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Fall 2004 • Volume 2 Issue 4



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*Momentum* reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 192,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.

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**Yvonne M. Smith**  
MSN, RN, CNS  
President

The role of President of the Ohio Board of Nursing (OBN) embraces many responsibilities, one of which is to represent the OBN at meetings and events of the National Council of State Boards of Nursing (NCSBN). Executive Director John Brion and I have recently returned from the 2004 NCSBN annual meeting and delegate assembly.

The NCSBN is a not-for-profit organization whose membership is comprised of state boards of nursing from 50 states, the District of Columbia, and five US territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands). The mission of the organization is to provide leadership to advance regulatory excellence for public protection. Each year, the delegate assembly, composed of two representatives from each member board, convenes to conduct the business meeting. The resolutions adopted by this body provide direction for the NCSBN Board of Directors and the organization.

One of the significant outcomes from the annual NCSBN delegate assembly is the election of officers and directors to the NCSBN Board of Directors. In this year's elections, OBN Executive Director Brion was elected to the position of Director-at-Large. John's election to this position on the NCSBN Board comes as a result of his dedication to nursing regulation as demonstrated through his work with the organization on a number of committees and task forces. John and other OBN staff members are actively involved in the work of NCSBN which gives our state significant influence in the development and implementation of national regulatory guidelines, protocols, and policy initiatives.

The NCSBN is responsible for developing and administering the NCLEX-RN and NCLEX-PN licensure exams. At this year's meeting, the delegate assembly accepted the new NCLEX-PN test plan which will be implemented in April, 2005. This new plan places increased emphasis on health promotion, psychosocial integrity, comfort and physiological adaptation.

### ***The delegation also approved:***

- ratification of the NCSBN Board of Directors' Strategic Initiatives for 2005-2007; adoption of the revised NCSBN Model Nursing Practice Act and Model Administrative Rules;
- a resolution that NCSBN support the inclusion of planned, structured, and supervised clinical instruction as essential to nursing education;
- a new NCSBN publication entitled: "Minimal Data Set for the Evaluation of International Nurses";
- referral of a resolution allowing administration of NCLEX examinations in any language other than English to the NCSBN Examination Committee for research and review; and
- a resolution that the NCSBN Examination committee conduct a research study to determine if there is a difference in NCLEX performance between US educated graduate nurses, for whom English is a second language (ESL), and their non-ESL graduate counterparts.

Involvement in NCSBN offers an opportunity to dialogue with regulators from other states and territories about issues that affect us all. Participation in a national organization of this magnitude is empowering, yet at the same time, humbling. It is fascinating to see that Ohio is not alone in dealing with challenging regulatory issues. It is also enlightening to see that some states are dealing with issues that may face us in the future.

The work of NCSBN impacts individual nurses and nurse regulatory boards throughout the United States and its territories. This is one reason why it is so beneficial to have an Ohio voice on the NCSBN Board of Directors, as well as on committees and task forces.

If you would like additional information on topics addressed at the Delegate Assembly, or any of the other services provided by the National Council of State Boards of Nursing, I would encourage you to visit the NCSBN website: [www.ncsbn.org](http://www.ncsbn.org).

*Yvonne M. Smith MSN RN CNS*

## from the executive director



**John M. Brion**  
RN, MS  
*Executive Director*

**Fall is in the air**, the leaves are changing colors, college football season is well underway and that all means that election day is not far off. One of the most valuable and hard won freedoms we have as Americans is the right to go to the polls and cast our ballots each November. Many brave men and women have struggled and died to assure the right of each American to vote for the candidates and issues of their choice. While every American should consider the act of voting a responsibility associated with membership in a free society, nurses need to realize they have a special mandate to get to the polls. As patient advocates nurses vote not only for themselves, but also for those for whom they care. Nurses represent the largest group of

healthcare professionals in this country. As experts in patient care, nurses have the opportunity to speak collectively to assure that our elected officials adequately address the healthcare concerns of our citizens. As November 2nd approaches it is imperative that each nurse understands that he or she has an obligation to vote as an act of patriotism, professional duty, and patient advocacy. If you are not informed about candidates or the issues on the ballot in your area seek out information today. And when November 2nd rolls around, don't look for excuses to avoid going to the polls but remember that, as a healthcare professional, you have an obligation to vote for yourself, for your profession, and for your patients.

A handwritten signature in black ink that reads "John M. Brion, RN, MS". The signature is written in a cursive, flowing style.

# n c s b n

## *John Brion elected to NCSBN Director-at-Large Position*

*Submitted by Cynthia Snyder, JD*

As mentioned in the President's Column, OBN Executive Director John Brion, RN, MS, was recently elected to one of the two Director-at-Large positions on the board of the National Council of State Boards of Nursing. This is a great accolade to John individually, and also to the Ohio Board of Nursing as a whole.

In seeking election to the NCSBN board, John discussed the importance of working toward a clear vision of the future for nursing. He highlighted the need for the profession to take a lead-

ing role in addressing the nursing shortage, and the importance of bringing all of the nursing constituencies into the dialog. He also shared some of the measures undertaken in Ohio to engage public policymakers in a productive discourse on this critical issue, and on other issues of interest to the nursing community. Finally John shared his thoughts on the changes and challenges facing state boards of nursing and other regulatory boards around the country.

John's candidacy for the NCSBN

board was encouraged and endorsed by members of the Ohio Board. Their support was reflected in a letter written to NCSBN delegates by Board President Yvonne Smith, MSN, RN, CNS. In addition, assembly delegates received a letter supporting John's election from Karen Budd, PhD, RN, president of the Ohio Nurses Association.

John has already begun to serve in his new role on the NCSBN Board of Directors. He looks forward to an exciting and productive year.



