Message from the President

Roxanne McDaniel, PhD, RN, President

I am so pleased to have been given the opportunity to serve as a member of the Missouri State Board of Nursing and now as the incoming president. The Board members are a wonderful group of professionals representing nursing and the citizens of Missouri. We work with an outstanding staff that supports the work of the Board. As I work with the executive director, Board staff and Board members, I am consistently amazed by the talent these individuals bring to their roles.

In August, Irene Coco and I, along with several Board staff, were able to attend the National Council of State Boards of Nursing Annual Meeting. There were presentations, round table discussions, and debates about regulatory issues. The highlight of the meeting was the Awards Ceremony, where the Missouri State Board of Nursing received the Regulatory Achievement Award, which is truly deserved recognition of the outstanding work of our Board.

I look forward to the coming year and the many activities we are involved in such as the Missouri Action Coalition, the articulation task force, and the discussion of the APRN compact.

Executive Director’s Report

Executive Director’s Report continued on page 3
L to R–Irene Coco, LPN, Lori Scheidt, Executive Director, Roxanne McDaniel, PhD, RN, Becki Hamilton, Executive Assistant, Debra Funk, Practice Administrator, and Quinn Lewis, Investigations, Administrator

The Missouri State Board of Nursing was awarded the Regulatory Achievement Award by the National Council of State Boards of Nursing. This award recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare. The award was presented during the NCSBN Annual Meeting and Delegate Assembly on Aug. 9.

Executive Director, Lori Scheidt said, “Very few things in life are entirely the work of just one person and this is no exception. It takes a team of exceptional staff to identify opportunities and suggest solutions as well as board members willing to ride the wave of change with us.”

REGULATORY ACHIEVEMENT AWARD FOR MISSOURI STATE BOARD OF NURSING

Number of Nurses Currently Licensed in the State of Missouri

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
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<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>23,515</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>98,895</td>
</tr>
<tr>
<td>Total</td>
<td>122,410</td>
</tr>
</tbody>
</table>

As of October 18, 2012

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Email nursing@eiu.edu

More: http://pr.mo.gov

EDD

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MISSOURI STATE BOARD OF NURSING

November, December 2012, January 2013

REGULATORY ACHIEVEMENT AWARD FOR MISSOURI STATE BOARD OF NURSING

Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions) 573-526-5666
Missouri State Association for Licensed Practical Nurses (MoSALPN) 573-636-5659
Missouri Nurses Association (MONA) 573-636-4623
Missouri League for Nursing (MLN) 573-635-5355
Missouri Hospital Association (MHA) 573-893-3700

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Executive Director’s Report continued from page 1

The next chart shows the actions taken by the Board for those complaints and application reviews.

Licenses Issued in Fiscal Year 2012

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<tbody>
<tr>
<td>Registered Nurse</td>
<td>3,779</td>
<td>4,232</td>
<td>4,621</td>
<td>4,662</td>
<td>4,671</td>
<td>4,676</td>
<td>4,653</td>
<td>4,651</td>
<td>4,669</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>1,423</td>
<td>232</td>
<td>305</td>
<td>25,562</td>
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There were 668 new Advanced Practice Registered Nurse applications approved in fiscal year 2012.

Licenses Database Information

The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

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</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>45</td>
<td>46.12</td>
<td>46.28</td>
<td>46.35</td>
<td>46.62</td>
<td>47.1</td>
<td>46.5</td>
<td>46.6</td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td>44</td>
<td>45.13</td>
<td>45.36</td>
<td>45.10</td>
<td>45.32</td>
<td>45</td>
<td>45.7</td>
<td>45.1</td>
<td>45.9</td>
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<tr>
<td>APRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>47.73</td>
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The map above and the two maps on the following page depict the average age by county and the count of the nurses in each county who had a current Missouri nursing license and a Missouri address as of July 1, 2012.
Executive Director’s Report continued from page 3

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Missouri Advanced Practice Registered Nurses

APRNs
- More than 500
- 251 – 500
- 250 or less
- No data

Missouri Registered Nurses

RNs
- More than 8,000
- 2,001 - 8,000
- 2,000 or less

AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER
Gov. Nixon Announces Latest Round of Grants to Educate More Nurses at Truman State University and Other Missouri Colleges and Universities

KIRKSVILLE, Mo.–Gov. Jay Nixon today announced nearly $1 million in grants to educate additional nurses at college and universities across the state, including a $150,000 grant to Truman State University, marking the latest award of grants made available through the Governor’s Caring for Missourians initiative.

Gov. Nixon made the announcement during a visit to Truman State University’s Department of Nursing. The department is receiving a $150,000 grant to graduate at least 10-15 additional nursing students and to launch three foundational courses online to assist students in transferring to the accelerated BSN program. The department will also expand clinical sites and partnerships and add adjunct clinical and instructional faculty members.

These Caring for Missourians grants are funded by revenue generated from nursing licensing fees collected by the Missouri State Board of Nursing. The program is providing $1 million in grants each year in Fiscal Years 2012, 2013, and 2014. Public and private colleges and universities are eligible to apply for grants of up to $150,000 per institution per year to hire additional faculty, purchase vital educational equipment or offer scholarships.

“An education in nursing is a clear pathway to a rewarding and lifelong career, but far too often, too many students were being turned away from nursing education programs because they were at full capacity,” Gov. Nixon said. “As our state economy continues to move forward, health care will remain as a growing industry in our state. These Caring for Missourians program grants will assist our nursing schools in educating more students and connecting them with good jobs in every corner of Missouri.”

The State Board of Nursing has approved the following six additional grants:

- Lincoln University (Jefferson City) $124,115
- Missouri State University $144,134
- Springfield

Research College of Nursing $148,032
University of Missouri–St. Louis $140,978
University of Central Missouri (Warrensburg) $131,246
University of Missouri–Columbia $150,000

To select the grant recipients, the Missouri State Board of Nursing reviewed competitive applications submitted by the institutions. In the third year of the program, the board will again be inviting applications and awarding the grants on a competitive basis.

Launched by Gov. Nixon in 2009, Caring for Missourians is a strategic initiative to increase the number of nurses, physicians, dentists and other health professionals being educated at Missouri’s public colleges and universities. Colleges and universities developed individual plans for how they would invest their Caring for Missourians funds.

Gov. Nixon and the State Board of Nursing announced plans for the expansion of Caring for Missourians using the license fee revenue in December 2010.
FOR IMMEDIATE RELEASE
CONTACT:
Christopher R. Thyer, United States Attorney
501-340-2600

FEDERAL AUTHORITIES SEEKING WHITE COUNTY WOMAN ON IDENTITY THEFT CHARGES

Susan Elaine Boyce
aka Suzanne Pitts
aka Suzanne Johnson

LITTLE ROCK–Christopher R. Thyer, United States Attorney for the Eastern District of Arkansas, announced that Susan Elaine Boyce, age 58, of Pleasant Plains, Arkansas, was indicted September 6, 2012, by a federal grand jury. The seven-count indictment, which was unsealed today, charges Ms. Boyce with five counts of wire fraud, one count of aggravated identity theft, and one count of misuse of a social security number.

Ms. Boyce, who may also go by Suzanne Pitts or Suzanne Johnson, is presently at large. A warrant has been issued for her arrest. She is believed to be with a man using the name Jack Pitts or Jack Boyce, who may be armed.

