 2010 annual report data indicated that in the year 2010 a total of 2,494 applicants to Missouri professional pre-licensure nursing programs were deemed eligible for admission but had to be turned away. It is to be noted that such numbers may be somewhat skewed since applicants often simultaneously apply to more than one nursing program; yet the need to expand capacity to educate nurses is clear. Institute of Medicine (IOM) recommendations to increase the number of BSN prepared nurses contributes to this focus. The Missouri State Board of Nursing is keenly aware of needs within the nursing profession and is highly dedicated to help address these issues. This funding is designed to promote physical as well as faculty resources; expansion and promotion of instructional resources designed to immediately foster quality clinical learning with deliberate transition to safe and effective professional nursing practice for as many qualified applicants/students as possible. Funding focus incorporates monies for programs offering BSN completion for already licensed nurses.

Rather specific criteria must be met in order for nursing programs to qualify for funding. Qualifying institutional criteria for grant awards requires that each applicant provide professional nursing education, be sponsored by an institution accredited by the Higher Learning Commission of the North Central Association, request funding that does not exceed $150,000 per campus per year and present uniformity across the country to continue to keep the public safety and health community engaged.

Forming the centerpiece of this new campaign is a 30-second television spot that was produced in conjunction with the CBS Community Partnership Program. This content is currently airing in New York, Chicago, Philadelphia; Detroit; Tampa-St. Pete, Fla.; St. Louis; Indianapolis; Louisville, Ky.; New Orleans; Charleston, S.C.; and Jackson, Miss. on CBS owned and affiliated stations. The spots air within each market during shows such as “The Early Show,” the CBS 2 News, the CBS Local Late News, with occasional rotation into prime time programming. There is also a 60-second radio commercial running in the same markets. Both the television and radio commercials will air through July 15, 2012.

Filmed at University of Illinois at Chicago (UIC) College of Nursing, the commercial familiarizes consumers with the fact that APRNs are an integral part of the health care team and a vital component in providing more access to care. Patients are safely cared for because BONs oversee APRN practice.

Consumers will find a wealth of resources about APRNs, BONs and how to contact a BON by visiting the CBSN APRN website.

About UIC

The UIC College of Nursing (CON) is a top 10 ranked nursing institution in the United States. The CON ranks seventh in research funding from the National Institutes of Health and their Online Bachelor of Science in Nursing Program is ranked fifth nationally. The college draws the most accomplished and diverse student body from across the nation and around the world and continually exceeds expectations with its number of applicants and graduates. UIC is located in Illinois and a vibrant Global Health Leadership Office.

About NCSBN

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Addressing substance use disorders among nurses provides nurses with an opportunity to prevent an array of the many risk factors that make nurses vulnerable. This article analyzes the specific risk factors that affect nurses, including nursing specialty, gender, and workplace, as well as the stress related risk factors. This article also discusses protective factors that help nurses avoid destructive substance abuse disorders and recover from them.

The prevalence of substance abuse and addiction among nurses and other health care professionals is no higher than the prevalence in the general population (Storr, Tinkoff, & Hughes, 2000). However, the prevalence of prescription drug misuse is 6.9% among nurses compared with 3.2% among white females (Substance Abuse and Mental Health Services Administration SAMHSA, 1998). Nurses with substance abuse disorders not only provide patient care while impaired but also divert their patients’ prescribed medications, risking patient harm. Despite this, the lack of identification and the underreporting of nurses and other health care professionals in the workplace remain an issue (Baldissier, 2007).

Because nurses are the largest group of health care professionals, those who have abuse and addiction issues are more visible, more removed, and more severely punished (Shaw, McGovern, Angres, & Rawal, 2004). To address substance use disorders among nurses proactively and compassionately, we need to consider the many risk factors that make them vulnerable. The Effects of Specialty

Nurses who abuse drugs or alcohol experience a societal stigma for substance abuse as well as a moral stigma because women are held to a higher moral standard than men. For nurses, both men and women, the stigma of substance use is powerful, and addicted women and nurses remain hidden populations (Blume, 1998) and are less likely to receive treatment for substance abuse disorders than men (Greenfield et al., 2007).

General Risk Factors

The following general risk factors make people more susceptible to substance use disorders:

- Psychiatric factors. Depression, anxiety, low self-esteem, low tolerance for stress, learning disabilities, feelings of desperation, feelings of loss of control over one’s life, feelings of resentment, and early victimization, particularly verbal.
- Behavioral factors. Use of other substances, aggressive childhood behavior, conduct disorder, antisocial personality disorder, avoidance of responsibilities, impulsivity and risk taking, alienation and rebelliousness, reckless behavior, school-based academic or behavioral problems, involvement with the criminal justice system, illegal behaviors, and poor interpersonal relationships.
- Social factors. Early age (15 years or younger) at first use, alcohol- and drug-using peers, social or cultural norms condoning use, weak religious affiliation, expectations about the positive effects of drugs and alcohol, and access to and availability of drugs.
- Demographic factors. Male gender, inner-city or rural residence with low socioeconomic status, and positive family history of substance use.
- Family factors. Alcohol and drug use by parents, siblings, or spouse; family dysfunction, such as inconsistent discipline and adherence to a positive family of rituals and routines; poor parenting skills; and family trauma, such as death or divorce.
- Genetic factors. Inherited predisposition to alcohol or drug dependence, deficits in neurotransmitters such as serotonin, and absence of aversive reactions, such as flushing or palpatations.

Studies estimate that genetic influences account for 40% to 60% of the risk for substance abuse (National Institute on Drug Abuse, 2007; Schuckit, 2009).

Workplace Risk Factors

The top four risk factors for nurses in the workplace are access, stress, lack of education, and attitude.

The Effects of Gender

Because women make up 91.1% of registered nurses (United States Department of Labor, 2010), it is worth noting here that women who use substances vary across specialties. The prevalence is higher among emergency department and psychiatric nurses (Anderson, 2004). Women with substance use disorders also had higher rates of smoking in critical care nurses (Collins, Gollnisch, & Morsheimer, 1999) and significantly higher cocaine use in critical care nurses (Shaw, McGovern, Angres, & Rawal, 2004). To address substance use disorders among nurses proactively and compassionately, we need to consider the many risk factors that make them vulnerable.

Other people, including family members, fail to recognize nurses with abuse issues as long as the nurses’ behavior does not resemble the stereotype of an addict or alcoholic. Women with higher incomes or educations are even less likely to be identified and referred for treatment until they reach an advanced stage of addiction (Blume, 1998).

