

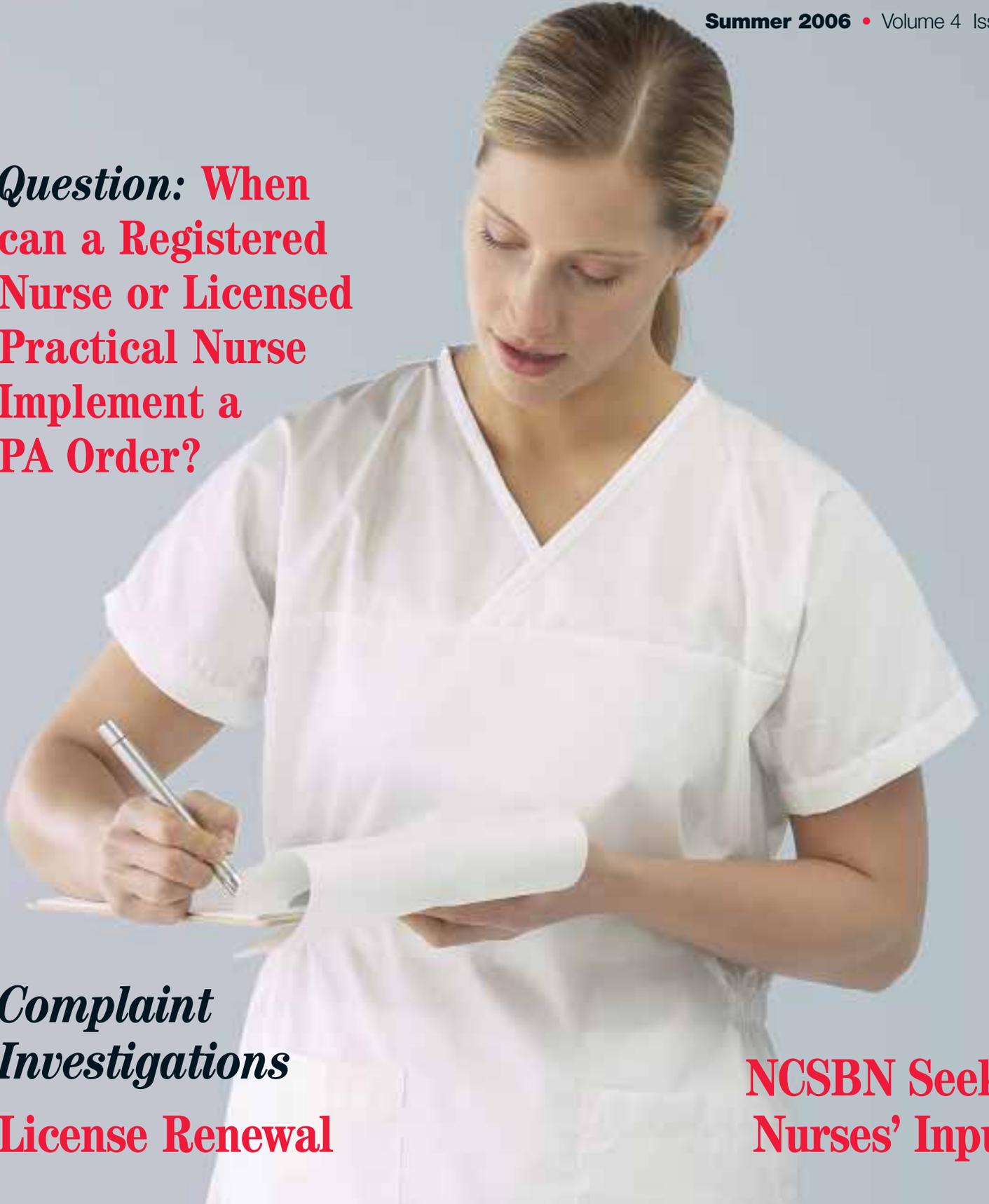
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