Message from the President

Are You Ready to Serve?

Roxanne McDaniel, PhD, RN, President

State statute 335.021, RSMO, delineates how a board member may be appointed. You must be a citizen of the United States and a Missouri resident for at least one year. All but the public member must be a licensed nurse and actively engaged in nursing for at least 3 years immediately prior to the appointment. Membership on the board must include representatives with expertise in each level of educational programs, practical, diploma, associate degree and baccalaureate.

The make-up of the members consists of: two Licensed Practical Nurses, five Registered Nurses, one public member, and one undesignated member.

Appointments are made by the Governor with advice and consent of the Senate. The Governor may appoint a board member to fill a vacancy from a list submitted by the Missouri Nurses Association for RN members or from a list submitted by the Missouri Association of Licensed Practical Nurses for LPN members or may appoint some other qualified licensed nurse.

The Board of Nursing has had two recent resignations. Irene Coco served on the board as a LPN member from March 31, 2010 through June 7, 2013. Irene indicated that the experience she gained while working with the Board led to personal and professional growth. Aubrey Moncrief served on the Board from April 6, 2009 through June 15, 2013. Aubrey is a self-employed CRNA. Aubrey had this to say about his experience on the Board: “My four years (two years as president) on the Missouri State Board of Nursing can only be described as enlightening. I have learned so much about the workings of our regulatory board. The Missouri Board is run efficiently mostly due to the Executive Director Lori Scheidt and the support of the NCSBN is priceless. I only have praise for all levels of this Board. It has been an honor to have served with such talented and intelligent board members. I only hope that my brief service has been of some value and I am happy that I had a chance to give back in this way. I would highly recommend the experience and would do it all again.”

My fellow board members and I would like to publicly express our sincere gratitude to both these exceptional board members for all the important work, time and dedication they contributed over the years. Irene served as secretary from 2011 to 2013 and Aubrey served as president from 2010 to 2012.

We currently have six members on our Board with three vacancies. I serve as president and am the associate dean for academic affairs at the University of Missouri Sinclair School of Nursing.

I hold a PhD in nursing and have many years as a nurse educator. Rhonda Shimmens is the vice-president of the board. Rhonda is the manager of outpatient surgery at St. Mary’s Hospital. She holds a bachelor’s and associate’s degree as well as a MBA in health management. Lisa Green is a nurse educator. Lisa earned her master of science in nursing and has an extensive nursing practice and nurse educator career. Kelly Scott is the undesignated member. She is a Family Nurse Practitioner and works for the University of Missouri Health Care in pediatric orthopedics. Kelly holds a bachelor’s and associate’s degree as well as a master’s in nursing. Marica Snell is the newest member of the board. Marica is a Family Nurse Practitioner as well as an adjunct faculty member and preceptor for a nursing program. She holds associate’s and bachelor’s degrees and is near completion of her doctorate in nursing practice. Adrienne Anderson Fly is the public member of the board. Adrienne is an attorney with over thirty years’ experience in private practice and work for the Supreme Court Office of Chief Disciplinary Counsel.

If you think you might be interested in applying to serve on the Board of Nursing, there are two primary things you need to consider. The first is the time commitment. The board meets face-to-face five times per year. Four of those meetings are three or four days in length and one is two days in length. In addition, the board has about 40 committee conference calls per year. We spend about 20 hours per month on board work. If you accept an appointment to the Board of Nursing you have to be willing and able to devote time and effort.

The next issue is the board’s mission. The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state law governing the safe practice of nursing. The board should not be confused with a nursing association. The Missouri State Board of Nursing is a regulatory body created by statute and exists solely to enforce the laws and rules regulating nursing practice. The board’s mission is to PROTECT THE PUBLIC. Nursing associations provide services to their members and represent the professionals. The mission of nursing association is to PROTECT THE PROFESSION.

Past and current board members have indicated that serving as a board member is one of the most challenging and rewarding of volunteer assignments. While appointment or election to a board is an honor, board members have important legal and fiduciary responsibilities that require a commitment of time, skill, and resources.

If you are interested in applying to be on the Board of Nursing, go to the Governor’s web site at http://boards.mo.gov and click on the Apply for a Board or Commission button.
Executive Director’s Report

Author by Lori Scheid, Executive Director

Several bills relating to Nursing were submitted during the 2013 legislative session which has now ended. House Bill 315, Senate Bill 330 and Senate Bill 106 passed and have been signed by the Governor.

Missouri Nursing Practice Act

Senator Jay Wasson (R-District 20) filed Senate Bill 370. Passage of this bill would add additional causes for which the Board of Nursing may file a complaint and allows the Board to request an emergency suspension of a license. The language contained in this bill was added to House Bill 315 and that bill passed. This bill has been signed by the Governor and will be effective August 28, 2013.

Telehealth

Language related to telehealth was also in House Bill 315. The actual language follows. 335.175. 1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the “Utilization of Telehealth by Nurses.” An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided in a rural area of need. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

2. As used in this section, “telehealth” means the use of medical information exchanged from one site to another via electronic communications to improve the health status of a patient, as defined in section 208.670.

3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section.

Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.

(2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 334 are nonseverable and if any of the provisions of this section shall automatically sunset six years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

Advanced Practice Registered Nurse Practice Bills

Senator David Sater (R-District 29) filed Senate Bill 167 and Representative Lyle Rowland (R-District 155) filed House Bill 314. Passage of either of these bills would be required in a rural area of need.

For purposes of this section, “rural area of need” means any rural area of this state which is located in a health professional shortage area as defined in section 354.650.

5. Under section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall automatically sunset six years after the effective date of this section unless reauthorized by an act of the general assembly; and

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset twelve years after the effective date of the reauthorization of this section; and

(3) This section shall terminate on September first of the calendar year immediately following the calendar year in which the program authorized under this section is sunset.

Executive Director’s Report continued on page 3

August, September, October 2013

DISCLAIMER CLAUSE

The Missouri Nursing Newsletter is published quarterly by the Missouri State Board of Nursing of the Division of Professional Registration of the Department of Insurance, Financial Institutions & Professional Registration. Providers offering educational programs advertised in the Newsletter should be contacted directly and not the Missouri State Board of Nursing.

Advertising is not solicited nor endorsed by the Missouri State Board of Nursing.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@adlpub.com. Missouri State Board of Nursing and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Board of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. The Board and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of the Board or those of the national or local associations.

Number of Nurses Currently Licensed in the State of Missouri

As of July 23, 2013

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Practical Nurse</td>
<td>24,419</td>
</tr>
<tr>
<td>Registered Professional Nurse</td>
<td>94,061</td>
</tr>
<tr>
<td>Total</td>
<td>118,480</td>
</tr>
</tbody>
</table>

Published by: Arthur L. Davis Publishing Agency, Inc.

http://pr.mo.gov

Gateway Regional Medical Center, a 367-bed acute care facility with a 100-bed behavioral health unit conveniently located 10 miles from downtown St. Louis, MO. Top hospitals in the nation. Again, GRMC was nationally recognized by The Joint Commission for the second year in a row for achieving excellence on performance of key quality measures.

Current nursing opportunities: Acute Medicine/Telemetry, Operating Room RN, PACU/Recovery RN, Occupational Health for Vonder Clinic and Behavioral Health. IL RN license required.

Apply directly to our website www.gatewayregional.net today!

Gateway Regional Medical Center
Human Resources
2100 Madison Ave, Granite City, IL 62040
Phone: 618-798-3252
EOE
Commit to making a greater impact.

Fast-track your career with one of Chamberlain’s CCNE accredited advanced nursing degrees. RNs, you can complete your BSN in as few as three semesters. Or go further by completing the Master of Science in Nursing degree program in just two years. These flexible, online programs are supported with faculty focused on student success. Make a greater impact with an advanced degree from Chamberlain.
Nurse Expansion Initiative – Increased Capacity for Clinical Education

Missouri State Board of Nursing (MSBN) Education Committee Members:
• Roxanne McDaniel, RN, PhD (Chair)
• Lisa Green, RN, PhD(Dc)
• Maricia Snell, MSN, BSN, RN, FNP-BC

As most of you know, applications to enter nursing programs are steadily on the rise. Often nursing programs struggle to find enough qualified faculty and to secure appropriate clinical placements for larger numbers of students. The Missouri Action Coalition – Future of Nursing has adopted faculty recruitment, retention and diversification as one of the major initiatives to support and expand nursing education. The concept of lifelong learning directly relates to development and expansion of nurse educator resources. Many nursing schools offer nurse educator tracks within their graduate studies that allow schools to “grow their own.” In addition, recent data indicates that through efforts of the Workforce Collaborative Pilot Project increased availability of clinical faculty has positively impacted nursing school capacity to clinically educate students.

The Workforce Collaborative Pilot Project – Nurse Expansion Initiative (Pilot Project) emerged from a series of community-wide meetings in the Kansas City area to address the nursing shortage. The great need for additional qualified faculty, especially in clinical settings, was at the forefront of discussion. The need to expand the pool of masters-prepared nurses to teach nursing students, to increase nursing school enrollments and to develop and evaluate innovative educational models that could be sustained and replicated were identified as major factors in addressing the nursing shortage/ability to educate more students, as indicated in the 2011-2012 Workforce Collaborative Pilot Project – Annual Report.

In August of 2004 Kansas City area nursing schools submitted a proposal to the Missouri State Board of Nursing (MSBN) for approval of a Pilot Project designed to expand clinical faculty resources. St. Louis metropolitan area nursing schools joined the initiative in 2005. The MSBN approved the proposal, granted a regulatory exemption to faculty approval and continues to support this Pilot Project. Through collaboration with the Missouri Hospital Association, participating nursing schools, and practice partners, the Clinical Faculty Academy program was founded. Nurse educators developed a standard curriculum for a two-day educational session (Clinical Faculty Academy) geared to prepare nurses for clinical teaching. This regulatory exemption allows BSN-prepared nurses currently working on a graduate degree in nursing to teach as clinical adjunct faculty at the BSN program level once Clinical Faculty Academy (CFA) requirements have been met. The exemption is currently approved by the MSBN through 2014. Outside of this exemption, Minimum Standards for Professional Nursing Programs require nursing faculty teaching at the BSN level to be at minimum MSN-prepared. Missouri Hospital Association staff and a nurse educator steering committee continue to work together to provide at least two CFA sessions in each metropolitan area of the state each year. Sessions are usually scheduled in January and August. Additional sessions are occasionally offered in the Columbia and Springfield areas to provide this opportunity to nurses in the middle of the state.

Each year the Missouri Hospital Association in collaboration with participating nursing schools and practice partners submits an Annual Report indicating current Pilot Project outcomes. Approximately 65% of CFA attendees completed 2011-2012 surveys. Additional data is obtained through collaboration with Kansas City and St. Louis nursing schools. While the need for nursing faculty is ongoing, annual reporting indicates the significant impact of the CFA to expand clinical faculty resources. The 2011-2012 Annual Report reflects that a total of 296 nurses attended CFA sessions between August 2010 and January 2012. Furthermore, in fall 2011 alone, CFA attendees provided clinical instruction for at least 534 nursing students. Similar numbers are reported for spring of 2012. Attendees rated preparation through the CFA resources very positively. Growing interest to become full-time nursing faculty is reflected. At least 37 attendees are projected to complete graduate studies in 2013.

When reviewing this data, it is important to remember that willingness of Missouri nurses to share their expertise through clinical teaching continues to impact nursing education and aids students to make the transition to professional nursing practice. As reported by the Missouri Hospital Association in 2012, a total of 1,047 nurses in the Kansas City and St. Louis areas have attended the CFA since its inception in 2004. It is essential for nurses to utilize all opportunities for professional development and to actively collaborate with their colleagues in nursing education. What better way to utilize clinical expertise than to foster nursing education, gain valuable experience as clinical adjunct faculty and complete graduate studies while working side-by-side with experienced nurse educators. For additional information about the CFA please contact LeAnn Jackson or Jean Klindt at the Missouri Hospital Association at 573-893-3700.

