

Nevada State Board of NURSING NEWSLETTER

June 2000

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Whose Responsibility Is It?

Nurses and CNAs must report violations of the Nurse Practice Act

Recent publicity about a chief nurse who allegedly worked without a license has raised some questions about whose responsibility it is to report violations of Nevada nursing law.

According to the Nurse Practice Act, those required to report violations of the Nurse Practice Act include nurses, nursing assistants, and all other individuals providing medical services who are licensed or certified to practice in Nevada. Other mandated reporters include law enforcement personnel, social workers, and medical administrators.

Law provides multiple ways of ensuring nursing personnel have active licenses

What does this mean in the case of the chief nurse? If a mandated reporter has reason to believe the chief nurse was working without an active license, the law requires him or her to file a written complaint with the Board.

Also, the facility had an obligation to verify the individual had an active Nevada license before employing her as a nurse.

Another way the law ensures that nursing personnel hold active licenses is requiring all health care facilities to submit lists of all their nursing personnel at least three times a year. The Board checks the lists against its database of active licensees and certificate holders. If that check reveals a nurse or CNA working without a license or certificate, the Board opens a complaint and begins an investigation.

Laws are designed to protect nurses and CNAs from frivolous or baseless accusations

The Board does not have the authority to act upon hearsay, rumors or innuendo. "Our laws are designed to protect nurses and CNAs from being the targets of frivolous or baseless

accusations," explains Executive Director Kathy Apple. "That means we have to rely on people with knowledge of a violation coming forward and filing written complaints. We know it can be difficult, but if they don't come forward, it makes it difficult for us to do our job of protecting the public."

If you have information that a licensed nurse or nursing assistant may have broken the law, you must submit your complaint in writing. It must be signed, name a nurse or nursing assistant who is licensed or certified in the state of Nevada, and it must allege a violation of the Nurse Practice Act.

Once the Board receives a complaint, it reviews it to determine if the information submitted, at face value, would be a potential violation of the Nurse Practice Act. If it is, the matter is then assigned to a nurse investigator.

An investigation is not public information

The fact that an investigation is taking place is not public information. If questions are asked by the news media or others, the Board cannot confirm or deny that an investigation is in process.

If evidence gathered during the investigation supports a violation of the Nurse Practice Act, the nurse or CNA is subject to disciplinary action. Disciplinary actions are public information.

If you have any questions regarding reporting violations or what may constitute a violation of the Nurse Practice Act, please call the Reno office.

How do you file a complaint?

Obtain a complaint form by calling the Reno or Las Vegas office or visiting our web site. Complete it, sign it and return it to either office. You may also submit a signed, written description of the sequence of events (who, what, where, when, why, how). The complaint should also include any documentation which supports the allegation, for example, a witness statement or patient record.

New Associate Executive Director

Rennie heads Licensure, Certification and Education

A retired army colonel with more than 30 years of nursing experience has joined the Nevada State Board of Nursing as its Associate Executive Director for Licensure,

Certification and Education.

Donald Rennie, MSN, RN, was most recently Quality Assurance Manager for Integrated Health Services.

Rennie began his career with the Army Nurse Corps in 1966 as a second lieutenant, medical-surgical staff nurse at Valley Forge General Hospital in Phoenixville, Pennsylvania.

As he worked his way up through the ranks, he served in several overseas locations, including Germany, Jordan and South Korea.

When Rennie retired in 1994, he was director of nurses for a large medical center in Denver, Colorado. After moving to Las Vegas, he earned his paralegal certification from the University of Nevada-Las Vegas and is a certified legal nurse consultant.

Rennie earned his diploma from McLean Hospital School of Nursing in Belmont, Massachusetts; his BSN from the University of Nevada, Reno; and his MSN from the University of New Mexico in Albuquerque. He also has a certification in nursing administration from the American Nurses Credential Center.

Rennie replaces Patty O'Rourke-Langston, who left the Board for a position as Director of Quality Assurance with Lake Mead Hospital.

Is It Valid?

Check for the raised stamp

A reminder to employers—please ask for the original, stamped validation form when verifying certification or licensure—photocopies may be forgeries.

Post office will not forward your renewal

You're required by law to inform the Board, in writing, of any address change, including a zip code change. Even if you've asked the post office to forward your mail, it will not forward your renewal application. You may call the Board and request an address change form, or mail a signed letter to the Las Vegas office including your name, license or certificate type and number, former address, current address, social security number, and date of birth.