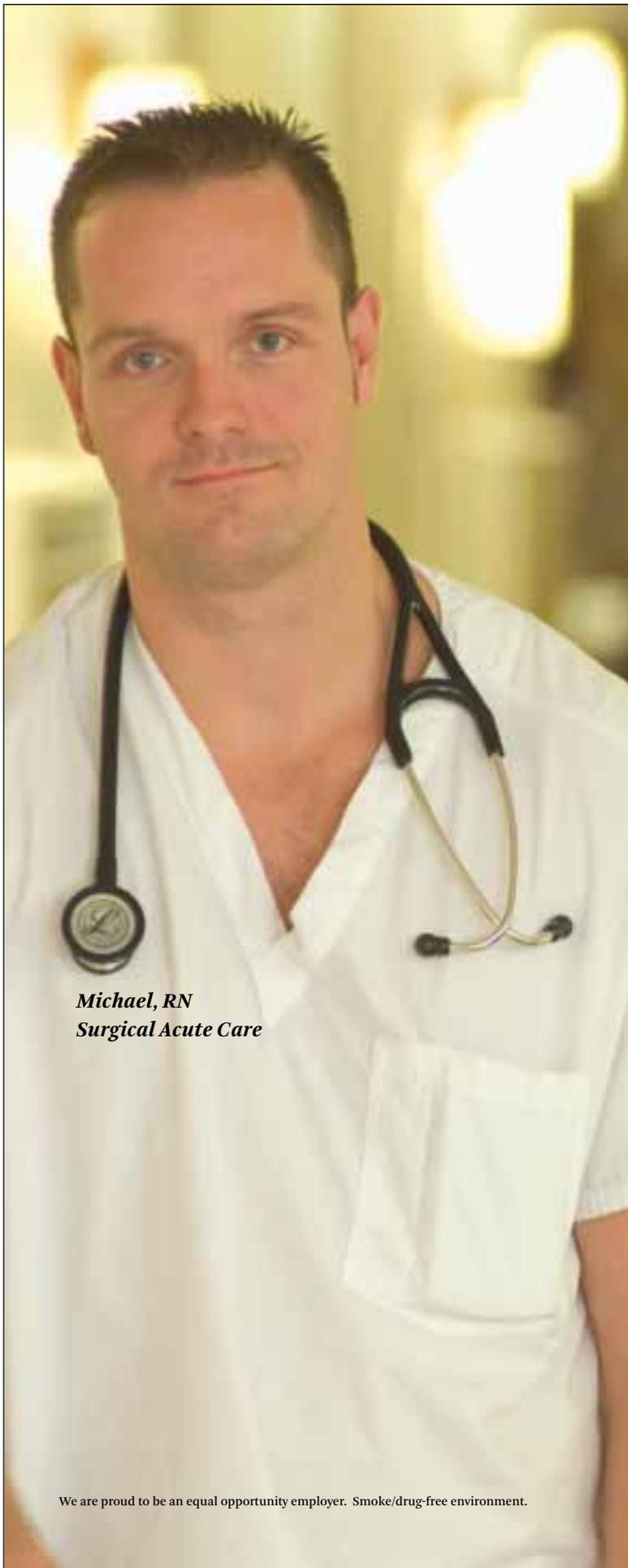
Summer 2006 • Volume 4 Issue 3