Reference:
2011-2012 Annual Report of the Workforce Collaborative Pilot Project – Regional Offices of the Kansas and Missouri Hospital Associations
We are happy to announce that Golden Certificates were recently sent to 238 Registered Nurses and 42 Licensed Practical Nurses. These individuals have active licenses in the State of Missouri. We take great pleasure in marking this special achievement in the eighth year of our Golden Award Recognition program. Two of the nurses honored in this year’s milestone are:

- LPN Martha S. Kowalczyk
  Bridgeport, MO
  RN Jane B. Ollendorff
  University City, MO
  RN Helen R. Bertolino
  Maryland Heights, MO
- LPN Barbara J. Quinones
  St. Louis, MO
  RN Carolee Kae Morris
  Springfield, MO
  RN Anne C. Walters
  House Springs, MO

We congratulate all of the recipients and thank each of you for your contribution to the care of Missouri’s citizens.
Professionalism
Karen Holcomb, RN
President, Arkansas State Board of Nursing
Reprinted with permission ASBN Update April 2013, Vol 17, No. 2
Arkansas State Board of Nursing

In order to understand the concept of professionalism in nursing, we first need to define the word profession. Webster describes profession as a “chosen, paid occupation requiring prolonged training and formal qualifications.” Professionals can be defined as individuals expected to display competent and skillful behaviors in alignment with their profession. Being professional is the act of behaving in a manner defined and expected by the chosen profession. This framework for professionalism in nursing began during our early roots with Florence Nightingale who set the bar rather high in regard to giving herself to others and her expectation of excellence in nursing practice. She was an inventor, a visionary and a missionary. She delivered nursing care to all with a commitment to passion and love. We, as nurses, are no different. We bear the tremendous responsibility of \( \text{upholding the values of our profession. Our core nursing values define the driving force that dictates our beliefs and our behaviors. Nursing values include honesty, responsibility, pursuit of new knowledge, belief in human dignity, equality of all patients and the desire to prevent and alleviate suffering.} \)

Your professionalism will be judged in your personal behaviors and how you present yourself to all those around you, and through those behaviors, you tell the world who you are. Your professionalism includes your attitude, your appearance and your willingness to help others.

I am sure you all can identify people in your work environment with a terrible attitude who do their best to make the rest of the staff miserable. I have seen this many times, and they are creating a miserable work environment. People behave like this because they are looking for attention, and by doing so, everyone else around them is caught up in this person’s drama. This type of behavior is not to be accepted in the nursing profession.

People need to understand that personal issues need to be kept to themselves. This is your professional nursing license. These can include things such as writing bad checks, shoplifting, fraud, etc. Remember, you are a professional person and you are expected to conduct yourself in a professional manner at all times. Nursing is the most trusted profession in the world. Show the world your professionalism includes your attitude, your appearance. Clean scraps, well groomed hair, etc., make the statement that you care about yourself as a person and have the capacity to care about others. As a licensed nurse, your responsibility is to promote health and well-being. A nurse who is off duty must remain professional. A nurse charged with driving under the influence of alcohol would not be well accepted. Under the Nurse Practice Act in some states, you will find a section that deals with disciplinary action. Here, you will most likely find that not only will you be punished by the laws of our state for the DWI, but your nursing license is subject to disciplinary action. This is true even though you were not on duty at the time of DWI. The commission of other criminal acts, not limited to malpractice issues or the illegal use of drugs, can also result in disciplinary action of your nursing license. These can include things such as writing bad checks, shoplifting, fraud, etc. Remember, you are a professional person and you are expected to conduct yourself in a professional manner at all times. Nursing is the most trusted profession in the world. Show the world how wonderful you are by always putting your best foot forward not only for yourself, but for all of us in this wonderful profession!

References:
1. www.meriam-webster.com
2. www.nursetogether.com/Career/Career-Article/itemId/2245

Note: Please remember that this article was written for the nurses in Arkansas. The Missouri Nurse Practice is not exactly the same as the Arkansas Nurse Practice Act but the causes for discipline in Missouri are very similar.

RN to BSN program
Contact us at 217-581-7049
Email nursing@eiu.edu

- Totally online courses
- Classes offered each semester
- Capstone course offered in the Spring and Fall Semesters
- Accessible! Affordable! Achievable!
- Laptops and ipods loaned to students

Nursing Program
EASTERN ILLINOIS UNIVERSITY
www.eiu.edu/nursing

Because I know I make a difference
www.boone.org/careers

Practice Corner

Author: Debra Funk, RN
Practice Administrator

The Board office receives several newsletters from other boards of nursing across the country. As I was reading the Arkansas State Board of Nursing Spring 2013 “Update”, I came across an article that the president of their board had written on professionalism and wanted to share it with our Missouri nurses.

Are you...Are you...

- A highly skilled critical care nurse
- Looking for autonomy
- Looking for a challenge
- A leader

Please note the start of the DNAP program is subject to approval by the Council on Nursing Practice. September 7, 2013 or March 8, 2014.

October 11, 2013 in Kansas City, MO

DNAP planned to begin in Summer of 2014!!

Are you...Are you...

- A leader
- Looking for autonomy
- Looking for a challenge
- A highly skilled critical care nurse

Contact us today about becoming a CRNA!

School of Nursing
School of Anesthesia

QUALITY CONTINUING EDUCATION EVENTS
Don’t miss your chance to gain CEUs, network, & hear great speakers!

SAME-A-PALOOZA
September 7, 2013 or March 8, 2014
Kansas City, MO

A proctored clinical training designed to prepare registered nurse-licensed nurses for clinical work.

Pharmacology Update
October 11, 2013 in Kansas City, MO

The latest, clinically relevant pharmacology information for adult and family nurse practitioners.

39th Annual Women’s Health Care Symposium
May 1-2, 2014 in Kansas City, MO

A regional woman’s health conference featuring national speakers and topical topics.

Pharmacology for Women’s Health Online Series
An online, self-module series designed for advanced practice nurses. Learn at your own pace using narrated slides and readings.

Visit www.fitzgibbon.org

For more information, contact HR at 573-814-6400

VA is an Equal Opportunity Employer

Defining Excellence: CARE in the 21st Century

We are actively seeking applications for RN’s & LPN’s for various departments including our Long Term Care facility.

Fitzgibbon Hospital nurses are empowered to provide competent, compassionate care in a seamless, evidence-based practice environment to meet the unique needs of the individuals and community we serve.

We offer a generous and comprehensive benefits package. Fitzgibbon is centrally located between Columbia and Kansas City, 10 miles north of I-70. If you would like to join our unbeatable team of professionals, please submit an application to Human Resources, 2305 S. 65 Hwy, Marshall MO. 65340 or contact Jessica Henderson 660-831-3281 for more information. Visit www.fitzgibbon.org to view a list of complete openings. EOE
Avoiding Violations of Patient Privacy With Social Media

Learning Objectives

• Discuss state and federal law related to patient privacy
• Understand examples of inappropriate use of social media
• Identify strategies for reducing the risk of using social media appropriately

Social media allows the instantaneous dissemination of information to a large audience. Thus, social media provides a fertile ground for distributing vital health care information – and an easy means of violating patient privacy. This article provides a summary of social media and privacy laws, discusses the legal issues health care organizations and workers face when a breach of patient privacy occurs, and offers best practices for avoiding privacy violations.

Health care has felt the impact of social media, including the effect of its improper use. News reports have highlighted the use of social media by health care workers, ranging from posting photographs of patients’ X-rays to improperly sharing excerpts from medical records. Such breaches violate patient privacy, which in turn damages the health care system. Individual nurses responsible for these improper behaviors also pay a higher price if their actions are reported to the state board of nursing.

This article provides an overview of social media and privacy laws, examines the legal issues nurses will encounter after violating patient privacy via social media, and provides some recommended practices.

Uses of Social Media in Health Care

At its most basic level, social media is a tool for communicating. By using social media, people can disseminate information and communicate instantaneously to a large audience. The Mayo Clinic, for example, permits attendance at its continuing education symposiums through Second Life, a virtual world where people are represented by avatars (Mayo Clinic, 2012). Those who attend the symposium through the virtual community see the same presentations and videos and receive the same number of continuing education credits as those attending live. After the earthquake and tsunami in Japan, 2011, physicians used Twitter to advise chronically ill patients on where to go to pick up medication (Tamura & Fukuda, 2011). Using Twitter was helpful because its retweet feature “facilitated” the rapid sharing of other participants’ messages with all of one’s followers, resulting in an exponential proliferation of information dispersal” (Tamura & Fukuda, 2011). The physicians found that Twitter was a good option because while the telephone networks were down, Internet connections remained stable.

Social media also provides a collaborative environment in which anyone can make a difference. In February 2009, for example, Dr. Bertalan Meskó, then a medical student at the University of Debrecen in Hungary, tweeted a request for assistance with a strange case. A 16-year-old boy had what appeared to be acute pancreatitis for the sixth time (Miller, 2010; Park, 2012). Dr. Meskó received responses from physicians from around the world, including Facebook, Twitter, YouTube, and the WebMD Health Professional Network, which converts patients’ medical records into electronic health records that health care providers can access in a secure way. Additionally, social media is a low-cost method of communication. The Mayo Clinic reportedly spent less than $15,500 to implement its social media tools (Morrison, 2009).

Federal and State Laws Protecting Patient Privacy

The privacy of patient health care information is protected by federal and state law. Federal laws set the foundation for protection, and state laws generally strengthen the foundation. The practice of nursing is regulated by state law but because nurses are handling protected health information, they are subject to compliance with both federal and state law.

Federal Law

The primary federal source of protection is the Health Insurance Portability and Accountability Act of 1996 (HIPAA; U. S. Department of Health and Human Services [HHS], 2009). Congress passed HIPAA because it recognized the emergence of technology that was making more technology into their practices, patient data would become more susceptible to improper disclosure (H. R. 104-896, 104th Cong, 1st Sess., 1996). The United States, through HIPAA, directed the Secretary of Health and Human Services (HHS) to adopt privacy and security standards aimed at protecting health information (Health Insurance Portability And Accountability Act, 1996). These standards are called the Privacy Rule and the Security Rule and are administered and enforced by the HHS Office of Civil Rights (OCR). The Privacy Rule sets standards for organizations that handle patient health information in electronic form.

The second federal law that protects health information is the Health Information Technology for Economic and Clinical Health Act (HITECH Act), part of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115, 2009). The HITECH Act increases the scope of practice, investigate complaints, and impose discipline. The HITECH Act also provides for the health care organizations to notify the media and the state’s attorney general.

Nursing practice is regulated by state law, which delegates power to a BON. The BONs establish licensing criteria, regulate providers, and revoke a license for any discipline. In general, the laws that govern nurses who violate federal and state health care privacy laws may be subject to criminal penalties and civil sanctions, may lose their licenses, and may be terminated by employment. The HIPAA statute provides the Department of Justice with the authority to prosecute persons for HIPAA violations (U. S. Code, 2010c). The most severe violations are subject to a fine of up to $250,000 and up to 10 years

Continuing Education continued on page 8
...with opportunities to help you grow.

...with opportunities to help you grow.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.

Table 1

<table>
<thead>
<tr>
<th>OCRs’ Ruling on Employer Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remember your role in the community. Nurses, like all health care professionals, are held to a higher standard. Nurses occupy a particularly important role because they are often the only ones who hold a patient’s hand and comfort them through a particularly tough period. Treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
<tr>
<td>Remember the golden rule and do the right thing. Navigating the legal framework surrounding PHI can be challenging. Remembering the golden rule—treat others as you would have them treat you—may help. Nurses should place themselves in the shoes of the patient and consider whether they would find the particular activity acceptable if the roles were reversed.</td>
</tr>
</tbody>
</table>

Employers have generally taken a hard line against those who violate patients’ privacy rights on social media websites, choosing to terminate the offenders immediately.
Avoiding Violations of Patient Privacy with Social Media

Learning Objectives
- Discuss state and federal laws related to patient privacy
- Describe examples of inappropriate use of social media
- Identify strategies for reducing the risk of using social media

The authors and planners of this CE activity have disclosed no financial relationships with any commercial companies pertaining to this activity.

CE Posttest
If you reside in the United States and wish to obtain 1.4 contact hours of continuing education (CE) credit, please review these instructions.

Instructions
Go online to take the posttest and earn CE credit:

Members – www.ncsbninteractive.org
(no charge)

Nonmembers – www.learninest.com
($15 processing fee)

If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers must include a check for $15, payable to NCSBN) included at bottom of form.

Provider accreditation
The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.4
Posttest passing score is 75%.
Expiration: January 2016

---

Evaluation Form (required)

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).
   - Discuss state and federal laws related to patient privacy
   - Describe examples of inappropriate use of social media
   - Identify strategies for reducing the risk of using social media

2. Rate each of the following items from 5 (very effective) to 1 (ineffective):
   - Was the author knowledgeable about the subject?
   - Were the methods of presentation (text, tables, figures, etc.) effective?
   - Was the content relevant to the objectives?
   - Was the article useful to you in your work?
   - Was there enough time allotted for this activity?