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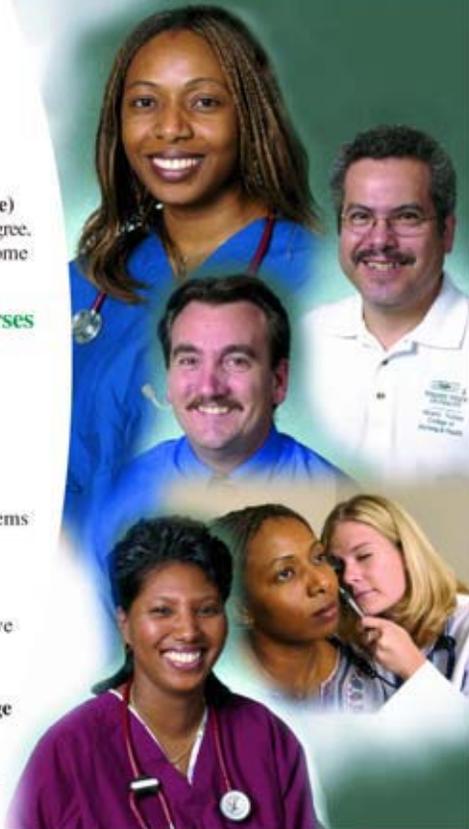
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One of the longest serving members of the Ohio Board of Nursing is **Patricia A. Schlecht, RN, MSN** of Loveland, in the Cincinnati area. Pat was first appointed to the Board in 1996 and was reappointed in 2000. She will retire from the Board in December at the conclusion of her second four year term.

A New York native, Ms. Schlecht began her nursing career as a staff nurse in 1970 at a Syracuse hospital. She began teaching nursing at Indiana



**Patricia A. Schlecht**

University in 1972 and has taught nursing ever since. Pat is currently an Associate Professor at Raymond Walters College, University of Cincinnati

where she joined the teaching staff in 1976. While she has taught in virtually all areas of nursing, Pat cites OB, pediatrics, and nursing regulation as her areas of specialty.

Over the course of her career, Pat has been very active in professional organizations dedicated to the advancement of nursing and nursing education. She has served as an associate degree Accreditation Program Evaluator for the National League of Nursing since 1988. She also performed a similar service for the Higher Learning Commission of the North Central Association. A long time member of ONA, Pat has also been an active force in the Southwestern Ohio Nurses Association. Having served in the past as Vice President, she now sits on the Human Rights Committee. This committee runs a nursing clinic at

## Meet Your Board

the Drop Inn Center, a Cincinnati homeless shelter where Pat volunteers her services on a regular basis.

Pat has approached her duties as a member of the Board of Nursing with dedication and focus. The Board has greatly benefited from the depth and breadth of her knowledge of the practice of nursing, and of the laws and rules governing nursing in Ohio.

**Debra Broadnax, MSN, RN, CNS** wears several hats on the Ohio Board of Nursing. A resident of Columbus, she was appointed to serve on the Board by Governor Taft in 2000. Ms. Broadnax holds a bachelor of science degree in biology from the University of Cincinnati and a bachelor of science degree in nursing from Capital University. In 1994, she obtained a Master of Science in Nursing from the Ohio State University. She holds a Certificate of Authority as a Clinical Nurse Specialist and has devoted her professional career to renal care.

The expertise that Ms. Broadnax holds in the area of renal care has proven extremely valuable to the Board as it commenced the certification and regulation of dialysis technicians in 2001. Prior to her appointment to the Board in 2000, Ms. Broadnax was an active participant in the coalition advocating for this addition to the Board's area of responsibility. Once appointed to the Board, she assumed the position as Chair of the



**Debra Broadnax**

statutorily-created Dialysis Advisory Group. There her insights and guidance in formulating administrative rules were most helpful to the Board as it implemented these significant new responsibilities. Her experience with the roles of dialysis technicians and nurses in the dialysis setting has assisted Board members in evaluating issues relating to certification and discipline. Ms. Broadnax continues to lead the Dialysis Advisory Group in fulfilling its statutory charges.

Aside from her involvement with the Board, Deb has also been active with many professional organizations relating to dialysis and nursing care. These include the Ohio Renal Association (former board member), the National Kidney Foundation of Ohio, the Buckeye Chapter of the American Nephrology Nurses' Association (past President), and the Tri-State Renal Network Administrators' Conference.

Ms. Broadnax's current term on the Board will end in December of this year. She has expressed her interest in serving a second four year term. This request for reappointment has been endorsed by the full Board.

One of the most time intensive roles on the Ohio Board of Nursing is that of the Supervising Member for Disciplinary Matters. By law, this member must be a registered nurse, and he or she is charged with working with Board staff to make preliminary decisions regarding disciplinary actions. The current Supervising Member is **Bertha M. Lovelace, RN, BA, CRNA**. Those who have the pleasure of working with her know her better as "Bert".

Bert was first appointed to the Board in 1999 and is currently in the second of her four-year terms. As a

Certified Registered Nurse Anesthetist, Bert offers the Board great expertise and insights on anesthesia issues, as well as on other matters impacting the advanced practice nursing community in general. She was an active participant on behalf of OBN during the Medical Board's development of office based surgery rules governing the use of anesthetics, conscious sedation, and local anesthesia in physician office settings.



**Bertha M. Lovelace**

Since assuming her role as Supervising Member for Disciplinary Matters, Bert is in ongoing contact with the Board's Disciplinary Unit as cases wend their

way through the investigative and disciplinary process.

