Delegation may be a difficult skill to develop among nurses. Although there is considerable variation in the language used to talk about delegation, the American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) both define delegation as the process for a nurse to direct another person to perform nursing tasks and activities. NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to perform a nursing task. Both stress that the nurse retains accountability for the delegation (Joint Statement, 2014).

The NCSBN has identified “Five Rights of Delegation.” Briefly, these are:
1. Right Task: A task that is delegable for a specific patient.
2. Right Circumstances: Appropriate patient setting, available resources and other relevant factors considered.
3. Right Person: The right person is delegating the right task to the right person to be performed on the right patient.
4. Right Direction/Communication: Clear, concise description of the task, including its objective, limits and expectations provided.
5. Right Supervision: Appropriate monitoring, evaluation, intervention as needed, and feedback.

The Delegation Decision-Making Tree was a tool developed to assist nurses in making delegation decisions. The Delegation Decision-Making Tree was a tool designed to assist nurses in making delegation decisions. Licensed nurses have ultimate accountability for the delegation and provision of nursing care, including all delegation decisions.

To use the Delegation Decision-Making Tree, start with a specific client, care-giver and nursing activity. Beginning at the top of the tree, ask each question as presented in the box. If you answer “yes” to the question, follow the instructions listed to the right of the box and arrow. If you answer “no,” proceed to the next box. If you answer “yes” for all questions, the task is delegable.

The grid can be used:
- For nurses making delegation decisions.
- For staff education regarding delegation.
- For orientation of new staff, both nurse and unlicensed assistive personnel (UAP).
- For nursing education programs providing basic managerial skills for students.
- For nursing continuing education.
- For Member Boards responding to questions about delegation (Boards may consider including this tool as part of a delegation information packet).
- For orientation of new board members and attorneys.
- For Member Board workshops and presentations regarding delegation issues.
- For evaluation of discipline complaints involving concerns regarding delegation.

You can find a Delegation Decision-Making Tree on the board’s website at http://pr.mo.gov/nursing-focus.asp as well as other resources on delegation.

For evaluation of discipline complaints involving concerns regarding delegation.

You can find a Delegation Decision-Making Tree as well as other resources on delegation on our website at http://pr.mo.gov/nursing-focus.asp. You can also find information about the status of bills in the past but you are in an excellent position to advocate for patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.

You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at http://moga.mo.gov/workforce-data-collection-and-analysis

Section 324.001.3, RSMo, authorizes boards within the Division of Professional Registration to collect data to support workforce planning and policy development. Such information shall not be publicly disclosed so as to identify a specific health care provider, as defined in section 376.1350, RSMo...

Not all boards have the manpower or expertise to analyze the data nor are authorized in their duties to contract with outside agencies for workforce development and analysis. Boards also have no authority to share
data with another entity or agency unless it meets the requirements in Section 324.001.8, RS Mo, which allows boards to release information to other administrative or law enforcement agencies acting within the scope of their statutory authority. The Missouri Department of Health and Senior Services (DHSS) currently issues reports related to licensed professionals.

The boards are charged with protecting the public. Addressing the challenging quality and safety issues pervasive in health care depends upon adequate levels of appropriately educated and prepared health care professionals. A shortage of health care professionals is a quality of care issue.

Health regulatory boards are creatures of statute with statutory authority. The Missouri Department of Health and Senior Services may release identifying data to other state boards conducting or sponsoring data collection and analysis authorized by this section. Data shall be maintained by the state board conducting or sponsoring data collection and analysis authorized by this section. Any such funds shall be deposited in the respective board’s fund.

b. Data collection shall be controlled and approved by the applicable state board conducting or sponsoring data collection and analysis authorized by this section. Data shall only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.

c. Contractors shall maintain the confidentiality of data received or collected pursuant to this section for at least five years from the date on which the last data collection occurs. Contractors shall only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.

d. Contractors shall maintain the confidentiality of data received or collected pursuant to this section and shall not use, disclose or release any data without the approval of the applicable state board.

e. Each board may promulgate rules subject to the provisions of this section and chapter 336, RS Mo, to effectuate and implement the workforce data collection and analysis authorized by this section. Any rule or portion of a rule, as that term is defined in section 336.010, 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 336 and, if applicable, section 336.028. This section and chapter 336 are nonseverable and if any of the provisions vested with the general assembly pursuant to chapter 336 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be invalid and void.

Missouri State Board of Nursing Budget

Nursing regulation is the governmental oversight provided for nursing practice in each state. Nursing is regulated because it is one of the health professions that pose risk of harm to the public if practiced by someone who is unprepared or incompetent. The public may not have sufficient information and experience to identify an unqualified health care provider and is vulnerable to unsafe and incompetent practitioners. Through regulatory processes, the government permits only individuals who meet predetermined qualifications to practice nursing. The Board of Nursing is the authorized state entity with the legal authority to regulate nursing.

The Missouri State Board of Nursing approves individuals for licensure, approves educational programs for nurses, investigates complaints concerning licensees’ compliance with the law, and determines and administers disciplinary actions in the event of proven violations of the Nurse Practice Act.

The renewal fee is $60 for Registered Nurses and $52 for Licensed Practical Nurses. $10 of the RN and $2 of the LPN fee is deposited in a fund with the Department of Health in order to administer the nursing student loan program. You can find our published budget on our website at http://mo.gov/health/studentaid/grants.

To apply for these positions, you may visit our website at http://www.bethesdahealth.jobs or contact Terry at 314-288-7100.

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Executive Director’s Report continued from page 2

...and salaries. Supplies include postage. This year, we will mail approximately 100,000 renewal notices for a total postage bill of approximately $49,000. One of the ways costs can be decreased is to keep your address current with our office and renew online EARLY.

The Board of Nursing’s fund is also assessed costs from the Division of Professional Registration, Department of Insurance, Financial Institutions and Professional Registration and Office of Administration. These costs include services such as computers, information technology support, purchasing staff, accounting staff, web site maintenance, and licensing renewal processing staff. In addition, our office utilizes the Office of the Attorney General for some of our legal counsel work.

RNs renew every two years in odd-numbered years and LPNs renew every two years in even-numbered years. Since there are more RNs than LPNs, the Board receives more revenue in odd-numbered years than in even-numbered years. The RN renewal cycle is February to April. The LPN renewal cycle is March to May. When determining revenue and expenses, the board has to plan for enough reserve in the fund to pay expenses until the revenue from renewal fees is received. State statute 335.036.4, RSMo, indicates that the Board of Nursing funds cannot be placed to the credit of general revenue unless the amount in the fund at the end of the year exceeds two times our appropriation. This prevents the Board from charging excessive fees and also explains why renewal fees may fluctuate from year to year.

During the board’s quarterly face-to-face meetings, the board diligently reviews financial statements. We are very cognizant of the fact that nurses pay for the operation of the Board and continually look for ways to cut costs.

We are working on transitioning to a new licensure system. We expect to see a decrease in operational expenses and increase in customer satisfaction and efficiencies when this system is fully implemented.

The board is cognizant that at some point we may see a decline in revenue due to fewer nurses renewing licenses. It is often difficult to predict how many nurses will not renew. Of concern is that 20,313 (20%) of RNs and 4,174 (18%) of LPNs are over age 60. Even more alarming is the fact that 33,650 (33%) of RNs and 6,926 (30%) of LPNs are over age 55. We know that nurses come back into or stay in the workforce when the economy is down. The numbers show many nurses are older and will retire in the near future, just when the wave of baby boomers hit retirement age themselves and need more nursing care. When this large population of older nurses retires, our revenue will steeply decline. The Board will continue to monitor this trend.

License Practical Nurses Age Distribution

Registered Nurses Age Distribution

Where career support meets life support

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BSN | RN to BSN | MSN | DNP
Message from the President continued from page 1

PLEASE NOTE: Given that scopes of practice are different from state to state, this tool may need to be altered to be consistent with the regulations in your jurisdiction.

The Delegation Decision-making Tree was adapted from a similar tool previously developed by the Ohio Board of Nursing.