Comments:

Please print clearly

Name:
Mailing address:
Street:
City State Zip
Home phone:
Business phone:
Fax:
E-mail:

Method of payment (check one box)
- Member (no charge)
- Nonmembers (must include a check for $15 payable to NCSBN)

Mail completed posttest, evaluation form, registration form, and payment to:

NCSBN
c/o Beth Radtke
111 East Wacker Drive
Suite 2900
Chicago, IL 60601-4277

Please allow 4 to 6 weeks for processing.
In light of recent and horrific events in our nation, including the mass shootings in Newtown, CT and Aurora, CO, I wanted to take this opportunity to ensure that you are aware that the Health Insurance Portability and Accountability Act (HIPAA) does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when you believe the patient presents a serious danger to himself or other people. The HIPAA Privacy Rule protects the privacy of patients’ health information but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation’s public health, and for other critical purposes, such as when a provider reasonably believes that persons may be at risk of harm because of a patient. When a health care provider believes in good faith that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the Privacy Rule allows the provider, consistent with applicable law and standards of ethical conduct, to disclose the information to authorities or others who can be reasonably able to prevent or lessen the threat. Further, the provider is presumed to have had a good faith belief that persons may be at risk of harm because of a patient. When a health care provider believes in good faith that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the Privacy Rule allows the provider, consistent with applicable law and standards of ethical conduct, to disclose the information to authorities or others who can be reasonably able to prevent or lessen the threat. Further, the provider is presumed to have had a good faith belief that persons may be at risk of harm because of a patient. When a health care provider believes in good faith that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the Privacy Rule allows the provider, consistent with applicable law and standards of ethical conduct, to disclose the information to authorities or others who can be reasonably able to prevent or lessen the threat.

We at the Office for Civil Rights understand that we have a cooperative relationship with the health care community and are committed to ensuring that healthcare providers are aware of the health information technology (Weiner, Kfuri, Chan, et al.).

There are no legal standards for medical record content and it is not clear whether or not copying notes from one medical record to another will trigger the same legal implications as copying notes in the medical record from one area to another. There have been several suggestions that one solution would be to disable the copy function in the EMR. Another would be to somehow denote that the material was copied from another source.

Demrick (2008) writes in The American Health Information Management Association (AHIMA) journal that the copy and paste function is becoming more prominent and that even if EMR vendors could turn off the feature that they would not do so because they believe it is a positive aspect of an otherwise complex document processing.

The hazard of copy and paste is that it allows for the carrying over of information that is not relevant to the current patient. Even if the information is not relevant, it may still be of value to the patient or other healthcare providers.

References


We thank our dedicated staff for providing outstanding service to our nation’s heroes.

If you would like to join our team, please access USAJOBS.gov for employment opportunities. The VA offers excellent benefits including competitive salary, 10 paid holidays, excellent leave program, low cost life insurance, pre-tax health insurance and a tax-deferred retirement plan.

VA Eastern Kansas Health Care System  Comerley-O’Neil VAMC  2200 SW Gage Blvd, Topeka, KS 66622  785-350-4310

Dwight D. Eisenhower VAMC  4101 S. 4th St., Leavenworth, KS 66048  913-682-2000, ext. 52503

VA Southern California Healthcare System  Bob Hope VA Center  3611 West Orange Grove Blvd, West Covina, CA, 91790  213-749-9200

Dwight D. Eisenhower VAMC  1200 S. 2nd St., Blythe, CA, 92225  760-335-2711

VA Greater Los Angeles Healthcare System  East Los Angeles VA Medical Center  4000 W. Orange Grove Blvd, Los Angeles, CA 90062  323-267-4200

Dwight D. Eisenhower VAMC  4101 S. 4th St., Leavenworth, KS 66048  913-682-2000, ext. 52503

Virginia Commonwealth University Health System  University of Virginia Health System  11440 Olive Blvd., Suite 200, St. Louis, MO 63141 or fax to 314-513-9550 or email to hr@vumc.t.

University of Missouri Health Care is as equal opportunity/Affirmative Action Employer.
To understand unethical behavior, one must first understand what constitutes ethics and ethical behavior. Ethics come from the ancient Greek word meaning character or customs. These customs or values are the determination of what is right and wrong within a society (Bosek, 2001). Based on these values, ethics relate to the process of determining the best course of action when faced with conflicting choices (Rushin, 2001).

Ethical behavior respects the dignity, diversity and rights of individuals and groups of people. Unethical behavior, on the other hand, is behavior that could result in conflicts in the process of identifying, analyzing, and resolving moral and value issues in patient care (La Puma, 1990). While ethical behavior has been demonstrated to provide benefit to both patients and staff, unethical behavior has been shown to be detrimental to the health and well-being of both patients and staff (McCormick, et al, 2006). An ethical dilemma arises when an individual is required to make a choice between two equally unfavorable alternatives (Catalano, 1994).

The four major principles of healthcare ethics include: respect for autonomy; non-maleficence, beneficence; and justice. Though not considered to be absolute, these rules and principles serve as persuasive guides for action (McCormick, 1998). These four principles are contained in the Nursing Code of Ethics and form the basis for ethical decision-making in nursing practice (Clancy, 2003).

Examples of unethical behavior can be seen in clinical practice, education, research, and administration. Shortages in the number of healthcare providers to deliver patient care, inadequate staffing patterns, cost containment measures, and ineffective leadership have resulted in the escalation of ethical dilemmas faced by nurses in today's healthcare environments (Clancy, 2003; Einarsen, Aaslund & Skogstad, 2007; Murray, 2008; Zangaro, et.al. 2009). How individuals react and ultimately respond to these ethical dilemmas is dependent upon their previous experiences with unethical behavior, their individual personality traits, and their ethical values, as well as their knowledge of ethical principles (Clancy, 2003). Because of the complexities of modern-day living and the heightened awareness of an educated public, ethical issues related to health care have surfaced as a major concern of both healthcare providers and recipients of these services (Murray, 2008).

Applicable to All Nurses

Nursing has often overlooked the responsibility to the patient held by nurses who are not in clinical roles. It is worth noting that nurse researchers, administrators, and educators are indirectly but still involved in supporting patient care. According to Fowler (2001), “it is not the responsibility of the nurse to determine the patient's needs. The responsibility, rather is the very commitment to the patient” (p. 435). Therefore, the code applies to all nurses regardless of their role.

The Principle of Respect for Autonomy

The principle of respect for autonomy holds that people should decide for themselves how they want to live their lives, as long as it does not harm others. Autonomy is the right to self-determination, even if the healthcare provider disagrees with that decision (Catalano, 1994). Within healthcare, this would mean that the patient has the capacity to act intentionally and with understanding, and without controlling influences that would prevent from acting in a free and voluntary act (McCormick, 1998). In making an ethical decision, there are several approaches which may be utilized: the utilitarian approach examines which actions result in the most good and least harm; the rights based approach which examines which actions respect the rights of everyone involved; the fairness or justice approach examines which actions contribute most to the quality of life of the affected people; and the virtue approach examines which virtues are evidenced in the decision (Swinton, 2007).

Achieving balance between the demands of these principles is necessary, and determining which principle carries the greater weight aides in making the correct choice in how to proceed (McCormick, 1998). In making an ethical decision, there are several approaches which may be utilized: the utilitarian approach examines which actions result in the most good and least harm; the rights based approach which examines which actions respect the rights of everyone involved; the fairness or justice approach examines which actions contribute most to the quality of life of the affected people; and the virtue approach which embodies valued character strengths (Swinton, 2007).

Moral courage

When confronted with an ethical dilemma, nurses must demonstrate moral courage by overcoming their fears and face the situation head on (Fowler & Benner, 2001). Moral courage is speaking out and taking the right course of action, even when constraints or forces to do otherwise are present. Lachman (2007) argues that moral courage turns principles into actions. When nurses demonstrate moral courage, they make a personal sacrifice by possibly standing alone, but at the same time will have a sense of peace in their decision to do what is right.

Examples of moral courage include confronting or reporting a peer who has diverted or is using drugs, or confronting a physician who has ordered a questionable treatment that is not within the standard of care.

References

Read Missouri State Board of Nursing Online! nursingALD.com

Access Missouri State Board of Nursing as well as over 5 years of 39 State Nurses Association and Board of Nursing Publications.

Contact us at (800) 626-4081 for advertising information.

The Principle of Non-malefance

The principle of non-malefance requires that a healthcare provider not intentionally create unnecessary harm, injury, or pain to the patient, whether acts of commission or omission. This principle affirms the need for competence in providing care (McNaughton, 1998). This is sometimes violated in the short term to produce a greater good for the patient in the long term. This principle is intended to require healthcare providers to protect those from harm who cannot protect themselves, i.e., children, unconscious patients, mentally incompetent, etc. (Catalano, 1994).

Failure to provide necessary health education to a patient who has a chronic health condition is an example of unethical behavior concerning the principle of non-malefance. By withholding the necessary knowledge that is essential for understanding, needless worry and feelings of inferiority may be created in the patient. Nurses are not only ethically obligated to provide updated patient education, but are legally obligated as well

The principle of beneficence

The principle of beneficence is the active doing of goodness or kindness, requiring the nurse to act in ways to promote the patient’s welfare (Burkhardt & Nathaniel, 1998; Mappes & Degrazia, 2002). These goals are applied both to individual patients, as well as the nurse as a whole. An example of this is the principle of good healthcare as an appropriate goal with the individual, and the prevention of disease through research and administration of vaccines to the public (McCormick, 1998).

McCormick (1998) argues that beneficence is the benefit of life itself. A healthcare provider has the duty to seek the benefit of all patients; however, they may also select whom they wish to admit into their practice. This duty may become complex and some criteria of urgency of need might need to be used to decide who should receive care.

The principle of justice

The principle of justice is an obligation to be fair to all. This may be expanded to distributive justice, which states that all have the right to be treated equally regardless of sex, race, marital status, medical diagnosis, social standing, economic level, or religious belief (Catalano, 1994). McCormick (1998) argues that distributive justice implies the fair distribution of goods in society and requires that we look at the role of entitlement.

The question of who has the right to healthcare is one of our country’s most controversial issues. Medicare, which is available to everyone over the age of 65, is born out of the principle of justice.

When ethical behavior is considered, and ethical behavior is a requirement, one must consider the consequences of the actions performed. As nurse leaders, we must model the ethical principles that we wish to see in the nurses that we lead. The question is how do we provide the best care to all patients, respect the autonomy of each patient, and still provide our services in a fiscally responsible manner (Swinton, 2007).

The role of the nurse leader is to be a proactive, ethical, and robust leader who is able to uphold the moral authority and courage necessary to advocate for ethical practice and provide a safe environment for the patients, nurses, and healthcare providers. (Swinton, 2007).
Respondent failed to report to a collection site to provide plastic cup rather than Licensee opening the pills in the bubble oblong in shape. Patients A, B and C also reported to the day nurse that the pills that Licensee administered were oval in or after the administration. Patients A, B and C reported to the assessments are documented either before the administration report shows Licensee withdrew Norco 10/325. It is documented for Motrin every 4 hours as needed for pain. On November 5, 2012, Licensee documented a pain assessment. At 19:30, she documented she administered Motrin. At 19:05, licensee documented a pain assessment. At 19:16:51 the withdrew Norco 5/325 from the Pyxis. At 19:30, licensee documented the administration of Norco 5/325 from the Pyxis. At 19:30, she documented she administered Motrin. At 20:30, licensee documented a pain assessment. At 23:42, licensee withdrew Motrin from the Pyxis and at 23:43:09, withdrew Norco 5/325. Licensee documented the administration of Norco at 23:50 and administered the Motrin at 23:57. Licensee documented the administration of these doses. The patient reported she did not get pain relief from the first administration of Norco 5/325 from the Pyxis and did get relief from the third administration leading the patient to believe Licensee did not actually administer Norco on the first two (2) occasions. On November 4, 2012, Licensee withdrew Norco 5/325 from the Pyxis and at 22:43, Licensee withdrew Norco 5/325 from the Pyxis. Licensee documented the administration of Motrin on both the 5/325 patients at 11:30. Licensee administered these pills prior to the time they should have been administered in contravention of physician orders and failed to document any pain assessments. On November 6, 2012, patient A gave the oncoming nurse a pill that had been given to her by Licensee for pain. Licensee had informed patient A the pill was Norco but the patient noticed that the pill was a different color. The pill was taken to the pharmacy which verified that the pill Licensee gave to patient A was Tylenol. Patient C had a physician order for a tablet of Norco 10/325 every 4 hours as needed for pain or for pain unresponsive to Norco 5/325 or to Motrin and Tylenol. #1. The patient’s chart had a physician order for Motrin 400-800 milligrams every 4 hours as needed for pain. On November 5, 2012, Licensee documented a pain assessment. At 19:30 Licensee documented she administered the Motrin and Norco and Norco 10/325 to the patient and the patient was complaint of increased pain. Patient B had a physician order for Norco 10/325, 1 tablet every 4 hours for severe pain or if pain unresponsive to Norco 5/325 or to Motrin and Tylenol #1. The patient was compliant of increased pain and asked him to write three prescriptions for her brother who did not have insurance. The physician agreed to write the prescriptions for Licensee’s brother based on medical information he had at the time. He stated he would write a one to two week supply of the medications. Licensee represented herself as a co-worker of Licensee when she called in the prescriptions to the pharmacy. Licensee called in the prescription to the pharmacy in her name instead of her brother’s name. Licensee called in Fanimir 500 mg, Risperdal 2 mg and Elimit. Licensee increased the amount of medication for which the physician wrote the order.

