

Nevada State Board of

NURSING NEWS

October 2009



**Internationally Educated
Nurses Participate
in Research**

**How to Respond When
Your APN Certificate
is Audited**

ON THE COVER: Participants and researchers involved in the highlighted research project on page 14. **First Row (L to R):** Miriam Torpey, Leonides Penaflor, Marilou Cadiz, Alma Tomenio Rezendes, Maribel Villaroman, Agnes Magbanua, Raul Ellazar.

Second Row (L to R): Anne Bolstad, Jennifer Bides, Shiela Chan, Roseann Colosimo, Deenamma John, Margaret Covelli, Anita Dioquino, Debra Scott, Teresita Young, Michael Wong, Mandy Tarquino

The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

Debra Scott, MSN, RN, FRE
Executive Director

Dean Estes, Editor
Director of Finance/Technology

5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547
888-590-6726
nursingboard@nsbn.state.nv.us

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CONTACT

NEVADA STATE BOARD OF NURSING

5011 Meadowood Mall Way, Suite 300
Reno, NV 89502-6547
phone—888-590-6726
fax—775-687-7707
nursingboard@nsbn.state.nv.us

2500 W. Sahara Ave., Suite 207
Las Vegas, NV 89102-4392
phone—888-590-6726
fax—702-486-5803
nursingboard@nsbn.state.nv.us

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Patient Safety Enhanced by Nurses Supporting Nurses

A message from the executive director

Debra Scott, MSN, RN, FRE

Nurses supporting nurses to enhance patient safety and quality of care—that was the basis for Nevada State Board of Nursing’s involvement in the research project, *Effects of a Short-Term Linguistic Class on Accent Reduction of International Nurses* which is highlighted in this quarter’s issue of the NSBN News Magazine. The primary researchers, Yu Xu, PhD, RN, CTN, CNE, University of Nevada Las Vegas (UNLV) School of Nursing, Jay Shen, PhD, UNLV School of Community Health Sciences, Roseann Colosimo, PhD, RN, Nevada State Board of Nursing, Margaret Covelli, RN, MHA, CHE, Spring Valley Medical Center, and Anne Bolstad, BS, UNLV School of Community Health Sciences, collaborated in an intervention study using a quasi-experimental design. The project was conducted to test the effectiveness of a 10-week linguistic class on the reduction of phonological errors in 61 international nurses working in 2 hospitals in Las Vegas.

As an involved observer, I was privileged to meet the researchers and some of the participants on two different occasions. Their enthusiasm, commitment, and investment in the project and the anticipated outcome was contagious as I witnessed the interactions of the individuals at their final reception to mark the end of the project. The shared accomplishments and relationships were evident among the researchers and the participants. They were proud of the evidence they had found as a result of the experiment which applied constructive intervention to reduce the accent of internationally educated nurses in the practice setting.

I have recently experienced how accent can effect communication, not to men-

tion the impact of cultural differences among participants in a group experience. I just returned from participating in the International Council of Nurses (ICN), Global Nursing Leadership Institute 2009, in Geneva, Switzerland—a five-day program aimed at offering an advanced leadership experience for nurses at senior level and executive positions. The ICN has three goals: to bring nursing together worldwide; to advance nurses and nursing worldwide; and to influence health policy. The Council’s core values are visionary leadership, inclusiveness, flexibility, partnership and achievement. These goals and values motivate all of the Council’s activities including the establishment of this program, the first Global Nursing Leadership Institute.

The program was offered in English, but the participants represented 23 different countries, including Indonesia, Iran, Kenya, Taiwan, Australia, New Guinea, Lebanon, Grenada, and Barbados, among others. There were three participants from the US, one from New Hampshire, one from New York, and me. Although we were sequestered in a chateau in France, relatively secluded from outside influence, our group found common bonds in professional, personal, and spiritual realms. Language, culture, circumstance, position, opportunity, and resources were no barrier to shared vision and commitment to patient advocacy throughout our world.

Nurses find ways to work together to benefit patients and communities; let us also find ways to support each other in that ever so important goal of patient advocacy.

As we enter the 21st century, technology continues to play a huge role in how things are done. In my last article, I discussed the inevitability of change. In the NSBN’s business meeting that was held in July; we discussed the elimination of the “hard card” license. This action is being considered for several reasons.