Women who abuse drugs or alcohol experience a societal stigma for substance abuse as well as a moral stigma because women are held to a higher moral standard than men. For nurses, both men and women, the stigma of substance use is powerful, and addicted women and nurses remain hidden populations (Blume, 1998) and are less likely to receive treatment for substance abuse disorders than men (Greenfield et al., 2007).
Attitude
Five attitudes can increase the odds of substance use problems among nurses (Chalmers & Farnworth, 2006). First, nurses may see substance use as an acceptable means of coping with life’s problems and a way of promoting enjoyment of daily life. Second, because of their training and daily observations, nurses may develop a faith in drugs as a means of promoting healing. This pharmacological optimism is a profound belief that the medical paradise is a sense of entitlement that focuses on the nurse’s need to continue working and rationalizations regarding drug use. The fourth attitude deals with the perceived loss of self-diagnosing and self-medication for physical pain and stress.
Risk Factors in the Epidemiologic Triad
Figure 1 presents risk factors for substance abuse disorders based on the classic epidemiologic triad. Most risk factors for nurses are easily understood, but two may require explanation.
Western medical practices refer to Western medicine’s reliance on pharmacotherapy as first-line treatment and the resulting expectation by patients that drugs will be prescribed as a quick fix for pain and other conditions. Although requests for medications for physical pain and stress may require explanation.
Drugs leads to an acceptance of self-diagnosing and self-prescribing, attendance at support group meetings, work with a peer sponsor, and written or regular face-to-face evaluations of compliance.
Summary
Nurses have specific risk factors for substance abuse disorders related to their professional specialities and their workplace. They also share risk factors with the general population. And because 91.1% of nurses are women, most nurses are susceptible to gender-related risk factors as well. To address substance use disorders early in their progression with understanding and compassion, we need to know and carefully consider the many risk factors that make nurses vulnerable.
References
Nurse Darby, PhD, APRN, CNS, LPC, LADC, is Interim Director and Diversion Program Coordinator of the New Mexico Board of Nursing Diversion Program. Kate Darby, MSN, is an assistant professor and Coordinator of the MSN Nursing Leadership & Management Program at George Washington University School of Nursing in Washington, D.C.
**Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.001 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. Each 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. Full complete disciplinary history of a particular licensee, please go to nurses.com.**

**Censure**

Clewis, Jessica Nichols  
Fort Leonard Wood, MO  
Registered Nurse 2009023836  

The medical center completed a narcotics audit in December 2010 for Licensee’s narcotic administrations due to her documented narcotic administrations, but she did not document it as administered or wasted. Hospital records for Licensee withdrew a 2 mg vial of Dilauded but she did not document it as administered or wasted. Hospital records for Licensee documented that it had fallen and broken. E.B. noted in the administration that it had fallen and broken. E.B. noted in the administration that Licensee actually provided approximately 10-15 minutes of care for C.T. rather than the hour that C.T. was documented and for which Licensee documented C.T.’s blood pressure and other vital signs. Licensee actually provided thirty-five minutes. Licensee documented and for which Licensee also documented that Licensee provided care to C.T. from 0700 on May 14, 2011 for her shift and found Licensee with a crushed vial of Dilaudid in her hand in the medication room. Licensee told E.B. that it had fallen and broken. E.B. noted in the administration records that Licensee withdrew Dilaudid, a controlled substance, for a patient of E.B.’s but that the patient had not received the medication. Hospital records for May 14, 2011 showed that Licensee withdrew a 2 mg vial of Dilaudid but she did not document it as administered or wasted. Hospital records for May 14, 2011 also show that Licensee administered 3 mg of morphine sulfate to a patient of Licensee’s care, was to receive liquid medication. C.H. tried about October 4, 2007, Patient H.P. was repeatedly calling out for Ambien, a schedule IV controlled substance. ON or about September 5, 2008 Licensee was assigned to care for a patient who had ordered for a Foley catheter to be inserted. After her 12-hour shift, Licensee signed off on the 24-hour chart check, indicating compliance with all orders for the above-mentioned patient. Licensee admitted she didn’t insert the Foley catheter, causing the patient to go over 12 hours without the catheter ordered by her doctor. Censure 3/10/2012 to 3/11/2012

Yarbrough, Sherry L.  
Rolla, MO  
Registered Nurse 117004  

Licensee entered into a Settlement Agreement with the Board 5/28/10. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently NTS for a minimum of 60 days from May 1, 2010 to July 1, 2010. Respondent was responsible for all costs associated with NTS, including random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number daily to determine if she was required to submit to a test that day. During Respondent’s probationary period, Respondent has failed to call the toll free number on (60) days. Further, on or about May 5, 2011, and June 6, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Licensee was unsuccessful in providing the collection site to the provided sample which both showed low creatinine readings. Respondent testified that she drank a lot of fluids, particularly caffeine, which could interfere with the results of her calls. She participated in some life stressors during the time period of missed calls. Pet respondent’s testimony those life stressors are now resolved. Respondent also testified that she now has two alarms set as a daily reminder to call in NTS Censure 4/18/2012 to 4/19/2012

Kimble, Vickie J.  
Saint Robert, MO  
Registered Nurse 959705  

From March 19, 2009 until September 1, 2009, Licensee worked in a Home Health Agency Practice Agreement with Dr. H. for the facility. After her employment ended on September 1, 2009, Licensee continued to “fill-in” at the facility during the month of October 2009. On or about October 6, 2009 Licensee wrote a prescription for Ambien 10 mg on a prescription pad provided to her by the facility. Licensee was not in a current patient relationship with Dr. H on September 1, 2009 or on or about September 10, 2009 when she wrote the prescription for Ambien, a schedule IV controlled substance. Censure 3/2/2012 to 3/2/2012

Forrest, Linda S.  
Saint Louis, MO  
Licensed Practical Nurse 658815  

On or about December 20, 2007, Licensee engaged in misconduct in the performance of the functions and duties of a nurse. Patient, H.P., an Alzheimer’s resident who requires the use of a wheelchair and multiple assistive devices and has repetitive speech problems, was in her wheelchair in the nurse’s station, as she frequently was, so the nurses could keep a watch on patient H.P. as she regularly tries to get out of her wheelchair which could injure her. On this occasion, on or about October 4, 2007, Patient H.P. was repeatedly calling out for Ambien, a controlled substance and “please help me.” Licensee told H.P. to “shut your damn mouth” and kicked her wheelchair into the wall. On or about October 4, 2007, patient C.H., under Licensee’s care, was prescribed liquid medication. Licensee was required to refuse the medication from Licensee and grabbed the keys around Licensee’s neck. Licensee forced C.H. to take that liquid by force. Licensee’s hands and cased at C.N.A. who attempted to hold C.H.’s hand. On or about October 5, 2007, an investigation was conducted on the above-mentioned allegations. Licensee was suspended, then terminated when the allegations were substantiated. Censure 5/30/2010 to 5/31/2012

Clark, David Edward  
Overland Park, KS  
Registered Nurse 2006015830  

On Tue.-Sun. April 29-30, 2011, Licensee reported that he

**Censure continued.**

September, August, October, 2012

Censure continued on page 9
Horton, Jennifer Joy
Saint Charles, MO
Registered Nurse 2003018831
On November 16, 2010, Licensee removed 1 mg Dilaudid from the Pyxis at 7:15 p.m. and documented at 7:19 p.m. that she wanted 1 mg Dilaudid. Licensee told the coming nurse that she had administered 1 mg Dilaudid to the patient at 7:15 p.m. When questioned at approximately 7:20 p.m., the patient reported that the last pain medication had been administered at 4 p.m. The hospital ran Pyxis reports for the Licensee for the time period of August 8, 2010 through November 16, 2010 that showed the following unaccounted for controlled substance doses:

- a. On September 10, 2010, Licensee removed 100/325 Darvocet at 10:19. Licensee did not document the administration, return or waste of the remaining 1 mg of Darvocet.
- b. On October 28, 2010, Licensee removed 1 mg Dilaudid at 20:05. Licensee did not document the administration, return or waste of the remaining 1 mg of Dilaudid.
- c. On November 14, 2010, Licensee removed 2 mg Dilaudid at 19:00. Licensee did not document the administration, return or waste of the remaining 1 mg of Dilaudid.
- d. On August 18, 2010, Licensee removed 2 mg of Ativan at 11:53. Licensee documented the administration of 1 mg of Ativan at 12:04. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
- e. On August 18, 2010, Licensee removed 2 mg of Ativan at 14:38. She documented administration of 1 mg at 14:31, but did not document the administration, return, or waste of the remaining 1 mg of Ativan.
- f. On August 18, 2010, Licensee removed 2 mg of Ativan at 14:54. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
- g. On August 18, 2010, Licensee removed 2 mg of Ativan at 15:32. Licensee documented the administration of 1 mg of Ativan at 15:44. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
- h. On August 18, 2010, Licensee removed 2 mg of Ativan at 16:11. Licensee did not document the waste of 1 mg of Ativan. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
- i. On August 18, 2010, Licensee removed 2 mg of Dilaudid at 11:53. Licensee documented the administration of 0.5 mg at 13:31 and 13:31. Licensee did not document the administration, return or waste of the remaining 1 mg of Dilaudid.
- j. On August 18, 2010, Licensee removed 2 mg of Dilaudid at 14:37. Licensee documented the administration of 1 mg at 14:41. Licensee did not document the administration, return or waste of the remaining 1 mg of Dilaudid.
- k. On August 18, 2010, Licensee removed 2 mg of Ativan at 18:11. Licensee documented the administration of 1 mg at 18:12. Licensee did not document the administration, return, or waste of the remaining 1 mg of Ativan.
- l. On August 11, 2010, Licensee removed 2 mg of Ativan at 17:57. Licensee documented the administration of 0.5 mg at 18:11. Licensee did not document the administration, return, or waste of the remaining 1.5 mg of Ativan.
- m. On August 6, 2010, Licensee removed 1 mg of Dilaudid at 20:10. Licensee did not document the administration, return, or waste of the remaining 1 mg of Dilaudid.
- n. On August 6, 2010, Licensee removed 1 tablet of Hydrocodone at 20:11. Licensee did not document the administration, return, or waste of the Hydrocodone.
- o. On August 9, 2010, Licensee removed 1 mg of Dilaudid at 19:09. Licensee did not document the administration, return, or waste of the remaining 1 mg of Dilaudid.
- p. On September 22, 2010, Licensee removed 1 mg of Dilaudid at 18:00. Licensee documented the waste of 0.5 mg of Dilaudid. Licensee did not document the administration, return, or waste of the remaining 0.5 mg of Dilaudid.

Probation continued on page 10

August, September, October 2012
Censure continued from page 8

Censure
Missouri State Board of Nursing • Page 9

Probation continued...

Probation continued...

Probation continued...

The Board of Nursing is requesting contact from the following individuals

Sonjia Cahill–RN138397
Jamie Calhoun-Walden–PN2003003853
Doreen Fiha–PN205489
Christina Langendoen–APN507919
Jessica Morgan-Miller–PN2003023943
Carolyn Sargent–PN054569
Martha Witcher–RN081502

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

Schedule of Board Meeting Dates Through 2013

September 4-7, 2012
December 4-7, 2012
March 5-8, 2013
September 3-6, 2013
December 3-6, 2013

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

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

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

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Marilyn Decker, RN, JD, Attorney
573-443-3134
mdecker@owlaw.com

The choice of a lawyer is an important decision and should not be based solely on advertisements.

Lake Regional Health System
Lake Regional Health System provides comprehensive health care services throughout the Lake of the Ozarks.

Riggs, Erin Elizabeth
Shawnee Mission, KS
Registered Nurse 2012010426
On September 19, 2012, Licensee pled guilty to the class B misdemeanor of driving while intoxicated. Licensee received

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Shawnee Mission, KS
Registered Nurse 2012010426
On September 19, 2012, Licensee pled guilty to the class B misdemeanor of driving while intoxicated. Licensee received

To apply for a license in another state, please contact the state board with the same information. It is important to ensure that you have the correct information and have all the necessary documents to support your application.

There may be restrictions on the issuance of a license in another state, so it is important to check with the state board to determine if you are eligible.

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- Clinical Analyst 
- Clinic Manager 
- Practice Administrator–Hospital 

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54 Hospital Drive, Osage Beach, MO 65065
Phone: (573) 348-8799; Fax: (573) 348-8267
or email: bhyde@lakeregional.com

Apply Online: www.lakeregional.com

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or email: bhyde@lakeregional.com

Apply Online: www.lakeregional.com
a suspended imposition of sentence and she was placed on (2) years unsupervised probation with specified conditions.

On May 4, 2004, Licensee pled guilty to the class A misdemeanor of driving while intoxicated and driving with an excessive blood alcohol content. Licensee received a suspended imposition of sentence and she was placed on (2) years unsupervised probation with specified conditions.

On June 3, 2003, Licensee pled guilty to the class C felony of license for the crime of driving while intoxicated and driving with an excessive blood alcohol content. Licensee received a suspended imposition of sentence and she was placed on (2) years unsupervised probation with specified conditions. On January 3, 2011, Licensee pled guilty to the class A misdemeanor of possession of a controlled substance, Schedule II, (2) years unsupervised probation with specified conditions. The probation started on page 11.
of routine medications would come up on a computer screen; however, "as needed" (PRN) medications were on a separate list and did not automatically appear on this screen, but PRN medications were available in a separate drawer. On or about October 7, 2010, the nurse documented three intravenous (IV) medications including narcotic pain medications and were not disclosed to the pharmacy. Respondent did not document the IV withdrawals and who withdrew the narcotics. Respondent failed to document the administration and withdrawal of some PRN medications for documentation for the list of PRN medications not automatically appearing on the Epic screen. On November 19, 2009, a pharmacy audit was conducted for the period from October 1, 2009 to October 7, 2009. Respondent was found to have recorded IV, blood pressure medications to a patient. The audit revealed that Respondent had ten (10) administrations of fifteen (15) medications during the month from October 1, 2009 to October 7, 2009 that could not be accounted for between the IV and blood pressure medications and who withdrew the medication documented. Respondent recorded and withdrew the medication from IV tubing but did not document the IV and blood pressure medications to a patient.