Barkholder, Debbie K.

Dunnegan, MO

Censure 04/30/2013 to 05/01/2013

Registered Nurse 078746

Licensee approached a physician and asked him to write three prescriptions for her brother who did not have insurance. The physician agreed to write the prescriptions for Licensee’s brother based on medical information he had at the time. He stated he would write a one to two week supply of the medications. Licensee represented herself as a co-worker of Licensee when she called in the prescriptions to the pharmacy. Licensee called in the prescription to the pharmacy in her name instead of her brother’s name. Licensee called in Fanimir 500 mg, Risperdal 2 mg and Elimit. Licensee increased the amount of medication for which the physician wrote the order.

Censure 04/03/2013 to 04/04/2013

Hank Sanderson, Julie A.

Liberty, MO

TEMP-Registered Nurse 2012025343

On November 1 and 2, 2012, Licensee worked the 6pm to 9am shift at the facility as the only LPN assigned to that shift, and had many residents assigned to her care. On both of the above dates, licensee left the facility at the end of her shift without giving report to the oncoming day shift LPN. Video surveillance by the facility showed licensee leaving the facility at 0605 am and returning at 0626 am on November 12, 2012. Video surveillance by the facility showed licensee leaving the facility at 0605 am and returning at 0624 am on November 2, 2012. Although licensee did return to the facility on both occasions, her actions resulted in the oncoming LPN being unable to provide resident care. Licensee did in no way assume her duties to properly care for the residents of the facility, who are special needs, non-verbals and non-ambulatory. Censure 05/25/2013 to 05/26/2013

Robertson, Laurie L.

Fairview Heights, IL

Registered Nurse 114124

The Illinois Board of Nursing disciplined Licensee’s nursing license upon grounds for which suspension or revocation is authorized in Missouri. Censure 05/17/2013 to 05/18/2013

Anderson, Margie L.

Moberly, MO

Registered Nurse 091282

On May 10, 2010, Respondent turned in her timesheet and nursing notes for the prior week. Respondent’s supervisor noted that the documentation that Respondent turned in included nursing notes for her shift on May 2, 2010. Respondent had called in sick and did not work her shift on May 2, 2010, which began at 11:00 p.m. The documentation that Respondent turned in included detailed nursing notes, vital signs, and observations on patient. When confronted, Respondent admitted that she falsified the nursing notes for patient. Respondent admitted that she did not work her shift on May 2, 2010 because she called in sick. Respondent admitted that on a nightly basis she had pre-filled her flow sheets with information from previous week. Respondent knowingly falsified her May 2, 2010 nursing notes pertaining to patient care. Censure 03/27/2013 to 03/28/2013

Censure 04/03/2013 to 04/04/2013

Munson, Deborah Sodek

Kansas City, MO

Registered Nurse 668326

Licensee practiced nursing in Missouri without a license from May 1, 2011, through December 3, 2012. Censure 04/30/2013 to 05/01/2013

Stroehman, Lynda Danette

O’Fallon, MO

Registered Nurse 2010021198

On September 20, 2012, Licensee approached a physician and asked him to write three prescriptions for her brother who did not have insurance. The physician agreed to write the prescriptions for Licensee’s brother based on medical information he had at the time. He stated he would write a one to two week supply of the medications. Licensee represented herself as a co-worker of Licensee when she called in the prescriptions to the pharmacy. Licensee called in the prescription to the pharmacy in her name instead of her brother’s name. Licensee called in Fanimir 500 mg, Risperdal 2 mg and Elimit. Licensee increased the amount of medication for which the physician wrote the order.

Censure 04/03/2013 to 04/04/2013

CEASE & DESIST

CEASE & DESIST Continued....
creatinine reading of 16.0. On January 15, 2013, Respondent submitted a required urine sample for random drug screening. That sample tested positive for the presence of Tramadol. Respondent was arrested on January 21, 2013, and was convicted of a communication facility to facilitate the distribution of a mixture or substance containing a detectable amount of cocaine, a class D felony.

Probation 05/25/2013 to 05/25/2018

Rhode, Sandra L.

Blue Springs, MO

Licensed Nurse 2009010471

In March, 2011, an investigation into why the patient's wound was getting worse instead of better was conducted. On March 19, 2011, Respondent was convicted of a class D felony, and assigned probation because of the growth of E Coli. Antibiotics were started immediately. It was later determined that Respondent failed to change this patient's dressing as directed by the physician during her shift. Respondent was responsible for changing the dressing for these patients, although treatment was not being done. Respondent worked from 7:00 p.m. March 21, 2011, to 7:00 a.m. March 22, 2011, and was responsible for patient, L.B. Respondent initiated on patient, L.B., MAR that she changed the patient's dressing during her shift. The dressing that was found on patient, L.B., during the next shift (March 28, 2011 to March 29, 2011) was the dressing that was discarded and turned in. This was the second time that Respondent failed to change the patient's dressing during her shift. The dressing that was found on patient, L.B., during the next shift (March 28, 2011 to March 29, 2011) was the dressing that was discarded and turned in. This was the second time that Respondent failed to change the patient's dressing during her shift. The dressing that was found on patient, L.B., during the next shift (March 28, 2011 to March 29, 2011) was the dressing that was discarded and turned in. This was the second time that Respondent failed to change the patient's dressing during her shift. The dressing that was found on patient, L.B., during the next shift (March 28, 2011 to March 29, 2011) was the dressing that was discarded and turned in. This was the second time that Respondent failed to change the patient's dressing during her shift. The dressing that was found on patient, L.B., during the next shift (March 28, 2011 to March 29, 2 Colbert, Stephenie Marie

Laclede County, MO

Licensed Nurse 2008021154

Respondent was advised by certified mail to attend a meeting with the Board's representative on March 14, 2013. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Respondent was required to obtain continuing education credits within forty-eight (48) hours for all of those categories submitted to the Board by December 31, 2012. She faked proof of completion on February 6, 2013. Censure 03/27/2013 to 03/28/2013

Rossi, Karin Lynne

Hartsburg, MO

Registered Nurse 2012014016

Licensee failed to contact NTS on fourteen occasions, submitted two samples with low creatinine levels, and failed to submit an employment evaluation by the documentation due date. Censure 03/20/2013 to 03/21/2013

Pearce, Juanita K.

Ozark, MO

Registered Nurse 122250

On October 2, 2010, the filing of this Probation Violation Complaint, Respondent has failed to call in to NTS on twenty-four (24) different days. On February 18, 2013, Respondent was selected for a test when she called in to NTS for random drug and alcohol testing and was prompted to report for testing. Respondent failed to submit to a random test. Censure 03/27/2013 to 03/28/2013

Dean, Holly M.

Louda, KS

Registered Nurse 116478

Licensee failed to contact NTS on six occasions, failed to provide a sample for testing on one occasion, and by submitting five samples with low creatinine levels. Censure 03/19/2013 to 03/20/2013

Muba, Melissa Ann

Saint Louis, MO

Registered Nurse 2001019770

From October 2, 2010, until the filing of this Probation Violation Complaint, Respondent has failed to call in to NTS on twenty-four (24) different days. On February 18, 2013, Respondent was selected for a test when she called in to NTS for random drug and alcohol testing and was prompted to report for testing. Respondent failed to submit to a random test. Censure 03/27/2013 to 03/28/2013

Castor, Kelly R.

Fleming, MO

Licensed Practical Nurse 050504

Licensee submitted a sample that tested positive for Ethyl Glucuronide. Censure 03/19/2013 to 03/20/2013

Schaub, Michael Shane

Saint Charles, MO

Registered Nurse 2002018672

Licensee failed to contact NTS on January 21, 2013. Respondent failed to call in to NTS on sixteen (16) separate days. In addition, on January 5, 2012, Licensee was assigned to a third CNA who was required to submit a random urine sample. The low creatinine reading on that date was 19.10. Censure 04/01/2013 to 04/02/2013

Asfour, Nobi

Springfield, MO

Registered Nurse 2005006900

Licensee failed to call NTS on eighteen (18) days. Censure 03/19/2013 to 03/20/2013

Probation 05/25/2013 to 05/25/2018

PROBATION continued on page 15

Smith, Bridget Susan

Independence, MO

Registered Nurse 2011010057

On June 10, 2012, it was reported that Licensee was falling asleep and slurping her words. The nurse manager requested that Licensee take 25 mg metoprolol, 10 mg hydrocodone, and 25 mg aspirin (ASA). Licensee admitted to the nurse manager that she had been on a float trip the previous weekend and had been drinking. Licensee also stated that she had taken some medication for back pain and seizures before coming to work. Licensee tested positive for marijuana. Probation 05/25/2013 to 05/25/2018

PROBATION continued on page 15
Daris, Teresa Oleda  
Wayneville, MO  
Licensed Practical Nurse 2006024490  
On June 27, 2012, Licensee pled guilty to driving while intoxicated; failure to drive on the right half of the roadway when the roadway was of sufficient width resulting in an accident; and, leaving the scene of a motor vehicle accident. Probaion 03/01/2013 to 03/01/2018.

Holcomb, Kelly Michelle  
Poplar Bluff, MO  
Registered Nurse 2013011428  

Henke, Jamie L.  
Hazelwood, MO  
Registered Nurse 110458  
In October 2006, Respondent diverted twelve (12) doses of controlled substances from patient J.R. When confronted, Respondent admitted she diverte these controlled substances for personal use and consumed them. Probaion 03/29/2013 to 03/29/2018.

Jefferson, Christy Michelle  
Richland, MO  
Licensed Practical Nurse 2006037757  
On June 26, 2012, Respondent was caring for patient E.C. At around 8:00 p.m. staff members told Respondent that E.C. was complaining of shortness of breath. When Respondent went to E.C.’s room, Respondent asked Respondent to give E.C.’s trach to clean it, and she asked for warm liquid. Respondent did so, but E.C. was still complaining of shortness of breath. Other staff members took E.C.’s vital signs, and her oxygen saturation was recorded at 44, which is extremely low. Respondent left E.C.’s room to call the doctor. Respondent informed the doctor that E.C.’s oxygen saturation level was not correct because if it were too low, E.C. would not have been able to talk. Respondent disregarded E.C.’s oxygen saturation level. Respondent did not inform the doctor that E.C. was in respiratory distress. The doctor ordered Respondent to give E.C. oxygen and to wait 30 minutes. E.C. was in respiratory distress. Respondent approached another nurse, D.A., and asked how her relationship was with E.C., but did not say E.C. was in respiratory distress. About five to ten minutes later, D.A. went to check on E.C., and she appeared ashen. E.C. whispered, “Help me.” D.A. retrieved emergency supplies and determined that E.C.’s lungs were full of fluid. He proceeded to suction her lungs. Respondent approached another nurse, P.R., to check on E.C. as well. Respondent did not mention that E.C. was in respiratory distress. P.R. checked on her own patients first, and when she arrived in E.C.’s room, she assisted D.A. by doing chest compressions on E.C. When Respondent returned to E.C.’s room, she called 911. On June 28, 2012, Respondent failed to take E.C.’s vital signs, listen to E.C.’s lungs, suction E.C.’s lungs, and make accurate notes regarding E.C.’s condition. On June 26, 2008, E.C. was pronounced dead at 8:57 p.m.  
Probaion 03/27/2013 to 03/27/2015.

Johnson, Kurtis F.  
Paris, MO  
Registered Nurse 149130  
During the period of June 6, 2012 through June 7, 2012, Licensee worked at the Center and committed the following incidents at the Center. Licensee was instructed by a physician’s order to administer Cilompostine cream to a patient’s decubitus ulcer over his shift, with the medication due to be administered at 6:00 am, 12:00 noon, and 8:00 pm. Licensee falsely recorded the patient’s medical record that the doses due at 8:00 pm on June 6, 2012, and 6:00 am on June 7, 2012 were given, when in fact, they were not. When confronted by Center officials, Licensee admitted that he had charted the medication as being given even though it had not been. Licensee stated that he noted the patient had been sleeping when the medication was due and that he forgot to change the documentation. Probaion 04/25/2013 to 04/26/2013.