Award For Elder Abuse Prevention

Attorney General names CNA campaign "Initiative of the Year"

Nevada Attorney General Frankie Sue Del Papa recently recognized the Board for its leadership role in an elder abuse prevention campaign.

During a March press conference preceding the Nevada Elder Abuse Prevention Council's annual meeting, Del Papa presented Executive Director Kathy Apple with a certificate recognizing the campaign as the council's "Initiative of the Year."

Last year, in cooperation with the Attorney General's office and the Division for Aging Services, the Board developed and mailed brochures to the more than 5,000 CNAs in the state.

The brochures outlined how to recognize, prevent and report elder abuse, and announced free workshops which counted two hours toward the CNA inservice renewal requirement.

More than 20 workshops were presented across the state by representatives of the Board and the Attorney General's office during last summer and fall. The response was so positive, the Board continues to give presentations, both to CNAs and to nurses.

If you'd like Board staff to talk to your organization about how to prevent elder abuse, or would like a presentation on another nursing-related topic, please call the Reno office.

BOARD MEMBERS AND TERM DATES

Cookie Bible, RN, BSN, RNC, APN, President (Zephyr Cove) Oct 2000

Tana Wisniewski, RN Vice President (Las Vegas) Oct 2000

Patricia Shutt, LPN Secretary (Las Vegas) Oct 2001

Tamara Barengo Consumer Member (Reno) Oct 2001

Elena Lopez-Bowlan, RN, MSN, FNP (Reno) Oct 2003

Dorothy Perkins, CNA (Las Vegas) Oct 2003

Kathleen Reynolds, RN, BHS, ABQAURP (Reno) Oct 2000

NURSING NEWSLETTER

The Nevada State Board of Nursing Newsletter publishes news and information about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

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Managing Pain

Regulations amended to remove barrier to effective pain management

Recognizing that confusion surrounding range dosing was a barrier to effective pain management, the Board approved an amendment to its regulation on the medication and treatment of patients. The addition to NAC 632.220 reads:

3. *If a prescription specifies a range of the dosage or frequency for the administration of a medication, a registered nurse may adjust the dosage or frequency of the medication within that range when he administers the medication to a patient.*

This change in regulation was approved after two public workshops and a public hearing. Comments received during the workshops and hearing were strongly supportive of the amendment.

Discussion leading to the amendment began in January when the Board's Nursing Practice Advisory Committee reviewed the pain management guidelines developed by the Federation of Medical Boards, then asked the question, "Are there any regulatory barriers related to standards of practice in pain management?"

After much discussion, which included talks with the Nevada State Board of Pharmacy and nurses who specialize in pain management, the committee identified one barrier—confusion over range dosing.

"The committee recommended the regulation change after realizing that while it has been the implicit standard of practice for nurses to adjust dosages within a prescribed range, Nevada's regulations did not explicitly allow the practice," explained Executive Director Kathy Apple. "By approving this amendment, the Board has helped nurses manage their patient's pain more effectively."

The revised regulation will go into effect after it has been filed by the Secretary of State.

But I don't even have a child!

We often hear this lament from people whose applications have been returned to them because they didn't think the child support section applied to them. But we don't have a choice. It's a federal law that requires applicants to complete the child support section, even if they don't have children. Your application will be returned as incomplete unless you (1) check or answer one of the statements (2) mark only one statement and (3) sign and repeat your social security number in the child support section of the application.

Going Inactive?

Take advantage of an easy, free way to place yourself on inactive status

The renewal form includes a statement in Section I, "I wish to go to the inactive status." If you want to place your license on inactive status, just fill in the "yes" bubble, sign and date the renewal form, and return it to the Las Vegas office. Since by law, you must advise the Board in writing when you place your license on inactive status, this gives you a convenient way to do it. If you have any questions regarding this free service, please call the Las Vegas office.

staff nurses

charge nurses

clinical nurse specialists

clinical nurse managers

preceptors

The NCLEX® Examination Depends On You!

You may qualify to participate on an NCLEX examination item development panel. To learn more, go to the National Council's web site at www.ncsbn.org, click *NCLEX Examination*, then *Developing the NCLEX Examination*, then *Item Development Application*. If you don't have web access, call 312-787-6555, ext. 496 and leave a message with your name, address and phone number.



COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing (see page 6 for dates), Board members hold Open Forum for people to talk to them on nursing-related issues.

If you want to speak during Open Forum, please call Beverly Finley in the Reno office at least two weeks before the meeting for detailed information. Open Forum time is divided equally among those who wish to speak.

WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

Call the Reno office if you're interested in having us come speak to your organization.

HANDY GUIDE INSIDE NURSE PRACTICE ACT
If you have questions regarding scope of practice, the first place to look is inside your Nurse Practice Act. There, you'll find a list of practice decisions, plus a guideline for determining scope of practice (page 33). If after reading it, you still have questions, call the Reno office. If it is an issue that needs further definition, you may request the Board issue a practice decision. The Board will then ask its Nursing Practice Committee to research the issue and make a recommendation.

Determining Your Scope of Practice

There is not a "list" of acceptable procedures

The Board gets a lot of calls regarding scope of practice. An RN wants to know if she can give inmates over-the-counter medications without a physician's order. An LPN in a long-term facility asks if it's okay to accept an assignment of a skilled-care patient if there isn't always an RN in house. An insurance company wants to know who can legally care for a child who needs regular blood transfusions. An LPN asks if he can insert and check the placement of an NG tube.

While the Nurse Practice Act and the Board's practice decisions do specifically address some of these questions (e.g. an LPN can insert an NG tube), there is no one "list" of acceptable procedures.

The Nurse Practice Act defines nursing in terms of applying the nursing process, teaching health care practices, and managing the practice of nursing.

To determine if providing a specific service or procedure is acceptable practice, both the specific circumstances involving the patient's condition and the competency of the nurse must be considered.

Published inside the Nurse Practice Act is a list of specific practice decisions (pages 28-32) and a guideline for determining scope of practice (page 33). The guideline lists these basic questions you should ask if you're trying to determine whether a practice is within your scope:

1. Was the skill/task taught in your basic nursing program?
2. Has this task become so routine in the nursing literature and in nursing practice it can be reasonably and prudently assumed within scope?
3. Is the skill/task in your facility's policy and procedure manual?
4. If it was not included in your basic nursing education, have you since completed a comprehensive training program, which included clinical experience? Has this training been documented in your personnel file?

5. Is the task/skill listed in the Board-approved skills for area of specialization? (See *Nursing Roles and Responsibilities* on pages 36-40 of the Nurse Practice Act.)

6. Does carrying out the duty pass the "Reasonable and Prudent" standard for nursing?

7. Is the action reflective of the consumer's desires and is it appropriately authorized?

If you can answer yes to all seven questions, and other state or federal laws and regulations don't prohibit it, the practice is probably within your scope.

Here are answers to some of the scope of practice questions the Board is frequently asked.

Q. Can an RN or LPN give inmates over-the-counter medications without a physician's order?

A. If a person is employed as an RN or LPN, he or she can only administer medications (including over-the-counter) under the regulation that governs prescriptions—NAC 632.071 "Prescription" defined.

According to that regulation, "prescription" means authorization to administer medications or treatment issued by an APN, a licensed physician, a licensed dentist or a licensed podiatric physician in the form of a written or oral order, a policy or procedure of a facility, or a written protocol developed by the prescribing practitioner. So, an RN or LPN can only give inmates over-the-counter medications with a prescription.

Q. Is it okay for an LPN in a long-term care facility to accept assignment of a skilled-care patient if there isn't always an RN in house?

A. The Nurse Practice Act states that an LPN must work under the direction of an RN, APN, physician, podiatric physician, or dentist, who must be periodically available on site, or available for immediate guidance. It also holds the chief nurse accountable for instituting standards of nursing practice so that safe and ef-

fective nursing care is provided to the patient. Under these guidelines, if the LPN believes that the availability of the RN passes the “Reasonable and Prudent” standard, then it’s okay for her to accept the assignment. If not, the LPN should discuss the assignment with her supervisor, and if necessary, follow the facility’s policies and procedures for refusing an assignment.

Q. Who can legally care for a child who needs regular blood transfusions?

A. An LPN can provide care within her scope of practice (see guideline). However, NAC 632.455 specifically states LPNs may not administer blood, so a qualified RN would need to perform the blood transfusions.