Licensed the following narcotic discrepancies for F.O.:

a. On December 12, 2010 at 1233, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

b. On December 12, 2010 at 0922, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

c. On December 12, 2010 at 0712, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for F.O.:

a. On December 11, 2010 at 1228, Licensed withdrew Morphine 4 mg. Licensed did not document the medication as administered, returned, or wasted.

b. On December 14, 2010 at 1701, Licensed withdrew Ativan. Licensed did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for J.O.:

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a. On December 12, 2010 at 1233, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

b. On December 12, 2010 at 0922, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

c. On December 12, 2010 at 0712, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for E.R.:

a. On December 11, 2010 at 1228, Licensed withdrew Morphine 4 mg. Licensed did not document the medication as administered, returned, or wasted.

b. On December 14, 2010 at 1701, Licensed withdrew Ativan. Licensed did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for S.F.:

a. On December 14, 2010 at 1701, Licensed withdrew Ativan. Licensed did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for J.O.:

Licensee had the following narcotic discrepancies for J.O.:

Licensee had the following narcotic discrepancies for J.O.:

a. On December 12, 2010 at 1233, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

b. On December 12, 2010 at 0922, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

c. On December 12, 2010 at 0712, Licensed withdrew Morphine 1 mg. Licensed did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for E.R.:

a. On December 11, 2010 at 1228, Licensed withdrew Morphine 4 mg. Licensed did not document the medication as administered, returned, or wasted.

b. On December 14, 2010 at 1701, Licensed withdrew Ativan. Licensed did not document the medication as administered, returned, or wasted.

Licensee had the following narcotic discrepancies for J.O.:

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Licensed the following discrepancies for E.R.:

Licensee had the following narcotic discrepancies for S.F.:

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Licensee had the following narcotic discrepancies for S.F.:

Licensee had the following narcotic discrepancies for J.O.:

Licensee had the following narcotic discrepancies for E.R.:

Licensee had the following narcotic discrepancies for S.F.:

Licensee had the following narcotic discrepancies for J.O.:

Licensee had the following narcotic discrepancies for E.R.:

Licensee had the following narcotic discrepancies for S.F.:

Licensee had the following narcotic discrepancies for J.O.:

Licensee had the following narcotic discrepancies for E.R.:
Glenn, Aaron Dean
Birthdate: 11/6/1972
Licensed Practical Nurse 2009026727
On May 25, 2011, Licensee was filling out a patient referral form at the time that a procedure at the facility for a patient referral is to complete the form and fax the form to the doctor if he or she is not present at the facility, for consideration at a later date. Licensee signed the form as the signature of the physician that was on another form, and copying the doctor's signature. Licensee was confronted about his actions. Licensee told another attending nurse. Licensee was then observed faxing the referral form to another facility. The Physician's office did not receive a referral form for the patient that was referred. Licensee admitted to the facility that he was “going around” and forged the signature. Licensee was disciplined by the Board of Nursing. Licensee was terminated as a result of his actions described above.

Probation continued from page 11

to remove it from the isolation room. On December 10, 2009 Licensee was seen removing a patient in the isolation room. When the Safety Officer was talking with the Licensee about the infection control issue, Licensee walked away from the Safety Officer. Licensee failed to stop and talk to the Safety Officer to determine what happened between the Safety Officer and himself. Licensee then returned to the isolation room about half an hour later and left the isolation room at approximately 4:45 p.m. the following day.” During the meeting Licensee spoke in a hostile manner, used profanity and failed to make eye contact. Licensee was counseled about his behavior.

Probation continued on page 14

Remington, Kim L.
Hillsboro, MO
Registered Nurse 123952
On September 12, 2007, a patient filed a complaint against Licensee. Licensee’s patients complained that Licensee was often late in responding to their call lights and that if the patient was not answered, Licensee was convicted of Tampering, a class C Felony, received a suspended imposition of sentence, and did not disclose the plea of guilty to the Board of Nursing during her renewal process in 2005 and 2007. Licensee tested positive for Methadone, Alcohol and Marijuana on drug test performed by her Board of Nursing. Licensee’s patients complained that if a controlled substance creates the presumption of illegal activity, Licensee attended in-patient treatment for her substance abuse issue and successfully completed aftercare treatment with a sobriety date of December 15, 2010. Pursuant to §324.041 RSMo, Licensee's testing positive for Methadone, Alcohol and Marijuana was a violation of her probation. On December 15, 2010, Licensee was granted reinstatement of her probation in the field of nursing.

Probation 5/7/2012 to 5/7/2015

Taylor, Michael Wayne
Kenney, MO
Licensed Practical Nurse 2005027426
Count 1
Improper Charting and Narcotic Administration
From July 26, 2010 until January 31, 2011, Licensee wrote a call from a caller stated that he was a known drug user. A few months earlier the medical center had received a call from the Sheriff’s Department referring to an ongoing drug raid at the Licensee’s residence. On March 25, 2010, Licensee’s drug screen was positive for Butalbital, Alprazolam, and Tramadol. On April 12, 2010, Licensee signed an Employment Agreement agreeing to random drug screens upon request and continued counseling as recommended by the counseling program. On April 28, 2011, Licensee refused to submit to a drug screen upon request.

Probation 5/16/2012 to 5/16/2015

Valenzuela, Sonja Jeanette
Holts Summit, MO
Licensed Practical Nurse 2009026465
On March 25, 2010, an anonymous call from a caller stated that he was a known drug user. A few months earlier the medical center had received a call from the Sheriff’s Department referring to an ongoing drug raid at the Licensee’s residence. On March 25, 2010, Licensee’s drug screen was positive for Butalbital, Alprazolam, and Tramadol. On April 12, 2010, Licensee signed an Employment Agreement agreeing to random drug screens upon request and continued counseling as recommended by the counseling program. On April 28, 2011, Licensee refused to submit to a drug screen upon request.

Probation 5/16/2012 to 5/16/2015

Colbert, Stephanie Marie
LaGrange, MO
Registered Nurse 2008021154
From July 26, 2010 until January 31, 2011, Colbert worked as a registered professional nurse at a Hospital. On January 14, 2011 a family complained that on January 13, 2011, Licensee falsely stated that her family member take Norco instead of the requested Tylenol. Licensee admitted she took two Norco. Colbert administered one Norco pill to the patient and placed the second Norco pill in her pocket. Colbert withdrew two Norco pills from the patient’s chart on March 31, 2010, and also entered one of the Norco pills as having been left with the patient after the Norco pill was discarded. Colbert did not document the return or waste of the other Norco pill. The hospital conducted a sixty day audit of Colbert’s Pyxis box and discovered that two of the Norco pills were not charted as being ordered by the patient. Colbert also entered four patient’s charts as being treated with controls: six Tylox; 250 mg fentanyl; seven Norco; and 2 Oxycodone. Probation 5/3/2013 to 7/3/2013

Lakey, Jaime Jo
Licensed Practical Nurse 2008022184
Warrensburg, MO
Registered Nurse 200709796
On March 15, 2009, it was discovered that a patient assigned to Licensee was still wearing a Lidoderm patch that had been placed on the resident the previous day. The doctor’s orders were to remove the patch at 8:00 p.m. On May 12, 2009, Licensee falsely documented that she had removed the patch in compliance with the doctor’s orders. On May 16, 2009 and May 17, 2009, Licensee was counseled that she needed to “slow down” and be more thorough during her shift and on May 18, 2009, she was disciplined by her employer as a result of this activity. On May 17, 2009, Licensee was suspended for six weeks in early 2007. On May 22, 2009, Licensee was given a 40mg/mg Oxidate that was documented for one hour. The nurse charted the patient’s activity for the time. On May 22, 2009, Licensee was given another disciplinary action by her employer and was terminated soon thereafter.