Delegation Decision-Making Tree
Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing

Are there laws and rules in place which support the delegation? NO → Do not delegate
YES →

Is the task within the scope of practice of the RN/LPN? NO → Do not delegate
YES →

Is the RN/LPN competent to make delegation decisions? NO → Do not delegate
YES →

Has there been assessment of the client’s needs? NO → Assess, then proceed with a consideration of delegations
YES →

Is the UAP competent to accept the delegation? NO → Do not delegate
YES →

Does the ability of the care-giver match the care needs of the client? NO → Do not delegate
YES →

Can the task be performed without requiring nursing judgment? NO → Do not delegate
YES →

Are the results of the task reasonably predictable? NO → Do not delegate
YES →

Can the task be safely performed according to exact, unchanging directions? NO → Do not delegate
YES →

Can the task be safely performed without complex observations or critical decisions? NO → Do not delegate
YES →

Can the task be performed without repeated nursing assessments? NO → Do not delegate
YES →

Is appropriate supervision available? NO → Do not delegate
YES →

Note: Authority to delegate varies, so licensed nurses must check the jurisdiction’s statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.

In this edition of the Missouri State Board of Nursing newsletter, you will find an article titled, “Teaching Delegation to RN Students” which confirms delegating challenges.


Corizon Health, a provider of health services for the Missouri Department of Corrections, has excellent opportunities for RNs and LPNs in and around Bowling Green, Charleston, Farmington, St. Joseph and Jefferson City, MO.

As members of the Corizon Health healthcare team, our nurses are supported by:
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• Excellent benefits
• Opportunities for personal and career growth
• An environment that values innovation to improve patient care

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• Browse our online database of articles and content
• Find events for nursing professionals in your area

www.Careerbuilder.com
www.corizonhealth.com

Corizon Health, a provider of health services for the Missouri Department of Corrections, has excellent opportunities for RNs and LPNs in and around Bowling Green, Charleston, Farmington, St. Joseph and Jefferson City, MO.

As members of the Corizon Health healthcare team, our nurses are supported by:
• Competitive compensation
• Excellent benefits
• Opportunities for personal and career growth
• An environment that values innovation to improve patient care
Registered nurse (RN) students have difficulty learning delegation and supervision, and new RNs lack confidence in executing these skills. To improve safety, therefore, RN educators require new teaching and learning strategies to help prelicense students develop delegation and supervision skills. Our team of nurse educators and researchers developed, implemented, and evaluated a classroom learning activity on delegation and supervision for RN students.

The activity, which is grounded in David Kolb's (1983) experiential learning theory, was developed from a research study on delegation and supervision in nursing homes. Drawing on the research data, we constructed robust case studies that authentically illustrate the nursing home practice environment, including the realistic impediments to best practice. Students in our Accelerated Bachelor of Nursing program found the learning experience beneficial to their understanding of delegation and supervision.

Efforts to increase access to health care services have led to an expansion of the capabilities of licensed practical nurses or licensed vocational nurses (LPNs/VNs) and unlicensed assisted personnel (UAP), including nursing assistants (NAs). Tasks that used to require a registered nurse (RN) now can be completed by an LPN/VN or UAP (Walsh, Lane, & Troyer, 2013; World Health Organization, 2008). Because these changes require RNs to develop expert delegation and supervision skills, our team of nurse educators and researchers developed, implemented, and evaluated a classroom learning activity for RN students that was guided by research on current nursing practice settings (Corazzini et al., 2013) and grounded in Kolb’s (1983) experiential learning theory.

Background

The American Association of Colleges of Nursing (2008) lists knowledge and skills related to delegation and supervision as essentials of baccalaureate nursing. The Accelerated Bachelor of Nursing program found the learning activity beneficial to their understanding of delegation and supervision.

Using a case study design, a new RN team of nurse educators and researchers developed, implemented, and evaluated a classroom learning activity on delegation and supervision in nursing homes. Drawing on the research data, we constructed robust case studies that authentically illustrate the nursing home practice environment, including the realistic impediments to best practice. Students in our Accelerated Bachelor of Nursing program found the learning activity beneficial to their understanding of delegation and supervision.

Effective learning requires the learner to go through each style sequentially as four learning stages during the learning experience (Armstrong & Parsa-Parsi, 2005; Kolb, 1983).

Table 1. Video Case Excerpts: Delegation Practices in Three Types of Nursing Home Care Teams

<table>
<thead>
<tr>
<th>Low-Capacity Team</th>
<th>Mixed-Capacity Team</th>
<th>High-Capacity Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN: Oh! A new admission! OK, let me think about how I'm going to fit this in. Looks like he had back surgery and is on spine precautions. I sure hope he won't get here until I've finished my med pass. OK. Let me think about this. My CNAs tonight are Jen, Eric, and Nancy. Whose turn is it to do a new admit? That's right—Nancy's turn.</td>
<td>RN: Hi, Dennis. I just wanted to alert you that we will have a new admission shortly. Mr. Miller's coming to us and he's going to be on your unit...so I just want us to go through and make sure we have the right plan of care in place before he arrives.</td>
<td>RN: Oh! Dennis! I need to talk with you a moment. We're going to have a new admission this evening. Mr. Miller is coming to us after a spine fusion, so we'll need to closely monitor his pain.</td>
</tr>
<tr>
<td>LPN: OK, thanks.</td>
<td>RN: Mr. Miller's had a spine fusion so he's on spine precautions with mobility restrictions in place, no twisting, up only with his brace. Pain is probably going to be an issue for him. So we want to be sure we keep an eye on it.</td>
<td>LPN: OK.</td>
</tr>
<tr>
<td>LPN: Yup. Yup.</td>
<td>RN: Great! Thanks and you know to page me if you need me.</td>
<td>LPN: Like if he looks uncomfortable, but he's saying he doesn't have any pain... You want me to come get you?</td>
</tr>
<tr>
<td>LPN: OK, let me think about this. My CNAs tonight are Jen, Eric, and Nancy. I'll assign Nancy! She's a real trooper and won't complain...she's so good about helping out!</td>
<td>LPN: OK, let me think about this. My CNAs tonight are Jen, Eric, and Nancy. I'll assign Nancy! She's usually really good at working with residents who have pain.</td>
<td>RN: Thanks. He'll be on mobility restrictions as well, so we'll want to make sure he doesn't twist in bed, so using the log-rolling technique is going to be really important, and we don't want him up without his back brace. These things need to go in the care plan, so that everyone's aware of them. Page me when you're ready for me! (RN exits)</td>
</tr>
</tbody>
</table>

Teaching Delegation continued on page 6
plans and delivers daily care to all residents consists of RNs, LPNs/VNs, and NAs. The RNs complete ongoing, comprehensive assessments of long-stay residents and short-stay patients, assisting them with personal care, such as bathing, dressing, nutrition, and mobility. They also gather data that assist the LPNs/VNs and RNs with medications management, assessment, and care planning. On a typical day shift, a nursing home has one NA for every 10 residents; one LPN supervising three NAs and responsible for the care of 30 residents; and one in-house RN supervising the care of more than 100 residents. During regular business hours, the director of nursing and assistant director of nursing, typically both RNs, are in-house for consultation. At other times, they are available by pager (Greene Burger, Mitty, & Mezey, 2010).

Given the structure of care delivery in the nursing home, delegation and supervision are essential RN skills (Lekan, Corazzini, Gilliss, & Bailey, 2011). Unfortunately, nursing homes are rarely used as sites for RN students to learn the complexities of leadership and management (Lane & Hirst, 2012). Most often, RN students complete clinical rotations in nursing homes at the beginning of their education to learn to assist with personal care. To take advantage of the rich learning potential in the nursing home environment, faculty members in the Duke University School of Nursing (DUSON) Accelerated Bachelor of Science in Nursing (ABSN) program partnered with DUSON faculty researchers to create a classroom learning activity using video case study vignettes to situate RN students in a nursing home environment while they learn and practice supervision and delegation skills.