***Question: When
can a Registered
Nurse or Licensed
Practical Nurse
Implement a
PA Order?***

***Complaint
Investigations
License Renewal***

***NCSBN Seeks
Nurses' Input***





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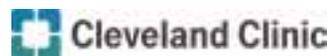
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Momentum reaches every Nurse and Dialysis Technician, every Hospital and Nursing School Administrator in the State of Ohio. Over 192,000 copies are addressed and mailed statewide. Estimated readership is well over 540,000 with each issue.



Cynthia A. Krueger
RN, MSN
Board President

As a new feature of *Momentum*, we would like to provide information about the Ohio Board of Nursing meeting activities and actions. The following are highlights of March and May 2006 Board meetings.

- Welcomed Lesleigh Halliburton as the certified medication aide program coordinator; Kathy Hill as a Nursing Education Consultant; Assistant Attorney General Leah O'Carroll; Paula Mackey and David Andrick in the licensure area, and Janelle Freeman as an Alternative Program Monitoring Agent.
- Appointed Board members Kathleen Driscoll as Chair of the Advisory Group on Nursing Practice and Education and Lisa Klenke as Chair of the Advisory Group on Continuing Education. Heard reports from the Advisory Group on Nursing Practice and Education, the Committee on Prescriptive Governance, and the Advisory Group on Dialysis.
- Heard public comments during Open Forum and viewed an investigative report interview on nurses and drug addiction.
- Heard a report from the Board Task Force on the Center for Nursing regarding the development of a web site for the Ohio Center for Nursing and considered using the Nursing Rewards web site and conducting a nursing workforce survey.
- Received a legislative report regarding legislative activity of interest to the Board and reviewed proposed revisions to the Nurse Practice Act Chapter 4723. of the Ohio Revised Code. Considered current version (LSC 126 0409-6) of House Bill 117, a proposal for complementary or alternative health care providers and agreed to continue opposition to the bill.
- After conducting a public hearing and considering comments on the proposed administrative rules for the certified medication aide program, approved the rules for the certified medication aide program. Reviewed and approved facilities for participation in the pilot program and approved certified medication aide training programs.
- Heard a report from the Board Task Force on APN Practice to develop a Decision-Making Model for APN Practice. The Task Force reviewed models and information from other states and developed a proposed model for Ohio.
- Discussed and received comments from interested parties regarding the National Council of State Boards of Nursing draft Vision Paper regarding the future regulation of APNs.
- Approved pre-licensure nursing education programs and ratified licenses and certificates issued by the Board.
- Deliberated and imposed disciplinary action for cases before the Board.
- Reviewed the evaluation of the Board's Strategic Plan.
- Approved a Board Policy regarding Advisory Groups and Committees of the Board.
- Received an article written by Holly Fischer, Legal Counsel, for publication in the Ohio Judiciary Conference publication.
- Reviewed a CD-Rom developed for *OhioansFirst* for the purpose of increasing awareness of the problem of medication errors.
- Considered a new brochure that provides information regarding the Board and emphasizes important information to licensees, certificate holders, and the public, i.e., it's important to renew your license or certificate, verification of licensure and certification, mandatory reporting of complaints, public participation, etc.
- Received the resignation of Jeannie Flossie, LPN, from the Board, thanking her for her dedicated services.

The next Board meeting is September 21-22, 2006 and you can access Board information at the web site, www.nursing.ohio.gov. If you have questions, please refer to the "Contacts" on the Board web site to contact the appropriate unit.

Yours truly,

Cynthia Krueger, RN, MSN
Board President

Clinical Research Associate

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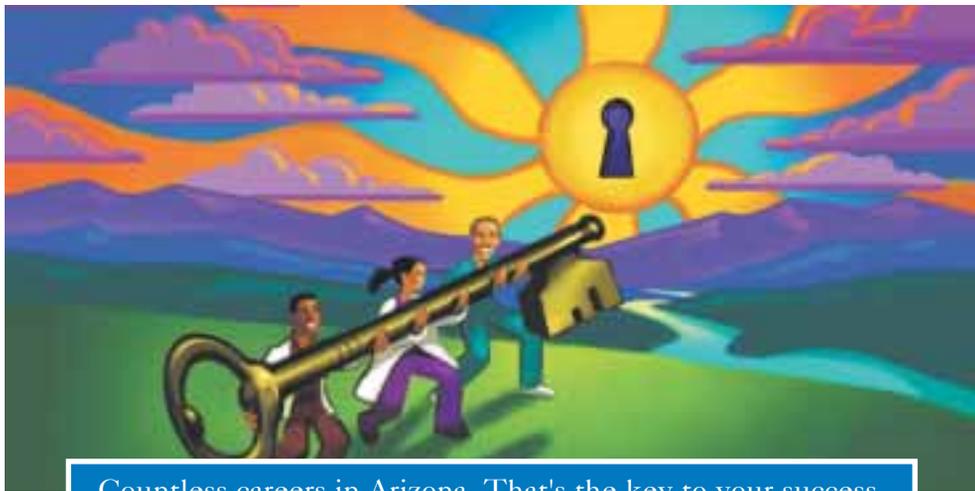
christinerowland@interimhealthcare.com