Probation 5/2/2012 to 5/2/2013

Candler, John David
Licensed Practical Nurse 2009032083
Erwin, MO
Licensed Practical Nurse 2009032083
Licencee admitted to diversion of Fentanyl patches from the patient’s treatment that was scheduled for April 3, 2007 until May 4, 2007. The Center’s patients’ Fentanyl patches were scheduled to be changed every 72 hours. Licensee would change the patch on the patients before it was scheduled to be changed. Licensee did not destroy the used patch he removed from the patients. Licensee stated he the partially used patches home and squeezed the gel out of

Probation continued on page 14

August, September, October 2012

Hendricks, Tia Clara
Saint Louis, MO
Registered Nurse 2007079096
Licensee was convicted on December 9, 2010 by a Safety Officer, a consultant that gives individual feedback to employees. On December 10, Licensee left medication on a patient’s bed and did not observe the patient taking the medication. On December 10, 2009 Licensee took Medication Administration Records (MAR) into an isolation room, set them on the patient’s bed and then attempted to remove them from the isolation room. On December 10, 2009 Licensee used her personal stethoscope in an isolation room and attempted to remove the patch and rubbed the gel on his skin. Licensee is currently in 2010.

Probation 4/17/2012 to 4/17/2017
"I Love the Hands-On Approach!"

Liz Turner,
LSS Neighborhood Nurse Leader

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Lihardt, Angela Dawn  
Union, MO  
Licensed Practical Nurse 2000015807  
On or about May 21, 2008, Respondent completed a renewal application for her licensed practical nurse license. Respondent answered question number six (6) on the renewal application which states “Since you last renewed, have you been convicted, adjudged guilty by a court, pled guilty or pled no contest to a crime other than a traffic violation?” with a “No.”  
Respondent was sentenced to three years in the Missouri Department of Corrections.  
She received a Suspended Execution of Sentence and was placed on supervised probation for a period of five (5) years.  
Probation 5/20/2010 to 5/20/2014

Bailey, Toilea Richae  
Saint Louis, MO  
Registered Nurse 2006019198  
On or about March 25, 2007, the pharmacy manager, C.S., sent the Dilaudid IV order to B.M., a licensed practical nurse, over the phone. B.M. then located a bottle of Dilaudid IV and instructed Respondent to administer it to the patient.  
Respondent administered the medication without determining if it was appropriate.  
Respondent interviewed a peer of her medication rounds and it was determined that drug was not appropriate.  
Respondent was suspended for thirty days and was not able to perform the functions of her duties as a nurse on May 2, 2011.  
As a result of the investigation, the facility conducted an investigation into the removal eleven (11) mL of Dilaudid syringes from the Pyxis in operating room #8 for patient T.R.  
Licensee entered her own initials into the bioID system to administer the drug. The investigation revealed that Respondent had access to the Pyxis in operating room 5 and removed one 1 mg Dilaudid syringe from that room.  
Respondent then removed a single syringe of Dilaudid from the bioID system to be able to obtain the Dilaudid.  
The ten of the Dilaudid syringes were not documented as administered or withdrawn.  
Licensee admitted a relapse for alcohol to the Director.  
Licensee denied narcotic use; however Licensee could not explain why her fingerprint and name showed that she had been admitted to the hospital.  
Licensee also admitted that she has no memory of the events on April 22, 2011 or May 2, 2011.  
Probation 4/3/2012 to 4/3/2017  
Hill, Cynthia A.  
Linhardt, Angela Dawn  
Registered Nurse 992746  
In January, an audit of Licensee’s charts revealed Respondent took a pain medication from patient B.M. without the patient’s knowledge.  
Licensee did not document the administration or waste of the medication.  
Licensee was placed on Probation and a pain agreement for B.M. expired on February 21, 2012 prior to removing the 1 MG/mL Dilaudid IV at 0203.  
Licensee failed to reseal pain on February 21, 2012 and ordered a refill to the patient.  
Probation 5/30/2012 to 4/27/2014

Sharon, Namtha  
Saint Louis, MO  
Registered Nurse 2008076370  
On or about June 16, 2008, Respondent was assigned to room 3163 in a surgical suite.  
Respondent interviewed a peer of her medication rounds and it was determined that the order was inappropriate.  
Respondent interviewed another peer of her medication rounds and it was determined that the order was inappropriate.  
Respondent interviewed another peer of her medication rounds and it was determined that the order was inappropriate.  
Respondent was suspended for thirty days and was not able to perform the functions of her duties as a nurse on August 14, 2008.  
As a result of the investigation, the facility conducted an investigation into the removal eleven (11) mL of Dilaudid syringes from the Pyxis in operating room #8 for patient T.R.  
Licensee entered her own initials into the bioID system to administer the drug. The investigation revealed that Respondent had access to the Pyxis in operating room 5 and removed one 1 mg Dilaudid syringe from that room.  
Respondent then removed a single syringe of Dilaudid from the bioID system to be able to obtain the Dilaudid.  
The ten of the Dilaudid syringes were not documented as administered or withdrawn.  
Licensee admitted a relapse for alcohol to the Director.  
Licensee denied narcotic use; however Licensee could not explain why her fingerprint and name showed that she had been admitted to the hospital.  
Licensee also admitted that she has no memory of the events on April 22, 2011 or May 2, 2011.  
Probation 4/3/2012 to 4/3/2017  
Hill, Cynthia A.  
Linhardt, Angela Dawn  
Registered Nurse 992746  
In January, an audit of Licensee’s charts revealed Respondent took a pain medication from patient B.M. without the patient’s knowledge.  
Licensee did not document the administration or waste of the medication.  
Licensee was placed on Probation and a pain agreement for B.M. expired on February 21, 2012 prior to removing the 1 MG/mL Dilaudid IV at 0203.  
Licensee failed to reseal pain on February 21, 2012 and ordered a refill to the patient.  
Probation 5/30/2012 to 4/27/2014