Anyone who has information about the whereabouts of Ms. Boyce or Mr. Pitts is asked to call the fugitive hotline for the Office of the Inspector General for the U.S. Department of Health & Human Services at (888) 476-4453.

According to the indictment, Ms. Boyce used Arkansas State Board of Nursing license numbers and a Social Security Number belonging to other persons to obtain employment as a school nurse at Sidney Deener Elementary School in Searcy, Arkansas. The indictment goes on to allege that, although not a licensed nurse, Ms. Boyce worked at Sidney Deener in this capacity from the 2007-08 school year through the 2011-12 school year, during which time she was paid more than $175,000.

Upon cashing her monthly paycheck, a digital image of Ms. Boyce's check was sent from her bank to the school district bank in interstate commerce via the Federal Reserve Bank, which gives rise to the wire fraud counts. Aggravated identity theft and misuse of a social security number charges relate to Ms. Boyce using a social security number assigned to another person on Form W-4 tax withholding documents that she submitted to the school district.

Wire fraud carries a maximum statutory penalty of twenty years’ imprisonment and up to three years’ supervised release for each count. Aggravated identity theft adds a mandatory two-year prison sentence to any other sentence imposed and one year of supervised release. And misuse of a social security number carries a maximum statutory penalty of five years’ imprisonment and one year of supervised release. Each count carries a maximum fine of $250,000.

This case is being investigated by HHS-OIG and by the Office of the Inspector General for the Social Security Administration. Assistant United States Attorney Alexander Morgan is prosecuting the case for the United States.

An indictment contains only allegations. The defendant is presumed innocent unless and until proven guilty.
As nursing education continues to evolve, many indicators point toward the importance of academic preparation of the nurse as a major link to patient safety. As nursing students progress through their programs, regardless of the level of nursing education, it is essential that nurse educators and practice partners work together to foster optimal learning. While it is important that students gain the knowledge and skills to successfully make the transition from school to practice, it is equally important to instill a sense of life-long learning and to frequently encourage students to continue their education.

Many nursing programs are innovatively developing ways to foster nursing education and to facilitate progression. During the September 2012 Board meeting, three (3) programs of professional nursing received Missouri State Board of Nursing approval to expand. Central Methodist University–BSN program received approval to offer an accelerated BSN option at their satellite campus in Columbia, MO. Truman State University was granted approval to offer a similar accelerated BSN option at their home campus in Kirksville, MO. Accelerated BSN programs offer options for qualified applicants with bachelor degrees in another field to complete BSN studies in less than two (2) years of school. Mineral Area College in Park Hills, MO received approval to expand their LPN to ADN option to include a hybrid/on-line completion program offered on weekends and evenings. Often options are designed to serve working adults with multiple responsibilities outside of school.

Many efforts are in progress to expand nursing education options for Missouri citizens. As discussed in last quarter’s Newsletter, funding established by the state of Missouri through legislative action and appropriation of funds is utilized to foster nursing education. This year a second round of monies has been made available to Missouri nursing programs through the Nursing Education Incentive Program. As many of you may know, this funding comes about through collaboration between the Missouri State Board of Nursing and the Missouri Department of Higher Education. Major grant focus on increase of physical and educational capacity of professional nursing programs is demonstrated. Seven (7) programs of professional nursing will receive funding in 2012. A total of $997,525 is awarded this year. A third year of grant funding is anticipated for 2013. Decisions related to grant awards are made through collaboration between the Missouri State Board of Nursing and the Missouri Department of Higher Education. 2012 Nursing Education Incentive Program grant awards can be reviewed at Missouri Department of Higher Education website: http://www.dhe.mo.gov/NursingGrant.php.

Through active participation of nurse educators working with the Missouri Action Coalition on development of strategies to foster the Future of Nursing in Missouri and to lead the way in nursing education, the NEAT concept (Nursing Education Advancing Together) has evolved. Major focus is placed on articulation/seamless progression between levels of nursing education through strong collaboration/sharing of resources among nursing programs of all levels of nursing education. Through efforts of nurse educators across the state, surveys have been developed and are currently utilized to determine why nursing students enrolled in professional nursing programs take the educational pathway they have chosen and to explore actual and potential barriers of academic progression. This data should provide valuable insight related to educational needs/choices of Missouri nursing students and graduates.

Other indicators demonstrate progress, to include MOARC (Missouri Articulation Committee), a committee of nurse educators charged with revision of the Missouri Articulation Plan. As mentioned in earlier articles, this committee continues to work on strategies to make progression between levels of nursing education much smoother. A proficiency-based approach that incorporates all levels of nursing education and provides access for nurses from all different backgrounds and academic levels to progress to BSN and beyond is demonstrated. Ms. Becky Miller from Mercy School of Nursing in Springfield, Missouri currently serves as the chair of this committee. Completion of the revised Missouri Articulation Plan is projected for later this year.

For a complete list of pre-licensure nursing education programs approved by the Missouri State Board of Nursing, please refer to the Missouri State Board of Nursing website at pr.mo.gov/nursing.asp.
Licensure Information

by sending an email to lori.scheidt@pr.mo.gov contains the names of nurses who were disciplined the licensee of responsibility to maintain a current license. If you do not register online first and take your TN number with you to the fingerprint location, you will experience long wait times. If you are applying for a license from another state and do not wish to drive to a Missouri fingerprint location, you still need to register as indicated in step 1 above. We recommend that you make payment online. You will then need to go to a law enforcement agency where you live and obtain two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. Write down the TN number on the back of your Fingerprint Cards. Mail your cards to: 3M Cogent, Missouri CardScan, 5028 Bradenton Ave, Suite A, Dublin, OH 43017. The total fee is $44.80 regardless of which process you use.

Bulk License Verification – Bulk license verifications are now offered to employers free of charge. We encourage employers to check the status of their nurses at least quarterly. Instructions on how to request a bulk license verification can be found on the Board of Nursing's website. You will click on the License Verification tab on the right side of the website. This link will give you instructions on how to request the verifications for up to 30 days. The completed verification file will be emailed back to the person who requested it. You may also verify single licenses by clicking on the same tab and following the link provided. This link will take you to www.nursys.com. Nursys.com serves as primary source verification for Missouri.

License Suspension Due to Tax Compliance Law §324.010, RSMo
Pursuant to §324.010, RSMo, 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 or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The Board has no discretion in this matter. The license is suspended by operation of law.

When permanently relocating to another compact state, a nurse must apply for licensure by endorsement and complete the Declaration of Primary State of Residency for the new home state. Notify the former compact state board of nursing that you are no longer a resident. You can work on your former license for up to 30 days. The 30 days starts with the first day of work. It’s recommended that you start the application process one to two months prior to the move.

I'm an employer in a compact state and we hired a nurse from a non-compact state. How can the nurse work on her former state license before needing to get a license in this state?
When permanently relocating to another compact state, a nurse must apply for licensure by endorsement and declare the new compact state as his or her primary state of residence. It’s recommended that the nurse start the application process one to two months prior to the move. The nurse can practice on the former license for up to 30 days. The 30 days starts with the first day of work.