Q. Can RNs give chemotherapy without chemotherapy certification?

A. It depends. If they can answer “yes” to all seven questions in the scope of practice guideline, RNs can give chemotherapy without certification.

Q. Can LPNs give intravenous-push medication?

A. No. The Nurse Practice Act under NAC 632.455(5), specifically forbids LPNs from administering medication by intravenous push.

Q. Can LPNs do assessments in long-term care settings?

A. They can contribute to the assessment, according to “Nursing Roles and Responsibilities” (page 36 of the Nurse Practice Act). At the direction of an RN, APN, licensed physician or licensed dentist, an LPN can contribute to assessments of health status by (1) collecting, reporting, and recording objective and subjective data, (2) observation of conditions or change in condition, and (3) signs and symptoms of deviation from normal health status.

Q. Can LPNs perform arterial blood draws?

A. No. This practice decision is on page 31 of the Nurse Practice Act.

Q. A family is coming to Nevada for two weeks’ vacation this summer with a child with special needs who requires the care of an RN. An RN from New York will be traveling with the family. Does he need to get a Nevada RN license?

A. No. According to NRS632.340(5) *Exemptions from Required Licensing or Certification*, any legally qualified nurse or nursing assistant of another state whose engagement requires him to accompany and care for a patient temporarily residing in this state during the period of one such engagement (no longer than six months), does not have to hold a Nevada license or certificate. However, he cannot hold himself out as being licensed or certified to practice in this state.

Q. If a nurse or nursing assistant refuses to accept an assignment because she feels it is not safe, can she be charged with patient abandonment?

A. A facility can submit a complaint alleging patient abandonment, but the Board evaluates each complaint individually, using NAC 632.895(6). That regulation states an act of patient abandonment occurs if a licensee or certificate holder has been assigned and accepted a duty of care to a patient, departed from the site of the assignment without ensuring that the patient was adequately cared for, and as a result of the departure, the patient was in potential harm or actually harmed.

More questions?

Every day, Board staff members respond to all kinds of questions, on topics ranging from licensure to scope of practice to reporting requirements. We know that the state laws and regulations implemented by the Nevada State Board of Nursing can sometimes be difficult to understand. That’s why we welcome your calls. For licensure, certification or education questions, please call the Las Vegas office. The Reno office can help you with discipline, practice or administrative questions.

FOR MORE ANSWERS— GET INTO THE ACT

The Nevada Nurse Practice Act comes in a convenient carrying size. The 5-1/2” by 8-1/2” booklet is just \$5 if you buy it at the Reno or Las Vegas office, and \$8 by mail (make check or money order payable to the Nevada State Board of Nursing).

NOW YOU CAN CATCH OUR ACT ON THE WEB

The Board’s web site now has a link to the state laws and regulations which make up the Nurse Practice Act. It also contains a separate section on practice information, which includes a list of the Board’s practice decisions and guidelines for determining scope of practice.

Disciplinary Actions

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's web site and at community sites.

Board Meeting Dates

July 19-21 (Retreat)
Minden-Gardnerville

September 7-8
Las Vegas

November 16-17
Reno

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process

If the Nevada State Board of Nursing receives information that a nurse or nursing assistant may have broken the law (the Nevada Nurse Practice Act), the Board has the authority to investigate.

It will investigate if the complaint is received in writing, names a nurse or nursing assistant who is licensed or certified in the state of Nevada, is signed by the person making the complaint, and alleges a violation of the Nurse Practice Act.

Before disciplinary action is taken, the Board ensures the nurse or nursing assistant is given due process, which requires giving adequate notice, a description of the charges, and a hearing or the opportunity for a hearing.

The individual also has the right to a formal hearing, the right to an attorney, the right to not participate in an informal hearing, the right to not sign anything, the right to see the complaint, and the right to appeal.

If the evidence doesn't support the allegations, the complaint may be dismissed or closed. If the evidence does support the allegations, the Board can take disciplinary action against the individual.

Disciplinary action can include denial, reprimand, fine, suspension, probation, or revocation of a license or certificate. The Board considers each case individually.

The disciplinary penalty is determined based on a number of factors which include the severity and recency of the offense, degree of deviation from standard practice, evidence of rehabilitation, current ability to practice safely, mitigating factors, and past disciplinary history.

The law gives the Board nondisciplinary options, including a very successful program which allows qualified, chemically dependent nurses and nursing assistants to re-enter the workforce in a paced sequence. It also monitors their recovery to ensure the safety of patients.