**Capacity for Quality Care**

The research team derived a continuum of capacity for quality care based on interviews with LPNs/VNs and RNs in practice in nursing homes in North Carolina and Minnesota. Participants were asked to describe how they guide or supervise other nursing staff members and how assessment and care planning occur in their work environment. Based on the responses, nursing homes were classified as having nursing practice with a high, mixed, or low capacity for quality care (Corazzini et al., 2013). The three case studies for the learning activity were written to illustrate the differences among low-, mixed-, and high-capacity teams. In the low-capacity team, the LPN is working without RN input, deciding how to assign a new acute rehabilitation patient. Instead of using the five rights of delegation, the LPN makes the decision to assign the patient to the NA whose turn it is to take a new patient. The mixed-capacity team scene illustrates better RN involvement. The RN and LPN discuss the patient’s needs, but the RN does not provide specific guidance or directions and does not make plans to complete an RN-level assessment; the LPN makes the decision to assign the NA who is least likely to complain, again bypassing the best practices for delegation. In the high-capacity team, the RN and LPN collaborate to plan for the admission. The RN provides specific instructions, and the LPN asks clarifying questions. The RN assigns the NA to complete an assessment with the LPN. The LPN assigns the admission to the NA who is best at working with residents with pain, thus meeting one of the five rights of delegation. The cases unfold in four scenes: the LPN deciding on the assignment; the RN informing the NA of the new admission; the NA meeting the new patient; and the NA reporting to the LPN.

**Implementing the Innovation**

Case study videos were added to a lecture on delegation and supervision and presented as one class in a required leadership course in the third semester of a four-semester ABSN program. First, the lecture on principles of delegation, regulation, and scope of practice for delegation. In the high-capacity team, the RN practices for delegation. In the low-capacity team, the LPN is working without RN input, deciding how to assign a new acute rehabilitation patient. Instead of using the five rights of delegation, the LPN makes the decision to assign the patient to the NA whose turn it is to take a new patient. The mixed-capacity team scene illustrates better RN involvement. The RN and LPN discuss the patient’s needs, but the RN does not provide specific guidance or directions and does not make plans to complete an RN-level assessment; the LPN makes the decision to assign the NA who is least likely to complain, again bypassing the best practices for delegation. In the high-capacity team, the RN and LPN collaborate to plan for the admission. The RN provides specific instructions, and the LPN asks clarifying questions. The RN assigns the NA to complete an assessment with the LPN. The LPN assigns the admission to the NA who is best at working with residents with pain, thus meeting one of the five rights of delegation. The cases unfold in four scenes: the LPN deciding on the assignment; the RN informing the NA of the new admission; the NA meeting the new patient; and the NA reporting to the LPN.

Next, the students watched the mixed-capacity team video and asked themselves: What is better? What is still missing? Finally, the students viewed the high-capacity team video and reflected on what they identified as the key features of effective and safe delegation and asked themselves: What is better? What is still missing? Students viewed the mixed-capacity team video and asked themselves: What is better? What is still missing? Finally, the students viewed the high-capacity team video and reflected on what they identified as the key features of effective and safe delegation and asked themselves: What is better? What is still missing?
Teaching Delegation continued from page 6

Comments included the following:

- "Having real-life examples that I can relate to and...be able to use as I transition to professional practice."

In addition, students said that viewing scenarios demonstrating progressively better delegation and supervision helped them understand who facilitated identification of missing elements, and comparing the videos helped further their thinking.

Fifty-eight students responded to the second question. Seventy-four students responded to the fourth question, and some mentioned specific communication strategies, such as using “repeat back” and eliciting questions. They also discussed their commitment to clear communication with the team, especially when they are delegating, to make sure the delegatee understands and is able to complete the task. The strategies students plan to adopt reflect their understanding of the five rights of delegation. Students’ responses to this last question also reflected their intent to include the LPNs and NAs in the care-planning process and treat them with respect and as partners:

- "Double-checking with delegatees regarding understanding of what I am asking them to do and making sure they feel comfortable asking questions."
- "I would definitely incorporate my CNA (certified nursing assistant) into my plan of care for the day. I will also delegate the right task to the right personnel."
- "Involving the CNA as a crucial member of the team."

Conclusions and Future Directions

The ABSN students found the learning activity beneficial to their understanding of and readiness to engage in delegation and supervision. Importantly, students identified real-life challenges faced by RNs in clinical practice settings, such as the potential confusion between LPN and RN scopes of practice in long-term care settings (Mueller, Anderson, McConnell, & Corazzini, 2010).

Students evaluated the learning activity by providing written answers to the following four open-ended questions:

1. What did you find most helpful from this learning activity?
2. What did you find least helpful from this learning activity?
3. What is still confusing to you about delegation or supervision?
4. As a result of this learning activity, what one strategy or behavior might you try in your future practice as an RN?

The handwritten answer sheets were collected by faculty and transcribed by an administrative assistant. The first author identified themes in the individual student responses, which were reviewed and discussed with the second author and then reviewed by the full team.

The handwritten answer sheets were collected by faculty and transcribed by an administrative assistant. The first author identified themes in the individual student responses, which were reviewed and discussed with the second author and then reviewed by the full team.

Of the 79 students, 75 students responded to the first question. Some described how the video case studies made it really easy to see the differences in good/bad delegation and how they would supervise the task completion. In addition, students were asked to describe one behavior or strategy they would try in practice. The combination of engaging in the delegation exercise and imagining their plans for actual practice provided students with opportunities for active experimentation. Thus, the learning experience took the students through all four stages of Kolb’s learning cycle.

Evaluating the Learning Activity

The ABSN students found the learning activity beneficial to their understanding of and readiness to engage in delegation and supervision; others indicated they were still unclear about the scope-of-practice differences between RNs and LPNs, as illustrated by the following comments:

- "The videos and case study made the five rights of delegation very tangible—it enabled me to see where/how the five rights can be hindered."
- "The videos were really helpful because it made it really easy to see the differences in good/bad delegation and what that looks like practically in the clinical environment."
Teaching Delegation continued from page 7

References


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Can Nurses Save Ferguson?

by Marcus Engel

237 Kirk Drive
Ferguson, Missouri

That’s where I spent the first 10 years of my life. It’s where I busted out my first tooth. It’s where I kicked some major bootie by winning first place in the Cub Scout Pinewood Derby. I have nothing but fond memories of the place I first called home.

However, my roots to Ferguson are rusty. Oxidizing and corroding, actually. Once my family moved when I was in the 4th grade, I’ve only been back a handful of times. Still, as violence and unrest have unfolded over the last several months, it just breaks my heart to see so much hurt in a place I love.

We all know the mantra for change: think globally, act locally. Or, my personal motto, just act in any loving and compassionate way.

But what can I do? I don’t live anywhere even remotely near the events that have unfolded on our TV screens. I’m just one person. With emotional and social wounds so ingrained, what can I possibly do to help?

Well, I should have known a solution would come from a nurse.

Patricia Potter, R.N., Ph.D., FAAN, is the director of research, patient care services at Barnes-Jewish Hospital in St. Louis. BJH not only saved my life back in the day, but also was one of the hospitals to first receive patients who were injured in and around Ferguson. Pat also has deep roots to the community and, like so many of us, found herself wondering, “What can I do to help?”

We all know that education is one of the fundamental and fastest ways to eliminate poverty. Dr. Potter, working with the Greater St. Louis Community Foundation, created a nursing scholarship specifically for students from the Ferguson-Florissant School District. This scholarship will help a Ferguson-Florissant student offset the expenses at the nursing school of his/her choice. If a journey of a thousand miles begins with one step, this scholarship will help insure that first movement is into a caregiving profession that knows no demographic boundaries. I hope you’ll join me and the I’m Here Movement to support a future nurse’s education and transition into a profession of the healing arts.

If you, too, would like to help a future nurse rise from the rubble to redeem the experiences of the last few months, please consider the following:

1. Go to this web site for the Greater Saint Louis Community Foundation: www.STLGives.org
2. Click on the tab “Give Today”
3. Enter an amount you wish to donate and select the fund “Ferguson Florissant School District Scholarship Fund”
4. Then (and most important) under Other write in “Nurses for Ferguson” so the proper fund is rewarded

Nurses know how to improvise and make things happen. They know how to get the job done. And, most importantly, they know that the midst of upheaval is the exact time to be a healing and compassionate presence. I hope you, nurse friends, will stand up and help. I know you will... it’s just what nurses do!