Owens, Pamela K.  
Roswell, NM  
Licensed Practical Nurse 0195292  
On October 10, 2008, Respondent was responsible for administering medications to patients in the Emergency Room.  
Respondent failed to administer medications to two (2) patients in the ER Laboratory.  
Respondent failed to do a history and physical exam before giving a patient care order.  
Respondent’s charting was not complete and did not document that patient was responsive.  
Respondent failed to secure the patient’s medication before giving the medications.  
Respondent was suspended for thirty days and was not able to perform the functions of her duties as a nurse on October 10, 2008.  
As a result of the investigation, the facility conducted an investigation into the removal eleven (11) mL of Dilaudid syringes from the Pyxis in operating room #8 for patient T.R.  
Licensee entered her own initials into the bioID system to administer the drug. The investigation revealed that Respondent had access to the Pyxis in operating room 5 and removed one 1 mg Dilaudid syringe from that room.  
Respondent then removed a single syringe of Dilaudid from the bioID system to be able to obtain the Dilaudid.  
The ten of the Dilaudid syringes were not documented as administered or withdrawn.  
Licensee admitted a relapse for alcohol to the Director.  
Licensee denied narcotic use; however Licensee could not explain why her fingerprint and name showed that she had been admitted to the hospital.  
Licensee also admitted that she has no memory of the events on April 22, 2011 or May 2, 2011.  
Probation 4/3/2012 to 4/3/2017

Gretjak, Cena R.  
Greenville, IL  
Registered Nurse 103327  
In January, Licensee’s supervisor received a report for controlled medication diversion monitoring from the pharmacy.  
The investigation was conducted in December. Licensee’s manager reviewed Licensee’s charts for a two week period from December 10, 2007 to December 20, 2007.  
Licensee had taken a high volume of pain medication. On or about July 30, 2007, a patient requested Oxycontin. On October 10, 2008, Respondent failed to perform an Accucheck on patient, P.S., at 8:00 p.m. On October 10, 2008, patient, W.D., failed to receive her 6:00 p.m. dose of Roxanol or her 4:00 p.m. and 8:00 p.m. Albuterol treatments.  
Probation 2/4/2012 to 2/4/2014

Morrissey, Erin K.  
O Fallon, IL  
Registered Nurse 123377  
In or around September 2010, Licensee removed narcotics from the nurse’s stock without notifying the pharmacy.  
Licensee was suspended for thirty days and was not able to perform the functions of her duties as a nurse on October 6, 2010.  
As a result of the investigation, the facility conducted an investigation into the removal eleven (11) mL of Dilaudid syringes from the Pyxis in operating room #8 for patient T.R.  
Licensee entered her own initials into the bioID system to administer the drug. The investigation revealed that Respondent had access to the Pyxis in operating room 5 and removed one 1 mg Dilaudid syringe from that room.  
Respondent then removed a single syringe of Dilaudid from the bioID system to be able to obtain the Dilaudid.  
The ten of the Dilaudid syringes were not documented as administered or withdrawn.  
Licensee admitted a relapse for alcohol to the Director.  
Licensee denied narcotic use; however Licensee could not explain why her fingerprint and name showed that she had been admitted to the hospital.  
Licensee also admitted that she has no memory of the events on April 22, 2011 or May 2, 2011.  
Probation 4/3/2012 to 4/3/2017

Pich, Rachael Lynette  
Pacific, MO  
Licensed Practical Nurse 1999135734  
Pursuant to the terms of Respondent’s probation, Respondent was to provide her employer with a copy of her Agreement and have the employer submit an employer evaluation to show that the employer had received a copy of the Agreement and that
ropp, Alena Danielle  
Saint Joseph, MO  
Licensed Practical Nurse 2070026662

Effective December 27, 2011, Respondent entered into a Settlement Agreement (Agreement) placing her license on probation for a period of (18) months under specified terms and conditions. In accordance with the terms of the Agreement, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. From the March 9, 2011, Order to the filing of this amended complaint, Respondent has failed to call in to NTS timely for (19) days. Further, Respondent was required to select and submit to a random drug and alcohol screening within 20 days upon execution of the Order to the filing of this amended complaint. The Board placed her license on probation for a period of five (5) years under certain terms and conditions. Pursuant to the terms of the Order, Respondent was required to contract with the Board’s third party administrator (TPA), currently National Toxicology Specialists (NTS), and participate in random drug and alcohol screenings. On December 21, 2011, Respondent was notified by NTS that her sample indicated the presence of controlled substances and the Board received a letter dated January 17, 2012, but failed to report to a lab to provide a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on November 18, 2011. In accordance with the terms of 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 or maintains a controlled substance prescription. During the period of time that Respondent was required to prescribe a drug and with whom Respondent had a professional relationship as a patient. Respondent was employed as a licensed practical nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. 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In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or sleep during working hours. On November 27, 2007, Respondent signed a release to withdraw from the facility property complaint by the Board and properly filed motion for summary judgment against the license of Respondent. The AHC found that Respondent had been employed as a registered nurse from June 20, 2007 until April 25, 2009. In the employee handbook it states that employees may not leave work without permission, waste time, loiter, or
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Revocation continued from page 15

REVOCAITION CONTINUED...

her duties as a licensed practical nurse. Respondent was employed as a licensed practical nurse from January 12, 2008 through March 4, 2009. On February 11, 2009, Respondent fell asleep in the medication room while on duty. After she woke, she was taking a medication to which she was allergic and her movements were erratic. She also stumbled getting into her locker. On February 11, 2009, several discrepancies in Respondent's charts were found. These discrepancies are as follows: Respondent dispensed Oxycodone 900 mg, at 8:19 a.m. and at 10:25 a.m. for patient, R.J. Respondent administered medication to an unidentified patient, R.J. The 9:00 a.m. medications including: Lax, Oxycetin, Paremetrin, Coumadine, Viagra, and VasoCor. Respondent was employed as a licensed practical nurse at the Hospital from January 30, 2008 to February 13, 2012. The Board did not receive proof of any completed continuing education hours by the documentation date due. However, Respondent did submit proof of completion of the continuing education hours at the board meeting showing that the classes were completed on November 30, 2011 and December 1, 2011. Revoked 3/28/2012

Conner, Karla Cherie

Licensed Practical Nurse 2004030930

On November 3, 2011, the Administrative Hearing Commission (AHC) issued its Decision after a hearing held on August 22, 2011. Respondent admitted to the violation of §335.066.2(12) and (14) RSMo Cum. Supp. 2010 due to Respondent diverting Hydrocodone APAP and Toprol XL from the accudose cabinet for patient, E.N. but failed to chart such removals. Respondent failed to chart if she administered Zofran to patient, E.N. as prescribed by the physician. Respondent failed to dispense and administer Hydrocortone APAP and Toprol XL to patient, S.N. Respondent initiated at that 8:00 a.m. and 9:00 a.m. that she administered the medication to the patient, patient, S.N. F.R. reports that she failed to chart if she performed a peculiar medication to patient, E.N. The Board did not receive proof of any completed continuing education hours by the documentation date due. However, Respondent did submit proof of completion of the continuing education hours at the board meeting showing that the classes were completed on November 30, 2011 and December 1, 2011. Revoked 3/28/2012

Gaylor, Jo Ann C.