The following are disciplinary actions taken by the Board for the period of November 20, 1999 through January 21, 2000.

Alexander, Nadia, CNA10184

Found guilty of violation of NRS 632.320 (14) violation of a Board order. Certificate was revoked, respondent may not apply for reinstatement for one year.

Becker, Susan, CNA4796

Agreement for Reprimand for violation of NAC 632.890 (10) positive drug screen while practicing nursing.

Brown, Arthur, CNA9453

Found guilty of violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (33) abuse. Certificate was revoked, may not apply for reinstatement for two years.

Butler, Cynthia, CNA8829

Denied based on violation of NRS 632.320 (5) impairment.

Jenne, Debbie, RN23809

License reinstated and five-year Agreement for Probation (disciplinary) accepted; issue marked restricted license.

Fisk, Cordelia, CNA Applicant

Denied based on violation of NRS 632.320 (2) convictions.

Glunz, Janet, RN19271

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (14) violation of a Board order.

Miller, Theresa, LPN7528

Agreement for Probation for violation of NAC 632.890 (2) practicing beyond scope.

Moretti, Maryann, RN29249

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NAC 632.890 (10) positive drug screen while practicing nursing.

ABBREVIATIONS

NRS

Nevada Revised Statutes

NAC

Nevada Administrative Code

Morris, Stephanie RN22763
Agreement for Reprimand accepted for violation of NRS 632.320 (7) unprofessional conduct.

Pelangka, Yolanda, CNA Applicant

Denied based on violation of NRS 632.320 (1) fraudulent application.

Prime, Jennifer, CNA11905

Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct.

Ruffer, Darlene, LPN10617

Agreement for probation for violation of NAC 632.890 (10) positive drug screen while practicing nursing.

Schmidt, Valdemar, CNA Applicant

Denial upheld based on violation of NRS 632.320 (2) convictions.

Sot, Rose, LPN7941

Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (9) impairment.

Stanton, Donna, RN23771

Found guilty of violation of NRS 632.320 (7) unprofessional conduct and NAC 632.890 (34) misappropriating the property of a patient. License is revoked, may not apply for reinstatement for 10 years.

Susman, Diana, RN10665

License reinstated and five year Agreement for Probation (disciplinary) accepted; issue marked restricted license.

Tacotaco, Armedia, CNA2472

Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application (forged CEs).

Vonfeldt, Theresa, RN Applicant

Denied based on violation of NRS 632.320 (1) fraudulent application.

Wright, Jennifer, CNA3766

Denied based on violation of NRS 632.320 (2) convictions.

Yenne, Dorothy, LPN8913

Agreement for Reprimand for violation of NRS 632.320 (1) fraudulent application (forged CEs).

Questions? Call **Debra Scott**, Associate Executive Director for Nursing Practice, in Reno.

New Committee Members

Board appoints 21 members to five committees

During its last two Board meetings, the Board reappointed 11 members and appointed 10 new members to serve on five standing advisory committees.

Nursing Competency

At its March meeting, the Board appointed Shirlee Snyder, EdD, RN, Margaret Puccinelli, MSN, RN, and Sandra Cromwell, RN, and reappointed Susan Young, MS, RN; and Amy Davies, RN, EMS/RN, to its Nursing Competency Advisory Committee. This committee gives the Board recommendations about continuing education and its correlation to competency within nursing practice. Members comprising this committee are actively practicing licensed nurses from a variety of health care settings.

Certified Nursing Assistants

In March, Linda Dammeyer, RN, MHS, was appointed and Christine Beck, RN, was reappointed to the CNA Advisory Committee. This committee is distinctive because its composition is defined by statute (NRS 632.072) and its duty is to advise the Board on matters relating to certified nursing assistants.

Advanced Practice

Also at its March meeting, the Board reappointed Joy Landers, MSN, RN, APN, and Phyllis Suiter, MS, RN, APN, for second three-year terms and Alice Running, PhD, RN, CS, to a one-year term on its Advanced Practice Advisory Committee. It appointed Amy Berndt, MSN, RN, APN, and Martha Drohobyczer, MSN, CNM, to three-year terms. The committee advises and reports to the Board on matters related to the practice of advanced practitioners of nursing. It consists of not more than seven persons who are knowledgeable in areas concerning APN practice.