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With a growing number of undergraduate nursing programs vying for clinical sites and a stationary or shrinking pool of clinical opportunities, educators are challenged to find innovative ways to provide quality clinical experiences for their students. Over the past decade, programs have come to realize that the emerging technology of high-fidelity simulation allows students to develop and practice their nursing skills in a controlled environment. As more programs turn to this modality, educators and regulators alike began to ask a question for which existing research had no answer: to what extent could simulation be used as a substitute for traditional clinical experiences without affecting the quality of education?

Recognizing the need for a controlled, longitudinal study on the effectiveness of simulation, in 2010, the National Council of State Boards of Nursing (NCSBN) convened the National Simulation Study, a large-scale, randomized, controlled study that encompassed the entire nursing curriculum. Led by primary investigators Jennifer Hayden, the study aimed to determine whether simulation could be substituted for traditional clinical experiences without affecting the quality of education? The study outcomes clearly support the hypothesis that traditional clinical experiences may be substituted with simulation. The study was random and double-blinded, with the upper limit of 50% simulation included in this study did not detract from the quality of the study participants. The study produced the same results: educational outcomes were equivalent when up to 50% of traditional clinical hours were replaced with simulation, and a group in which 50% of clinical hours were replaced with simulation did not experience any notable differences in assigned group for all undergraduate core nursing courses.

In preparation, each participating program selected a designated team of faculty and staff to be trained on the National Simulation Study. All faculty members were trained using the Meaningful Learning© methodology (Dreifuerst, 2010) to ensure consistent delivery across all programs. Simulation scenarios involved high-fidelity mannequins, standardized patients, role playing, skills stations, and computer-based critical thinking simulations, and were subject to the same requirements as a traditional clinical setting. Through participation in the study, faculty were able to evaluate their nursing students on the Knowledge Using the ATI Content Mastery Series examinations. They examined the extent to which the learning needs were met via the Clinical Learning Environment Comparison Survey (CLECS). Instructors rated their competency on an ongoing basis using the Creighton Competency Evaluation Instrument (CCEI). Additionally, the study followed new graduate nurses into their first six months of employment as an RN after graduation, with both the nurses and their supervisors filling out the Clinical Learning Environment Comparison Survey (CLECS). The study’s participants, resulting in a study completion rate of 79% (424 of 547 who consented to participate) (Hayden et al., 2014).

The study outcomes clearly support the hypothesis that traditional clinical experiences may be substituted with simulation. In both environments, when structure, support, feed-back, and ongoing faculty training is incorporated into the content delivery as those on the study teams. Finally, institutional support for simulation on an ongoing basis, in the form of infrastructure, resources, and adequate staffing, is a definite consideration for any program considering the adoption of simulation. To this end, NCSBN is currently compiling a set of guidelines and best practices for the successful implementation of simulation within a nursing program.

The National Simulation Study informs the discussion on what future research is needed in this area. Further study is called for to address the ratio of traditional clinical hours to simulated clinical experiences. The upper limit of 50% simulation included in this study did not detract from the quality of the study outcomes. In addition, the impact of the proportion of time a student spent actively participating in a simulation, as opposed to observation, on clinical performance is another area that requires further study.

The National Simulation Study has provided evidence of the equal effectiveness of both traditional and simulated clinical experiences. In fact, the evidence suggests that the amount of simulation used in a program is not a factor in that program’s success, so long as a culture of institutional support, feed-back, and ongoing faculty training is incorporated into the content delivery. As stated in the conclusion of the study: “In both environments, when structure, an adequately prepared faculty with appropriate resources, dedication, foresight, and vision are incorporated into the content delivery of the nursing program, excellent student outcomes are achieved” (Hayden et al., 2014).
Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.001 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

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

CENSURE

**Karanja, Sarah Wanijuru**
Saint Ann, MO

Registered Nurse 2012200045
Licensee’s license expired on April 30, 2013. Licensee practiced nursing in Missouri without a license from May 1, 2013 through July 31, 2013. Censure 10/18/2014 to 10/19/2014

**Dunn, Kelly Lou**
Marshall, MO

Licensed Practical Nurse 2006062668
Licensee worked without a valid license from June 1, 2012 through May 13, 2013. Censure 09/17/2014 to 09/18/2014

**Stewart, Tessa Layne**
Kansas City, MO

Registered Nurse 2013004777
From the beginning of Respondent’s probation through July 22, 2014, Respondent was required to submit the completed contract to NTS on three (3) separate days. In addition, on one occasion, June 17, 2014, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 19.9. In accordance with the terms of the Order, urine samples with creatinine readings below 20 are deemed diluted specimens and are considered failed drug and alcohol tests by the Board and a violation of the terms of probation. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong - Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by July 15, 2014. Censure 09/18/2014 to 09/19/2014

**Moore, Delia L.**
Saint Louis, MO

Registered Nurse 150187
Licensee practiced nursing in Missouri without a valid license from May 1, 2013 through May 1, 2014. Censure 10/03/2014 to 10/04/2014

**Smith, Russell J.**
O’Fallon, IL

Licensed Practical Nurse 055514
Licensee practiced against his Illinois PN nursing license from the Illinois Board of Nursing effective November 13, 2012 in the form of a public reprimand. The discipline in question stemmed from licensee’s actions in failing to properly secure a medication cart which was his responsibility which resulted in the loss of a card of Tramadol. Licensee was written a letter from this Board on October 28, 2013 to explain his conduct in this matter and failed to respond in any manner to the Board. Censure 09/02/2014 to 09/03/2014

Fielder, Andre Nicole
Columbia, MO

Licensed Practical Nurse 2003002508
Licensee practicing nursing in Missouri without a valid license to do so from June 1, 2012 through July 17, 2014. Censure 11/22/2014 to 11/23/2014

Shively, Felicia D.
Lancaster, MO

Registered Nurse 148016
The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf by the Board within due date of May 12, 2014. The Board did not receive a thorough mental health evaluation submitted on Respondent’s behalf by the documentation due date of May 12, 2014. In accordance with the Order issued March 31, 2014, Respondent was required to submit an application to renew her lapsed license, along with the required fees and criminal background check within thirty (30) working days of the date of the Order, making the due date May 12, 2014. Respondent submitted an application to renew her registered professional nursing license on May 2, 2014, but failed to submit the fingerprints required for the criminal background check and her license remained lapsed as of July 31, 2014, which was the date the evaluation violation was filed. Censure 10/06/2014 to 10/07/2014

Gardner, Shanda S.
Patterson, MO

Licensed Practical Nurse 054095
Licensee practicing nursing in Missouri without a current, valid license from June 1, 2012 through July 31, 2013. Censure 11/03/2014 to 11/04/2014

Penniston, Amy Sue
Excelsior Springs, MO

Registered Nurse 2011008818
Licensee practicing nursing in Missouri without a license from May 1, 2014 through May 13, 2013. Censure 09/30/2014 to 10/01/2014

Holecomb, Kelly Michelle
Poplar Bluff, MO

Registered Nurse 2013011428
From April 10, 2013, through July 22, 2014, Respondent failed to call in to NTS on three (3) days. Further, on May 1, 2014, through July 13, 2014. Censure continued on page 12

**CENSURE continued...**

CENSURE continued...

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

Heather Dickerson – PN 2001016572
Veronica Sutherland – PN 2002027451
Sanny Pachauri – 2006025151

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

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

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Censure continued from page 11

July 15, 2013; August 2, 2013; and January 16, 2014, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample on those dates. On December 12, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent reported to a collection site on that date but her sample was refused by the technician at the facility. In addition, on June 14, 2013, Respondent failed to call NTS (which is included as one of the above three days she failed to call in referred to in paragraph 8 above); however, it was a day that Respondent 193, 2013. The responding day for this case was 1973.

Censure: 10/09/2014 to 10/07/2014

Censure continued...