Seventy to eighty cards are returned to the NSBN office each month marked “non-deliverable”. The card was initially created to be a barrier against fraud, and sadly it is not. Because of technology, licensure verification is available on the NSBN website 24 hours a day, 7 days a week; which is a much safer way to verify licensure.

Technology is only a benefit if we implement it completely. It is frustrating when a new process is implemented and the old process remains in place, making double the work instead of the intended outcome of lessening the work burden. Since the technology now exists to verify licenses on line, the need for a hard card is less evident. In my opinion, it only makes sense to eliminate the card.

This change is not without angst. The two biggest concerns are “Will I still be notified by the Board of my pending renewal?” and “I have always had a card; what will I do without one?”

Currently the NSBN, by regulation, sends a renewal reminder to each nurse. But many of these reminders, like the hard cards, are returned, come back to the board, never reaching the intended receiver. This wastes dwindling resources and isn’t efficient. So the answer to the first concern is, “Yes, the board will continue to send a reminder card to every nurse.” You are required by regulation to keep your address current, so please report any address changes so the reminder card can reach you.

Perhaps it is time for each individual nurse to be prepared to be responsible

Embracing Technology

Words from the president

Doreen Begley, MS, RN



for renewing his/her own license. Your license is renewed every two years, on your birthday, so it is not a random date that continually changes. Because there is an expectation that 30 continuing education units be obtained throughout that two-year period, it is a deadline that requires forethought and planning.

Given those two requirements, license renewal should occur in an orderly fashion, not one of surprise. Remembering your renewal date should become a part of your ongoing professional responsibilities.

The second concern has more to do with the nature of change. In my 40 year nursing career, I have had to make many adjustments to change. I think it is unreasonable to expect that everything remains the same. I have actually been appreciative of many of the changes. For example, Do you really miss glass syringes? (for those of you old enough to have used them...remember how the medicine would leak out if you didn’t steady the plunger in the barrel?) Do you really miss washing glass thermometers? (and ruining an entire batch by using hot water?)

Perhaps it’s time to retire the dinosaur of a “hard card”. It can become a souvenir of your past. It can go on the shelf with your cap and your nursing cape. As time passes, your grandchildren can sell it on E-bay as an antique. As we continue to move forward into the 21st century, we can embrace the convenience of today’s technology, while at the same time, conserving our resources.

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

November 18-20, 2009 – Reno

January 13-15, 2010 – Las Vegas

March 17-19, 2010 - Reno

ADVISORY COMMITTEES

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

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Advisory Committee (none)

November 3, 2009

CNA Advisory Committee (two)

October 22, 2009

Disability Advisory Committee (none)

October 23, 2009

Education Advisory Committee (none)

October 29, 2009

Nursing Practice Advisory Committee

February 2, 2010

BOARD TALK

COME TALK TO THE BOARD

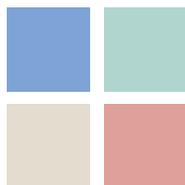
During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens the first day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

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.



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MEDICATION SAFETY EDUCATION

By Roseann Colosimo, PhD, MSN, RN, Education Consultant

Medication administration has become increasingly complex over the 38 years I have been a nurse. A culture of safe medication administration is vital to the practice of professional nursing.

A number of years ago, I created an assignment for nursing students in which they would interview a staff nurse and a charge nurse about medication errors on the unit. I wanted the students to learn about incident reports, procedures of calling doctors, and how hospitals track errors to improve care. The really wonderful thing the nursing students were consistently told by nurses is that whenever a nurse made a medication error, the nurse had not followed the five rights of medication administration: Right patient, Right medication, Right dose, Right time, Right route—inflation in nursing education has increased the rights to between 6 and 10.

Much to my surprise, during the over five years I made this assignment, 85% of all student nurses reported they were told that medication errors were not reported unless notable harm occurred. Obviously, this is one of the GAP areas between practice and education, which may be impacted by the legal liabilities in healthcare.

Nursing is entering a new age of accountability. Nursing medication errors now are front-page stories alerting consumers to the need for a culture of safety in healthcare. Resources are being developed which enable nurses to be

alert to types of medication errors that have occurred in hospitals so that safeguards can be put in place.