Sara, Registered Nurse, BSN, CCRN  
North Kansas City Hospital  
Our nurses enjoy excellent salaries and benefits, plus exceptional opportunities for professional growth and career advancement. Apply online at www.nkch.org/jobs. EOE  
"It is a community hospital with a hometown feel, but also has the resources of a larger hospital.”

Our nurses enjoy excellent salaries and benefits, plus exceptional opportunities for professional growth and career advancement. Apply online at www.nkch.org/jobs. EOE  
August, September, October 2013  
PROBATION continued from page 14  
PROBATION continued...  
PROBATION continued...  
PROBATION continued...  
PROBATION continued...  
PROBATION continued...  
PROBATION continued...
PROBATION Continued from page 15

received a physician's telephone order to administer oxycodone to Patient D.I. Respondent diverted this oxycodone for her own use. On December 9, 2009, Respondent falsely documented having received a physician's telephone order to administer hydrocodone to Patient D.I. Respondent diverted this hydrocodone for her own use. On December 24, 2009, Respondent falsely documented having received a physician's telephone order to administer oxycodone to Patient D.I. Respondent diverted this oxycodone for her own use.

PROBATION Continued...

Gomez, Ricki J.  
Nebraska, MO  
Licensed Practical Nurse 056615  
Respondent was found guilty of twenty-seven (27) counts of possession of methamphetamine with intent to distribute. Probation 03/04/2013 to 03/04/2016

Coraman, Sarah Elizabeth  
Ironton, MO  
Registered Nurse 02117135  
From February 7, 2012, until February 13, 2013, Respondent has diverted oxycodone to herself. Probation 03/02/2013 to 06/17/2015

Niehalski, Kathleen W.  
Saint Louis, MO  
Registered Nurse 2005027251  
While employed at the Hospital, between February 1, 2012 through February 29, 2012, Respondent stole and diverted to herself three (total of 3,500 micrograms) of oxycodone from the Hospital. Probation 03/03/2013 to 03/10/2018

Loza Hernandez, Sonia Maritza  
Saint Louis, MO  
Registered Nurse 2008029951  
Took 900 mg of oxycodone and 2000 mg of ibuprofen three times a day. Probation 04/17/2013 to 04/25/2016

Schimmer, Mary Ashley  
Grain Valley, MO  
Registered Nurse 2009003868  
On September 11, 2010, Respondent was found guilty of diverting fentanyl and oxycodone. Probation 03/02/2013 to 03/02/2018

Dale, Martha Jane  
Liberty, MO  
Licensed Practical Nurse 2013006625  
Licensed Practical Nurse 2003002349  
Grain Valley, MO  
Registered Nurse 2009003868  
California, MO  
Licensed Practical Nurse 2013006625  
Licensee was charged with and found guilty of diverting Percocet. Probation 03/02/2013 to 03/25/2018

Dale, Martha Jane  
Liberty, MO  
Licensed Practical Nurse 2013006625  
Licensee was charged with and found guilty of diverting Percocet. Probation 03/02/2013 to 03/25/2018

August, September, October 2013

PROBATION Continued...

Meekel, Tiffany Renee  
Grain Valley, MO  
Registered Nurse 2013010121  
On June 12, 2009, Licensee was observed to be displaying suspicious behavior. On June 15, 2009, Licensee admitted to diverting narcotics from the sharps container. Licensee further admitted she typically used the diverted drugs off duty, but on “some occasions” used the narcotics while on duty. On June 17, 2009, the result from Licensee’s drug screen was received and was positive for hydromorphone, morphine and fentanyl. Licensee entered into a settlement agreement with the Board. Licensee was placed on a Return to Work Agreement with the Board. The Board did not revoke her nursing license number RN 2006019195 was revoked for failure to comply with the terms and conditions of the agreement. On May 27, 2010, Licensee submitted her Application for License as a Registered Professional Nurse by Examination. With her Application, Licensee declared that she had entered a diversionary program after being charged with fraudulently attempting to obtain a controlled substance, a class C felony. She was charged with the diversion of controlled substances on July 19, 2012, after she successfully completed the program. Probation 03/05/2013 to 03/25/2018

Brownfield, Sheri Sue  
Marshall, MO  
Licensed Practical Nurse 1999136112  
Respondent was required to submit drug screen results from Drug Court on a quarterly basis for the duration of drug court, beginning on May 29, 2012. Respondent never submitted a drug screen quarterly report, but a report in the form of an email from Respondent’s probation officer from Drug Court was sent on September 12, 2012 to the Board which stated that Respondent had been compliant with her treatment and tested negative on all urine tests. On June 17, 2012, Licensee submitted her Application for License as a Registered Professional Nurse by Examination. With her Application, Licensee declared that she had entered a diversionary program after being charged with fraudulently attempting to obtain a controlled substance, a class D felony. She was charged with the diversion of controlled substances on July 19, 2012, after she successfully completed the program. Probation 03/05/2013 to 03/25/2018

Smith, Kathy Liu  
Springfield, MO  
Registered Nurse 2003002349  
Licensee was charged with and found guilty of diverting Percocet. Probation 03/02/2013 to 03/25/2018

Revascular continued on page 17

Page 16 • Missouri State Board of Nursing
Noval, Andrew Peter
Kansas City, MO
Licensed Practical Nurse 095878
In December 2009, Licensee failed to properly assess a patient in the emergency room while attempting to adjust a patient’s IV pump. She also fell asleep while on duty, resulting in a patient’s IV pump not being connected to the patient.
Revoked 03/19/2013

Clark, Karen Sue
Columbia, MO
Registered Nurse 2007000466
On April 24, 2008, while on duty, Respondent diverted a controlled substance by fraudulently obtaining a sample of pain medication. Respondent failed to report to a laboratory to provide the sample for testing. Respondent also admitted that she had diverted and sold controlled substances.
Revoked 03/19/2013

Young-Ederle, Susan R.
O Fallon, MO
Registered Nurse 121963
On April 24, 2008, Respondent failed to call in to NTS on two (2) days. Further, on November 16, 2011; June 7, 2012; November 12, 2012 and December 12, 2012, Respondent failed to call in to NTS on two separate occasions. On December 12, 2012, Respondent called NTS and was advised that she had been directed by the nurse manager to leave work and submit to a drug screen.
Revoked 03/19/2013

Noel, Jacqueline M.
Columbia, MO
Registered Nurse 106700
On August 24, 2007, while on duty, Respondent transported a patient to another department for testing. She was to return to her department immediately to care for other patients. Instead, she remained with this patient, which fell asleep while on duty, resulting in a patient’s IV pump not being connected to the patient.
Revoked 03/19/2013

Lowman, Ada Marie
Sikeston, MO
Licensed Practical Nurse 1999335108
On October 14, 2009, while on duty, Respondent diverted a controlled substance by using a co-worker’s name and medication. Respondent failed to report to a laboratory to provide the sample for testing. Respondent also admitted that she had diverted and sold controlled substances.
Revoked 03/19/2013

Foster, Stephanie S.
Joplin, MO
Registered Nurse 2000161015
On January 22, 2008, while on duty, Respondent transported a patient to another department for testing. She was to return to her department immediately to care for other patients. Instead, she remained with this patient, which fell asleep while on duty, resulting in a patient’s IV pump not being connected to the patient.
Revoked 03/19/2013

Anderson, Carla S.
Trenton, MO
Licensed Practical Nurse 043170
On November 17, 2009, while on duty, Respondent administered Lortab to a patient. Patient never received this pain medication. Respondent admitted that she had diverted and sold controlled substances.
Revoked 03/19/2013

Fritz, Sandra Jean
Wynne, AR
Registered Nurse 2001005285
Revoked 03/19/2013

Ross, Crystal G.
Brunson, MO
Registered Nurse 152240
On December 16, 2008, police officers came to the Center for Respondent. Respondent asked the Director of Nursing if she could get her belongings before she went to the front, where the police officers were waiting. The Director agreed, handing over the keys to the medication cart to Respondent. Respondent unlocked the medication cart and took the requested sample. Also, on December 17, 2012, Respondent failed to call in to NTS on two separate occasions. On December 17, 2012, Respondent called NTS and was advised that she had been directed by the nurse manager to leave work and submit to a drug screen.
Revoked 03/19/2013

Potter, Stephanie Rama
Vienna, MO
Licensed Practical Nurse 2005031391
On July 30, 2007, while on duty, Respondent diverted a controlled substance by using a co-worker’s name and medication. Respondent failed to report to a laboratory to provide the sample for testing. Respondent also admitted that she had diverted and sold controlled substances.
Revoked 03/19/2013

Dawson, Sandra Kay
Neosho, MO
Registered Nurse 2007007742
On July 23, 2008, while on duty, Dawson charted that she had administered two of the doses to the patient who were Lorab and one dose was Perox. Patient never received the medication.
Revoked 03/19/2013

CAPITAL REGION MEDICAL CENTER
University of Missouri Health Care
Missouri Quality Award Recipient 2006 and 2010

We are located in central Missouri in Jefferson City, convenient access to the Lake of the Ozarks, Columbia, St. Louis, and Kansas City.
We offer an excellent salary and benefits program!
Visit our website at www.crmc.org or call 1-877-260-5683.
axvgyz@mail.crmc.org to learn more about the excellent opportunities we have available for you with our organization.

Missouri State Board of Nursing • Page 17

R.N. to B.S.N. Degree
With a long-standing reputation for excellence in nursing education, Avila University positions you for career growth in the baccalaureate degree.
Enjoy flexibility and choice within a high quality learning environment.

Flexibility
Classes meet one night per week for eight weeks, weekend, online or blended format.

Choice
We offer a Bachelor of Science in Nursing with two tracks: Patient Centered Care and Health Care Management.

To learn more, visit www.avila.edu/nursing or call 816-501-3737.

Sponsored by the Sisters of St. Joseph

Capital Region MEDICAL CENTER
University of Missouri Health Care
Better. Every day.
medication. On July 23, 2008, Dawson charted administering two doses of oxycodone to a patient. Patient only received one dose of oxycodone.

Revoc'd 09/19/2013

Duke, Sherri L.
St. Louis, MO
Licensed Practical Nurse 040884
On April 4, 2011, Respondent was asked to submit to a drug screen by the CEO. Respondent refused to submit to the drug screen. Respondent did not have a valid prescription for morphine.

Revoc'd 09/19/2013

Gundry, Debra Y.
Saint Louis, MO
Independent Nurse 467415
On August 26, 2009, Respondent was observed pouring liquid morphine and liquid lidocaine into a cup and then drinking the contents from the cup. Respondent later poured a 3 oz. cup of liquid morphine and liquid lidocaine into a cup and again drank the contents. Respondent then took the open bottles of lidocaine and morphine and placed them in the refrigerator. Upon notifying a supervisor, a narcotic count was performed. There were no narcotics missing, but the bottles of liquid morphine and lidocaine appeared to have been watered down. When Respondent was confronted by a co-worker the evening of August 26, 2009, Respondent admitted that she had ingested the medication.

Revoc'd 09/19/2013

Meek, Rebecca A.
Trenton, MO
Licensed Practical Nurse 037332
Licensee did not notify the physician of a patient’s change in condition and did not initiate CPR on a full code patient. Respondent was placed on the EDL. Respondent admitted that she had entered the refrigerators several times for the past two (2) days during the shift. It was determined that Respondent had entered the controlled substances immediately before discrepancies for 5 mg/ml injection of Morphine and 50 mg/ml 2 ml injection of Fentanyl in the ICU. There were 10 doses of Morphine, 12 of Fentanyl and one of Morphine PCA unaccounted for.

Revoc'd 09/19/2013

Robertson, Christina Lea
Independnt Nurse 2007007343
On August 12, 2009, while on duty as an RN, Robertson appeared impaired and was directed to submit to a drug screen by her employer. According to the drug screen, Robertson tested positive for meperidine. A follow-up interview revealed that Robertson did not want her temperature to be taken. The CNA again tried to take his temperature and suggested they take the resident, L.B., to the ED. Robertson insisted it be taken then. Robertson held resident by the shoulders and stated to the resident “to behave or [he] would give him a shot to put him to sleep.” At around the same time, Robertson was making phone calls to residents’ family members. Robertson’s behavior in this manner lasted several weeks.