Bert began her nursing career in Pennsylvania in 1966. She moved into the area of anesthesia early in her career and has practiced as an Ohio CRNA since 1973. Bert has shared her energy and talents with both the Ohio State Association of Nurse Anesthetists and the American Association of Nurse Anesthetists. Dedicated to advancing the practice of nursing Bert serves as a preceptor for nursing students from Ursuline College, and for masters of nursing students from Cleveland State University. Since 1984, Bert has worked as the chief CRNA for the Department of Anesthesiology at the Cleveland Clinic Foundation.

Bert's term on the Board of Nursing runs through December 2006.

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## Pain Management at the Forefront

In 2002, recognizing the profound physical, emotional and societal impact of severe chronic pain and terminal illness, the Ohio General Assembly enacted legislation (House Bill 474, 124th General Assembly) that created the Compassionate Care Task Force (CCTF). This task force is charged with studying and making recommendations about issues relating to treatment of persons with terminal illness and severe chronic pain. An interdisciplinary group of Ohio health care professionals and consumers, this task force has met for over a year to examine issues surrounding intractable pain and terminal illness. In July 2004, an initial report was issued that highlighted the difficulties associated with adequate pain assessment and management for patients and their families. The report also explored recommendations to resolve these problems.

### Focus of the Compassionate Care Task Force

The CCTF studied and made recommendations concerning severe chronic pain issues across the life span, including identification of resources for patients and families living with pain. The task force did not address issues relating to euthanasia, assisted suicide, advanced directives, or the use, continuation, withholding or withdrawing of life-sustaining treatment.

The 30-plus member task force held numerous full and subcommittee meetings during the course of its deliberations. In addition to these meetings, the group convened a series of town hall-style forums in nine different locations throughout the state. The town hall meetings afforded patients, family members, and health care professionals an opportunity to share with the task force their experience and opinions relating to intractable pain and the man-

ner in which it is currently addressed. In these meetings, many witnesses provided compelling testimony illustrating areas in which today's health care system is ineffective in caring for people with pain. These personal stories served to reinforce the need for a variety of changes to break down barriers to comprehensive and compassionate treatment of pain.

### Report of the Compassionate Care Task Force\*

Among the findings in the CCTF report are those that relate directly to nursing education and nursing care. These include:

In their prelicensure, basic education programs, nurses (and other profession-



als) receive insufficient education on the care of people with pain;

Many practicing nurses have not updated their knowledge and skills in the areas of pain management, palliative care, and end of life care;

In many areas of the state, especially rural communities, there is a dearth of health care professionals with expertise in pain management and palliative care.

Identification of barriers to effective pain management provides a framework and rationale for the subsequent recommendations formulated by the

CCTF. Certain task force recommendations are specific to nursing, including:

Schools of nursing (and other health professions) should ensure that appropriate and sufficient curricula on pain management (acute and chronic), and palliative care are integrated into core content;

Schools should establish and track student outcome measures for competencies in caring for people with chronic pain and those with terminal illness;

Schools should establish an office of pain management and palliative care to assure the goals of improving student competency in the areas mentioned above;

Ohio professional licensing boards should discuss with relevant professional associations and other interested parties the feasibility of mandatory continuing education on pain management and palliative care.

Additional recommendations of the CCTF relate to all health care professionals and speak to the need for:

Comprehensive assessment of patients and caregivers, including psychological and emotional assessment, with particular attention paid to children and their caregivers;

Establishment of guidelines and standards based on evidence-based practice to better meet the needs of patients and caregivers facing the far-reaching effects of pain, with a focus on special needs populations;

Basic and continuing educational programs should be strengthened to incorporate current relevant information to promote proper pain management.

### Nurses' Role with Patients and Families Faced with Pain

Nurses are uniquely qualified to provide comprehensive, effective, and com-

\*Link to the full report of the CCTF is available on the Board's homepage: [www.nursing.ohio.gov](http://www.nursing.ohio.gov) under "Alerts".

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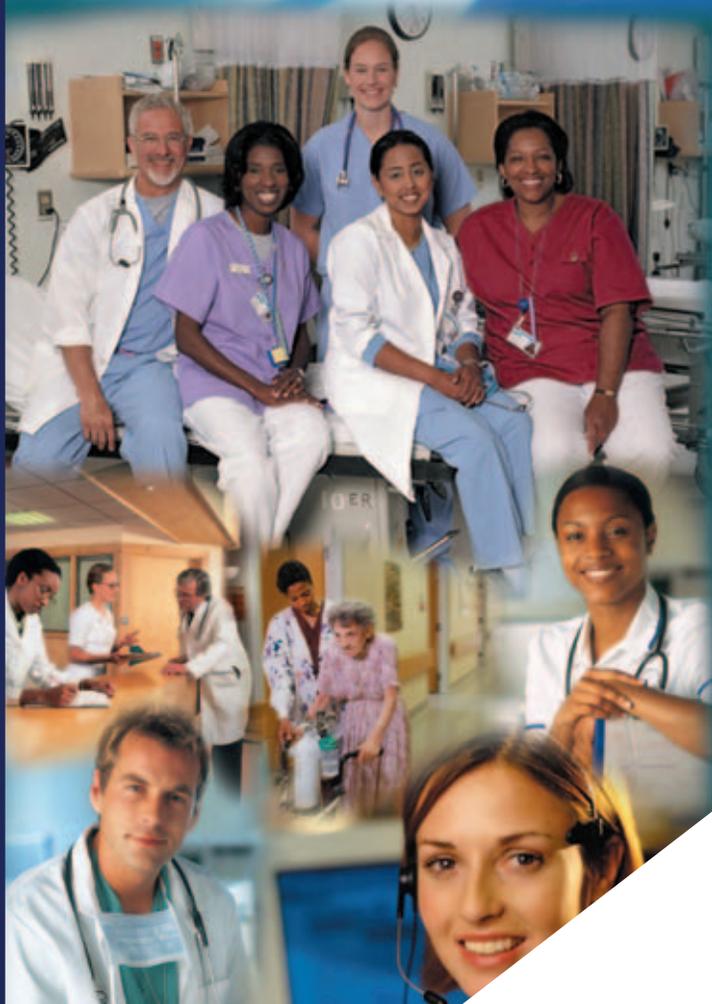


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# Nursing programs attract minorities



**For some hospital patients**, the natural apprehension they feel about a medical procedure may be compounded by cultural and language barriers. That's why Riverside Methodist Hospital, Grant Medical Center and Doctors Hospital, part of the OhioHealth system in Columbus, Ohio, are making sure their employees reflect the cultural diversity of their patients.