One resource for Nevada nurses that is

easily available if you have online access is the Nurse Advise-ERR newsletter. ISMP Nurse Advise-ERR is a federally certified public safety organization whose editor is a nurse. There is a monthly newsletter that gives specific case examples of medication errors, analysis of how they occurred and suggestions of changing hospital or nursing practice to minimize risk.

The January 2009 issue discusses smart pumps, misread Oxycontin and Oxycodone orders and look-alike names **continued on page 9 >>**



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Why Would I Want to be a CHIEF NURSE?

By Fred Olmstead, General Counsel

Inspections completed by state licensing agencies may result in the identification of violations of the Nurse Practice Act (NPA) by RNs, LPNs and CNAs. Ultimately, it is the chief nurse who may be held accountable for the conduct of nursing employees based on NAC 632.224 which provides that a RN who is employed as a chief nurse is responsible for the management of other personnel under her supervision and shall “create a safe and effective system for delivery of nursing care which complies with nationally recognized standards”. If violations are found during a survey or complaint investigation by a licensing agency inspection and the surveyors identify that the chief nurse may be responsible for a potential violation of the Nurse Practice Act, a complaint will be submitted to the Board for possible action.

Taking this situation into consideration, why would anyone want to be a chief nurse? If every violation of every person who works in my facility found during an inspection is forwarded to the Board for action and ultimately I might be held responsible for their conduct, resulting in action taken against my license as a chief nurse, why would I take a chief nurse position?

First, the state licensing agency doing the survey analyzes the data found during the survey to ascertain whether or not a law has been violated. Only when and only if there is evidence of a violation, is the situation submitted to the nursing board for review. The nursing board then does a very thorough investigation to find out the facts of the case, always maintaining an objective perspective on the conduct of the nurse involved. Very often, it is evident that the chief nurse has made positive changes in her facility policies and procedures, has inserviced her staff, and has rectified the deficiencies that led to the initial complaint investigation. Most importantly, because of the changes that have been made in nursing services, the original reason for the complaint investigation no longer threatens patient safety. The chief nurse intervened to meet her responsibility under the Nevada Nurse Practice Act.

Let’s take a closer look at the regulation that gives guidance to chief nurses in how to protect themselves from problems with the Board. NAC 632.244 is seemingly a double-edged sword. First, the bad news is that chief nurses may be disciplined for failing to “create a safe and effective system for delivery of nursing care.” On the other hand, NAC 632.244(2) clearly provides guidelines for conduct. It states:

A registered nurse who is employed as a chief nurse is responsible for the management of other personnel under his supervision and shall:

- (a) Establish the authorized scope of practice for the nurses he supervises and establish and document a process to carry out, maintain and improve the knowledge, skills and ability of those nurses to provide safe and effective care.
- (b) Before assigning those persons, verify

their ability to carry out safely duties which are identified in a written policy and to follow the procedures established by the employing agency.

- (c) Establish written guidelines to be followed by personnel under his supervision for receiving and administering prescriptions. The guidelines must include procedures for:

- (1) Identifying the type of patient to be served;
- (2) Identifying the intended medical treatment; and
- (3) Resolving any questions related to a prescription,

if the prescription is not received directly from an advanced practitioner of nursing, a licensed physician, a licensed physician assistant, a licensed dentist or a licensed podiatric physician.

- (d) Ensure that the guidelines established pursuant to paragraph (c) are available at each site where nursing care is provided under the supervision of the chief nurse.

To comply with NAC 632.224, a chief nurse must:

- Establish written policies and procedures which includes a process to carry out,

continued on page 13 >>





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HOW TO RESPOND WHEN YOUR APN CERTIFICATE IS AUDITED

by *Patty Shutt, LPN, Site Operations Supervisor*

Most importantly, you must respond to the Board's request for documents in a timely manner. Failure to comply may result in your being disciplined by the Board. Now let's try to quash your fears of being audited.

You might be wondering why the Board chooses to audit you. The law requires that we audit a portion of licensees that have recently renewed to determine if nurses have the documents to support their attestation on their renewal applications that they have met the requirements for renewal stated in the Nurse Practice Act. For RNs, we audit whether or not they have documentation to show that they have completed the required 30 continuing education hours. It is more complicated for advanced practitioners of nursing (APNs). The Nevada State Board of Nursing does random monthly audits on all licensees and certificate holders who we regulate. Your chance of being audited based on the number of nurses we audit is that most nurses will be audited about every 4 years. No promises, though, since the names we audit are picked strictly by randomizing the license/certificate numbers in our database.