Revoc'd 09/19/2013

Becker, Jodi A.
Imperial, MO
Registered Nurse 142895
On April 30, 2009, at 2:00 a.m., Respondent withdrew two doses of Demerol. However, there was only one patient in the surgery wing at that time, and the patient was in surgery and unanesthetized. Whether or not another dose of Demerol was documented or administered was not reported by the Respondent. On August 30, 2009, while on duty as an RN, Respondent attempted to start an intravenous (“IV”) administration twice on a patient, but did not chart such administration. On April 30, 2009, Respondent reported that she administered Demerol to a patient at 10:45 a.m. and 3:55 p.m. There is no charting of the 3:00 p.m. administration. On June 8, 2009, Respondent “hung a bag” of Vancomycin for a patient. On August 26, 2009, Respondent withdrew a dose of morphine at 9:20 a.m. that was not documented as administered or wasted. On June 25, 2009, Respondent administered Demerol to a patient complaining of pain, but failed to document this administration. On June 25, 2009, a patient under Respondent’s care complained of chest pains. Becker failed to notify a physician, the director of nursing, or anyone else.

Revoc'd 09/19/2013

Coy, Laura Michelle
Independnt Nurse 2006030429
Respondent failed to contract with NTS by December 28, 2012. Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent did not attend the meeting or contact the Board to reschedule the meeting.

Revoc'd 09/19/2013

Owens, Jeannie Renee
Russellville, MO
Licensed Practical Nurse 2010025370
On March 14, 2007, while on duty, Owens stole $53.00 from another nurse.

Revoc'd 09/19/2013

Barcum, Richard T.
Dover, DE
Registered Nurse 120335
A male patient was having a psychotic episode and was banging on the door. Respondent grabbed the patient by his shoulders, and found the patient to be out of control, kicking, screaming, and beating the wall. Respondent ordered the others to take the patient to the seclusion room. Respondent grabbed the patient’s upper body while the security guards grabbed the patient’s legs to take him to the seclusion room. The patient was severely dragged, the security guards dragged the patient by his feet to the seclusion room in an effort to get the patient away from Respondent, who continued to kick the patient in the head, shoulders, and back as the patient was being dragged. After the patient was placed in the bed and being restrained, Respondent got in the patient’s face. Using profanity, Respondent slapped the patient in the face at least twice. At one point, Respondent stuck his fingers in the patient’s eye sockets and raked his eyes. The patient’s face and Respondent’s hands were bloodied as a result of his assault on the patient.

Revoc'd 09/26/2013

Blakley, Milton L.
Savannah, MO
Registered Nurse 081720
On March 20, 2011, Respondent was assigned to care for eight residents with cognitive impairments. On March 20, 2011, Respondent spoke to a resident in a “loud tone,” arguing with her about doing her breathing treatment because “it was light sensitive and if she didn’t take it right now, it would go bad.” A Certified Nursing Assistant (CNA) at the time observed Respondent’s interaction with resident and tried to “diffuse the situation” because the resident appeared to be “confused” by the CNA. Respondent observed Respondent in an interaction with a second resident. The CNA stated that she observed Respondent “to become very angry” when the resident did not want his temperatures to be taken. The CNA again tried to diffuse the situation and suggested they take the resident, L.B., to the ED. Respondent insisted it be taken then. Respondent held resident by the shoulders and stated to the resident “to behave or [he] would give him a shot to put him to sleep.” At around the same time, Respondent was making phone calls to residents’ family members. Respondent would report to the family members that he had been pushed or hit by a resident, that the patient had been hit, or that he had to forgive the patient. Respondent’s behavior in this manner lasted several weeks.

Revoc'd 09/19/2013

Filla, Denise L.
Washington, MO
Licensed Practical Nurse 2004001920
On June 9, 2009, Filla administered two Darvocet pills to a patient when the physician’s order for that patient only called for a single Darvocet pill. Between June 8-19, 2009, Filla administered Ambien 4 mg to a patient for twelve consecutive nights when the physician’s order for that patient called for only two tablets a night. Filla administered Ambien CR 6.25 mg to another patient daily. The physician’s order for that patient called for administration of this medication, but only on alternating days.

Revoc'd 09/19/2013

Harrison, Jessica Kay
Nesho, MO
Licensed Practical Nurse 2003030990
On September 9, 2009, Respondent was observed by a co-worker to be unconscious, slumped over in her chair, eyes closed, and foaming at the mouth. (CNA) at the time observed 18 tablets of hydrocode from Patient. On October 14, 2010, Harrison was placed on the Department of Health and Senior Services of Missouri’s Employment Disqualification List (“EDL”)

Revoc'd 09/27/2013

Mayoral, Karen P.
Columbia, MO
Registered Nurse 2005037769
Licensee was required to contract with the Board approved third-party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random drug and alcohol screening within twenty (20) working days of the effective date of the Order. Respondent did not complete the contract process with NTS. Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent did not attend the meeting or contact the Board to reschedule the meeting.

Revoc'd 09/19/2013

Bush, Julie Anne
Hannibal, MO
Licensed Practical Nurse 2008030271
Licensee’s name was placed on the employee disqualification list maintained by the Department of Health and Senior Services of the State of Missouri on May 26, 2010 for a period of two (2) years.

Revoc'd 09/26/2013

Fischer, Danielle Renee
Independnt Nurse 2010002769
On February 7, 2013, Licensee was notified that she had not submitted her evaluation of the Board by December 26, 2012. The Board did not receive proof of any completed hours.

Revoc'd 09/19/2013

Johnston, Pamela K.
Shawnee Mission, KS
Registered Nurse 115628
On February 17, 2012, Licensee was and convicted of attempted felony theft in the state of Kansas on May 12, 2006.

Revoc'd 09/19/2013

Hodges, Jennifer Ann
Independnt Nurse 2011038633
Licensee failed to call NTS on fifteen (15) occasions, submitted a sample with a low creatinine level, and submitted a sample that tested positive for Lorazepam.

Revoc'd 09/26/2013

REDOCATION continued from page 17

REVOCATION continued...

Respondent had been in the Accudose medication refrigerator but had cancelled the transaction, as if she had not gotten into the refrigerator, when she was observed with saline flushes and had asked a staff member for a saline flush. A staff member checked the medication refrigerators. It was determined that two Fentanyl syringes had been tampered with and the tape on the syringes showed that Respondent had entered the refrigerators several times for the past two (2) days during the shift. It was determined that Respondent had not administered the controlled substances immediately before discrepancies for 5 mg/ml injection of Morphine and 50 mg/ml 2 ml injection of Fentanyl in the ICU. There were 10 doses of Morphine, 12 of Fentanyl and one of Morphine PCA unaccounted for.

Revoc'd 09/19/2013

REVOCATION continued on page 19

August, September, October 2013
suspension/probation

Fornter, Amanda Rae
Dexter, MO
Registered Nurse 2070009501
On August 1, 2012, while on duty, Licensee was observed via video camera to be in the hospital pharmacy without permission and placing Tamadrol from the pharmacy's store into her pockets. Licensee was confronted by the next day, August 2, 2012, and after initially denying she had taken the Tamadrol, then admitted she had taken the Tamadrol from the pharmacy. At that time, the facility requested that Licensee take a drug test. On August 2, 2012, Licensee tested positive for Barbiturates and Benzodiazepines.

Suspension 04/25/2013 to 10/25/2013
Probation 10/31/2013 to 05/31/2014

Lahn, Candice Elizabeth
Kansas City, MO
Registered Nurse 2010034426
On March 12, 2012, Licensee accessed the RMC medical records for patient BM. Licensee used BM's patient information to write out a prescription for hydrocodone. Licensee forged the doctor's signature on the prescription.

Suspension 04/25/2013 to 10/25/2013
Probation 10/26/2013 to 10/26/2018

Yarbrough, Sherry L.
Naylor, MO
Registered Nurse 1170004
From February 7, 2012, until February 13, 2013, Respondent failed to call in to NTS on ten (10) days.

Suspension 05/05/2013 to 05/31/2013
Probation 05/12/2013 to 12/22/2013

Troshynski, Larry J.
Kansas City, MO
Registered Nurse 154767
On August 23, 2012 Licensee's Kansas nursing license was suspended for one year from that date in a Consent Agreement and Final Order, of which eight months could be stayed provided Licensee complies with the terms of the Consent Agreement and Final Order. During the Kansas Board of Nursing investigation that found that Licensee had violated the Kansas Nursing Practice Act in several ways, including but not limited to, removing medications while working as a nurse at Saint Peters Regional Hospital, then failing to account for and various other narcotic discrepancies while working as a nurse. The Kansas Board also found that Licensee had been disciplined by the Nursing Boards of the states of Illinois and Indiana for similar offenses. Licensee also admitted in the Kansas Board of Nursing Consent Agreement and Final Order that although he was currently in the Kansas Nurse Assistance Program (KNAP) at the time, he tested positive for Fentanyl, on one occasion, and in addition had missed a scheduled drug screen which he was required to submit to as part of being in the Kansas Nurse Assistance Program.

Suspension 03/03/2013 to 03/01/2015
Probation 03/22/2015 to 03/20/2020

VOLUNTARY SURRENDER

Schorer, Sandra D.
Carthage, MO
Registered Nurse 142521
Effective March 6, 2013, Licensee was to be Suspended for 6 months following 5 years probation. On May 20, 2013, Licensee Voluntarily Surrendered her license.

On August 12, 2012, Licensee withdrew some medications in syringes for a scheduled procedure. The procedure was canceled and Licensee asked a coworker, CB, to help her waste the medications. CB observed Licensee observing the medications so refused to observe the wasting. CB called a supervisor to find out how to proceed. Licensee and CB were informed to go to the pharmacy to dispose of the medications and waste the medications there. Before heading to the pharmacy, CB observed Licensee with a needle and syringe drawing something out of a vial. CB confronted Licensee about what was in the vial and Licensee admitted that she was going to use the vial in her pocket. CB then called a supervisor to handle the situation. The supervisor arrived, Licensee removed the vial from her pocket and her supervisor saw that it contained Demerol. Licensee admitted that she was going to take the medication for her personal use. Licensee was requested to submit to a for cause urine drug screening test given by her employer. The urine sample tested positive for Oxazepam, Temazepam, and Clonazepam.

Voluntary Surrender 05/20/2013

Voluntary SURRENDER Continued...

Schenweger, Lisa Gail
Fulton, MO
Licensed Practical Nurse 026560
On June 27, 2009, Respondent pre-poured and pre-signed for alprazolam, propoxy-N/APAP, and temazepam. These medications were later found by her supervisor and were not administered to the patients. Also, when she pre-signed, she pre-wrote the future times that the medications were to be administered on the patients' charts rather than the actual time she poured the medications.

Revoked 03/19/2013

Lugenbell, Stephanie A.
Johns Creek, GA
Registered Nurse 154011
In February 2007, Licensee diverted Propofol from her employer and refused to return it with it.

Revoked 03/19/2013

SUSPENSION/PROBATION

Fulton, MO
Licensed Practical Nurse 026560
On June 27, 2009, Respondent pre-poured and pre-signed for alprazolam, propoxy-N/APAP, and temazepam. These medications were later found by her supervisor and were not administered to the patients. Also, when she pre-signed, she pre-wrote the future times that the medications were to be administered on the patients' charts rather than the actual time she poured the medications.

Revoked 03/19/2013

VOLUNTARY SURRENDER

Schenweger, Lisa Gail
Fulton, MO
Licensed Practical Nurse 026560
On June 27, 2009, Respondent pre-poured and pre-signed for alprazolam, propoxy-N/APAP, and temazepam. These medications were later found by her supervisor and were not administered to the patients. Also, when she pre-signed, she pre-wrote the future times that the medications were to be administered on the patients' charts rather than the actual time she poured the medications.

Revoked 03/19/2013

Lugenbell, Stephanie A.
Johns Creek, GA
Registered Nurse 154011
In February 2007, Licensee diverted Propofol from her employer and refused to return it with it.

Revoked 03/19/2013

SUSPENSION/PROBATION

Fulton, MO
Licensed Practical Nurse 026560
On June 27, 2009, Respondent pre-poured and pre-signed for alprazolam, propoxy-N/APAP, and temazepam. These medications were later found by her supervisor and were not administered to the patients. Also, when she pre-signed, she pre-wrote the future times that the medications were to be administered on the patients' charts rather than the actual time she poured the medications.

Revoked 03/19/2013

Lugenbell, Stephanie A.
Johns Creek, GA
Registered Nurse 154011
In February 2007, Licensee diverted Propofol from her employer and refused to return it with it.

Revoked 03/19/2013

VOLUNTARY SURRENDER

Larson, Robin Luanne
Arnold, MO
Registered Nurse 2005038786
In June 2012, Licensee diverted hydrocodone from her employer for her personal use.

Voluntary Surrender 04/23/2013

Winefeld, Gall N.
Lockwood, MO
Licensed Practical Nurse 048746
Licensee voluntarily surrendered her license on April 3, 2013.

Voluntary Surrender 04/03/2013

Matchell, Ann L.
Eureka, MO
Registered Nurse 107116
On January 14, 2005, Licensee pled guilty 'Possession of Any Methamphetamine Precursor Drug with Intent to Manufacture.'