Wirtz, Travis Michael
Kansas City, MO
Registered Nurse 2008007483
Registration: 2008007483

From February 15, 2013, through July 28, 2014, Respondent failed to call NTS on six (6) different days. In addition, on seven (7) separate occasions, to-wit: August 8, 2013, September 19, 2013, January 22, 2014, March 5, 2014, March 28, 2014, April 21, 2014, and June 5, 2014. In addition, the requested sample was submitted to the lab and submitted the required urine sample which showed a low creatinine reading. On August 8, 2013, the low creatinine reading was 15.0. Respondent’s creatinine reading was 11.9 for the September 19, 2013, creatinine reading was 10.3 for the test on January 22, 2014 was 18.4. The creatinine reading for the test on May 3, 2014 was 13.2. The creatinine reading for the test on April 21, 2014 was 19.8. Respondent’s creatinine reading was 16.8 for the June 5, 2014 sample.

Censure: 09/17/2014 to 09/18/2014

Probation

McDonald, Debbie Marie
Missouri, MO
Registered Nurse 2012026089

On March 9, 2013, licensee was on duty as an RN on the evening shift. During the shift Licensee was sleeping at the nursing station, became dizzy, weak and short of breath. She was found sitting on the bathroom floor after vomiting. Licensee refused to go to the emergency room. Licensee called the office on March 10, 2013. Respondent was not selected for a urine sample and was not in the process of being selected for any urine sample. Licensee did not request any medications prior to becoming ill, did not seek assistance from co-workers or supervisors, and did not complete any documentation before leaving.

Probation 09/26/2014 to 09/26/2016

Stephanie Marie Follon
O Fallon, MO
Registered Nurse 2007025565

On September 13, 2011, Respondent pled guilty to the class D felony of fraudulently attempting to obtain a controlled substance. Respondent “called in the same prescription drug to a pharmacy, pretending to be one of the nurses that worked in the doctor’s office.” Respondent did not attempt to get a valid or lawful prescription for Adips.

Probation 09/25/2014 to 09/25/2019

Davis, Lisa R.
Kansas City, MO
Registered Nurse 126187

On July 2, 2013, while licensee was on a client visit, she smelled of alcohol, had bloodshot eyes, and smelled of alcohol. On July 5, 2013, while licensee was on a client visit, she stumped and fell off entering the home and appeared to be extremely shaky during the visit. On July 9, 2013, while licensee was on a client visit, she had the smell of alcohol on her breath. On July 9, 2013, licensee was called in to the office as a result of the above incidents and asked to provide a urine test to determine her sobriety. Licensee refused to provide a sample for testing and resigned her position on July 9, 2013. Prior to her employment licensee had previously been employed by another employer. While employed on December 17, 2012, it was reported to officials that licensee reported to work with alcohol on her breath and appeared to be impaired while on the job. Officials conducted an alcohol breath test on licensee, which registered her BAC at .048. In another incident, licensee pled guilty to DWI in the Circuit Court of Webster County, Missouri. On August 13, 2012 after being arrested for DWI in that county on February 18, 2012 and providing a breath sample which tested at .227 BAC.

Probation 11/06/2017 to 11/06/2017

Lucas, Amy K.
Saint Louis, MO
Registered Nurse 2014037014

Petitioner was previously licensed by the Board until her license was revoked by the Board on July 2, 2012 for violating certain terms of her probation. Petitioner had previously been imposed against her license for her violations of the Nursing Practice Act.

Probation 11/16/2012 to 10/16/2019

Ellis, Cheila Lee
Carro, IL
Registered Nurse 2003028618

On November 14, 2013, Licensee ran a hemoglobin test...
the unit where each patient was actually residing had an adequate amount of Hydrocodone to be withdrawn. Prohibition 11/28/2014 to 11/29/2017

Carroll, Molly S.
Northcote, MO
Licensed Practical Nurse 2014033503
On April 17, 2009, Petitioner pled guilty to the class A misdemeanor of possession of up to 35 grams of marijuana and pled guilty to unlawful use of drug paraphernalia. On March 31, 2009, Petitioner pled guilty to possession of up to 35 grams of marijuana. Prohibition 09/17/2014 to 09/17/2019

Claxton, Kelly Ann
Kansas City, KS
Registered Nurse 2008004706
In accordance with the terms of the Agreement, 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 by phone or contact the Board to reschedule the meeting. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of March 26, 2014. Prohibition 09/24/2014 to 09/24/2016

Daum, Sheila Grace
Kansas City, MO
Licensed Practical Nurse 2008003691
On August 22, 2013, licensee submitted to a pre-employment drug screen. On August 29, 2013, Licensee’s sample came back positive for Alprazolam and amphetamine. In a letter to the Board’s investigator, licensee admitted to taking Morphine that was a family member’s and she admitted that taking the Morphine was wrong. Licensee did not have a prescription for Morphine, but did for Xanax. Prohibition 10/03/2014 to 10/03/2019

Jones, Suzanne Louise
Porter, TX
Registered Nurse 2010035692
On December 21, 2012, a patient was discharged from the facility with an IV still in place. Licensee signed off on a patient’s discharge from the facility documenting that the IV was discharged by two RNs, but let the patient leave the facility with an IV still in place. On January 19, 2013, Licensee withdrew hydromorphone for patient at 1215. Licensee did not document the medication as given until 1433. On January 19, 2013, Licensee withdrew hydromorphone for patient at 1722. Licensee did not document the medication as given until 1829. On January 19, 2013, Licensee withdrew one hydromorphone tablet for patient at 1612. There was no record of the administration of the oxycodeine. On January 22, 2013, Licensee withdrew one hydrocodeine tablet for patient at 0926. Licensee did not document the medication as given until 1051. On January 28, 2013, Licensee withdrew one Alprazolam tablet for patient at 0918. Licensee did not document the medication as given until 1058. On January 28, 2013, Licensee withdrew morphine for patient at 1104. Licensee did not document the medication as given until 1317. On January 30, 2013, Licensee withdrew hydromorphone for patient at 1342 and documented the medication as given at 1446. Licensee also withdrew hydromorphone for patient at 1751 and documented the medication as given at 1931. On February 21, 2013, Licensee withdrew hydromorphone for patient at 1313, documented the medication as given at 1317, and documented the waste of the remainder of the medication at 1612. Licensee also withdrew hydromorphone for patient at 1451 and documented the medication as given at 1806. On February 11, 2013, Licensee withdrew hydromorphone for patient at 1003 and documented the medication as given at 1150. Licensee also withdrew hydromorphone for patient at 1317 and documented the medication as given at 1511. Licensee also withdrew hydromorphone for patient at 1619 and documented the medication as given at 1809. On February 13, 2013, Licensee withdrew hydromorphone for patient at 0739 and documented the medication as given at 0902. Licensee also withdrew hydromorphone for patient at 0938 and documented the medication as given at 1104. On February 17, 2013, Licensee withdrew hydromorphone for patient at 1158. Licensee did not document the medication as given until 1350. On February 13, 2013, Licensee withdrew morphine for patient at 1129. There was no record of the administration or waste of the morphine. Licensee documented inconsistent practice related to medication administration and waste. Prohibition 10/10/2014 to 10/10/2015

Hancock, Tonya Michelle
Cane, MO
Licensed Nurse 2008005839
Respondent provided a urine sample for screening at work. The sample that Respondent submitted tested positive for amphetamine. On June 11, 2014, Respondent pled guilty to the class C felony of possession of a controlled substance. Respondent possessed methamphetamine. On June 11, 2014, Respondent was placed into the Stone County drug court diversion program and there has not been a sentence or judgment entered in the two cases. This diversion program will allow Respondent to withdraw her guilty plea upon the successful completion of the drug court treatment program. Prohibition 09/19/2014 to 09/19/2019

Wittman, Debra A.
Union, MO
Registered Nurse 063096
On September 17, 2013, officials were notified by client HK that licensee cancelled HK’s appointment for September 13, 2013. Licensee on her hourly paperwork in
Welch, Debbie M.
Vandalia, MO
Licensed Practical Nurse 022418
Licensee was responsible for providing in-home care to client M. Licensee slept in the home overnight while working. Licensee admitted that she had not seen either patient on that day and had falsified the patients' records with nonexistent visits for that day.
Probation 10/09/2014 to 10/09/2017