I have a compact multistate license and have accepted a temporary assignment in another compact state. My employer or staffing agency is telling me that I need to get that state’s license.
The Nurse Licensure Compact laws allow a nurse to hold only one active multistate license in the primary state of residency. A licensee holding a compact multistate license in good standing has the privilege to practice in any compact state. Employers cannot require the nurse to apply for licensure in a remote state when the nurse has lawfully declared a primary state of residency based on where he or she pays federal income tax, is registered to vote and holds a driver’s license. The board of nursing will not issue a license to a nurse declaring another compact state as his or her primary state of residence.

Authors: Angie Morice, Licensing Administrator

RN Renewal Postcards Scheduled to be Printed Early January 2013
January 2013 is right around the corner. There are 96,496 RNs currently licensed in Missouri. We will begin planning for renewal of RNs by printing renewal postcards in early January 2013. You are responsible for keeping the Board of Nursing informed of your current mailing address. Failure to receive the renewal notification does not relieve the licensee of responsibility to maintain a current license. We will begin mailing these postcards to all RNs in early January 2013. The postcards will be printed in color and will contain the renewal notification and a renewal registration number of 0001. After you register, you will receive a TCN number. Write down that number and retain it in order to take it with you to the fingerprint location along with a valid government issued ID.

Click on Fingerprint Sites near the top of the web site at www.machs.mo.gov to find a fingerprint location. Once you click on Fingerprint Sites, a map will be displayed. Click on the location closest to your location. You will then see the location address and hours of operation.

Fingerprint Background Checks
Individuals applying for an initial license or reinstatement of an expired license are required to undergo fingerprint background screening. The following is the process to comply with that requirement.
Go to www.machs.mo.gov and register using the 4 digit registration number of 0001. After you register, you will receive a TCN number. Write down that number and retain it in order to take it with you to the fingerprint location along with a valid government issued ID.

Weekly Discipline Email
The Board of Nursing sends a weekly email that contains the names of nurses who were disciplined the licensee of responsibility to maintain a current license. If you are applying for a license from another state and do not wish to drive to a Missouri fingerprint location, you still need to register as indicated in step 1 above. We recommend that you make payment online. You will then need to go to a law enforcement agency where you live and obtain two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. Write down the TN number on the back of your Fingerprint Cards. Mail your cards to: 3M Cogent, Missouri CardScan, 5028 Bradenton Ave, Suite A, Dublin, OH 43017. The total fee is $44.80 regardless of which process you use.

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Discipline Information

What are the Different License Statuses and What Do They Mean?

A nurse recently indicated that she is not sure what to do with her license when she makes the transition to no longer practice nursing. She questioned whether voluntary surrender was appropriate. Voluntary surrender is not the appropriate license status you should seek if you are retiring from nursing. This article provides information on the various license statuses available to nurses.

Voluntary Surrender

Voluntary surrender is treated the same as a disciplinary action in that the Board is required to report it to the National Practitioner’s Data Bank. The name of the licensee will be printed in the newsletter. A voluntary surrender is often used when a licensee is under disciplinary action by the Board, is unable to complete the requirements for his or her disciplinary action and does not want to be in violation or have his or her license revoked. The facts of the case are not reprinted because they are already public knowledge. So, in the newsletter, it states the licensee chose to voluntarily surrender. If a person voluntarily surrenders he or she would be required to answer yes on applications when asked if he or she has ever voluntarily surrendered a license. If the individual wants to apply for a nursing license again he or she would be required to retake the NCLEX (boards). An application for licensure by exam would be submitted to the Board office with a fee and background checks would be required. The application may be found at http://pr.mo.gov/nursing-licensure.asp.

Inactive Status

If an individual has a current nursing license, he or she may place it on inactive status. If the individual no longer plans to practice nursing and does not want to represent themselves as a nurse, this is a viable option. When a license is placed on inactive status a person may not practice as a nurse. To place a license on inactive status, a written, signed statement must be sent to the Board Office or a box on the license renewal may be marked to request placing the license on inactive status. If the individual chooses to reactivate the license to work and represent themselves as a nurse, he or she must fill out the Petition for License Renewal that is available on the Board’s website at http://pr.mo.gov/nursing-licensure.asp. The completed form and the required fee are then submitted to the Board office. Background checks are also required.

Retired Status

A person must also have a current license to place his or her license on retired status. When a license is placed on retired status, the individual may use his or her nursing title and may provide volunteer services as long as he or she does not receive monetary compensation. To place a license on retired status, a check-box is available on the license renewal form. There is a small fee to place the license on retired status. If the individual wishes to change to retired status between renewal periods then he or she must request a form from the Board. The form requires a date on which the licensee retired from practice and acknowledged that the nurse intends to retire from practice for at least two years. If the individual chooses to reactivate the license to work and represent themselves as a nurse, he or she would be required to answer yes on applications when asked if he or she has ever voluntarily surrendered a license. The completed form and the required fee are then submitted to the Board office. Background checks are also required.

Lapsed Status

Lapsed status is different than any other status because a nurse does not request lapsed status. If a nurse does not renew his or her license during the regular renewal period, his or her license will lapse. If the individual chooses to reactivate the license to work and represent themselves as a nurse, they must fill out the Petition for License Renewal that is available on the Board’s website at http://pr.mo.gov/nursing-licensure.asp. The completed form and the required fee are then submitted to the Board office. Background checks are also required. The difference is the fee. If a nurse allows his or her license to lapse and then chooses to renew, there will be an additional lapse fee.

Board Newsletter

If a license is retired or active, the licensee will automatically be mailed the Board’s newsletter on a quarterly basis. If a license is lapsed, inactive or voluntarily surrendered, the individual will not receive the Board’s newsletter unless it is specifically requested (email becki.hamilton@pr.mo.gov).

Verification of License Status

The license status and expiration date of all nurses can be found at www.nursys.com. Select the free Licensure QuickConfirm and follow the online instructions.

Voluntary Surrender

A person must also have a current license to place his or her license on retired status. When a license is placed on retired status, the individual may use his or her nursing title and may provide volunteer services as long as he or she does not receive monetary compensation. To place a license on retired status, a check-box is available on the license renewal form. There is a small fee to place the license on retired status. If the individual wishes to change to retired status between renewal periods then he or she must request a form from the Board. The form requires a date on which the licensee retired from practice and acknowledged that the nurse intends to retire from practice for at least two years. If the individual chooses to reactivate the license to work and represent themselves as a nurse, he or she would be required to answer yes on applications when asked if he or she has ever voluntarily surrendered a license. The completed form and the required fee are then submitted to the Board office. Background checks are also required.

Lapsed Status

Lapsed status is different than any other status because a nurse does not request lapsed status. If a nurse does not renew his or her license during the regular renewal period, his or her license will lapse. If the individual chooses to reactivate the license to work and represent themselves as a nurse, they must fill out the Petition for License Renewal that is available on the Board’s website at http://pr.mo.gov/nursing-licensure.asp. The completed form and the required fee are then submitted to the Board office. Background checks are also required. The difference is the fee. If a nurse allows his or her license to lapse and then chooses to renew, there will be an additional lapse fee.

Board Newsletter

If a license is retired or active, the licensee will automatically be mailed the Board’s newsletter on a quarterly basis. If a license is lapsed, inactive or voluntarily surrendered, the individual will not receive the Board’s newsletter unless it is specifically requested (email becki.hamilton@pr.mo.gov).