Registered Nurse 130431

On November 3, 2011, the Administrative Hearing Commission (AHC) issued its Decision after a hearing held on August 22, 2011. Respondent admitted to the violation of §335.066.2(12) and (14) RSMo Cum. Supp. 2010 due to Respondent diverting Hydrocodone APAP and Toprol XL from the accudose cabinet for patient, E.N. but failed to chart such removals. Respondent failed to chart if she administered Zofran to patient, E.N. as prescribed by the physician. Respondent failed to dispense and administer Hydrocortone APAP and Toprol XL to patient, S.N. Respondent initiated at that 8:00 a.m. and 9:00 a.m. that she administered the medication to the patient, patient, S.N. F.R. reports that she failed to chart if she performed a peculiar medication to patient, E.N. The Board did not receive proof of any completed continuing education hours by the documentation date due. However, Respondent did submit proof of completion of the continuing education hours at the board meeting showing that the classes were completed on November 30, 2011 and December 1, 2011. Revoked 3/28/2012

Hellman, Susan V.

Registered Nurse 135822

On July 8, 2011, a Probation Violation Complaint was filed. In accordance with the terms of the Order, placing Respondent’s license on probation, Respondent was required to contract with the Board’s approved third party administrator, currently Nationally Toxicology Specialists (NTS), to schedule random drug and alcohol screenings. Respondent has failed to call in to NTS on seven (7) days. Further, on May 12, 2011 and December 6, 2011, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a laboratory to provide the requested sample. In accordance with the terms of the Order, placing Respondent’s license on probation, the Board revoked Respondent’s license. Further, the Board would need to do the next one. Shortly thereafter, another new patient needed to be admitted. H.B. told Respondent he would have to do this patient admission and that he was going to the ER. The Respondent then threw himself back into the chair and started screaming and crying. H.B. and another nurse were able to roll Respondent from his chair into the consult room behind the nurse’s station. Security guards and the Sheriff’s Department were called and were able to control the matter. Respondent resigned as a nurse at the Hospital. However, he was terminated from employment the next day.

Revoked 3/28/2012

Lutman, Catherine Ann

Licensed Practical Nurse 2007029965

Respondent entered into a Settlement Agreement (Agreement) with the Board effective September 9, 2011, placing her license on probation for three (3) years. In accordance with the terms of the Agreement, Respondent was required to contract with the Board’s approved third party administrator, currently Nationally Toxicology Specialists, Inc. (NTS), and participate in random and alcohol screenings. In addition, the Board approved Respondent to practice in the following categories: ‘Ethics of Nursing Practice”; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Law; ‘Nursing Practice”; ‘Nursing History and Physical Examination’ and ‘Health Promotion”. Respondent employed as a registered professional nurse at the Hospital from October 22, 2007 through December 17, 2007. On December 17, 2007, Respondent was working on the Adult Unit and was under the supervision of H.B., RN. One of Respondent’s duties as an RN was to process patient admissions. On December 17, 2007, H.B. requested that Respondent conduct a patient admission on a patient that was being admitted to their unit. H.B. wanted Respondent to complete the second admission. Respondent was unable to get to an additional medication to gain more experience since he was having some problems with the paperwork. Respondent became agitated with H.B. and stated that he would not do the admissions, although he said he was willing to do his other routine night duties. H.B. contacted the Respondent’s supervisor and the supervisor discussed the matter with S.B. as well. It was decided that Respondent would not have to do the first admission but that H.B. would do it. The Respondent was very disappointed that in the event there, another new patient needed to be admitted. H.B. told Respondent he would have to do this patient admission and that he was going to the ER. The Respondent then threw himself back into the chair and started screaming and crying. H.B. and another nurse were able to roll Respondent from his chair into the consult room behind the nurse’s station. Security guards and the Sheriff’s Department were called and were able to control the matter. Respondent resigned as a nurse at the Hospital. However, he was terminated from employment the next day.

Revoked 3/28/2012

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August, September, October 2012

Revocation continued on page 17
Connecticut State Board of Nursing with terms and condition which included compliance with the terms and conditions placed upon her license by the Connecticut State Board and proof of compliance submitted to the Missouri State Board of Nursing. In accordance with the terms of the Order, 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 had been prescribed by a person licensed to prescribe such drug and with whom Respondent had a bona fide relationship as a patient. On September 29, 2011, Respondent tested positive for benzodiazepines. Benzodiazepines are a controlled substance pursuant to 959.017 RSMo, as amended. Respondent did not have a current, valid prescription for Benzodiazepines. Testing positive for a controlled substance is a presumption of illegal possession pursuant to §324.041 RSMo as amended.

Revocation continued...
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and received a prescription for thirty (30) Lortabs and consumed provided no testimony as to what she did at employer. Respondent

Respondent's actions as described in paragraph 4 constitute gross administration of one medication an hour after she had left her

(AHC) issued a "decision" finding cause for the Board to

Licensed Practical Nurse 040848

Marlow, Pamela A.

Marlow, Pamela A.

Marlow, Pamela A.

Revoked 1/26/2012

Clifford, Janice

St. Peter's, MO

Registered Nurse 006361

Ross, Rhonda

Revised: 4/18/2012

Browder, Patricia Lynn

Kansas City, MO

Registered Nurse 2005003348

Respondent entered into a Settlement Agreement (Agreement) effective May 11, 2010, placing her license on probation under specified terms and conditions for a period of three (3) years. In accordance with the terms of the Order, Respondent was required to contract with the Board's third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day that she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on seventeen (17) days. In accordance with the terms of the Order, Respondent was required to complete a creditable chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement, which was on or before October 4, 2011. Pursuant to the terms of the Order, Respondent was required to submit an employer evaluation from her current employer. Respondent has not timely submitted an employer evaluation and has not provided any new information to support her ability to safely practice at this time as a registered professional nurse.

Revoked 4/18/2012

Bramell, Lindy Erin

Lowry City, MO

Licensed Practical Nurse 2009032877

Respondent was required to contract with the Board's approved third party administrator, currently National Toxicology Specialists, Inc. (NTS) and participate in random drug and alcohol screenings. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of alcohol. Respondent has failed to call in to NTS on twenty-three (23) days when she was required to submit a sample for testing. Furthermore, Respondent was required to completely abstain from the consumption or use of
Specialists, Inc. (NTS), and participate in random drug and alcohol screenings. Pursuant to that contract, Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. During Respondent’s probationary period, Respondent failed to call in to NTS on one (1) day, October 21, 2011. In accordance with the terms of the Order, Respondent was required to undergo a thorough evaluation performed by a licensed mental health professional and have the results submitted to the Board within six (6) weeks of the effective date of the Agreement and follow any further treatment recommendations and provide proof to the Board that she was compliant with recommended treatment on dates previously provided to her. The mental health evaluation recommended further treatment in the form of individual therapy and to remain compliant with medications. The Board did not receive follow-up documentation from the mental health professional or proof that she was receiving individual therapy by the September 13, 2011 and the December 13, 2011, documentation due dates. Respondent testified that she was not currently receiving individual therapy and had not at any point after her mental health evaluation received any individual therapy.