Board staff start the audit process by sending a letter to the nurse who has been chosen for audit after we have received the randomized license/certificate numbers from our IT department. The letter is sent to the address of record in our database. (Caution: Nurses who neglected to change their addresses of record after a move have been disciplined by the Board for noncompliance with the audit process because they didn't get the audit letter nor the letter noticing them of their Board hearing.) The letter contains directions for submitting the information which the nurse will send to the Las Vegas office. The audit checklist which accompanies the initial audit letter was developed to assist in gathering the requested documents. The nurse has 30 days to gather and submit the information; the letter will state when the information is due.

Board staff review the continuing education certificates. The remaining information is reviewed and updated in our database

file. This is our quality assurance process to make sure that we have the most current information on file. There is then a final review of all of the audit documents. If any information is incomplete or missing, the Executive Director's administrative assistant will send the nurse another letter requesting the missing information.

Most APNs who are audited submit all of the requested information, but we have had many calls with questions about exactly what documents will meet the requirements of the audit. In addition, the documents we request are those that the nurse must have at her practice site. The nurse's protocols, the collaborating agreement, a copy of the DEA number and the national certification document should be kept at the practice site. If audited, those documents will be readily available to be copied and submitted with the audit form.

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Information YOU as an APN Must Remember

APNs in Nevada may not practice in Nevada unless they have a current Nevada collaborating physician. If you terminate your agreement with one doctor, you may not practice until you have submitted the new physician agreement which includes your practice site or sites. If you are not able to obtain a current Nevada collaborating physician, you must put your certificate on inactive status until you and your new collaborating physician have signed a new agreement which has been submitted to the Board. If you move out of state and practice elsewhere, you must place your APN certificate on inactive status.

The exception to the requirement of a Nevada physician is for the APN who is employed by the Veterans Administration (VA). If you are employed by the VA, you do not necessarily have to collaborate with a Nevada physician. Nevada APNs employed by the VA may be audited and will be required to submit the same documents as APNs who are working outside of the VA system. The only difference is that your physician will be employed by the VA and may not have a current Nevada license. Your physician must have a current license in another state and the Board will accept the agreement along with other documentation provided by the VA. Should a VA Nevada APN decide to work outside the VA setting, the Nevada APN will then be required to submit a collaborating agreement with a physician who is licensed in Nevada. APNs not licensed in Nevada may not practice outside of the VA system unless they get licensed/certified in Nevada.

You will have 2 types of collaborating agreements, one is the one page document for the Board of Nursing, it can be found on our website www.nursingboard.state.nv.us, it must be on letterhead and signed by both the APN

and the physician with all the practice sites listed. This agreement is the APN alerting their regulatory board (nursing) they are collaborating with this physician. The second agreement is for the Board of Medical Examiners and this document can be found on the Board of Medical Examiner's (BOME) website; this document must also be signed by both the APN and the physician and must be notarized for the Medical Board. This document is the physician alerting his regulatory board that he is collaborating with the APN. The Board of Nursing does not need the BOME document, nor can it be copied and submitted to the NSBN as the collaborating agreement for the NSBN. Letters submitted with just the information of starting with a new physician will not be accepted because more information is required. Please use the format which is available on our website.

The following document is the actual checklist Board staff use to process your audit. Under Auditor's Comments, we have provided a description of the information needed to complete your audit. All of this information should be readily available at your practice site so that you may copy it and submit it to the Board when audited. The information requested is nothing out of the ordinary. We are looking for evidence that your protocols are reviewed on a regular basis and revised to reflect current practice and that you have a quality assurance process in place. Your agency may require scheduled formal protocol reviews, but this is not required by Nevada regulation.

If you are not certified through a national certifying/credentialing body, you must have a publication which outlines the customary standards for your type and specialty of advanced practice which must be kept at your practice site. These publications are available on the national certifying bodies' websites.

This article is our attempt to alleviate your concerns and answer the questions that arise when you are audited. Should you have further questions, please don't hesitate to call Board staff for assistance.

BOARD VOTES TO ELIMINATE HARD CARD LICENSES/ CERTIFICATES

At its September 2009, meeting, the Nevada State Board of Nursing voted to eliminate the issuance of hard cards licensure/certificates, effective January 1, 2010.