Verification of License Status

The license status and expiration date of all nurses can be found at www.nursys.com. Select the free Licensure QuickConfirm and follow the online instructions.
Disciplinary Actions**

Censure 7/2/2012 to 7/3/2012

Call everyday at her previous hearing.

Censure 6/20/2012 to 6/21/2012

Employee Assistance Program (EAP).

Censure 7/11/2012 to 7/12/2012

Licensee practiced nursing in Missouri without a license from June

____________________________________________________

nurse. Censure 8/1/2012 to 8/2/2012

administered Morphine 5mg intravenous push (IVP) to a patient.

On April 28, 2011, at 0458 Licensee documented that she

McCombs, Sandra Kathleen

____________________________________________________

Ground Service, to her last known address. Respondent received

On June 8, 2010, the Board received information via Nursys.

____________________________________________________

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Henne, Roger C.
St. Peter's, MO
Registered Nurse 137629

On January 25, 2011, Licensee received a corrective action from the hospital. Licensee received the First Written Notice because he admitted falsification of a patient's record. Licensee also did not document the medication in an electronic record. On March 28, 2011, the hospital identified a piece of paper which contained a form of a prescription for Lanoxin.

Licensee documented in the patient's record that he discontinued an intravenous line (IV) and started a new IV because the site had been four days old. The oncoming nurse noted that the patient's IV site was puffy and was infiltrated. The oncoming nurse pulled back the tape to discontinue the infiltrated IV and discovered that Licensee had placed new tape over the old dressing on the old IV site rather than starting a new site as she stated in the removal of the old site. The oncoming nurse put the new tape over the site on the new tape on the site but the original initials and date could still be seen from the original IV site which was started on March 25, 2011.

Censure 7/10/2012 to 7/11/2012

Moore, Hilford
University City, MO
Licensed Practical Nurse 051231

The Board did not receive an employer evaluation or statement of unemployment by the Licensee's employer due to date of unemployment by the documentation due dates of August 25, 2011 and April 6, 2012, documentation due dates. In addition, the employer evaluation that was due to be at the Board by October 6, 2011, was not received by the Board until October 28, 2011.

Censure 7/2/2012 to 7/3/2012

Winkle, Lee A.
Boulevard, MO
Licensed Practical Nurse 046400

During a shift, Licensee and several other nurses were working together to change J.K.'s dressing after she'd had diarrhea. During the process, the patient spit on Licensee. Licensee slapped the patient in the face. The slap did not leave a red mark and did not make the patient indicate he was in pain.

Censure 8/9/2012 to 8/9/2012

Gartner, Melissa R.
Saint Louis, MO
Registered Nurse 2004008153

Licensee worked the night shift on January 26-27, 2011, and had worked five to six 12 hour shifts to off-set finances as her husband had major surgery and she was providing care to him during the day when she normally slept. On January 27, 2011, after her shift, Licensee was not only sleep deprived, but shook up from a dream that occurred during that shift. After her shift, she went to her vehicle with her scrub jacket on, her work bag and had a blood vial, tubing, vacutainer and two syringes which she had in her parking garage in her car. The two syringes, blood vial, tubing and vacutainer were hospital property with serial numbers on them. During this week, Licensee had been taking Benadryl to alleviate her allergy symptoms so she could continue to take care of her husband and work. Also during this period, Licensee worked from January 26-27, 2011, Licensee had approximately 4 hours or less of sleep each day due to the number of hours at the hospital, her part-time position, and taking care of her husband. Censure 7/10/2012 to 7/11/2012

Hitt, Christine Leigh
Neveton, MO
Licensed Practical Nurse 2005030792

The Board did not receive an employer evaluation or statement of unemployment by the Licensee due to the documentation due dates of August 12, 2011, November 14, 2011, February 13, 2012, and April 25, 2012. The Board received a Statement of Unemployment from Licensee on January 27, 2012. However, the due date was August 12, 2011. The Board received an employer evaluation dated on December 30, 2011 and January 27, 2012. This employer evaluation was due to the Board by November 14, 2011. The Board received the employer evaluation due on December 13, 2012 on March 2, 2013. Respondent sent copies one week before the Board Meeting of certificates of completion of the Continuing Education hours, which was past the date the certificates were due to the Board.

Censure 6/25/2012 to 6/26/2012

PROBATION

Johnson, Amber Shaneice
Saint Louis, MO
Licensed Practical Nurse 2008030500


Jackson, Krista E.
Wentzville, MO
Registered Nurse 127277

Licensee received verbal counseling on April 28, 2003 as a result of violation of the policies and procedures in her care of patient R.R. On or about April 25, 2003, Licensee was assigned to care for patient R.R. R.R. was admitted for induction of labor on April 25, 2003. According to R.R.'s physician's orders, Licensee was to adjust the pitocin throughout the day for R.R.'s labor. Licensee documented in R.R.'s chart that she adjusted the pitocin as ordered. However, R.R.'s pitocin remained at six units all day. According to R.R.'s PROBATION Continued...

physician orders, Licensee was also required to assess the R.R.'s blood pressure because R.R. was being induced due to pregnancy induced hypertension. R.R. reported that Licensee did not check R.R.'s blood pressure at any time during the shift. Licensee documented in R.R.'s chart that she completed several blood pressure checks on R.R. throughout the day. Only one of the blood pressures documented Licensee stated she took matched the monitor strip blood pressure generated and placed with her chart. R.R. made no progress in labor that day. Licensee did not check the fetal monitoring strip when the baby was present in the room. Licensee did not document on the fetal monitor strip any vital signs, blood pressures, or vaginal exam of R.R. Also, the fetal monitoring strip had no markings on it all. Licensee falsified documentation of R.R.'s chart with regard to admission and discharging and documenting blood pressure, and being present in R.R.'s room to document her presence and required data on the fetal monitoring strip. On December 13, 2011, Licensee received verbal counseling as a result of violation of the policies and procedures in her care of patient A.N. and her infant. Patient A.N. informed staff that Licensee did not take care of her baby all day. The baby was left in A.N.'s room all night and day contrary to policy and procedure. A.N. reported that an assessment and vital signs were not done by Licensee, or anyone else, on the baby. The assessment and vital signs are taken outside of the mother's room. Licensee documented an assessment and vital signs for the baby in the patient chart. Licensee was unable to explain why she documented an assessment on the baby yet the baby never left the mother's room all day. On or about July 31, 2010, Licensee was assigned to care for patient J.K. J.K. delivered her baby on July 31, 2010 at 06:28. Licensee took over the care of J.K. J.K. on July 31, 2010 at 06:28. Licensee was on call for patient J.K. J.K. had not done an assessment on the entire day. J.K. also informed hospital staff that Licensee did not take her vital signs. J.K. stated that she did not assess J.K. despite her documentation. Licensee stated she asked J.K. some questions. Licensee falsified documentation for patient J.K. including vital signs and a post-partum assessment which she did not complete.