Disability

In March, the Board appointed two new members to the Disability Advisory

Committee— Amy Chaffin, MS, RN, and Janet Waugh, RN. It reappointed Patricia Green, RN, and Rilo Weisner, MS, RN. This committee evaluates nurses and CNAs regarding chemical dependency or psychiatric disorders which may be impairing their nursing practice, then makes recommendations to the Board. It also monitors recovery progress through scheduled interviews with the nurse or CNA and through regular reports from employers and treatment providers.

Nursing Practice

At its May meeting, the Board reappointed Kelly DeMaria, RN, Debbie Rizzo, RN, and Ruth Ripsom, RN, and appointed Nancy Harland, RN, and Linda Charlebois, RN, to the Nursing Practice Advisory Committee. The committee advises and reports to the Board on matters related to the establishment of state standards of nursing practice. The committee consists of at least 10 persons who are knowledgeable in all areas of general nursing practice in Nevada and trends in national nursing practice.

Vacancies

With these appointments, the Board has filled all immediate vacancies on its committees, except for an opening for a long-term care representative on its CNA Advisory Committee and two openings for members of the Disability Advisory Committee (DAC). DAC members include professional substance abuse and mental health nurses, and nurses who have recovered from alcohol or drug addiction or have had other life experiences around addictions.

CE forgeries on the rise

The number of people who don't complete their continuing education courses before their renewal date is increasing, and unfortunately, so are the number of discipline actions related to forged or altered CE certificates. Please remember to complete your continuing education courses on time, keep your certificates in a safe place, and if your application is stamped "C.E. AUDIT," make sure you submit valid copies of your certificates with your renewal application.

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to seven standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's web site and at community sites. If you are interested in applying for appointment to fill an upcoming opening, please visit the Board's web site or call the Reno office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months.

Advanced Practice Advisory Committee (none)
September 18, 2000

CNA Advisory Committee (one—a long-term care representative)
August 23, 2000

Disability Advisory Committee (two)
November 3, 2000

Nursing Competency Advisory Committee (none)
August 16, 2000

Nursing Practice Advisory Committee (none)
July 12, 2000

Contact

Nevada State
Board of Nursing

ADMINISTRATION, DISCIPLINE AND INVESTIGATION

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LICENSURE, CERTIFICA- TION, RENEWAL AND CONTINUING EDUCATION

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WORLD WIDE WEB
nursingboard.state.nv.us

Board Meeting Highlights

WNCC to offer weekend/
evening ADN program

At its March meeting, the Board applauded a proposal from Western Nevada Community College for a weekend and/or evening associate degree in nursing program. WNCC proposed the program as a way to address the nursing shortage. "Demand is driving this," explained Mickey Wade, MS, RN, director of the college's allied health programs. "We need to be creative without lowering standards."

The college is currently accepting applications, and is planning to offer its first course in the fall. For more information, call Mickey Wade at 775-445-3295.

Board reviews IOM's report
on medical errors

In November, the National Academy of Science's Institute of Medicine (IOM) published a report on patient safety and medical errors. The IOM report estimated as many as 44,000 to 98,000 people die each year as a result of medical errors. The Board reviewed the report's findings and discussed ways it might incorporate some of IOM's recommendations into its processes. It is currently exploring a way to formalize the method it already uses to take system errors into account during a complaint investigation.

TOLL-FREE
CONSUMER HOT LINE
800-746-3980

or in the Reno calling area, 688-2620

The Nevada State Board of Nursing has a hot line to help consumers who have questions or concerns about the nursing care they or their loved ones are receiving.

Please encourage your friends, families and patients to call the hot line if they have concerns about nursing care. And remember, if you or anyone else wishes to file a complaint against a nursing assistant or nurse, it must be done in writing. Complaint forms can be requested by calling the hot line.

Remember To Wear Your Name Tag

It's the law—in all practice settings

If you're a registered nurse, licensed practical nurse, certified nursing assistant, nursing student, graduate nurse, or nurse certified in an advanced specialty, you must wear a name tag. The legal definition of "name" is both your first and last names. Your name must be prominently displayed on your clothing, and be clearly legible from a distance of at least three feet. For more information on identification requirements, please read the Nurse Practice Act, NAC 632.249 and 632.251.

Nevada State Board of
NURSING NEWSLETTER

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