The card issued by the Board was initially created to be a barrier against fraud, but sadly the card no longer serves its intended purpose. Additionally, some employers accept the card as proof of current licensure/certification status and do not verify the current status on the Board's verification system. The accuracy of the information on the card is only guaranteed to be valid on the day the card is issued. After that, a license/certificate may be suspended, revoked or have other discipline imposed and the hard card will not reflect that. The Board recommends that all employers of nurses/CNAs verify current licensure/certification status online at the Board's website.

The Board does not require you to have the card in your possession. If your license/certificate is active and in good standing with the Board, you may practice the full scope of nursing that you have been licensed/certified for. Employers, educational institutions, or other entities that require the card will need to revise their internal policies as all nurses/CNAs that

are issued a license/certificate on or after January 1, 2010, will not be issued a hard card license/certificate.

Between now and the end of this year, Board staff will be working to ensure as smooth a transition as possible. Our web verification system will be enhanced to be compatible with all browsers; letters will be sent to all chief nurses and all licenses/certificate holders; and staff will be making special presentations to chief nurses and nursing and CNA classes. If you would like some proof of your current status to show your employer or other interested parties, you may print out the verification information from the Board's website.

This change is not without some angst for many of you who carry their hard card faithfully each day while carrying out their duties as a nurse or CNA. But the Board has decided that it is the best decision to make to help ensure protection of the public.

If you have a specific question or concern, we invite you to contact us by email at nursingboard@nsbn.state.nv.us or you may contact our office by telephone (888) 590-6726 and speak to an administrative staff member.

<< continued from page 5

like Jantoven, Januvia and Janumet. This newsletter has had an increase in readership of 1 million nurses in 2007. Nurses all over the country are working as individuals and in groups to improve the nursing safety culture.

The newsletter utilizes the Federal Aviation Administration definition of a safety culture. It may be wise for nursing administration to actively pursue continuous improvement of safe medication administration as each nurse's individual responsibility. Surveillance and vigilance is at the heart of expert nursing practice.

"Safety culture is the enduring value and priority placed on worker and public safety by everyone in a group at every level of an organization. It refers to the extent to which individuals and groups will commit to personal responsibility for safety, act to preserve and enhance and communicate safety concerns, strive to actively learn, adapt and modify (both individual and organizational) behavior based on lessons learned from mistakes and be rewarded in a manner consistent with these values." Federal Aviation Administration reports 2002.

A safety culture is the responsibility of each and every nurse. How have you taken individual responsibility to be a safe nurse this month?

NCSBN elects new members to its Board of Directors during its 2009 Delegate Assembly

CHICAGO - The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2009 Delegate Assembly. Those elected include:

Vice President • Myra A. Broadway, JD, MS, RN, executive director, Maine State Board of Nursing, was previously the Area IV director from 2003-2007. During her tenure, Broadway served as board liaison to both the Examination and Commitment to Ongoing Regulatory Excellence Committees. She also served as a director-at-large from 2000-2002 when she was board liaison to Commitment to Excellence and Model Rules subcommittee.

Treasurer • Randall Hudspeth, MS, APRN-CNS/NP, FRE, FAANP, board member, Idaho Board of Nursing, previously served as a director-

at-large. Hudspeth is an inducted Fellow of the NCSBN Institute of Regulatory Excellence, and has served two terms as board chairman and two terms as vice chairman of the Idaho Board of Nursing.

Directors-at-Large

Debra Scott, MSN, RN, FRE, executive director, Nevada State Board of Nursing, is an inducted Fellow of the NCSBN Institute of Regulatory Excellence and is currently the chair of the NCSBN Continued Competency Committee. She previously served on the NCSBN Practice, Regulation, and Education Model Revision Subcommittee from 2003-2004.

Pamela Autrey, PhD, MBA, MSN, RN, board member, Alabama Board of Nursing, currently serves on the NCSBN Continued Competency Committee and previously was a member of the

NCSBN Disaster Preparedness Committee.

You may find more information on the newly elected area directors and members of the Leadership Succession Committee at nscbn.org.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories - American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

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Engaging workplace, career development programs and promising opportunities bring prestigious award to Banner Health.