“At OhioHealth, we need to provide an environment that is welcoming for all our patients, including more than 100,000 immigrants in Franklin County,” says Brad McLaughlin, manager of employment for OhioHealth.



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“Diversity helps us accomplish our mission of improving the health of those we serve.”



### Focused recruitment

OhioHealth has developed programs to recruit nurses and other professionals from diverse populations. For example, OhioHealth sends a team of recruiters to job fairs at historically black colleges and universities. Recruiters have recently traveled to fairs at Hampton University in Virginia and Cleveland State University, and participated in a virtual job fair held by Kentucky State

University. OhioHealth also partners with a firm that specializes in recruiting minority talent for management positions. A dedicated portion of the health system's recruitment advertising is done in diversity-focused magazines like *Minority Nurse* and Web sites like [www.ohiodiversity.com](http://www.ohiodiversity.com).

Other recruitment programs also contribute to the diversity of the OhioHealth workforce. OhioHealth is making plans with

Capital University School of Nursing to bring 10 Philippine RNs to Columbus to receive their Masters degrees. During their four years here, these RNs will work at one of the OhioHealth campuses. Upon completion of the advanced degree, these RNs will return to the Philippines to teach in one of their schools of nursing. “We are creating an environment in which each person's uniqueness is recognized and valued as an asset,” says Brad.

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## it's easy to see why so many nurses feel they “BELONG” at **University Hospitals** **Health System (UHHS)**

The first thing doctors realize when they graduate from medical school is how much less they know about the practice of medicine than nurses. Nurses have experience in observing patients; and doctors realize they can be their eyes and ears when they're out of the hospital. Physicians know nurses are the heart of a hospital. However, despite recognition of their importance, the U.S. is experiencing an unrelieved shortage of RNs. UHHS has always valued its nurses' contributions, and in the face of the shortage, is acting to guarantee superior patient care, nurses' satisfaction and continuation of a century-old tradition of some of the region's finest nursing services.

### *University Hospitals Health System Responds*

The nursing shortage is a social problem that will not be solved by the profession or industry alone. While nursing is intellectually challenging, emotionally rewarding and consistently ranked as the “most trusted profession” in public polls, it's not attracting young people. The profession must take ownership of this problem and address the prejudice that undervalues nursing as an attractive vocation.

The first initiative is the nationally suc-



cessful Ladders in Nursing Careers (LINC) program, funded through generous support from the John Huntington Fund for Education, which offers nursing-school tuition in exchange for post-graduation work at University Hospitals.

Secondly, University Hospitals is strengthening relationships with northeast Ohio nursing schools. The hospital works

with these schools to recruit sophomore nursing students who receive scholarships through the Charlene Phelps Nursing Scholars Program made possible by a leadership gift from the Elisabeth Severance Prentiss Foundation. The Phelps Scholars receive tuition reimbursement for nursing studies in return for a commitment to working at UHHS after graduation. And thirdly, is the newly-created position of Nurse Recruitment Strategist and Liaison. Funded by the Prentiss Foundation, this administrator will direct training and recruitment of RNs whose quality of care can contribute greatly to the hospital's continued reputation for excellence. Other initiatives include regularly scheduled forums where nurses share problems and solutions.

### *An Environment of Support*

The hospital's nursing model transcends a task-based approach, combining patient advocacy and education with traditional expectations of advanced medicine and unsurpassed compassion.

A nurse must have the same scientific knowledge base that physicians have, with a different focus. Physicians are primarily concerned with diagnosis and treatment of diseases, where nurses must not only know and



Molly Heinrich, RN, pediatrics oncology, Rainbow Babies & Children's Hospital

understand the disease and medical plan, but also know how to help patients understand and integrate the physicians' recommendations to attain and maintain optimal health.

The most attractive thing about nursing at University Hospitals is the respect accorded nursing care by physicians and administrators. It's this communicating and connecting that translates into good patient care.

And, as these stories show, University Hospitals offers nurses a wealth of opportunities:

### ***A Calling from Youth***

Jane Trayte, RN, ND, was attracted to medicine for as long as she can remember. She recalls watching with fascination, as ambulances pulled up to the emergency room of the hospital near her home. Later, she volunteered at the same hospital, enrolled at Case Western Reserve University to earn her Nursing Doctorate, fulfilled her clinical requirements at UHHS and has remained ever since. "People say, 'You could have left,' but I enjoy nursing here. When I was a nurse, I made independent decisions that impacted patient care. One reason: RNs have a voice." Dr. Trayte, now director for Non-invasive Cardiology and Medical-Surgical Nursing, says "the administration's commitment to its nurses and staff inspires excellence."

### ***The Peacemaker***

Caryl Eyre, RN, MSN, a psychiatric clinical nurse specialist, is a peacemaker in the hospital community among both patients and staff. The nursing shortage affects both patients and the stress levels of floor nurses. Mrs. Eyre is a resource for nurses who feel overwhelmed by job demands. "I really look at my job as helping the staff with stress management. Just as I can help patients relax, I enjoy helping staff do the same."