Probation 6/26/2012 to 6/26/2014

Gunn, Michelle Renee
Lees Summit, MO
Registered Nurse 2005025829


Probation 5/9/2012 to 7/9/2017

Noel, Jacqueline M.
Columbia, MO
Registered Nurse 106790

Respondent failed to call in to NTS on twenty-one (21) days. Licensee failed to report to NTS on March 28, 2011, and March 28, 2012. Respondent stated that she had provided care to a patient in a hospital setting but did not call NTS because the patient had no known allergies. Respondent failed to call in to NTS on six (6) days. The Board identified six reports due dates of April 12, 2011, May 10, 2011, May 24, 2011, June 7, 2011, June 28, 2011, and July 12, 2011. Respondent stated that she did not call NTS due to a lack of knowledge of the required steps.

Probation 7/19/2012 to 12/22/2014

Hicks, John Michael
Kansas City, MO
Licensed Practical Nurse 2011004746

Respondent failed to call in to NTS on three (3) days. Additionaly, Respondent was selected for testing on December 13, 2011, and failed to report to a collection site to provide the required sample for screening. The Board did not receive an employer evaluation or statement of unemployment by the Licensee due to the documentation due date of February 15, 2012. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by February 15, 2012. Respondent brought certificates of completion to the Board showing completion of the classes on June 12 and June 13, 2012.

Probation 7/3/2012 to 8/15/2014

Peck, Allison Ann
Kennett, MO
Registered Nurse 2007024053

Respondent failed to call in to NTS on two (2) days. The Board did not receive an employer evaluation or statement of unemployment by the Licensee due to the documentation due date of January 23, 2012; however, did receive one dated January 27, 2012. Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by February 15, 2012. Respondent brought certificates of completion to the Board showing completion of the classes on December 13, 2011 due date.

Probation 6/15/2012 to 10/22/2013
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cards of Vicodin, for a total of 108 pills. Because the patient was refusing medication, this amount of Vicodin seemed excessive to the resident's family member. An investigation was initiated by Multiple Agency Response (M.A.R.) to determine if the resident had previously been ordered for resident 1. All of the cards of Vicodin had been delivered and signed into the Facility. None of the three cards of Vicodin had been ordered by Licensee on July 7, 12, and 26, 2010. The staff was unable to locate proof of use sheets for the Vicodin. Staff did not see any documentation in resident 1's medical records or medication administration records that resident 1 had been administered the missing 108 tablets of Vicodin.

Licensee had also ordered Vicodin for other residents. Staff found that five cards of Vicodin were missing for Resident 2 for a total of 150 tablets. Licensee had ordered the Vicodin for Resident 2 on July 7, 2010 and on August 5, 17, and 25, 2010. Staff found that 2 cards of Vicodin were missing for Resident 3 for a total of 56 tablets. Licensee had ordered the Vicodin for Resident 3 on July 7 and 27, 2010. Staff found that one card of Vicodin was missing for Resident 4 consisting of 30 tablets. Licensee had ordered the Vicodin for Resident 4 on August 9, 2010. Staff found that three cards of Vicodin were missing for Resident 5 consisting of 90 tablets. Licensee had ordered the Vicodin for Resident 5 on August 4, 5, and 17, 2010. Staff found that one card of Vicodin was missing for Resident 6 consisting of 30 tablets. Licensee had ordered the Vicodin for Resident 6 on July 1, 2010. All of the missing cards of Vicodin for Residents 1, 2, 3, 4, 5, and 6 had been ordered by Licensee except for one card of Vicodin ordered for Resident 2 on July 13, 2010. At the time that Licensee re-ordered Vicodin for Residents 1, 2, 3, 4, 5, and 6, the residents had a supply of Vicodin in the facility and there was no need for the Vicodin to be re-ordered. Licensee did as a normal duty make drug counts while checking other supplies in the medication rooms. The drug counts were completed to ensure that the nursing staff was counting prior to the end of their shifts. The spot counts were originally being completed two to three times per month. Licensee began doing the counts every other day. Licensee began advising staff that the medication count was off. After each count Licensee would remove the original count sheet and replace it with a new corrected sheet.

Licensee was responsible for ordering supplies and medical records. Licensee was not responsible for re-ordering medications. On or about September 3, 2010, a charge nurse on the patient care floor that evening, was approached by a resident's family member. Resident 1's family member questioned a bill the family had received. The bill was for three

Licensee worked from April 30, 2005 until May 30, 2012 on a lapse registered professional nurse license.

Licensee was responsible for ordering supplies and medical records. Licensee was not responsible for re-ordering medications. On or about September 3, 2010, a charge nurse on the patient care floor that evening, was approached by a resident's family member. Resident 1's family member questioned a bill the family had received. The bill was for three
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PROBATION Continued...

Lloyd, Jeri Lynn
Missoula, MT
Registered Nurse

Respondent was required to contact the Board with the approved third party administrator, currently National TruSource Specialists, Inc. (NTS), and participate in random drug and alcohol screenings by March 16, 2012. Respondent did not successfully complete the contract process with NTS until April 13, 2012. Respondent received her chunk of custody forms on April 10, 2012. Respondent did not start calling NTS until April 19, 2012 and missed a test on April 18, 2012. Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement. The evaluation was due to the Board by March 31, 2012. The Board did not receive a thorough chemical dependency evaluation on Respondent’s behalf. Prohibition 7/2/2012 to 7/2/2017

Bourgeois, Lisa
Columbia, MO
Registered Nurse

On October 3, 2009, Respondent was licensed for patient F. C. They relayed that they were still waiting on the patient’s medication Licensee was to bring. J. M. stated that patient F. C. was “in a lot of pain.” Licensee was assigned to provide in-home hospice care for patient J.W. three times per week; on Monday, Wednesday, and Friday. Monday, October 19, 2009, Licensee was two hours late for her scheduled visit with patient J.W. Licensee did not call the patient. On Wednesday, October 21, 2009, Licensee did not visit patient J.W.’s physician requested that Licensee no longer be assigned to patient J.W. due to her failing to manage the patient’s care. Prohibition 10/15/2012 to 10/15/2014

Louis, Sonya L.
Kansas City, MO
Registered Nurse

Licensee’s Missouri nursing license was suspended pursuant to 324.010 RSMo from March 31, 2010 through January 12, 2012. Prohibition 7/24/2012 to 7/24/2013

Schneider, Stephanie Ann
Kansas City, MO
Licensed Practical Nurse

Licensee was attending nursing school to obtain a Licensed Practical Nurse degree. Licensee was in her last semester of the clinical component of her education. On Saturday, June 11, 2011, Licensee administered Fentanyl, a controlled substance; 19 intravenous push to a patient. The patient had received pain medication but the patient’s condition was not life threatening. Licensee was on duty at a Licensed Practical Nurse in a commercial hospital. At that time, administering a medication by intravenous push is outside the scope of practice of a licensed practical nurse. Prohibition 6/23/2012 to 7/30/2012

Reecer, Benjamin James
Saint Charles, MO
Licensed Practical Nurse

On August 13, 2009, Licensee pled guilty to the crime of possessing a controlled substance, a class A misdemeanor. On August 13, 2009, Licensee pled guilty to the crime of driving while intoxicated, a class A misdemeanor. On August 13, 2009, Licensee pled guilty to the crime of driving with a revoked license, a class A misdemeanor. Prohibition 7/26/2012 to 7/26/2015

Adkins, Dianne
Louisiana, MO
Registered Nurse

On February 13, 2012, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on two separate occasions, April 24, 2012 and May 6, 2012, Respondent responded to lab and submitted the required sample which showed a low creatinine reading. On May 16, 2012, Respondent reported to a collection site to provide a urine drug screen. Respondent tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted that she had been consuming alcohol. Prohibition 6/25/2012 to 12/15/2015

Steinert, Jacqueline L.
Springfield, MO
Registered Nurse

On March 15, 2012, the Missouri Professional Nursing Commission found that Respondent’s nursing license was subject to discipline for diverting medications and for errors in charting the administration of medications.