What does Banner Health, one of the largest non-profit healthcare systems in the country, have in common with outstanding consumer brand names like Qwest, Campbell's Soup, Starbucks and Marriott? All of these names are among a select group of organizations recognized with the prestigious Gallup Great Workplace Award.

Gallup Consulting, part of Gallup Inc., established the Great Workplace Award in 2007 to recognize excellent companies for their extraordinary ability to create an engaged workplace culture. Only 23 companies from around the world are bestowed with this award each year, and Banner Health is a proud 2009 recipient.

"Studying more than 15 million employees worldwide allows us to set an extraordinarily high bar for this award," said Tom Rath, who leads Gallup's Workplace and Leadership Consulting practice. "The winners have gone far beyond just offering nice perks and benefits. They have created an environment that truly engages people every day, throughout the organization."

Banner Health is committed to taking excellent care of their caregivers by providing an engaging workplace, career development programs, promising opportunities, new technology and more to their healthcare professionals. Empowering employees to develop and thrive is a cornerstone of Banner Health's success.

"The Gallup Great Workplace Award is an amazing recognition for Banner, but what is more important is that we have created a more engaged, supportive and collaborative workplace, which is essential to fulfilling our nonprofit mission of making a difference in people's lives through excellent patient care," said Banner Health President and CEO Peter S. Fine.

"Every one of our 35,000-plus employees owns a part of this terrific award," said Fine. "I'm extremely proud of the quality workplace that Banner employees have worked so hard to create."

Banner Health Nurses Journey, one of Banner Health's career development programs, was established as a program to prime nurses for career growth and success. Overall, it prepares Banner Health's nurses to provide excellent healthcare to their clients. The program is customized for individuals at all career stages and provides guidance and unlimited growth opportunities

through preceptors, clinical academies, a year-long residency for nursing graduates, certifications, shared leadership opportunities and more.

There are numerous opportunities for healthcare professionals to succeed by taking their career in the direction that best meets their goals and aspirations. Banner Health has locations in seven Western states and a range of facilities that include Level I trauma centers, Magnet™ facilities, teaching hospitals, rural community medical centers, home health agencies and everything in between.

Banner Health's growth is evident in both technology and innovation. They believe that providing leading-edge technology enables nurses to give leading care. All Banner Health facilities have implemented remote monitoring of critical care patients (eICU), electronic medical records (EMR) and Banner Health's Simulation Education spans the seven states and offers the opportunity to work with computerized mannequins to learn how to insert tubes, draw blood and even deliver babies.

"Clearly, we have a lot of great leaders throughout Banner Health who deserve a special and well-earned thank you for their impressive contributions to this award," said Fine. "One of our goals in 2009 is to continue building on the qualities that merited this award to create the kind of great workplace every employee should expect on their Journey with Banner."

For more information or to apply, visit jobs.BannerHealth.com/nvn or call **1-866-377-JOBS (5627)**.

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IF I HAVE A QUESTION ABOUT SCOPE OF PRACTICE,

What Can I Do?



By Amy Clark, RN, BSN

Scope of practice questions are frequent calls to the Board of Nursing. Do you have questions about what is within your practice or the practice of a co-worker? Well, chances are if you are asking the question, so are other people, so let's find an answer.

WHERE TO START. The first place to look for an answer to any scope of practice question is in the Nurse Practice Act (NPA). Chapter 632 of the Nevada Revised Statutes and the Nevada Administrative Code deals with all of the laws for the Nevada State Board of Nursing. The NPA can either be accessed online through the Board of Nursing's website or a copy can be purchased from one of the Board of Nursing offices. Included in this section you will be able to answer some questions on whether or not a task is within the scope of practice of the nurse or the CNA. However, obviously not all tasks can be listed, so where to go from there?

PRACTICE DECISIONS. Maybe the question has already been asked and answered by the NSBN Nursing Practice Advisory Committee. Again, practice decisions can be accessed electronically at the Board's website or they can be found in the back of the Nurse Practice Act. Still haven't had your question answered?

DECISION TREE AND POLICY AND PROCEDURES. Any of you who have ever called the Board of Nursing and asked if a certain task is within the scope of practice of a nurse or CNA have probably been referred to either the Scope of Practice Decision Tree or to your facilities policies and procedures. This would be your next step. Located again online and in the

NPA is the decision tree. So let's start there. The Decision Tree is a tool that is extremely helpful in determining if you are practicing within your scope. If you answer "no" to any of the questions, stop because you are out of your scope of practice. Sounds simple enough, right? Not always, if you are still unsure, check your facility's policies and procedures. No policy or procedure? Well, then maybe it is time to ask the Nurse Practice Advisory Committee.