EOE

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 on 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. ■

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2006

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March 15-16-17, 2006

April 18-19 (retreat)

May 18-19, 2006

July 20-21, 2006

September 21-22, 2006

November 15-16-17, 2006

2007

January 18-19, 2007

March 15-16, 2007

(retreat - T.B.A)

May 17-18, 2007

July 19-20, 2007

September 27-28, 2007

November 14-15-16, 2007

NCSBN Seeks Your Input on Current LPN/VN Entry-level Nursing Practice

The National Council of State Boards of Nursing (NCSBN) launched a practice analysis study designed to describe entry-level licensed practical/vocational nurse (LPN/VN) practice. Using a survey developed by a panel of experts that included both practicing LPN/VNs from a variety of practice settings and specialty areas as well as LPN/VN educators, a sample of LPN/VNs will be asked to determine the frequency of performance and the importance of each of the activities listed. The results of the survey will be used to evaluate the cur-

rent LPN/VN test plan in an effort to assure that the NCLEX-PN® examination reflects existing practice.

The LPN/VN survey was launched on June 12, 2006. This study offers an opportunity for LPN/VNs to contribute to the nursing profession and as such, NCSBN encourages nurses receiving the survey to complete and return it as soon as possible.

If you have any questions about the LPN/VN entry-level practice analysis, please contact NCLEX information at 866-293-9600 (toll free number) or email nclexinfo@ncsbn.org. ■



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ADVISORY GROUPS AND COMMITTEES

All meetings of the advisory groups begin at 10:00 AM (unless otherwise noted) and are held in the Board office. If you wish to attend one of these meetings, please contact the Board office at 614/466-9970 to determine any change in the location, date or times from those listed.

The **Advisory Group on Nursing Practice and Education**—February 9, August 10, October 12, and December 7.
Chair: Kathleen Driscoll

The **Advisory Group on Dialysis**—February 21, August 15, and October 17.
Chair: Debra Broadnax

The **Advisory Group on Continuing Education**—February 17, June 16, and October 20.

Chair: Lisa Klenke

The **Committee on Prescriptive Governance**—April 24 and October 16.
Interim Chair, Jacalyn Golden, MSN, CNP

2006 Members Ohio Board of Nursing

		Term Expires
Cynthia A. Krueger, RN, MSN, <i>President</i>	Napoleon	2007
Teresa L. Williams, LPN, <i>Vice President</i>	West Union	2007
Anne Barnett, BSN, RNC, CWS	Junction City	2006
Bertha Lovelace, RN, BA, CRNA <i>Supervising Member for Disciplinary Matters</i>	Cleveland	2006
Judith Brachman, <i>Consumer Member</i>	Columbus	2007
Debra Broadnax MSN, RN, CNS	Columbus	2008
Elizabeth Buschmann, LPN	Oregon	2008
Kathleen O'Dell, RN, M.Ed., N.C.S.N	Greenville	2008
Janet L. Boeckman, RN, MSN, CPNP	Mansfield	2009
Patricia Burns, LPN	Mentor	2009
Kathleen Driscoll, JD, MS, RN	West Chester	2009
Lisa Klenke, MBA, RN, CNAA	Coldwater	2009
J. Jane McFee, LPN	Perrysburg	2009

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Disease Management

RN Work from Home or in Worthington, requires minimum of 3 years clinical exp., basic counseling skills and knowledge of basic community svcs., familiarity with DM protocols and outcomes, and schedule flexibility.