Prohibition 7/25/2012 to 7/25/2017

Graham, Jacob E.
Washington, MO
Registered Nurse

Licensee entered into an employee assistance program agreement on April 10, 2009. On October 5, 2009, pursuant to that program, Licensee submitted to a urine drug screen. Licensee tested positive for Fentanyl. Licensee was terminated from his employment on October 20, 2009 for violating the terms of the employee assistance program. Prohibition 7/25/2012 to 7/25/2017

Wiggins, Sonya Elise
Woodson, AR
Licensed Practical Nurse

Respondent was required to obtain continuing education hours and have the correct certification for all hours submitted to the Board by March 1, 2012. The Board never received proof of any completed hours. Prohibition 9/10/2012 to 3/2/2013

Lewis, Luanmar R.
Saint Charles, MO
Licensed Practical Nurse

On June 23, 2011, Licensee pled guilty to Making a False Declaration and Driving While Revoked. Prohibition 7/9/2012 to 7/9/2013

Robb, Samantha J.
Columbia, MO
Licensed Practical Nurse

On February 16, 2011, Licensee pled guilty to the class A misdemeanor of assault/attempted assault on a law enforcement officer. On January 21, 2011, Licensee pled guilty to the class A misdemeanor of theft/stealing, less than $500. Prohibition 7/6/2012 to 7/6/2015

Anastett, Laura Dawn
Columbia, MO
Registered Nurse

Respondent was suspended from her employment on October 20, 2009 for violating the Missouri Professional Nursing Act. Respondent violated the law by diverting medications and for errors in charting the administration of medications.

Prohibition 8/7/2012 to 8/7/2014

PROBATION Continued...
For Patient 1, the following medication was not documented as given to the patient or documented as wasted and all medication was pulled from Pyxis by Licensee.

Browne, Paula C.
 Wentzville, MO
 Registered Nurse 08578/76
 Licensing actions on June 21, 2008, she diverted two (2) Suboxone for her own personal use.
 Revedked 6/25/2012

Yahnke, Katie Marie
 Wentzville, MO
 Registered Nurse 2009028718
 The Administrative Hearing Commission found cause to discipline Licensee for failing to follow physician's orders regarding medication for patients, improperly documenting the administration of medications to patients, contacting a patient, and being placed on an Employee Disqualification List.
 Revedked 6/25/2012

Davis, Margret Masha
 Vandala, MO
 Registered Nurse 2002013518
 Respondent was required to abstain completely from the use or consumption of alcohol in any form.
 Additionally, in accordance with the terms of the Order, Respondent was required to submit a mental health evaluation to the Board within six (6) weeks of the effective date of the original Agreement. On March 1, 2012, the Board received an evaluation from the Counseling Center.

In the evaluation, it is noted in Episode Date-12/22/2011 that Respondent had treatment from November 2011 through December 2011 and was released by the counselor on February 2, 2012. Respondent purchased alcohol and binge drank to the point of intoxication in the Transitional housing unit. It is further noted that Respondent's treatment ended abruptly when she became intoxicated in one of the cottage bathrooms; however, after going through the detox, Respondent returned to inpatient treatment.

Respondent failed to call in to NTS on seventeen (17) days. In addition, Respondent failed to submit to drug and alcohol screenings on December 19, 2011; January 6, 2012; January 19, 2012; March 2, 2012; and April 18, 2012, when she was selected for random drug and alcohol screening. She failed to call in on all of those dates with the exception of March 8, 2012, and January 19, 2012. In addition, Respondent failed to complete her random drug screening on February 7, 2012, and produced a urine drug screening result that showed a low creatinine reading of 16.6. A creatinine level below 200 creates a suspicion that the sample provided has been diluted.
 Revedked 6/25/2012

Rusakiewicz, Steven Richard
 Rolla, MO
 Licensed Practical Nurse 2006032637
 Respondent was assigned to patient L.T., a home health care patient. As part of his assignment, Respondent would come to L.T.'s house and count out her medication for a week at a time.
 In October 14, 2008, L.T. and her care worker, counted her medication but L.T. was not included in the visit. While Respondent was counting out L.T.'s medication, patient L.T. and her care worker noticed that the Respondent was placing the pills in his hand while he was filling pills in the medication planner. Respondent was then observed placing his hand in his pocket. At this point the Respondent left the care worker and L.T. counted the pills and there were five (5) Oxycodone pills missing. Respondent admitted he removed five (5) Oxycodone/AZ/PAP 5/5mg from L.T.'s pills on October 14, 2008, for his personal use.
 Revedked 6/25/2012

Wolfford, Paul W.
 Wichita, KS
 Registered Nurse 149885
 The Administrative Hearing Commission found that the nursing license of Respondent is subject to discipline because he diverted controlled substances from his employer; the Kansas Board of Nursing took disciplinary action against his license; and the United States government excluded him from participation in its health care programs.
 Revedked 6/25/2012

Webb, Catherine Lee
 Pittsburg, KS
 Licensed Practical Nurse 2010007549
 On January 1, 2011 an offender presented to the medical unit with a complaint of low blood sugar at 0540. On January 1, 2011 at 0553, custody staff sent an offender to L.T.'s house and count out her medication for a week at a time. The offender was released to his housing unit at 0045. The offender was given a follow-up assessment after administering the Glucagon. The physician's orders were to utilize the approved nursing protocol for low blood sugar, with special conditions for her guilty plea to the felony of driving under the influence of alcohol.
 On October 14, 2010, the offender was released to his housing unit for the intake. The offender was required to submit a mental health evaluation from the Counseling Center.

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November, December 2012, January 2013
Missouri State Board of Nursing • Page 15

REVOLED

PROBATION
continued from page 14

Brewer, Janis F.
 Cape Girardeau, MO
 Registered Nurse 145382
 Respondent was required to undergo a thorough mental health evaluation, and if treatment was recommended, Respondent was required to have submitted ongoing treatment evaluations. The mental health evaluation received by the Board on March 2, 2012, recommended that Respondent receive follow-up care through psychiatric medication management. Because further mental health treatment was recommended in the evaluation, pursuant to the terms of the Order, Respondent was required to contact theOmnicell (medication dispensing system) report was positive for the

of May 19/20, 2011 for Patient 3, 4 mg Morphine Sulfate was given to the patient or documented as wasted. On the night shift of May 13/14, 2011 for Patient 2, Fentanyl 100 mcg, May 23/24, 2011 Fentanyl 400 mcg, May 22, 2011 Fentanyl 225 mcg; 15 mg morphine sulfate,

Johnson, Stacey Lynn
 Saint Clair, MO
 Licensed Practical Nurse 2010007549
 On January 1, 2011 an offender presented to the medical unit with a complaint of low blood sugar at 0540. On January 1, 2011 at 0553, custody staff sent an offender to L.T.'s house and count out her medication for a week at a time. The offender was released to his housing unit at 0045. The offender was given a follow-up assessment after administering the Glucagon. The offender's housing unit at the time of the housing unit housing unit at the time of the