Lehenhauer, Olivia
Shelbina, MO
Registered Nurse 2005832679
Licensee submitted her RN Petition for License Renewal (Petition), which was received by the Board on July 14, 2014. On her Petition, Licensee checked “yes” to the question: “Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed, excluding traffic violation?” In a statement given to the Board, Licensee acknowledged that she had two (2) driving while intoxicated pleas in 2008, which had been previously disclosed. A criminal background check revealed that Respondent had additionally pled guilty to the class A misdemeanor of stealing leased or rented property in case number 14RA-CR01053, on April 7, 2014. Licensee was asked to explain the circumstances of the crime and submit certified copies of the court documents. Licensee responded that the charge had been dismissed and submitted court documents from case number 13RA-CR00843 indicating that those charges had been dismissed. A subsequent letter was sent to Licensee asking her to explain the circumstances of case number 14RA-CR01053. Licensee submitted the same statement that she had previously sent with the words “the charges have been dismissed” crossed out and replaced with “judgment satisfied.”
Probation 10/27/2014 to 10/27/2015

Hahn, Sherry N.
Springfield, MO
Registered Nurse 2004019219
On August 1, 2013, Licensee went to the Emergency Room while off duty and accessed the Omnicell. Video shows Licensee accessing the Omnicell, removing medication and placing it in her pocket. The Omnicell record shows that Licensee took two (2) amps of Dilaudid. On August 3, 2013, Licensee went to the emergency room (ER) shirking work and was off duty seeking medical care as a patient, and attempted to use the Omnicell with a co-worker’s badge. Licensee admitted herself in the acute Care Center with complaints of a hand injury after “punching” a wall and asked another registered nurse if she (Licensee) could use the other registered nurse’s badge to access the employee bathroom so she didn’t have to use the public bathroom. Licensee used the badge to get into the medication room and used her own log in to access the Omnicell, but was stopped before she could withdraw any medications. Pharmacy pulled a list of medications withdrawn by Licensee from July 2, 2013 through August 1, 2013, which revealed multiple instances of Dilaudid and morphine being withdrawn by Licensee with no corresponding documentation of the administration or wasting of the Dilaudid or morphine withdrawn. Licensee admitted to taking Dilaudid for approximately one month.
Probation 09/26/2014 to 09/26/2019

Dujmovic, Jennifer R.
Saint Louis, MO
Registered Nurse 152066
On August 22, 2013, a prescription licensee presented for Trinity Drug, a local pharmacy was questioned because it was written on an old prescription pad and was signed by a doctor who was believed not to have been in practice for over a year. A week later, another prescription was written on an old prescription pad and was signed by a doctor who had falsified the prescription for Tramadol at a local pharmacy was questioned because it was written on an old prescription pad and was signed by a doctor who was believed not to have been in practice for over a year. A week later, another prescription was written on an old prescription pad and was signed by a doctor who had falsified the prescription for Tramadol. On August 26, 2013, another prescription was written on an old prescription pad and was signed by a doctor who was believed not to have been in practice for over a year. A week later, another prescription was written on an old prescription pad and was signed by a doctor who had falsified the prescription for Tramadol. A criminal background check revealed that Respondent had additionally pled guilty to the class A misdemeanor of stealing leased or rented property in case number 14RA-CR01053, on April 7, 2014. Licensee was asked to explain the circumstances of the crime and submit certified copies of the court documents. Licensee responded that the charge had been dismissed and submitted court documents from case number 13RA-CR00843 indicating that those charges had been dismissed. A subsequent letter was sent to Licensee asking her to explain the circumstances of case number 14RA-CR01053. Licensee submitted the same statement that she had previously sent with the words “the charges have been dismissed” crossed out and replaced with “judgment satisfied.”
Probation 10/27/2014 to 10/27/2015

Probation continued...
am, Licensee checked the blood sugar on a resident at the facility. The resident was obtunded at the time of the test. The resident was an insulin-dependent diabetic. The blood sugar test for the patient read “Lo.” Licensee was not familiar with the term “Lo” for this particular glucometer because the glucometer provided a numerical result. “Lo” in terms of a blood sugar or blood glucose level on this particular glucometer, is anything below 20. The test on the resident was performed using a glucometer. Licensee instructed a certified nursing assistant (CNA) to get the resident up and give the resident juice. Licensee then left the resident’s room to check on other patients. However, Licensee confirmed the resident was unresponsive. At 05:54 am, Licensee went to the other side of the facility to check on the other charge nurse, LPN J.H. for assistance with this resident. Licensee told J.H. that the resident’s last blood sugar was “Lo.” When J.H. went to the resident’s room, the resident was gray and ashy colored, but breathing. J.H. assessed the resident and gave the resident two quick breaths to his mouth. The resident then sat up and put in the resident’s check which brought his glucose reading up to 27 at 06:01 am. J.H. told Licensee to go call the doctor and an ambulance, while the resident was sitting up. J.H. reassessed the resident soon after the resident suddenly stopped breathing and went into respiratory distress. Working with J.H., J.H. gave the resident two quick breaths in his mouth. The resident then stopped breathing again. After J.H. cleaned out his mouth, J.H. attempted to give the resident breaths two more times but was unable to detect a pulse. J.H. and licensee started CPR on the resident. At 07:30, Emergency medical personnel arrived. J.H. instructed licensee to go make copies of the resident’s medical record, which she did while the EMS technicians attended to the resident. At 07:46, the resident later arrested, and died at approximately 07:50. Based on the incident, the facility investigated Licensee’s directions to help the patient. They both then went immediately to the resident’s room, where licensee confirmed the resident was unresponsive. Probation continued on page 16.
hit, failed to notify her supervisor of resident DC being punched, failed to notify the doctor that resident DC had been punched, and failed to notify resident DC's guardian that DC had been punched. Licensee admitted that she saw resident DC get punched twice in the ribs and did not report the incident or assess resident DC. 

Probation 11/13/2014 to 11/13/2017

Cash, Deberra J. Cassville, MO 
Licensed Practical Nurse 034636 Licensee, although an LPN, was not certified to perform administration of intravenous fluid treatment. On September 29, 2013, licensee, while on duty and caring for patient RC, removed RC's intravenous midline and did so without a physician's order. 


Bishop, Jessica B. Saint Louis, MO 
Registered Nurse 20050088819 On February 26, 2010, Respondent pleaded guilty to “Fraudulently Attempting to Obtain a Controlled Substance,” a Class D Felony. On or about July 6, 2009, Respondent knowingly obtained or attempted to obtain a controlled substance by falsely representing herself to be an employee of Dr. JW's office for the purpose of obtaining Hydrocodone. 

Probation 10/03/2014 to 10/03/2017

Elledge, Aimee M. Saint Joseph, MO 
Registered Nurse 057110 Licensee provided a written statement/confession to stealing PRN narcotics from the facility. Licensee was placed on the DHSS Employee Disqualification List on August 29, 2018. 

Probation 09/30/2014 to 09/30/2019

Harkins, Diana L. Salem, MO 
Registered Nurse 146289 An investigation into licensee's nursing documentation revealed that on August 15, 22, 29; September 5, 11, 19, 26; and October 3 and 10; 2013, licensee had falsified documentation on patient A that she had “set up medications” for that patient when she had not, in fact, done so. Licensee admitted to the Board's investigator that she had in fact falsified this documentation and that she “knew it was wrong.” 


Meyer, April Dawn Jackson, MO 
Registered Nurse 2005008602 On August 23, 2013, Licensee was driving a company car when she ran over a concrete slab covering a culvert in front of a patient’s home. Licensee submitted to a drug screen that came back positive for marijuana. 

Probation 09/23/2014 to 09/23/2017

Whisenton, Erica Tamar Black Jack, MO 
Registered Nurse 2011020018 On October 25, 2013, Licensee arrived at work late. After Licensee arrived at work, co-workers began to have concerns about Licensee and reported to administration that Licensee was exhibiting suspicious and abnormal behavior, which lead the administration to believe that Licensee may be intoxicated. Licensee was requested to submit a sample for a for-cause urine drug-screen test on October 25, 2013. Licensee agreed to submit a sample for testing. While completing the paperwork for the drug screen, Licensee admitted to taking Tramadol, Ambien, and Benadryl the night before. The results of the drug test indicated that Licensee tested positive for Propoxyphene, Hydrocodone, Codeine, Morphine, Oxycodone, Oxymorphone, Butalbital, Tramadol, and Ambien. 