Utilization Review

RN Based in Worthington, requires 3 years acute hospital experience and experience in utilization review, med-surg.

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COMPLAINT INVESTIGATIONS

The mission of the Board is to protect the public through the regulation of nursing practice. Chapter 4723. of the Ohio Revised Code and Chapters 4723-01 through 4723-27 of the Ohio Administrative Code set forth the law and the rules for the Board and for the disciplinary process.

In 2005, the Board received approximately 3,700 complaints regarding applicants, licensees, and certificate holders. The Board is required to investigate any evidence or information that appears to show that a person has violated Chapter 4723. or the rules adopted thereunder. However, we find that many of the complaints are closed without formal disciplinary action.

When a complaint is filed with the Board, it is reviewed and assigned a priority code. Complaints that contain evidence indicating that a licensee or certificate holder's practice presents a danger to the public are classified as Priority I or II complaints. Minor violations where evidence indicates that the continued practice presents minimal or no danger, or complaints with insufficient



information or evidence are generally classified as Priority III or IV complaints.

Because of the risk of harm to the public or patient safety, the Board investigators focus primarily on Priority I and II complaints resulting in a longer time period for the resolution of Priority III and IV complaints. This has resulted in concerns from licensees and certificate holders regarding the length of time between the Board's receipt of a lower priority complaint and initial contact.

Due to the concerns, the Board has implemented a new process for these complaints. Upon receipt of the complaint, the Board will provide a letter and a voluntary response form to the licensee or

certificate holder for review and completion. This will provide for timely notification and an opportunity for the licensee or certificate holder to respond to the allegation(s) contained in the complaint. The Board Supervising Member for Disciplinary Matters will review the information submitted to the Board, along with other investigative materials, and make a recommendation in regard to disposition of the complaint.

If the licensee or certificate holder does not respond, the Board will continue its investigation and submit the findings to the Board Supervising Member for Disciplinary Matters.

The Board Supervising Member for Disciplinary Matters is the Board representative for initial review of disciplinary cases. The full Board deliberates and votes to take action on a case-by-case basis to impose sanctions. Board members review each case to examine the facts/evidence, violations, mitigating and aggravating factors.

If you have questions, you can contact the Compliance Unit at disciplinary@nursing.ohio.gov ■

LICENSE RENEWAL

Spring and summer are always busy times at the Board of Nursing with new graduate applications and license renewals. This year (as in all even numbered years) is LPN renewal year. Registered Nurse renewal occurs in the odd numbered years. This year, Licensed Practical Nurses may choose to renew on-line or by regular mail as in the past.

It is imperative that all nurses keep the Board apprised of a current address to be assured of receiving Board communications, including a license renewal application. With this current LPN renewal cycle, more than 2000 applications were returned to the Board as the licensee has an old address on file.

A professional license is permission by the state to practice the profession for which the license is granted. The license belongs to the individual, as do the responsibilities associated with licensure. While it is an employer's responsibility to ver-



ify that a nurse's license is current, it is NOT the employer's responsibility to get it renewed. It is advisable to send your application for renewal in as soon as you receive it in order to avoid a higher renewal fee or the chance that your license might lapse.

LPNs have until August 31, 2006 to complete the continuing education required for licensure renewal. Licensees may submit their renewal forms prior to completing the continuing edu-

cation by checking the box on the form that says: "I met (or will by 8/31/06) the CE requirement to renew this PN license...".

It is strongly recommended that a licensee not allow their license to lapse. A lapsed license is one that just "ran out" without any communication to the Board from the licensee. A nurse who does not intend to practice nursing again or who decides to take a hiatus from nursing, should send a communication to the Board requesting that the license be placed on INACTIVE status. This can also be accomplished by checking the box on the renewal application that requests INACTIVE status.