On August 19, 2008, Licensee was found guilty of 'Possession of a Controlled Substance.' Since the date of her guilty pleas in 2005 and 2008, Licensee has renewed her license on or about June 30, 2005, March 26, 2007, April 22, 2009, and April 26, 2011. At no time did Licensee inform the Board of the findings of guilt. Each renewal form specifically asks if Licensee has been 'convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed excluding traffic violations' and requests Licensee to provide certified court documents. Voluntary Surrender 03/12/2013

Turner, Deborah Lynn
Kendett, KS
Licensed Practical Nurse 2000164827
Licensee voluntarily surrendered her Missouri nursing license on May 29, 2013.

Voluntary Surrender 05/28/2013

Vorhies, Iris Y.
Lees Summit, MO
Registered Nurse 2007008275
Licensee admitted to taking five (5) tablets of Ambien out of the Accu-dose for her personal use.

Voluntary Surrender 03/12/2013

Knourek, Valerie Jean
Mission, KS
Licensed Practical Nurse 2002008247
During the period of approximately June 17, 2012 through July 12, 2012, Licensee committed several different medication and documentation errors. Licensee falsified documents by documenting on a Medical Administration Record (MAR) that medications were given, but did not document on the appropriate narcotics sheet for tracking medications, or give, at least five doses of the medication of Ativan to a resident during that period. The resident in question had a physician's order for .25 CC Ativan three times daily. In particular, Licensee on June 17, 2012 documented removal of Ativan from the Manor's supply at 2200 but did not document the administration or waste of the Ativan. Also on that date, documented removal of a second dose of Ativan at 0330 when the next dose was due was not until 0600. On July 5, 2012, Licensee did not document a waste of Ativan dose at 2200. On July 8, 2012, licensee did not document or give an Ativan dose at 0600. On July 11, 2012, Licensee did not document or give an Ativan dose at 0600. On July 12, 2012, licensee did not document or give an Ativan dose at 0600.

Voluntary Surrender 03/01/2013

"It's A New Day! Leading the way for a brighter future."

An exciting opportunity awaits you as Registered Nurse at Mineral Area Regional Medical Center. Join our Team and make a difference in the lives of others.

We offer competitive compensation/benefit package and assistance for continuing education is available with pre-approval at an approved school of nursing.

Qualified applicants should submit on-line application and resume at www.mineralarearegional.com
Connect like nowhere else.

At Barnes-Jewish Hospital, you can have a nursing career like nowhere else. Included in U.S. News & World Report’s Honor Roll of Best Hospitals for 20 consecutive years, we are a Level I Trauma Center and Magnet hospital. We’re also a national leader in many specialties, surgeries and transplant procedures. For you, that means the opportunity to provide innovative and challenging care that will stretch your talents…the potential to collaborate with physicians and colleagues who are nationally renowned…and the ability to benefit from our many career development and skills training programs.

We’re located in St. Louis, which offers an ideal combination of big city amenities with an affordable Midwestern lifestyle. You’ll find a perfect setting with exciting cultural attractions, major league sports and outdoor recreation — a place where you and your family can thrive. Please visit our career site to learn more about us and our current nursing opportunities.

Our openings change on a daily basis. Please visit our website for the most current opportunities.

barnesjewish.org/careers

It is the policy of Barnes-Jewish Hospital to consider all applicants for employment with the organization on the basis of their qualifications, skills and abilities for the job, with or without reasonable accommodations, and to give all employees equal opportunity to progress within the organization without regard to race, color, ancestry, religion, age, disability, gender, sex, sexual orientation, national origin, genetic information, military or veteran status, or any other legally protected status. Barnes-Jewish Hospital values diversity among employees, patients, families and the communities it serves and is committed to promote the recruitment and retention of multicultural staff who support diversity within our organization.

“When I see a patient’s face light up in recognition that I will be their nurse for the day, that is my reward.”

Rosario, RN
Staff Nurse – ICU
A home health nurse established a nurse-patient relationship while providing care through a home health agency. After the nurse stopped working for the agency, she continued to visit the patient. During these visits, she engaged in discussions about her personal life. She even brought her children to meet the patient. During the subsequent months, the elderly man started giving substantial gifts to the nurse and her children. At least one of her visits, she wore her nursing scrubs, causing confusion for family members who wondered why her father had two home health nurses from different agencies. A complaint was then submitted to the Texas Board of Nursing (BON).

Denise Benbow, MSN, RN
Reprinted with permission
Journal of Nursing Regulation
Volume 4, Issue 2/July 2013
Publisher: National Council of State Boards of Nursing

Note: This article references the Texas Nursing Practice Act. Missouri’s laws are very similar.

When a complaint comes into the BON, it is reviewed, assigned a priority, and assigned to an investigator. The nurse receives written notice regarding the facts or conduct that is alleged and could lead to disciplinary licensure action (22 Tex. Admin. Code §213.14(b) & (c)). The investigator collects evidence. The evidence may or may not substantiate a violation of the Nursing Practice Act of 2011 or Board Rules. A failure to meet the minimum standards of nursing practice or engaging in unprofessional conduct may result in disciplinary action (Nursing Practice Act, 2011; see Table 1). Both the minimum standards rule and the unprofessional conduct rule address professional boundaries as “the spaces between the nurse’s power and the patient’s vulnerability.” Further, the Code refers to the provision of nursing services within the limits of the nurse-client relationship, which promote the client’s dignity, independence, and best interests and has access to information in the nurse-patient relationship that might influence future interactions. The nurse acknowledged that the relationship became central and the case went before an ALJ for a hearing.

When a contested case is heard by an ALJ, the BON must prove there was a violation. The ALJ considers the testimony and evidence to determine if the BON has proved the case by preponderance of the evidence, or it is more likely there was a violation than that there was not a violation. A number of witnesses testified at the hearing, including the adult children of the patient, several nurses, social workers, and the nurse defendant. By the time of the hearing, the patient had died, but he too was heard via a deposition taken before his death.

Patient and His Family
The elderly patient’s deposition revealed he did not understand when the nurse stopped working for the home health agency. All the dates he referenced in his deposition were in the months after the nurse left the agency. It is possible that the children of the patient were not told about the financial gifts he gave the nurse, and the financial impact on the patient, who was no longer able to earn an income. They also testified that the nurse wore her nursing uniform and name tag when visiting the patient.

The nurse as a home health nurse assigned to care for the patient in the months after the defendant left the agency testified that she was concerned because the patient said his former nurse continued to visit. Moreover, the patient told his new nurse about the gifts he gave his former nurse. According to her testimony, the new nurse was concerned about the patient’s financial status and the financial resources going to his former nurse. As a representative of the home health care agency, this nurse also testified about agency policies on gift-giving and about the vulnerability of this patient population and this specific patient.

A nurse with a background in home health testified about the essential role of the nurse in establishing professional boundaries, including financial boundaries related to gifts. She noted that the nurse is always responsible for setting professional boundaries and has access to information in the nurse-patient relationship that might influence future interactions.

The Nurse Defendant
The defendant’s testimony included information about the declining health of the patient, her relationship with the patient, details about the gifts she received, and the education she received about professional boundaries. The nurse acknowledged that the patient had a terminal condition and that his condition deteriorated over the time she cared for him as a nurse and their subsequent interactions. However, she maintained that her duty to the patient ended when she left the agency and that the patient understood that she was no longer his nurse.

The nurse testified that while she acted as the patient’s nurse, she asked questions about her family situation and personal finances, but she did not provide more than “yes” or “no” answers to these questions. However, when the nurse was no longer employed as the patient’s nurse, she provided him with information about her personal life and brought her children to meet him, and he gave substantial gifts to her and her children over the subsequent months.

When asked about the education she received regarding professional boundaries, the nurse testified that she received education in nursing school and through in-service programs on professional boundaries but, she claimed, the emphasis of the education and training was on sexual boundaries.

The BON Investigation
When a complaint comes into the BON, it is reviewed, assigned a priority, and assigned to an investigator. The nurse receives written notice regarding the facts or conduct that is alleged and could lead to disciplinary licensure action (22 Tex. Admin. Code §213.14(b) & (c)). The investigator collects evidence. The evidence may or may not substantiate a violation of the Nursing Practice Act of 2011 or Board Rules. A failure to meet the minimum standards of nursing practice or engaging in unprofessional conduct may result in disciplinary action (Nursing Practice Act, 2011; see Table 1). Both the minimum standards rule and the unprofessional conduct rule address professional boundaries and are based on the Texas definition of professional boundaries (22 Tex. Admin. Code §217.11(1) & 217.12(b)(D); see Table 1).

After receiving the complaint about the nurse’s behavior, the Texas BON investigated the case. At the conclusion of the investigation, the BON notified the nurse that her conduct required discipline because it violated provisions of the Nursing Practice Act (2011), including those regarding professional behavior and boundary violations. The nurse’s behavior was clearly a violation: She accepted gifts from a former patient. However, the nurse contested the BON’s finding that she did not violate the nurse-patient boundaries because she was no longer an employee of the home health company that provided care for the patient. Thus, the issue of the nurse-patient relationship became central and the case went before an ALJ for a hearing.

Administrative Hearing
When a contested case is heard by an ALJ, the BON must prove there was a violation. The ALJ considers the testimony and evidence to determine if the BON has proved the case by preponderance of the evidence, or it is more likely there was a violation than that there was not a violation. A number of witnesses testified at the hearing, including the adult children of the patient, several nurses, social workers, and the nurse defendant. By the time of the hearing, the patient had died, but he too was heard via a deposition taken before his death.

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.

Figure 1
Professional Behavior Continuum

Too little care-provider involvement
Therapeutic nurse-patient relationship
Patient-centered care
Too much care-provider involvement

The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

Adapted with permission of the National Council of State Boards of Nursing.
Professional Boundaries continued from page 21

The Texas Nursing Practice Act and the Administrative Code define professional boundaries and specify disciplinary actions for violations.

Nursing Practice Act (Texas Occupations Code, Chapter 301)

§301.452. Grounds for Disciplinary Action

(b) A person is subject to denial of a license or to disciplinary action under this subchapter for:

(10) unprofessional or dishonest conduct that, in the Board’s opinion, is likely to deceive, defraud, or injure a patient or the public;

(13) failure to care adequately for a patient or to conform to the minimum standards of acceptable nursing practice in a manner that, in the Board’s opinion, exposes a patient or other person unnecessarily to risk of harm.

Texas Administrative Code

§217.1, Definitions

(29) Professional boundaries. The appropriate limits which should be established by the nurse in the nurse/client relationship due to the nurse’s power and the patient’s vulnerability. Refers to the provision of nursing services within the limits of the nurse/client relationship which promote the client’s dignity, independence and best interests and refrain from inappropriate involvement in the client’s personal relationships and/or the obtaining of the nurse’s personal gain at the client’s expense.

§217.11, Standards of Nursing Practice

(1) Standards Applicable to All Nurses. All professional nursing, registered nurses and registered nurses with advanced practice authorization shall:

(J) Know, recognize, and maintain professional boundaries of the nurse-client relationship

§217.12, Unprofessional Conduct

(6) Misconduct—actions or conduct that include(s), but is not limited to:

(D) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client’s significant other(s)

Texas Nursing Practice Act

§217.12, Unprofessional Conduct

(D) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client’s significant other(s)

We are currently seeking Registered Nurses for the following facilities:

Kindred Hospital Northland
Kindred Hospital Kansas City
St. Luke’s Rehab Hospital
A partnership with Kindred Healthcare
Kindred Hospital St. Louis
Kindred Hospital St. Louis at Mercy
Kindred Hospital St. Anthony’s

Requires graduation from an accredited BSN, ASN or Nursing Diploma program, current MO RN license, and BLS certification. ACLS and 6 months of med surg experience in an acute care setting preferred.

We offer competitive compensation while working with a healthcare leader! To apply, please visit http://jobs.kindredhospitals.com.

Conclusion

The central question in this case was whether a nurse-patient relationship exists after the nurse is no longer employed to care for the patient. There was no disagreement regarding the beginning of the nurse-patient relationship. In this case, the ALJ found that the nurse-patient relationship continued beyond the nurse’s employment as a home health nurse and that the BON was authorized to attach discipline to the nurse’s license.

The finding was based on the following:

• The BON definition of professional boundaries identifies a benefit to the nurse as a boundary violation (22 Tex. Admin. Code §217.1 (29)).
• BON rules require nurses to meet the minimum standards of practice by maintaining professional boundaries in the nurse-patient relationship (22 Tex. Admin. Code §217.11 (1)(J)).
• If there are aspects of the nurse-patient relationship that could continue indefinitely, the nurse has an indefinite responsibility to maintain professional boundaries.