### ***Healing, Teaching, Discovering, and Working Miracles***

A staff nurse, Molly Heinrich, RN, participates in every aspect of University Hospitals' mission: to heal, to teach, to discover. Each day she cares for about five children with cancer on the pediatric oncology floor of Rainbow Babies & Children's Hospital, and participates in all phases of care, from diagnosis to treatment, to life or death after cancer.

"When a child is first diagnosed, parents are devastated. They think their child is never going to be able to walk, play or laugh again. We do a lot of teaching parents, and being there for families when there is nothing else physically that can be done for their child.

Ms. Heinrich knows the joy in successful recovery, too, and recalls a young boy who miraculously survived serious brain surgery for a cancerous tumor. "We worked our hardest to care for him, and later the boy came back to see us. He came to our floor, and I started crying. Here he was now, a typical little boy, going to school, playing and getting into trouble." These moments illustrate the tremendous satisfaction nursing affords, and the support and camaraderie that contribute to job longevity; with several nurses in this unit having worked at UHHS for more than 12 years.

### ***An Environment of Care***

With its Centers of Excellence, a system of outstanding community hospitals, and as an academic medical center with ties to Case Western Reserve University, University Hospitals has created an environment where nurses continue learning and enjoy advancement opportunities and administrative support at all levels. Despite the national shortage, University Hospitals is responding with a comprehensive strategy to ensure that its nurses today and tomorrow will build on their tradition of compassionate, patient-centered care.

A supportive environment that gives nurses a voice, a team of professionals who are like family, more areas of specialization where nurses can make a difference in patient care; these are a few of the reasons so many RNs find they "belong" at University Hospitals.

For information about nursing opportunities with University Hospitals Health System, visit [www.uhhs.com](http://www.uhhs.com)



Jane Trayte, RN, ND, director, Non-invasive Cardiology & Medical Surgical Nursing



Caryl Eyre, RN, MSN, clinical psychiatric nurse specialist

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# MOMENTUM

is the official publication of the Ohio Board of Nursing and is addressed and mailed to all 192,000 nurses and dialysis technicians in the state of Ohio.

**Publication Schedule for 2005:**

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### Frequently Asked Questions Related to Medication Administration in the Public Schools of Ohio

submitted by Nancy Manns, RN, MS

**Q Can a school nurse delegate the administration of medication to an unlicensed person?**

**A** The rules of the board of nursing prohibit nurses from delegating medication administration to an unlicensed person (UAP) EXCEPT where laws allow for the administration of medications by the UAP (Rule 4723-13-04 Ohio Administrative Code (OAC)). The Department of Education law (Section 3313.713

Ohio Revised Code (ORC)) allows for public schools to adopt a medication administration policy that would allow for the administration of medications by an UAP. Rule 4723-13-02 (E) OAC states that the Board of Nursing cannot prevent persons from engaging in a nursing activity if they are authorized to do so under law, such as the education law, 3313.713 ORC.

If the public school has adopted a medication administration policy, the policy may or may not require that a licensed nurse be involved in delegation of the administration of medication. Under Ohio law, a board of education **may** adopt a policy that provides that:

“Designated persons employed by the board are authorized to administer

to a student a drug prescribed by an authorized prescriber for the student. Except as otherwise provided by federal law, the board’s policy may provide that certain drugs or types of drugs shall not be administered or that no employee, or no employee without appropriate training, shall use certain procedures, such as injection to administer a drug to a student.” **R.C. Section 3313.713(B)(2).**

If the nurse chooses to delegate medication administration to an unlicensed person in the public school system, the nurse must do so in accordance with the standards of delegation found in Chapter 4723-13 OAC including: determining that the unlicensed person has had the appropriate training, education to perform the task; that the unlicensed person has demonstrated the competency to safely perform the

task; and, that there is appropriate supervision of the unlicensed person.

**Q When is nurse delegation required in a school setting in order for unlicensed persons to administer prescribed medications?**

**A** Prescribed medications may be administered by an unlicensed person without nursing delegation only if:

- 1) school district policy authorizes this practice; or,
- 2) the medication is administered in an emergency situation.

**Q Can unlicensed persons administer emergency medications in a school setting?**

**A** The Nurse Practice Act provides an exemption from licensure requirements for the provision of nursing services in emergency situations. R.C. 4723.32(D). A UAP may perform nursing services, including the administration of prescribed medications, in an emergency situation without a nursing license, and without delegation from a licensed nurse.

**Q What are “emergency” medications?**

**A** The term “emergency” is not defined in the law and rules regulating the practice of nursing in Ohio, but the Board has determined it to mean a situation creating a potential risk to life or of long term disability or loss of limb if untreated. Emergency medication may include, but are not limited to, epi-pens, diastat and glucagons.

**Q Is the school nurse required to provide training in and/or delegate the administration of emergency medications?**

**A** When a school nurse undertakes the delegation of the administration of medication, whether it is an emergency medication or not, the nurse must do so in accordance with the standards of delegation as contained in Chapter 4723-13 OAC, which requires that the nurse delegate nursing tasks only to a trained unlicensed person. In addition, the delegating nurse must know that the UAP has demonstrated competency in performing the delegated task and can perform the task safely for the student receiving the care.

Even if a medication is an “emergency medication” which would not require delegation by a nurse for the UAP to administer, a school may require a school nurse to provide training for the UAP to administer that medication. This is a matter of the school nurse’s employment arrangement with the school district and school district policy.