The Board and Board staff are happy to assist licensees in taking the necessary steps to renew a license or to place it on inactive status. Any questions about licensure renewal should be submitted by email to: renewal@nursing.ohio.gov. ■

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 considered complete until proper payment has been rendered. If payment is not received within 30 days after notice is provided, licensee information is

turned over to the Compliance 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

RN057378 Betty Ostrander
 RN152613 Venita Yetsko
 RN169684 Bernadette Queener
 RN226845 Kathleen Bragg
 RN231846 Cordelia Farrish
 RN234395 Robert Clarke
 RN241258 Kimberly Koski
 RN275595 Kimberly Riley-Brown
 RN284031 Cheryl Balogh
 RN284031 Deborah Conner
 RN284031 Mary Hartmann
 RN284031 Ann Jarven
 RN284031 Jane McCutcheon

RN284031 Linda Mcdaniel
 RN284031 Dundee Sweetland
 RN284031 Jacque Young
 RN288354 Shelia Smith

Licensed Practical Nurses

PN007905 Carol Tatum
 PN016998 Mary Majors
 PN026851 Eugenia Lauinger
 PN030448 Patricia Curtis
 PN068305 Jeanease Zimmerman
 PN077423 Barbara Freeman
 PN081341 Carlotta Weaver
 PN091221 Tonia Finke
 PN102088 Mildred Highlander
 PN105124 Lisa Groves
 PN109807 Stacey Townsend
 PN109961 Sandra Carter

Dialysis Technicians

DT1459 Lisa Miljour

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 by clicking on Verification.

Thank You.

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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When can a Registered Nurse or Licensed Practical Nurse implement a PA order?

In January 2006, the Ohio General Assembly passed a bill that revises the laws governing the practice of physician assistants (PAs). Among the changes in this legislation, Senate Bill 154 (SB 154), is the ability of individual physician assistants to obtain prescriptive authority. Senate Bill 154 also contains provisions that affect a nurse's ability to implement an order from a PA.

PA orders for procedures and techniques:

Effective May 17, 2006, new provisions in the law regulating physician assistants eliminate the former requirement that a supervising physician must countersign a PA's orders before the orders can be implemented by a licensed nurse.

Ohio Revised Code (ORC) section 4730.03 states that a physician assistant may independently order or direct an RN or LPN to



implement procedures or techniques to the extent that the PA is authorized to do so under his/her supervisory plan, or under the policies of the health care facility in which the PA is practicing.

PA orders for medications:

Although Senate Bill 154

allows for the granting of prescriptive authority to qualified physician assistants, the actual implementation of prescriptive authority for PAs is not expected until later this year. Physician assistants will apply individually for prescriptive authority following promulgation of administrative rules by the State Medical Board (the regulatory agency for physician assistants). Until the Medical Board approves PAs to utilize prescriptive authority, an RN or LPN may not implement a PA's medication order prior to obtaining a physician countersignature.

Additional new provisions in the law require that each supervising physician establish a quality assurance system to be used in supervising the physician assistant, which includes a process for routine review of a portion of the PA's patient record entries and medical orders.

continued on next page

Issues of specific interest to nurses are discussed below.

Question: Is the physician still required to countersign orders prior to treatment being rendered?

Answer: No. The legislation eliminated the requirement that a supervising physician must countersign every order before the order is carried out [ORC sec. 4730.21(E)]. The bill retains the requirement that a supervising physician be not more than 60 minutes travel time from the location where the PA is seeing patients, and be readily available for communication with the physician assistant [ORC sec. 4730.21(A)]. The supervising physician is also required to establish a quality assurance system, to

maintain documentation of the quality assurance activities, and to provide the documentation to the Medical Board upon request [ORC sec. 4730.06(B) and sec. 4730.21(A)(4) and (F)]. However, countersignature of orders before they can be implemented is no longer required unless an individual supervising physician chooses to retain this requirement.

Question: How must a physician assistant be supervised?