Probation 11/11/2014 to 11/19/2019

Schachtner, Heather Leann De Soto, KS 
Registered Nurse 2012040921 On February 13, 2014, a patient of the facility requested pain medication from the evening nurse. C.B. checked with the patient’s day nurse, D.Y., who stated that the patient had not received any pain medication since early that morning. C.B. went to the Pyxis to withdraw pain medication and saw that Licensee had withdrawn two (2) hydrocodone tablets for the patient. C.B. then checked the patient’s medication administration record (MAR). It was not documented that the hydrocodone withdrawn by Licensee had been administered to the patient. C.B. checked the patient’s Pyxis report again and noted that Licensee had withdrawn hydrocodone earlier in the day for the patient and had withdrawn hydrocodone for the patient one (1) hour after D.Y. had removed hydrocodone for the patient. The patient was not assigned to Licensee. J.T. ran an audit of Licensee’s medication withdrawals for the previous thirty (30) days. The audit revealed that Licensee had withdrawn four (4) hydrocodone 7.5/325 mg. tablets; one (1) oxycotin 10 mg. tablet; five (5) oxycotin 20 mg. tablets; two (2) hydrocodone 10/325 tablets; and, two (2) lorazepam 1 mg. tablets for patients that were not assigned to her and were not documented as administered or wasted. Licensee admitted that she had stolen the medications for personal use and that she had been diverting controlled substances from the facility since she began employment with the facility. Licensee admitted to ingesting the controlled substances she diverted while working. 


REVOKED

Cockrell, Hazel M. O'Fallon, MO 
Registered Nurse 061442 The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of May 26, 2014. Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong -Ethics and Professionalism for Nurses; Professional Liability and Professional Error and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know, and have the certificate of completion for all hours submitted to the Board by May 26, 2014. On May 28, 2014, a letter was sent to Respondent by the Board's discipline administrator informing Respondent that the Board had not received the employer evaluation or the proof of completion of the required continuing education classes. Respondent signed for the letter on June 4, 2014. On June 17, 2014, Respondent called the Discipline Administrator, and asked what she needed to do to request an extension. It was explained to Respondent that she needed to make a written request and the request would then be placed on a call before the Board to be held July 10, 2014. The Board never received a request for an extension from Respondent. The Board never received proof of any completed hours. 

Revoked 09/18/2014

Bixler, Jennifer Lynn Kirksville, MO 
Licensed Practical Nurse 2000167977 On June 11, 2012, care center officials received notice that Respondent was withdrawing controlled substance pain medications for residents more frequently than other nurses. care center officials began to audit Respondent’s controlled substance usage to determine if there were any issues. On July 3, 2012, care center officials spoke to Respondent regarding the controlled substance issues. Respondent was also requested to provide a urine sample for a for-cause drug test. The sample Respondent submitted tested positive for oxycodone. 


Revoked 09/18/2014

EOE
February, March, April 2015

Missouri State Board of Nursing • Page 17

Montgomery, Ruth R.
Columbia, MO
Registered Nurse 152094

On or about July 7, 2013, Respondent was assigned to care for patient K.P. K.P. was terminal and had requested not to be resuscitated; however, K.P. was on oxygen and had a tracheostomy tube as a comfort measure. The hospital clinician director of the ward notified the page physician officer. Oxygen is a medication requiring a physician order for use and to terminate administration of oxygen. On or about June 27, 2013, Respondent administered oxygen to K.P. without the patient's girlfriend's request without a physician order and without notifying the physician that she had withdrawn oxygen from K.P. K.P. died at 10 to 20 minutes after Respondent removed his oxygen. Respondent failed to document or chart that she removed oxygen from K.P.

Revoked 09/16/2014

Franklin, Christi Jennifer
Troy, MO
Licensed Practical Nurse 2008026853

On or about July 7, 2013, the Administrator of a facility received a phone call from a nurse manager that two (2) liquid Roxanol containers had an odd odor. The Administrator told the nurse manager admitted to an that both containers smelled like mouthwash and the liquid in the containers was also the same color of the mouthwash used at the facility. The Administrator conducted a review of everyone who signed out Roxanol and discovered that Respondent was signing out that she was withdrawing mean doses of Roxanol to patients who were not vocal or able to speak for themselves. Roxanol is a brand name of morphine sulfate, a pain killer, and is ordered to be administered as needed for pain that interferes with the functioning of a person’s body in their normal way. Respondent knew about the Roxanol being tampered with and Respondent initially denied knowing anything about the Roxanol being tampered with. The Administrator then questioned other staff and residents. She discovered that the Roxanol prescribed to patient, E.I., had been tampered with and smelled like mouthwash. E.I. was terminal and was undependable to administer his medication. E.I. was not speaking to himself but would moan and become agitated when in pain. E.I. had been agitated and uncomfortable and his physician increased his dosage of Roxanol but E.I. did not seem to be relieved from his pain with the increased dosage. After his Roxanol was found to be tampered with, a new container of Roxanol was ordered for him and the medication was only from the new container of Roxanol. Respondent replaced the new container of Roxanol with the old one and was told that she would take full “bottles” of Roxanol and replace the bottle with water and/or mouthwash. Respondent documented that the patients were administered the Roxanol that was sent. Respondent failed to administer the Roxanol to patients who were not administered the Roxanol. Respondent admitted to ingesting Roxanol while working as a licensed practical nurse at the facility. Respondent admitted investigator of the Board that she had also diverted one (1) Percocet from a patient.

Revoked 09/16/2014

Burger, Hanna Lynn
Scott City, MO
Licensed Practical Nurse 2005034894

In March 2013, three (3) blister packs, or “cards,” of Tramadol were reported missing from the nursing home. Following a patient’s request on the end of June of 2013, Respondent admitted she had been diverting the Tramadol and was effective in relieving his pain. E.I. died shortly after taking the medication. E.I. had been agitated and uncomfortable and his family and was administering frequent doses of Roxanol to patients who were not vocal or able to speak for themselves. The Manor found that Respondent had removed the Oxycodone outside of the strictures of the physician’s orders and Respondent had not documented them as returned or wasted. Respondent refused to submit to the drug screen.

Revoked 09/16/2014

Yarbrough, Sherry L.
Naylor, MO
Licensed Practical Nurse 117704

From Respondent’s last appearance in the Board, on March 8, 2013, through August 3, 2014, Respondent has failed to call in to NTS on seventy (70) days. Respondent last called NTS on June 19, 2013. In addition, on June 19, June 30, July 10, and July 30, 2014, Respondent failed to call NTS; however, all were days that Respondent had not submitted any sample to do a urine test for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 19, June 30, July 10, and July 30, 2014. On May 21, 2014, Respondent submitted a urine sample for testing. That sample tested positive for the presence of meperidine. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of June 30, 2014.

Revoked 09/17/2014

Fox, Sheila Lynn
Birch Tree, MO
Licensed Practical Nurse 2011087879

The Board did not receive an appearance before the Board on March 7, 2012, until the filing of the probation violation Complaint on August 1, 2014. Respondent has failed to call in to NTS on nineteen (19) days. Further, on April 2, 2012 and on July 11, 2013, Respondent called NTS and was advised that she had been selected to provide a urine sample for testing. Respondent failed to report to a collection site to provide the requested sample on both dates. In addition, on four separate occasions, December 17, 2012; March 21, 2013; May 13, 2013; and, October 9, 2013, Respondent submitted a urine sample to the lab and submitted the required sample which showed low creatinine readings. A creatinine reading below 20.0 is suspicious for a diluted sample. Respondent did not provide an employer evaluation or statement of unemployment by any of the following quarterly documentation due dates: October 17, 2011; January 16, 2012; April 16, 2012; July 16, 2012; October 15, 2012; January 15, 2013; April 15, 2013; July 15, 2013; October 15, 2013; January 15, 2014; and, April 15, 2014. The Board did not receive proof of completion of any continuing education hours.