# payment failures

There is often a lag-time between when a payment is processed by the bank and when the Board receives notification of error or insufficient funds. Even though a renewed license may have been received in the mail, failure of a payment to clear the bank will cause an application to become incomplete. It is not the Board's intention in publishing this list to embarrass licensees who fail to render proper payment for their license or certificate. The purpose is to notify current and potential employers and to reach the individual when other avenues have failed.

There are many reasons a personal check may not properly 'clear' during bank processing. It is for this reason that each person listed here has been notified by certified mail, using the last known address of record, and given 30 days (or more) to render proper payment to the Board. These applications, certificates or licenses, will not be con-

sidered complete until proper payment has been rendered. Once that grace period has expired (and if applicable the renewal cycle has ended) licensee information is turned over to the Discipline Unit and recommended for investigation on charges of working without a license. Individuals found to be working on a lapsed license will be subject to the penalties defined in ORC Section 4723.99 (B).

Below is a list of those nurses and dialysis technicians whose renewal applications, certificates, or duplicate licenses are incomplete due to payment failure related to insufficient funds. The licensee and certificate holders listed below failed to render payment by the date this publication went to press.

## Registered Nurses

RN 284031	Conner, Deborah
RN 229036	Sweetland, Dundee
RN 258556	Rine, Duane
RN 081572	Hartmann, Mary

RN 179628  
RN 254146  
RN 225176  
RN 213908  
RN 256289  
RN 099852

Balogh, Cheryl  
Jarven, Ann  
Dooley, Deborah  
Driscoll, Pamela  
McDaniel, Linda  
McCutcheon, Jane

## Licensed Practical Nurses

PN 026851	Lauinger, Eugenia
PN 076801	Harper, Wanda
PN 109961	Carter, Sandra
PN 109807	Townsend, Stacey
PN 016998	Majors, Mary
PN 105124	Groves, Lisa
PN 027403	Allgower, Barbara

If your name is listed here, please contact the Board at 614-466-9976 to arrange for proper payment of your fees. Because the name of a licensee may be the same as another, **please do not assume from the name alone** that a particular individual has a payment failure. You may verify the license number on the Board's web site at [www.nursing.ohio.gov](http://www.nursing.ohio.gov) by clicking on Verification.

## Available for Purchase:

- Current Law (dated June 26, 2003) and Rules (dated February 1, 2004), \$7 if shipped; \$4 if picked up at the Board office. Single copies only are available.
- Combined Board Publications, \$12.50-Includes the current law and rules of the Board and a copy of all Board brochures including: Facts About the Ohio Board of Nursing brochure and Continuing Education Requirements for RN's, LPN's and Dialysis Technicians in Ohio. Single copies only are available.

Please use the order form on this page.

## ORDER FORM

Use this form to order Board publications. **All orders must be pre-paid.** This form and fee should be made payable to Treasurer, State of Ohio and sent to Attention: Administration, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, Ohio, 43215-7410.

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## PROFILE

In a continued effort to acquaint Ohio's nursing community with the staff of the Board of Nursing, this issue of Momentum profiles **Rick Young RN, LMT, MBA.**

If one were to seek a definition of the term "Renaissance Man" in the dictionary, he or she could well find there a photo of Ohio Board of Nursing staff member Rick Young. With a wide array of interests, education and professional experiences, Rick brings a wealth of skill and knowledge to the Board of Nursing. As a member of the Board's Monitoring Unit, Rick currently serves as a monitoring agent. In this capacity, he monitors nurses and dialysis technicians who are under either a consent agreement or adjudication order with the Board. It is Rick's job to ensure those licensees and certificate holders remain in compliance with the terms incorporated in their individual consent agreement or adjudication order. For a particular individual, this might involve periodic drug screens, practice restrictions, remedial education, attendance at peer support meetings, indi-

vidual counseling or other specific conditions. At any given time, the Board Monitoring Unit is involved in monitoring approximately 600 licensees or certificate holders.

Prior to joining the Board of Nursing, Rick worked in several positions that drew on his skills as a licensed social worker and a registered nurse. He served as a hospital based social worker in Union County, and worked as a psychiatric nurse at Riverside Hospital in Columbus. Rick began his state service as a psych nurse for the Ohio Department of Mental Health in 1999, and also served as the first Hepatitis C Coordinator for the Ohio Department of Health. He joined the Board of Nursing as a monitoring agent in September 2002.

In addition to maintaining an active license as a nurse, Rick also holds a license to practice Massage Therapy issued by the Ohio State Medical Board. He obtained a dual bachelors degree from Ohio State University in English and Psychology, and in May of this year completed a Masters of Business Administration degree at Franklin University in Columbus. Says Rick, "I don't know what I'm going to do next!"

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## Dates and Location of Scheduled Board Meetings

The Ohio Board of Nursing meets six times per year with the meetings beginning on Thursday and continuing until business is completed the following Friday. The Board may also meet on Wednesdays prior to the Board meeting as a whole or in small groups to discuss specific items or issues, to participate in

continuing education activities, or to conduct a public rules hearing (generally in November). Watch for formal notification of the date, time and location of rules hearings. Summaries of these meetings or hearings are presented to the full Board during a regularly scheduled Board meeting for information and

possible action by the Board. The Thursday meeting begins promptly at 9:00 AM. The public is invited to attend, however, potential attendees should contact the Board office at 614/466-6940 prior to the scheduled meeting to determine if there have been any changes in the location of the session.