Answer: Pursuant to section 4730.21(A) ORC, the supervising physician for a PA will continue to exercise supervision, control and direction of the PA. In supervising the physician assistant, all of the following apply:

1. Unless the on-site physician supervision requirements specified in section 4730.45 of the ORC are applicable, the supervising physician must be continuously available for direct communication with the physician assistant by either of the following means:
 - a. Being physically present at the location where the physician assistant is practicing; OR
 - b. Being readily available to the PA through some means of telecommunication and being in a location that under normal conditions is not more than sixty minutes travel time away from the location where the physician assistant is practicing.
2. The supervising physician must personally and actively review the physician assistant's professional activities.
3. The supervising physician must regularly review the condition of the patients treated by the physician assistant.
4. The supervising physician must ensure that a quality assurance system is implemented and maintained.
5. The supervising physician must regularly perform any other reviews of the physician assistant that the supervising physician considers necessary.

Additional information about the legislation and implementation of the new laws for physician assistants can be found on the website of the State Medical Board: www.med.ohio.gov. ■

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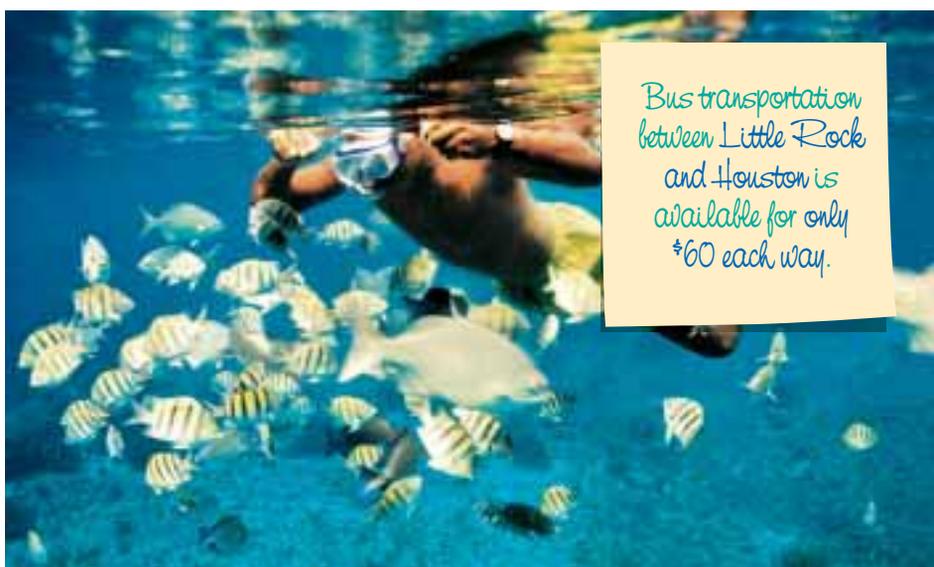
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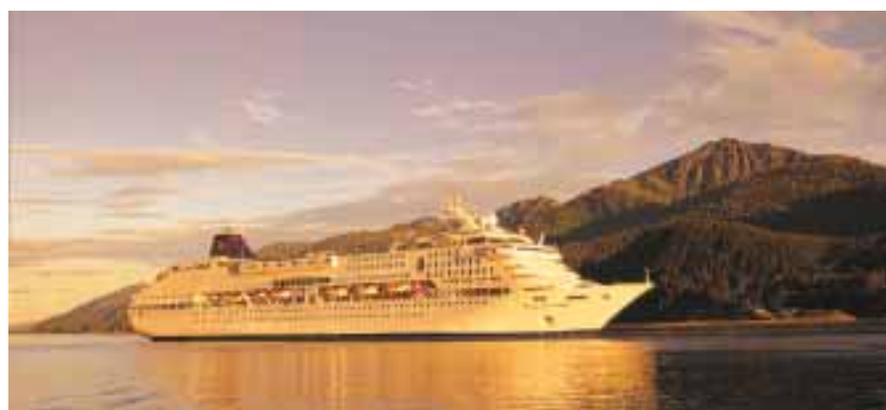
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