NURSE PRACTICE ADVISORY COMMITTEE (NPAC) The NPAC is made up of at least 10 nurses who are knowledgeable in all areas of general nursing practice in Nevada and trends in national nursing practice. The purpose of the committee is to advise and report to the Board on matters related to the establishment of state standards of nursing practice.

GETTING STARTED WITH THE NPAC Once you have reached this point, there is now some work to be done. Want to feel like you are back in nursing school again? Well, here you go. First, go online to the Nevada State Board of Nursing's website. There, under the Practice and Discipline section, you can download a form entitled Practice Decision Requests. This form will be your template. Answer as many questions as you can on the form, as that will be the greatest help to the committee. And how do you find the answers to these questions? Well, this is where the back to nursing school part comes in. Research, research and more research.

RESEARCH. If you have access to CINAHL (Cumulative Index to Nursing and Allied Health Literature), this is a wonderful place to start. Through CINAHL, you

can access peer-reviewed journals, studies, and articles that may have been written on your topic. Next look to professional nursing organizations. Does the Nevada Nurses Association, or National Organization for Oncology Nurses, or whomever the experts may be, have an opinion on your topic? When those areas have been addressed, then look at what other State Boards of Nursing are doing. All fifty states, and some of the territories, have web sites that can be accessed. Some are easier to navigate than others, but all are accessible. Start on the websites, and just as you did with Nevada's website look under their Nurse Practice Act and their practice decisions. If the information is not available online and you think it merits a call to the Board, you will find that all the Boards are more than willing to provide you with an answer (or direct you to your facility's policies and procedures or decision trees). How many boards you contact is completely up to you, but when you present your question to the committee, you want to be able to present as accurate and complete a picture as possible about what the research shows and what the trends across the country already are.

THE COMMITTEE MEETING At the meeting you will be asked to present your question and all of the wonderful research that you have completed. The committee will then discuss the question. If it is decided that there is further research needed, they may assign it to a committee member or create a task force to do that further research.

RESOLUTION After all of the research is completed and has been brought back before the committee if needed, the committee will discuss the issue and take all evidence into consideration. The committee then votes on whether or not to recommend to the Board to adopt the practice decision. If the answer is yes, then the practice decision is placed on the agenda for the next Board meeting.

THE BOARD MEETING Now the day has come to bring it to the Board. The Board will listen to anyone who wishes to come forward and testify, whether it be for or against the practice decision. They will take all the testimony as well as the recommendation of the NPAC,

the research, and all the evidence presented, into consideration and then they can vote. The Board can vote to either send it back to committee for more research, vote to adopt the practice decision (as is or as amended) or they can vote to not adopt the decision. And hopefully at the end of all this you will have an answer.

Hope to see you at the next Nurse Practice Advisory Committee meeting, by the way, as I'm sure you guessed, you can find their meeting dates and times on the Nevada State Board of Nursing's website at www.nursingboard.state.nv.us.

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maintain and improve the knowledge, skills and ability of the nurses and CNAs at her facility. The written policies and procedures, if followed, will provide safe and effective nursing care.

- Make sure that all nurses and CNAs at the facility are competent to follow the established written policies and procedures and are duly licensed/certified in Nevada to practice nursing.
- Make sure the written policies and procedures are available at all nursing stations or practice sites.
 - Have a safe patient staffing plan which is clearly followed in the allocation of nursing personnel for patient care.

If a chief nurse does all of the above things, she has created "a safe and effective system for delivery of nursing care." The chief nurse has met the requirements of the law under which she will be judged, and absent any other facts, will not be disciplined for violating NAC 632.224.

The State of Nevada needs more chief nurses. Fear of being disciplined by the Board of Nursing should not prevent nurses from stepping up and taking charge to create a safe and effective healthcare delivery system for her nurses to work in and to provide safe care to the residents of Nevada. Nevada needs nurses to accept a chief nursing position in a facility even if the system may have areas needing improvement. If a chief nurse accepts a challenging position and establishes effective policies and procedures that are followed by her competent staff, she will thereby establish a safe and effective system. That chief nurse need not worry about being disciplined by the Nevada State Board of Nursing, as long as she meets the requirements of the NPA.