<b>January 15-16, 2004</b>	<b>January 20-21, 2005</b>	<b>January 19-20, 2006</b>
<b>March 18-19, 2004</b>	<b>March 17-18, 2005</b>	<b>March 16-17, 2006</b>
<b>April 15-16 (retreat)</b>	<b>(retreat - T.B.A)</b>	<b>(retreat - T.B.A)</b>
<b>May 20-21, 2004</b>	<b>May 19-20, 2005</b>	<b>May 18-19, 2006</b>
<b>July 15-16, 2004</b>	<b>July 21-22, 2005</b>	<b>July 20-21, 2006</b>
<b>September 9-10, 2004</b>	<b>September 15-16, 2005</b>	<b>September 20-21, 2006</b>
<b>November 17-18-19, 2004*</b>	<b>November 16-17-18, 2005</b>	<b>November 15-16-17, 2006</b>

*\*Note: There will be a public hearing of proposed rules on Wednesday, November 17, 2004 at 10:00 AM. The public hearing will be held in the Lobby Hearing Room of the Rhodes State Office Tower, 30 East Broad Street, Columbus, Ohio 43215.*

## Advisory Groups/Committees

All meetings of the advisory groups begin at 10:00 AM (unless otherwise noted) and are held in the Board office. Because space is limited, if you have an identified need to attend one of these meetings, please contact the Board office at 614/466-9970 to determine space availability, as well as any change in the location, date or times from those listed.

**The Advisory Group on Nursing Practice and Education Issues** will meet February 12; April 22; June 10; August 12; October 14; and December 9, 2004.

*Chair: Kathleen Driscoll*

**The Advisory Group on Dialysis** will meet February 17; April 20; June 15; August 17; and October 19, 2004.

*Chair: Debra Broadnax*

**The Advisory Group on Continuing Education** will meet February 20; June 18; and October 15, 2004.

*Chair: Lisa Klenke*

**The Committee on Prescriptive Governance** will meet February 23; June 14; and October 18, 2004.

*Chair: Joanne Navin*

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# duplicate licenses

## Duplicate 2003-2005 RN Licenses

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 RN-278657, ADAMS, TOBI  
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 RN-186248, HUGHES, CAROLYN  
 RN-302190, JARRELL, TAMMY  
 RN-284305, JARRET, PAIGE  
 RN-095351, JOHNSON, CONNIE  
 RN-191321, KELLER, KAREN  
 RN-290050, KENDERSKI, JENNIFER  
 RN-277859, KETO, MELINDA  
 RN-155814, KNOUFF, BETH  
 RN-156551, KNOUFF, BEVERLY  
 RN-253115, LAFFERTY, TRACY  
 RN-201631, LAHEY, YVONNE  
 RN-288904, LEACH, JUDITH  
 RN-155755, LEDBETTER, JOAN  
 RN-268376, LEGGETT, SHAWN  
 RN-214504, LESKO, BETH  
 RN-283547, LINDSEY, SYRITA  
 RN-307394, ROBERSON, ASIA  
 RN-307376, LUSE, NICOLE  
 RN-282067, ROBINETTE, KRISTI  
 RN-310497, LYNCH, MICHELLE  
 RN-273307, ROSARIO, COLLEEN  
 RN-290557, MACALUSO, MEREDITH  
 RN-153095, SANDLIN, MICHELE  
 RN-141578, MAJERS, JOAN  
 RN-224378, SCHMIDT, JILL  
 RN-152133, MARTIN, WANDA  
 RN-285909, SCHMUCKER, JENNIFER  
 RN-277187, MARTINEZ, THERESA

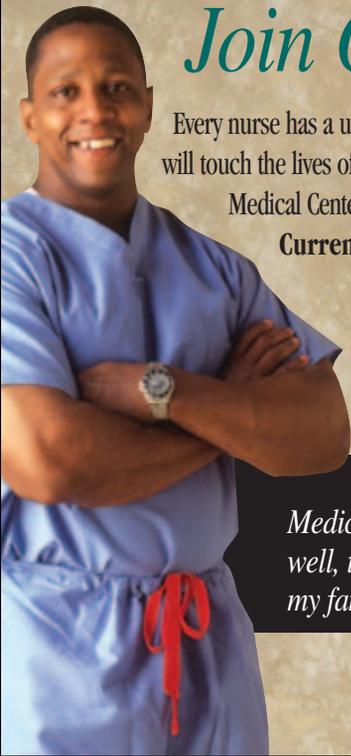
RN-170038, SHERWOOD, JENNIFER  
 RN-145987, MATHEWS, MELINDA  
 RN-211137, SHREMBEK, DAVID  
 RN-257181, MAVROMATIS, SARAH  
 RN-298584, SINGREE, JESSICA  
 RN-145030, MAYNARD, MARY ALICE  
 RN-091609, SMITLEY, NANCY  
 RN-285409, MAYO, CHRISTINA  
 RN-263702, SMYTH, CATHERINE  
 RN-195573, MCELFFRESH, LORI  
 RN-302189, STANLEY, KARYN  
 RN-147680, MEHL, DEBORAH  
 RN-303550, SUNDBERG, AARON  
 RN-260168, MELVIN, VALERIE  
 RN-222202, SWARTZ, BARBARA  
 RN-253529, MERCER, ANGELA  
 RN-302151, TEACH, KRISTIN  
 RN-260338, MICHELETTI, SHARON  
 RN-213966, TEMPLETON, MELISSA  
 RN-140121, MILLER, KATHLEEN  
 RN-276695, THOMAS, CYNTHIA  
 RN-253067, MILLER, MARY JO  
 RN-170009, THOMPSON, MARGARET  
 RN-248553, MILLER, VINCENT  
 RN-289360, THRASHER, TANIA  
 RN-246602, MOORE, JULIA  
 RN-206996, TUSTIN, BRENDA  
 RN-255606, MOSGROVE, LAURIE  
 RN-129731, ULREY, SUSAN  
 RN-109676, MUELLER, KAREN  
 RN-186633, VANDENBUSCHE, PATRICIA  
 RN-276368, MURPHY, EVE  
 RN-301540, VICORY, KATHLEEN