The BON reviewed the PFD and determined the level of sanction to impose on the nurse’s license. A range of disciplinary sanction levels and a variety of specific conditions can be imposed. In this case, the disciplinary sanction of a warning was applied. The sanctions included educational course work and a monetary fine.

Proposing Guidance for Nurses

Nursing education programs provide a critical foundation for nursing practice and an understanding of the legal and ethical requirements of the nursing profession, including all aspects of professional boundaries. This nurse did not see any potential issues with terminating employment at the home health company and then continuing to see the patient, even though the roots of the relationship were firmly established in the nurse-patient encounters. The patient had ongoing health care needs with declining physical and financial abilities; thus, he may have had a motivation to keep the nurse in a relationship for his benefit, even if that meant he had to sacrifice money to entice her to continue to see him. Further confusion for the patient and family was caused by the nurse visiting the patient’s home in her nursing uniform.

Nurses have a responsibility to set clear professional boundaries, to abide by those professional boundaries, and to refrain from violating those professional boundaries. Certain behaviors are red flags that should alert nurses to examine their patient relationships for potential boundary crossings or violations (NCSBN, 2011):

• Excessive self-disclosure: Discussing personal problems or aspects of his or her intimate life with the patient
• Secretive, defensive behavior: Keeping secrets with the patient or becoming defensive when questioned about interactions with the patient
• Excessive patient attention: Spending an inappropriate amount of time with the patient, visiting the patient when off duty, or trading assignments to care for the patient
• Non-therapeutic relationship: Believing only he or she understands and can meet the patient’s needs or allowing the patient to pay special attention, for example, by giving gifts

References


Denise Benbow, MSN, RN, is Nursing Consultant for Practice at the Texas Board of Nursing.
“I Love the Hands-On Approach!”
Liz Turner,
LSS Neighborhood Nurse Leader

LUTHERAN SENIOR SERVICES
1150 N. Hanley Industrial Ct.
St. Louis, MO 63144
Senior Living Communities
Home Health | Private Duty
Hospice Care

“I Love the Hands-On Approach!”
Liz Turner,
LSS Neighborhood Nurse Leader

LUTHERAN SENIOR SERVICES
1150 N. Hanley Industrial Ct.
St. Louis, MO 63144
Senior Living Communities
Home Health | Private Duty
Hospice Care

“I Love the Hands-On Approach!”
Liz Turner,
LSS Neighborhood Nurse Leader

LUTHERAN SENIOR SERVICES
1150 N. Hanley Industrial Ct.
St. Louis, MO 63144
Senior Living Communities
Home Health | Private Duty
Hospice Care

“I Love the Hands-On Approach!”
Liz Turner,
LSS Neighborhood Nurse Leader

LUTHERAN SENIOR SERVICES
1150 N. Hanley Industrial Ct.
St. Louis, MO 63144
Senior Living Communities
Home Health | Private Duty
Hospice Care

“I Love the Hands-On Approach!”
Liz Turner,
LSS Neighborhood Nurse Leader

LUTHERAN SENIOR SERVICES
1150 N. Hanley Industrial Ct.
St. Louis, MO 63144
Senior Living Communities
Home Health | Private Duty
Hospice Care

“I Love the Hands-On Approach!”
Liz Turner,
LSS Neighborhood Nurse Leader

LUTHERAN SENIOR SERVICES
1150 N. Hanley Industrial Ct.
St. Louis, MO 63144
Senior Living Communities
Home Health | Private Duty
Hospice Care

“I Love the Hands-On Approach!”
Liz Turner,
LSS Neighborhood Nurse Leader

LUTHERAN SENIOR SERVICES
1150 N. Hanley Industrial Ct.
St. Louis, MO 63144
Senior Living Communities
Home Health | Private Duty
Hospice Care

“It’s More Than a Job. It’s a Mission.”
Throughout Lutheran Senior Services, we are committed to
our faith-inspired mission of helping older adults live life
to the fullest. The environments we create bring a sense of
home to life. Our approach is hands-on, following the
rhythm and preferences for our residents. The result?
Close, warm, rewarding relationships with the people
we serve.

“We are people on a mission—our job satisfaction comes
from making a difference in the lives we serve. Are you
interested in joining our mission and serving with heart?

To check openings, visit LSSLiving.org/employment

“It’s More Than a Job. It’s a Mission.”
Throughout Lutheran Senior Services, we are committed to
our faith-inspired mission of helping older adults live life
to the fullest. The environments we create bring a sense of
home to life. Our approach is hands-on, following the
rhythm and preferences for our residents. The result?
Close, warm, rewarding relationships with the people
we serve.

“We are people on a mission—our job satisfaction comes
from making a difference in the lives we serve. Are you
interested in joining our mission and serving with heart?

To check openings, visit LSSLiving.org/employment

“If you have been contacted by the State Board of Nursing or
Administrative Hearing Commission, call me for a free consultation
as you have the right to be represented by an attorney.

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

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

REGISTERED NURSES
Full-Time Positions. Work with a team skilled in the latest
technology. We offer excellent benefits including:
- Medical – Dental – 401(k) – and much more
We are currently seeking RNs to fill positions we have added.

Knowledge of Medicare regulations preferred.
If you are interested in providing quality care in a caring
environment, please apply in person or call Carol at:
Manor Care Health Services
1200 Graham Rd., Florissant, MO 63031
(314) 838-6555

ONLINE IN LESS TIME
Fulfill your CE requirements and advance your career with
NCSBN Learning Extension’s convenient online courses
Pay only $15-$30
for nurse CE courses*
Course topics include:
• Ethics of Nursing Practice
• Critical Thinking Skills
• Professional Boundaries
• Documentation
• Delegating Effectively
* Visit learningext.com for current
pricing and CE credits by course

Advance your career. Register online today at
www.learningext.com

MISSOURI NURSES
Protect your license and your career.
If you have been contacted by the State Board of Nursing or
Administrative Hearing Commission, call me for a free consultation
as you have the right to be represented by an attorney.

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

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

REGISTERED NURSES
Full-Time Positions. Work with a team skilled in the latest
technology. We offer excellent benefits including:
- Medical – Dental – 401(k) – and much more
We are currently seeking RNs to fill positions we have added.

Knowledge of Medicare regulations preferred.
If you are interested in providing quality care in a caring
environment, please apply in person or call Carol at:
Manor Care Health Services
1200 Graham Rd., Florissant, MO 63031
(314) 838-6555

ONLINE IN LESS TIME
Fulfill your CE requirements and advance your career with
NCSBN Learning Extension’s convenient online courses
Pay only $15-$30
for nurse CE courses*
Course topics include:
• Ethics of Nursing Practice
• Critical Thinking Skills
• Professional Boundaries
• Documentation
• Delegating Effectively
* Visit learningext.com for current
pricing and CE credits by course

Advance your career. Register online today at
www.learningext.com

MISSOURI NURSES
Protect your license and your career.
If you have been contacted by the State Board of Nursing or
Administrative Hearing Commission, call me for a free consultation
as you have the right to be represented by an attorney.

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

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

trust.

Your patients trust you to care for them. But when it comes to protecting your best interest, who can you trust?

probability™ from Marsh U.S. Consumer, a service of Seabury & Smith, Inc., is the professional liability insurance program offered by ANA because it has been designed specifically for members like you.

Your professional reputation will not be compromised to settle a claim. Too often, nurses feel pressure from employer liability plans to settle a case. When you have your own malpractice coverage, the defense attorneys and case managers are fighting to protect only you. That’s an important distinction . . . especially when it’s your professional reputation at stake.

That’s why you need peace-of-mind coverage you can count on from an organization you can trust.

probability™ offers benefits designed to help nurses themselves protect their careers. Benefits for covered claims include:

▪ Up to $2 million in protection for each claim/up to $4 million aggregate
▪ Deposition assistance
▪ Reimbursement of defense costs for licensing board hearings

Don’t lose your career in the hands of an insurance company whose priority isn’t your best interest. Secure professional liability protection with probability™ from Marsh U.S. Consumer.

Call (800) 503-9230 for an instant quote, or visit prolability.com/60483. It only takes 5 minutes to fill out the application. It’s that easy. And that important.

Take Your License to the Next Level!

With CMU’s RN to BSN and Master of Science in Nursing programs

On site in 6 St. Louis Locations

Online Programs available statewide to fit your life style

Earn your degree in as little as 18 months!

Call Stephanie Brink at
660-248-6639 or e-mail
sbrink@centralmethodist.edu

Central Methodist UNIVERSITY

www.centralmethodist.edu

Looking for a perfect fit?

Try us on for size!

✓ Competitive compensation and exceptional benefits
✓ Culture of learning
✓ Responsive, supportive visionary leadership
✓ Advanced technology & leading-edge innovation
✓ Great community

PHELPS COUNTY REGIONAL MEDICAL CENTER

1000 W. 10th St., Rolla, Missouri
573-458-7166

Visit www.pcrmc.com to make your next career move.

World-Class Healthcare Close to Home

ACCEPTING RN TO BSN
APPLICATIONS NOW FOR CLASSES IN MIAMI, OK OR COMPLETELY ONLINE

• Courses are approximately 5 weeks
• No Chemistry or Stats Taken
• No Foreign Language Requirement
• VA approved - NNEI applications accepted
• In-State Tuition for all applicants

Oklahoma Wesleyan University
WE ARE OKWU
WWW.OKWU.EDU
866-225-6598

Impacting Culture With the Lordship of Jesus Christ

Check out our M&A in Nursing Management
WWW.CollegeOnMyTime.com

OKWU has MCA-ARC regional accreditation and is fully accredited by the Commission on Colleges of the North Central Association (CCNC) www.acc.northcentralcollege.edu

BSN
With CMU's RN to BSN and Master of Science in Nursing programs

On site in 6 St. Louis Locations

Online Programs available statewide to fit your life style

Earn your degree in as little as 18 months!

Call Stephanie Brink at
660-248-6639 or e-mail
sbrink@centralmethodist.edu

Central Methodist UNIVERSITY

www.centralmethodist.edu

Leading by example...

trust.

Your patients trust you to care for them. But when it comes to protecting your best interest, who can you trust?

probability™ from Marsh U.S. Consumer, a service of Seabury & Smith, Inc., is the professional liability insurance program offered by ANA because it has been designed specifically for members like you.

Your professional reputation will not be compromised to settle a claim. Too often, nurses feel pressure from employer liability plans to settle a case. When you have your own malpractice coverage, the defense attorneys and case managers are fighting to protect only you. That’s an important distinction . . . especially when it’s your professional reputation at stake.

That’s why you need peace-of-mind coverage you can count on from an organization you can trust.

probability™ offers benefits designed to help nurses themselves protect their careers. Benefits for covered claims include:

▪ Up to $2 million in protection for each claim/up to $4 million aggregate
▪ Deposition assistance
▪ Reimbursement of defense costs for licensing board hearings

Don’t lose your career in the hands of an insurance company whose priority isn’t your best interest. Secure professional liability protection with probability™ from Marsh U.S. Consumer.

Call (800) 503-9230 for an instant quote, or visit prolability.com/60483. It only takes 5 minutes to fill out the application. It’s that easy. And that important.

Take Your License to the Next Level!

With CMU’s RN to BSN and Master of Science in Nursing programs

On site in 6 St. Louis Locations

Online Programs available statewide to fit your life style

Earn your degree in as little as 18 months!

Call Stephanie Brink at
660-248-6639 or e-mail
sbrink@centralmethodist.edu

Central Methodist UNIVERSITY

www.centralmethodist.edu

Looking for a perfect fit?

Try us on for size!

✓ Competitive compensation and exceptional benefits
✓ Culture of learning
✓ Responsive, supportive visionary leadership
✓ Advanced technology & leading-edge innovation
✓ Great community

PHELPS COUNTY REGIONAL MEDICAL CENTER

1000 W. 10th St., Rolla, Missouri
573-458-7166

Visit www.pcrmc.com to make your next career move.

World-Class Healthcare Close to Home

ACCEPTING RN TO BSN
APPLICATIONS NOW FOR CLASSES IN MIAMI, OK OR COMPLETELY ONLINE

• Courses are approximately 5 weeks
• No Chemistry or Stats Taken
• No Foreign Language Requirement
• VA approved - NNEI applications accepted
• In-State Tuition for all applicants

Oklahoma Wesleyan University
WE ARE OKWU
WWW.OKWU.EDU
866-225-6598

Impacting Culture With the Lordship of Jesus Christ

Check out our M&A in Nursing Management
WWW.CollegeOnMyTime.com

OKWU has MCA-ARC regional accreditation and is fully accredited by the Commission on Colleges of the North Central Association (CCNC) www.acc.northcentralcollege.edu