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T. counted the pills and there were five (5) Oxycodone pills missing. Respondent admitted he removed five (5) Oxycodone/AZ/PAP 5/5mg from L.T.'s pills on October 14, 2008, for his personal use.
 Revedked 6/25/2012

Ray, William E.
 Lincoln, MO
 Registered Nurse 133205
 The hearing Commission found Respondent's nursing license was subject to discipline because he was incompetent, grossly negligent, and violated a professional trust.
 Revedked 6/25/2012

Havresak, Laura F.
 Mills River, NC
 Registered Nurse 2006005190
 The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of August 5, 2011, November 7, 2011, February 6, 2012, and May 7, 2012. The Board did receive a letter on September 2, 2011, and on February 18, 2012 stating that Respondent was unemployed. Respondent was required to obtain continuing education hours and have the certificates of completion for fifteen (15) hours submitted to the Board by February 5, 2012. The Board did not receive proof of fifteen (15) required completed hours of continuing education.
 Respondent was two (2) hours short of completing her required fifteen (15) hours by the Board's due dates of May 7, 2012.
 Revedked 7/2/2012

Malone, Elisabeth Grace
 Rolla, MO
 Registered Nurse 2007034731
 Licensee was employed by a Medical Center. From February to April 2010, the Omnicell (medication dispensing system) report showed that Licensee would frequently access Tylenol but would not remove any Tylenol and then remove Tramadol. Licensee would also remove Tramadol in amounts that were in excess of the physician's orders.
 Revedked 6/26/2012

Lucas, Amy K.
 Saint Louis, MO
 Registered Nurse 144819
 On March 9, 2012, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Valium. Licensee does not have a current, valid prescription for Valium.
 Revedked 7/2/2012

Wentz ville, MO
 Registered Nurse 2006005190
 The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of August 5, 2011, November 7, 2011, February 6, 2012, and May 7, 2012. The Board did receive a letter on September 2, 2011, and on February 18, 2012 stating that Respondent was unemployed. Respondent was required to obtain continuing education hours and have the certificates of completion for fifteen (15) hours submitted to the Board by February 5, 2012. The Board did not receive proof of fifteen (15) required completed hours of continuing education.
 Respondent was two (2) hours short of completing her required fifteen (15) hours by the Board's due dates of May 7, 2012.
 Revedked 7/2/2012

Brewer, Janis F.
 Cape Girardeau, MO
 Registered Nurse 145382
 Respondent was required to undergo a thorough mental health evaluation, and if treatment was recommended, Respondent was required to have submitted ongoing treatment evaluations. The mental health evaluation received by the Board on March 2, 2012, recommended that Respondent receive follow-up care through psychiatric medication management. Because further mental health treatment was recommended in the evaluation, pursuant to the terms of the Order, Respondent was required to contact the
Full-time positions with our facility qualify for benefits that include: 12 paid holidays, 15 days vacation, 15 days sick leave, retirement, health, and life insurance. For more information on this position, contact Personnel at 660-631-3025.

ADVANCED PRACTICE REGISTERED NURSE

The Marshall Hallibert Center is seeking a full-time Advanced Practice Registered Nurse to provide health care services to individuals with mental and physical disabilities in our facility under a collaborative or supervision agreement with a physician. This position typically works M-F, 8 a.m. to 4:30 p.m. but has the flexibility to respond to emergencies after hours.

Life Care Centers of America

Life Care Centers of America, a busy geriatric nursing home practice, is looking for a Nurse Practitioner. The position is for 5 days per week and offers full benefits along with a company vehicle. Please contact Angie Woods at 573-234-1800.

Nurse Practitioner or Physician's Assistant - $85,000/yr

Barnes Healthcare Management Group, LLC, is looking for a Nurse Practitioner. The position is for 5 days per week and offers full benefits along with a company vehicle. Please contact Angie Woods at 573-234-1800.

Life Care Center of Cape Girardeau

1000 W. Nifong Blvd., Building 1, Suite 501
Columbia, MO 65203

www.LCCA.com/employment

jcox@beck-field.com

Gulf Opportunity - ICU RNs

Nurse Practitioner - Level two trauma - FT, Full benefits

American"
The Missouri Hospital Engagement Network: Helping Patients Heal Without Complication

by Jeanne Naeger MSN, RN, FNP-BC
Vice President Quality Improvement
Missouri Hospital Association

Although nurses and other health care providers work extremely hard to deliver the best care possible, many preventable adverse events still occur in hospitals. The Hospital Engagement Network (HEN) was formed with funding from the Centers for Medicare & Medicaid Services as part of the National Partnership for Patients campaign. It is the largest federal hospital initiative ever undertaken to improve patient safety and quality of care. Within two years, this project aims to reduce 10 targeted hospital-acquired conditions by 40 percent and cut hospital readmissions by 20 percent, saving an estimated 60,000 lives throughout three years and conserving billions in Medicare funding.

Nationwide, there are 26 HENs consisting of state, regional, national or hospital system organizations. The Missouri Hospital Association (MHA) is part of the Health Research & Educational Trust (HRET) HEN, an affiliate of the American Hospital Association. Ninety-five Missouri hospitals are participating in the MHA HEN. Others may be associated with a different HEN, such as Premier, the University Health System Consortium or the Association of Safety Net Hospitals.

MHA, along with the Missouri Center for Patient Safety (MOCPS), is assisting hospitals to identify solutions already working to reduce health care-acquired conditions and sharing those solutions with other hospitals and health care providers. In addition, MHA seeks to improve the ability, capacity and trust of participating hospitals to collaboratively address current and future quality, safety and efficiency issues. This strategy includes engaging leaders to ensure accountability and providing adequate resources and attention to performance improvement. Leadership also is encouraged to empower staff to assume responsibility for safety.

Participating hospitals have been offered access to national and state resources and experts. The Missouri HEN held its second two-day state meeting in early September. At this conference, best practices and quality improvement tools were shared with participating hospitals in the initiative’s 10 targeted areas.

- adverse drug events (ADE)
- catheter-associated urinary tract infections (CAUTI)
- central line-associated blood stream infections (CLABSI)
- injuries from falls and immobility
- obstetrical adverse events
- pressure ulcers
- surgical site infections
- venous thromboembolism (VTE)
- ventilator-associated pneumonia (VAP)
- preventable readmissions

“We are extremely excited and honored to provide Missouri hospitals with this opportunity,” said Sharon Burnett, MHA vice president of clinical and regulatory affairs. “Perhaps the most rewarding aspect of this project is the response from our hospitals. They deserve kudos for their contributions and enthusiasm.”

Don Ainley, quality/employee health manager at Advanced Healthcare Medical Center in Ellington, said “becoming a HEN hospital is one of the best things our hospital has ever done. Our entire staff has bought into the project and is very excited about the work being done to provide our patients with high quality, safe care. HEN has given us an opportunity to network with other hospitals and share our thoughts, ideas and successes.”