Revoked 4/18/2012

Hooper, Molly Elizabeth
Hazelwood, MO
Licensed Practical Nurse 2005032997
On October 31, 2011, the Administrative Hearing Commission (AHC) issued its Decision finding that there was cause to discipline Respondent’s license for unlawfully possessing alprazolam, a controlled substance pursuant to §195.017.8(2)(a) RSMo as amended. On June 10, 2010, Respondent submitted to a drug test that was positive for Alprazolam. She submitted to the drug test because she felt strange and did not think she should stay at work and care for patients. Respondent did not have a valid prescription for Alprazolam on June 10, 2010 or any time relevant herein. Respondent was terminated as a result of the above-referenced recommendation. On the Board a letter stating she resigned her current position, no longer has an RN license and no longer wishes to continue nursing. Revoked 3/28/2012

Talley, Patricia L.
Rossville, GA
Licensed Practical Nurse 054990
The AHC issued a Decision on December 1, 2011, incorporating its Decision of November 22, 2011, finding that the Board had cause to discipline Respondent’s license pursuant to §335.066.2(5), (8), and (12) RSMo Cum. Supp. 2010 due to Respondent failing to assess and evaluate a suicidal patient while acting in her professional capacity as a licensed practical nurse. Respondent was employed as a licensed practical nurse with a care center at all relevant times herein. Respondent was aware of the care center’s policy regarding patients who attempt suicide, which provides that if a patient talks about suicide or attempts suicide, that patient should be evaluated and a psychologist should be notified. On January 31, 2010, Respondent was the charge nurse on the hall she was assigned to work that evening. On January 31, 2010, resident, D.B., in the hall placed a plastic bag over her head and stated that she wanted to kill herself. On January 31, 2010, the door to the medication room was broken. Respondent did not evaluate, D.B., as she felt she could not leave the door of the medication room unattended. However, after the door was fixed, Respondent still did not evaluate resident, D.B., for a drug screen that was positive for Alprazolam. As a result, Respondent was found to be in violation of a policy concerning the incident involving resident, D.B. Respondent was notified by facility policy concerning the incident involving resident, D.B. Respondent did not order another nurse to evaluate resident, D.B. Respondent was required to call a toll free number every day to determine if she was required to submit to a test that day. During Respondent’s probationary period, Respondent failed to call in to NTS on any day, October 21, 2011. In accordance with the terms of the Order, Respondent was required to undergo a thorough evaluation performed by a licensed mental health professional and have the results submitted to the Board within six (6) weeks of the effective date of the Agreement and follow any further treatment recommendations and provide proof to the Board that she was compliant with recommended treatment on dates previously provided to her. The mental health evaluation recommended further treatment in the form of individual therapy and to remain compliant with medications. The Board did not receive follow-up documentation from the mental health professional or proof that she was receiving individual therapy by the September 13, 2011 and the December 13, 2011, documentation due dates. Respondent testified that she was not currently receiving individual therapy and had not at any point after her mental health evaluation received any individual therapy.

Revoked 5/24/2011

Colman, Penny L.
Kearney, MO
Registered Nurse 2003018971
On October 31, 2011, the Administrative Hearing Commission (AHC) issued its Decision finding that there was cause to discipline Respondent’s license for unlawfully possessing alprazolam, a controlled substance pursuant to §195.017.8(2)(a) RSMo as amended. On June 10, 2010, Respondent submitted to a drug test that was positive for Alprazolam. She submitted to the drug test because she felt strange and did not think she should stay at work and care for patients. Respondent did not have a valid prescription for Alprazolam on June 10, 2010 or any time relevant herein. Respondent was terminated as a result of the above-referenced recommendation. On the Board a letter stating she resigned her current position, no longer has an RN license and no longer wishes to continue nursing. Revoked 3/28/2012

Voluntary Surrender

Smith, Anne M.
O Fallon, MO
Registered Nurse 062441
As part of her employment, Licensee signed the Community Partner Referrals (CPRs) which are care plans provided to the Department of Health and Senior Services (DHSS) from a residential facility for approval as a facility by DHSS. In March 2011, DHSS investigated a separate issue concerning. During the investigation, an elderly resident informed DHSS that she received her medications from a woman named Anne. DHSS was concerned that Licensee in some way needed their medication passed from an employee of the facility if it is an independent care facility. During the investigation, it was determined that Licensee passed medication. During the investigation, it was also determined that Licensee was listed as a resident and had a care plan, including medications. As a result of a finding by the Circuit Court of St. Charles County of need because she was incapacitated and/or disabled. Licensee also had a legal guardian during the time she was employed at the facility and had no authority to sign legal documents or contracts. Licensee defined her duties at the facility as medication administration, assessing the care center’s physical appearance every morning. Administration of tuberculin tests, wound care, injections, teaching aids, teaching people to be insulin certified trained, and on the job training. Licensee’s legal guardian understood Licensee’s duties to be reviewing and filing medical records. Licensee was listed as the only registered professional nurse at the facility. Licensee could care for her patients, but it was “poor.” While at the facility, Licensee was signing legal documents in addition to administering medication. Voluntary Surrender 3/9/2012

Terry, Cheri W.
Springfield, MO
Licensed Practical Nurse 032997
On multiple occasions between December 2006 and April 2008, Licensee called in fraudulent prescriptions to two pharmacies for Phentermine and Hydrocodone, from her personal cell phone. Licensee used this pharmacy because she worked with at her employer’s place of business. Phentermine and hydrocodone are controlled substances. Licensee did not have a valid prescription for Phentermine or hydrocodone. None of the doctors whose information Licensee used authorized the prescriptions and Licensee did not have authorization from those doctors to call in prescriptions. Licensee’s conduct, as described herein, constitutes misconduct, fraud and dishonesty in the performance of the duties and functions of a nurse. Licensee’s conduct, as described herein, also constitutes a violation of a professional trust or confidence. Licensee’s conduct, as described herein, constitutes a violation of the drug laws of the State of Missouri. Voluntary Surrender 4/13/2012

Irvin, Kristyn Michelle
Belthio, IL
Registered Nurse 2009006472

Voluntary Surrender continued on page 21

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Revocation continued from page 19

August, September, October 2012

Voluntary Surrender

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September 12 and 13, 2010, no nurses’ notes on patient M.M., a patient assigned to Licensee.

September 6, 2010, no nurses’ notes on seven patients assigned to Licensee.

September 13 and 14, 2010, no nurses’ notes on seven patients assigned to Licensee.

September 19, 2010, inpatient was found unresponsive at 11:00 a.m. and taken by ambulance to the hospital, where she expired on December 4, 2010. Her cause of death was respiratory failure. When interviewed by the employer and a Board investigator, Licensee admitted that she had made a medication error after being confronted with the error.

Voluntary Surrender 4/26/2012

Voluntary Surrender 5/24/2012

Voluntary Surrender 9/23/2012

Voluntary Surrender 9/24/2012

Voluntary Surrender 9/25/2012

Voluntary Surrender 10/25/2012

Voluntary Surrender 10/26/2012

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EOE

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August, September, October 2012

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