Kathleen Murphy Jones
Nurse Attorney
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and Licensed Attorney
since 1993

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INTERNATIONALLY EDUCATED NURSES PARTICIPATE IN RESEARCH

Internationally educated nurses (IEN) face many common challenges working in the U.S. healthcare system. Phonology, the pronunciation of words and intonation of words, is one of the more important challenges because it is fundamental to communication and therefore affects clinical encounters. Many IEN's report they have experienced complaints and disapproval from patients, families, and coworkers as a result of accented speech, mispronounced words, or misunderstood idioms. Patients have even rejected IEN's and questioned their ability to provide quality care based because of their less-than-perfect English. The nuances of American speech or idioms are not intuitive. Yu (Philip) Xu, principal investigator for Speak for Success, a project funded by the National Council on State Boards of Nursing (NCSBN), recounts a story he learned in Las Vegas. A charge nurse told an IEN co-worker that she was assigned to the graveyard shift and the IEN cried because she thought that she would be working with the dead people.

Variations in the healthcare systems outside the U.S. also bring challenges. American patients and physicians expect different nursing actions than IEN's typically use in their home country. In some countries the physician is onsite at all times and does not rely on nurse observations to provide patient care. While in others, physician orders are never discussed or questioned. While you cannot generalize differences into such simplistic categories, it is important to understand that linguistic and cultural differences do exist. All these can potentially affect communication between IENs and other healthcare team members.

Researchers from UNLV's School of Nursing and the School of Community Health Services partnered with the Nevada State Board of Nursing (NSBN) and Spring Valley

Hospital Medical Center (SVH) staff to identify IEN issues in the Las Vegas area. The result was Speak for Success., Desert Springs Hospital Medical Center joined the team just before the implementation phase and together the team carried out this project.

Speak for Success is a two-phase intervention research project that offers a ten-week of accent reduction class along with four socio-cultural communication workshops. For the convenience of participants, all activities were held onsite at either Spring Valley or Desert Springs Hospitals. Amy Nassaur, MS, a certified speech therapist, taught the accent reduction course, and Roseann Colossimo, PhD, and Philip Xu, PhD, taught the socio-cultural communication workshops.

Both phases of the project included pre- and post tests to measure the effectiveness of the interventions. To accommodate busy and changing schedules, the team allowed IEN's to self-select into either the intervention or control group and accommodated it to the greatest extent possible. The same intervention class was offered on Monday and Friday of each week. The intervention group was given the opportunity to earn up to 30 continuing education credits - 20 CEU's for the ten-week linguistics course and 10 CEU's for the communication workshops. Control group participants had the opportunity to earn 10 CEU's if they complete the four work workshops on DVD after the study was complete. The diagram below provides a visual presentation of the research project.

The IEN's involved in Speak for Success gave very positive feedback about their experiences. Most felt the accent reduction class was quite helpful. Several people wanted to attend the classes both days of the week instead of just once a week. Many asked when another set of classes would be offered. All of the nurses agreed that if this course had been offered when they had their initial orientation for their first job in the United States, their transition would have been much easier and more enjoyable.

The research team has completed data collection for the research project and is in the process of conducting data analysis and preparing for dissemination of the research findings. Jay Shen, PhD, from UNLV's School of Community Health Sciences will lead the project's statistical analysis.



Have a question?
Give us a call.

Nevada State Board of

NURSING NEWS

ADMINISTRATION

5011 Meadowood Mall Way, Suite 300, Reno, NV
89502, 888-590-6726
nursingboard@nsbn.state.nv.us

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PROGRAM STAFF

5011 Meadowood Mall Way, Suite 300,
Reno, NV 89502, 888-590-6726

2500 W. Sahara Ave., Suite 207, Las Vegas, NV
89102, 888-590-6726

nursingboard@nsbn.state.nv.us

INVESTIGATIONS AND MONITORING

Linda Aure, BSN, RN-BC, Senior Investigator

Complaint Investigations
Nursing Practice Questions

Amy Clark, BSN, RN, Application Coordinator

Application Review
Fraudulent Application Screening

Cindy Peterson, RN, CRRN, CLNC, CHCQM, FAIHQ, Investigator

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