Added values of being a Missouri HEN hospital include access to national affinity groups, opportunities to attend national improvement leader fellowship and collaborative training, subscriptions to national patient safety training, infection prevention training, a course in medication safety and a hospital survey on patient safety culture. Participating hospitals are required to monitor progress through performance measurement and reporting.

Positive results of the HEN initiative have already been noted with progress in CAUTI and CLABSI prevention in Missouri. This collective commitment to patient safety is powerful and will improve the value and quality of patient care both in Missouri and throughout our nation.

Tracks: Nurses and the Tracking Network

The Centers for Disease Control and Prevention’s (CDC) National Environmental Public Health Tracking (EPHT) Program is excited to share their most recent podcast, “Tracks: Nurses and the Tracking Network.” The Missouri EPHT program is sharing this podcast in partnership with the national program in order to assist nurses by providing useful data and tools that can be used to discover local environmental hazards, educate patients, and prevent future exposures. Many thanks go out to the Medical Community Team at the Tracking Branch and the American Nurses Association for making this possible.

You can view the podcast by visiting: http://www2.cdc.gov/podcasts/player.asp?f=8624028

Additional information about the tracking program can be found at http://ephtn.dhss.mo.gov/EPHTN_Data_Portal/ or by contacting the Missouri EPHT program at EPHTN@health.mo.gov.

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Additional information about the tracking program can be found at http://ephtn.dhss.mo.gov/EPHTN_Data_Portal/ or by contacting the Missouri EPHT program at EPHTN@health.mo.gov.
The purpose of the Show-Me Response database is to provide Missouri’s emergency response system with a robust list of well credentialed health professionals willing to respond quickly when volunteers are needed in an emergency. The state pool of unaffiliated volunteers will only deploy licensed health care professionals. The local Medical Reserve Corps (MRC) and other units in Show-Me Response can accept and deploy any type of volunteer that fits the unit mission.

Calls to volunteers are based on requests from those managing the emergency at the local level when need has exhausted their resources. The request is made through the Local Emergency Operations Center (LEOC). From there it is sent to the State Emergency Operations Center (SEOC) and then on to the Missouri Department of Health and Senior Services Department Situation Room (DSR). (SEOC) and then on to the Missouri Department of Health and Senior Services Department Situation Room (DSR). The Show-Me Response team queries the database for professionals meeting the criteria requested. The MRCs and other local units are requested through the LEOC. This organized approach fits the Incident Command System (ICS) structure, which is used in the management of emergencies.

Volunteers may be tracked from their arrival at the volunteer reception center through their deployment to their exit from the scene. There are many reasons for this, including the safety of volunteers and those affected by the disaster. This system also helps ensure that the appropriate types and numbers of volunteers are dispatched. An accurate accounting of volunteer hours is important when communities or agencies seek reimbursement for a disaster. For a basic understanding of the ICS structure, click on the Recommended Training link on the Show-Me Response website. These courses are provided free of charge and on-line. The link may be found at www.showmeresponse.org.

Volunteer self deployment was clearly identified as an issue by the Federal Emergency Management Agency (FEMA) in its After Action Report on the Joplin tornado response in May 2011. The following are quotes from the FEMA report:

- “The thousands of mutual aid responders and volunteers who self-deployed to Joplin immediately after the tornado enabled Joplin to conduct response operations, but presented several challenges for Joplin. First, many responders self-deployed to Joplin and began performing tasks without coordinating with local incident command. Second, some responders lacked the equipment and training to conduct operations, particularly search and rescue, safely and effectively.”
- “Freelancing by responders and volunteers also raised potential safety issues during search operations.”

Fortunately, AmeriCorps was on the scene in Joplin and provided a valuable service in coordinating spontaneous volunteers. This took time and effort that could have been avoided had volunteers waited until being activated by a specific group, with a specific purpose and place to report for duty through the local incident command. Due to the coordination provided through AmeriCorps, some of the volunteer hours were accurately tracked, which enabled the city of Joplin to use the value of hours volunteered as local match for federal reimbursement through FEMA. This is important in obtaining reimbursement from both local and state funds spent during the recovery effort.

In contrast, the ICS and the Show-Me Response system already have the capacity to track volunteer time as well as to ensure safety of volunteers by knowing their assigned location during the disaster response. The ICS has been designated as the national model to use for management of a disaster response, and ICS is utilized by all levels from all aspects, including safety, financial, logistics, and operations because it is proven to be efficient and effective. For more information about Show-Me Response or to register, please visit www.showmeresponse.org. You may also contact the Show-Me Response Program Coordinator, Anne Kyle, by email at anne.kyle@health.mo.gov.
Missouri Action Coalition—Leading Change, Advancing Health in Implementing the Institute of Medicine Recommendations

by Nelda Godfrey, Jill Kleithermes and Amy Heithoff-Dominguez

Barely 12 months old, the Missouri Action Coalition is moving forward in its efforts to further the Future of Nursing Institute of Medicine (IOM) recommendations released in October 2010. In short, the IOM recommendations call for:

• Nurses to practice to the full extent of their education and training.
• Nurses to achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
• Nurses to be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
• Better data collection and an improved information infrastructure which will facilitate effective workforce planning and policy making require.

More than 300 people in Missouri are receiving updates about national and state activities on a regular basis as part of the Google Groups of the Missouri Action Coalition. A new Missouri Action Coalition website will be live starting September 28th, and will serve as a gathering place for all nurses, nurse friends and citizens who want to be part of the “leading change, advancing health” initiatives that have come from the IOM recommendations. To join the Google Groups, please contact Krista@missourinurses.org.

As part of the effort to obtain better data regarding Missouri’s nursing workforce, we encourage you to go to http://MissouriHealthProfessionalsRegistry.org to submit your nursing practice and demographic information. This information is important for workforce planning and policymaking. Please take a few minutes to enter your information today!

The Missouri Action Coalition just submitted a grant application to the Robert Wood Johnson Foundation to receive $150,000 in funding for infrastructure, to make the Missouri Action Coalition efforts more visible. To date, the entire initiative has functioned by volunteer and in-kind contributions. As of June 12, and thanks to the Health Care Foundation of Kansas City, $40,000 was awarded to boost the technology and fund a half-time Statewide Director of the Missouri Action Coalition. We are very grateful that Amy Heithoff-Dominguez, RN, BSN, has filled the statewide director position and in her last four months she has divided her time between speaking engagements and website development. We should hear about the grant on October 20.

TEAMWORK SUMMIT—June 6, 2013

SAVE THE DATES: The 3rd TEAMWORK SUMMIT, sponsored by the Missouri Action Coalition and a number of other Missouri nursing and health care organizations, will be JUNE 6, 2013 in Columbia. The Pre-Summit, an educational event with nationally-recognized nursing/healthcare speakers, will be the day before: June 5, in Columbia. We hope you can come!
Cherokee Nation, headquartered in beautiful Tahlequah, Oklahoma, seeks Nurses to work at various Health Centers, Clinics & Hospital operated by Cherokee Nation located throughout Northeastern Oklahoma.

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- AMO Salina Health Center - Salina
- Sam Holder Community Clinic - Jay
- Three Rivers Health Center - Muskogee
- Redbird Smith Health Center - Sallisaw
- Will Rogers Health Center - Nowata
- Bartlesville Clinic - Bartlesville
- Vinita Clinic - Vinita
- WW Hastings Hospital - Tahlequah

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