Revoked 09/24/2014

Renard, Christine Marie
Vienna, MO
Licensed Practical Nurse 2006026759

On May 9, 2012, Respondent was responsible for five (5) patients. Respondent was responsible for five (5) patients. On that day, Respondent withdrew six (6) tablets of Oxycodone at 4:50 pm for resident JP and then again at 9:10 pm withdrew another six (6) tablets of Oxycodone for resident JP. JP’s medication orders were to take one tablet every four hours as needed. On that same date, in response to resident RP, RP had received one tablet of Oxycodone from a previous nurse at 2:30 pm. Respondent withdrew one tablet of Oxycodone at 3:22 pm for RP and withdrew again two tablets of Oxycodone for RP at 9:10 pm. RP’s medication orders were to use for their tablet four hours as needed. The Manor found that Respondent had removed the Oxycodone outside of the strictures of the physician’s orders and Respondent had not documented them as returned or wasted. Respondent refused to submit to the drug screen.

Revoked 09/16/2014

Fulk, Corinna L.
Winona, MO
Registered Nurse 2003002686

From December 3, 2013 until the filing of the Amended Complaint on July 22, 2014, Respondent has failed to call in to NTS on thirty-one (31) separate days. Further, on December 17, 2013, Respondent called NTS and was selected to provide a sample for testing. Therefore, Respondent failed to report to a collection site to provide the requested sample. In addition,
On March 3, 2014, Respondent submitted a urine sample. Registered Nurse 2009006183 was revoked on September 24, 2014. On January 23, 2013, Respondent submitted dilute urine by testing positive for amphetamines, a controlled substance in regard to possession of a controlled substance. Screening on those dates after being notified that she had failed to submit a sample for drug and alcohol testing. Additionally, on March 14, 2014 and April 17, 2014, Respondent failed to submit a sample for drug and alcohol screening on those days after being notified that she had been selected for testing by NTS. Respondent violated state law in regard to possession of a controlled substance by testing positive for amphetamines, a controlled substance, on May 26, 2014. On June 12, 2012 and again on January 23, 2013, Respondent submitted dilute urine specimen to NTS. The creatinine reading on June 12, 2012 was 0.9 and the creatinine reading on January 23, 2013 was 176. Revised 09/24/2014

Duran, Laurie Lynn Collin, MO
Registered Nurse 2008008589 Respondent tested positive for amphetamines. Respondent does not have a prescription for, or a valid reason to possess, amphetamines. On March 14, 2013; June 18, 2013; December 24, 2013; and, March 25, 2014, Respondent failed to call in to NTS as required. Additionally, on March 14, 2014 and April 17, 2014, Respondent failed to submit a sample for drug and alcohol screening on those dates after being notified that she had been selected for testing by NTS. Respondent violated state law in regard to possession of a controlled substance by testing positive for amphetamines, a controlled substance, on May 26, 2014. On June 12, 2012 and again on January 23, 2013, Respondent submitted dilute urine specimen to NTS. The creatinine reading on June 12, 2012 was 0.9 and the creatinine reading on January 23, 2013 was 176. Revised 09/24/2014

SUSPENSION

Thompson, Rebecca Ann Mount Vernon, MO
Suspension 10/21/2014 to 11/04/2014; Probation 11/5/14 to 11/5/19

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Fowler, Carolyn M. Kansas City, MO Registered Nurse 129454 Licensee voluntarily surrendered her license on 9/11/2014. Voluntary Surrender 09/11/2014

Stevens, Brooke Danielle Columbia, MO
Registered Nurse 2013019746 On September 2, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 09/02/2014

Anderson, Kathleen M. Belton, MO
Registered Nurse 105351 On January 11, 2014, Licensee was called by another nurse to perform a procedure at an area hospital. Licensee was the on-call nurse “back-up” that day. Licensee informed the nurse she could not perform the procedure because she had consumed four beers and asked that someone else cover the procedure because she could not do so in her condition. Licensee did not report for the procedure. Policies in effect at the time prohibited on-call nurses from being intoxicated or under the influence of alcohol while in an “on-call” status. The next day, on January 12, 2014, licensee performed a procedure on a different patient at the same hospital. Licensee performed the procedure, but the patient died. Licensee did not report the death to her supervisor or the medical director on January 12, 2014, and only reported it when a supervisor asked her about it on January 13, 2014. Policies in effect at the time mandated that an on-call nurse such as licensee report such a death to the medical director or supervisor. Licensee was terminated for her actions.
Voluntary Surrender 09/02/2014

Lamb, Peggy Ann Columbia, MO
Licensed Practical Nurse 2006018355 On May 16, 2013, licensee was required to submit to a drug screen. The drug screen was positive for Methadone. Licensee did not have a prescription for Methadone.
Voluntary Surrender 09/08/2014

Schneider, Marnie L. Grover, MO
Registered Nurse 145530 Licensee voluntarily surrendered her license on 9/24/2014. Voluntary Surrender 09/24/2014

Wooliver, Melissa L. Missouri Mills, MO
Registered Nurse 131235 Licensee voluntarily surrendered her license on September 24, 2014.
Voluntary Surrender 09/24/2014

Otting, Rolland Lester Kansas City, MO
Licensed Practical Nurse 2011032385 Licensee voluntarily surrendered his license on September 8, 2014.
Voluntary Surrender 09/08/2014

Shultz, Melinda S. N. Kansas City, MO
Registered Nurse 116496 On October 22, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 10/22/2014

Bostick, La’rri Shari Rochester, NY
Registered Nurse 2012037208 On October 9, 2014, Licensee voluntarily surrendered her Missouri nursing license.
Voluntary Surrender 10/09/2014

Voluntary Surrender continued on page 19
Stein, Bernice A.
Wright City, MO
Registered Nurse 103837

On February 7, 2012, officials gave Licensee an oral counseling. Licensee was counseled that in her role as a nurse, she cannot overstep a physician’s order. On February 11, 2012, officials gave Licensee a written memorandum detailing various negative behaviors and attitude that Licensee displayed while working in her position and stated that Licensee did not complete the following work that is assigned to her in regard to her patient care and other duties: glucometer checks, refrigerator temperature checks, crash cart checks, and incomplete charting. On April 2, 2012, officials gave Licensee a “written counseling” because of Licensee’s actions in violating patient privacy and federal HIPPA laws. On December 16, 2012, officials gave Licensee a written memorandum because a patient had been discharged without receiving flu and pneumonia vaccines that had been ordered by a physician to be given. On July 20-21, 2013, officials placed Licensee on suspension from her nursing duties because of two incidents with patients in her care a few days earlier. The first incident was in relation to Patient A, who had been admitted with pneumonia and Hypoxemia and was an aspiration risk, and had vomited. Licensee simply charted on the patient “emesis coffee ground, smells like stool, patient asleep,” and did not clean up the vomit or assess the patient for aspiration, did not set up a suction and did not use the suction canister. The patient later died that same day after becoming increasingly short of breath. In a second incident, with patient B, Licensee admitted a patient and did not complete the assessment properly, and when asked to give report to day shift on the patient, was unable to do so. On September 14-15, 2013, officials placed Licensee on suspension again because of three other incidents with patients in her care a few days earlier. The first incident was in regard to Patient C, who was admitted with atrial fibrillation with a rapid ventricular response for whom an Amiodarone drip had been ordered and which had started shortly after midnight. Licensee did not document vital signs on patient C in accordance with hospital policies or in accordance with antiarrythmic medication in that vitals were only documented at 2344 and then on the next day at 0432. The second incident was in regard to patient D who was admitted to the ICU in Licensee’s care with an initial EKG which Licensee interpreted incorrectly; as Licensee did not note anything wrong with patient D’s heart rhythm and documented “Sinus Bradycardia,” which was incorrect. Patient D did, in fact, have complete heart block and this was not noted by Licensee until discovery by another nurse some 9 hours later. The third incident was in regard to patient E who was admitted to the ICU when Licensee assumed her shift. Licensee never notified patient E’s physician that patient E presented with new onset atrial fibrillation and instead charted that patient E was in “Sinus Tach” meaning a rapid heart rate, when in fact, patient E was in atrial fibrillation.

Voluntary Surrender 09/15/2014

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*2013 Harris Interactive independent survey