RN-255432, NAGY, ROSE  
 RN-173536, VON HAGEN, PATRICIA  
 RN-203957, NORTON, MAURA  
 RN-267590, WALSH, KELLIE  
 RN-233800, OESTRICH, JANET  
 RN-138776, WILLIAMS, CATHERINE  
 RN-190525, OWENS, WENDY  
 RN-083072, WILLIAMS, LINDA  
 RN-259846, PAVKOV, GRETCHEN  
 RN-266508, WILLMAN, JAMES  
 RN-211245, PIEPER, SHARON  
 RN-198624, WINKS, VERONICA  
 RN-292972, PIERCE, SHELLY  
 RN-178327, WOLFE, JAMES  
 RN-256823, PILLAR, MARIAN  
 RN-299098, WOTT, MANDY  
 RN-143561, PINKERTON, DEBRA  
 RN-299830, YORK, CHRISTOPHER  
 RN-291625, PROCTOR, LINA  
 RN-196612, ZOECKLEIN, DIANE

## Duplicate 2002-2004 LPN Licenses

PN-091339, ADAMS, GAIL  
 PN-097999, HORN, DIANNA  
 PN-106384, BROWN, VANESSA  
 PN-067046, NELSON, KIM  
 PN-125655, DOBROZSI, MARY  
 PN-109632, SMITH, SAMANTHA  
 PN-112057, GUPTIL, LAURA

Current as of 9/3/04 June '04 – Aug. '04



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**The 9th Annual C.E.'s @ Sea Nursing Conference Cruise**  
"Critical Judgements in the 21st Century"  
January 29 - February 5, 2005 • 7-day Exotic Western Caribbean - Key West, Belize, Cozumel, Progreso

**The 13th Annual Neonatal Perinatal Nursing Conference Cruise**  
February 15 - 23, 2005  
8-day Exotic Western Caribbean - Belize City, Belize; Limon, Costa Rica; Colon, Panama

**The 4th Annual Healthcare Professionals Summer Conference Cruise**  
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continued from page 9

passionate care to patients and families dealing with pain and its dramatic impact on daily life. In so doing, it is essential that nurses possess complete and updated information on pain assessment, pain management, interdisciplinary care, and available resources. This allows nurses to assist patients and families in better dealing with chronic pain however it may touch their lives, their families, and the community at large. Nurses can and should play a lead role in transforming the health care system to ensure high-quality pain management for end of life care, and to advance the rights of seriously ill patients and their families.

### Selected Resources to Update Your Knowledge

<http://www.aacn.nche.edu/el nec>

**End-of-Life Nursing Education Consortium  
(ELNEC) Project**

<http://www.nationalconsensusproject.org>

**The National Consensus Project for Quality  
Palliative Care (NCP)**

<http://www.ohiopaininitiative.org>

**Ohio Pain Initiative**

<http://www.ohpco.org>

**Ohio Hospice and Palliative Care  
Organization**

<http://prc.coh.org>

**Pain Resource Center, City of Hope**

**Nurse Participation in the CCTF:**

HB 474 identified a specific interdisciplinary composition of the task force.

Several nurses contributed their time and expertise to the work of the CCTF:

Elaine Glass, MS, RN, CNS; Ohio Nurses Association Representative;

Deborah Heidrich, MSN, RN, CHPN, AOCN; Executive Director for the CCTF and Ohio Pain Initiative Representative;

Margaret Kruckmeyer, MSN, RN, CNP; American Cancer Society Representative;

Jeff Lycan, RN; President/CEO Ohio Hospice and Palliative Care Organization;

Susan Milne, RN, MSN, JD; Ohio Board of Nursing Representative;

Amy Pettigrew, DNS, RN; Accredited School of Nursing Representative;

Veronica Steffen, MSN, RN, Clinical Director and CNS for Pain Services, Department of Veterans Affairs, Veterans Health Care System of Ohio, Cincinnati; and

Diane Stevenson, MS, RN; Ohio Council for Home Care Representative.

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**E-mail:** [human.resources@memorialhosp.org](mailto:human.resources@memorialhosp.org)  
**Phone:** 937-578-2539 **Fax:** 937-578-2814

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**Did You Change Your Name? Did You Change Your Address? Did You Notify The Ohio Board of Nursing?**

● Provision of your social security number is mandatory [RC 3123.50] and may be provided for child support enforcement purposes [RC 3123 et seq.], reporting requirements to the Healthcare Integrity and Protection Data Bank [42 USC §1320a-7e(b), 5 USC §552a, and 45 CFR pt 61], and to facilitate the processing of your licensure.

● **A change in name must be accompanied by a certified copy of a marriage certificate/abstract or divorce decree, a certified copy of a court record, or a certified copy of documentation consistent with the laws of the state where the change occurred. A certified copy can be obtained directly from the court where the original record was filed.**

**Name and/or Address Change Form** (Please type or print)

License # \_\_\_\_\_  
SS# • \_\_\_\_\_  
Old Information: Name \_\_\_\_\_  
Address \_\_\_\_\_  
County \_\_\_\_\_  
Changes: Name\* \_\_\_\_\_  
Address \_\_\_\_\_  
County \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Signature \_\_\_\_\_

Send completed form to: ATTN: Renewal, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, Ohio, 43215-7410



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- **Director of Perioperative Services**

### **Clermont**

Contact: Diane Morrison, RN, Nurse Recruiter – 513-735-7534

- **Director of Behavioral Health**
- **Director of Med/Surg**

### **Mount Airy**

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- **Emergency Department**
- **Child Adolescent Psychology Services**

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