

Nevada State Board of
NURSING NEWS

March 2009



Doreen Begley, MS, RN
President, RN Member



Kelly DeMaria, MSN, RN
RN Member



Patricia "Tish" Smyer, DNSc, RN
RN Member

NEW BOARD MEMBERS

**Board Eases Window for
Chemically Dependent Nurses**

**CHEMICAL DEPENDENCY
AND THE NURSE**

Guiding Principles

PERSONNEL LISTS

**Thoughts From
An Investigator**

Learn with the Leaders!

TOURO UNIVERSITY NEVADA SCHOOL OF NURSING



In response to the growing need for professional nurses, Touro University Nevada School of Nursing, located in Henderson, offers a variety of nursing degrees; a generic baccalaureate degree, an RN to BSN, MSN for RN's with BA or BS degrees in nursing or related fields, a prelicensure program culminating in a MSN, and the Doctor of Nursing Practice for RN's with a BS or MS in nursing. Touro University Nevada, a Jewish-sponsored non-profit institution, was the first private university to open a School of Nursing in Nevada. The SON is the first to offer the Doctor of Nursing Practice or an Entry-Level Master's degree in the state. In fact, Touro is the **only** university in Nevada that offers either degree! Touro University Nevada School of Nursing — A leader in nursing education in Nevada.

Nurses - these programs are for you!

TOURO UNIVERSITY NEVADA SCHOOL OF NURSING

invites you to explore our newly expanded degree offerings:



- **RN-BSN & BSN-MSN** - 12 month programs, blended classroom/web-based instruction. Accepting applications now.
- **Doctor of Nursing Practice** - Flexible distance-learning format, now accepting applications.

Become a Nurse

- **Entry Level Masters & Bachelor of Science in Nursing** - 16 months to RN licensure. Now accepting applications.

Please refer your friends and family who wish to join you in the nursing profession!



For more information:

Website www.tu.edu **Virtual tour** www.tunlive.com **Email** geasterling@touro.edu **Phone** 702-777-4748

874 American Pacific Drive, Henderson, NV 89014

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

Editors:

Dean Estes

Director of Finance/Technology

Debra Scott, MSN, RN, APN, FRE
Executive Director

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

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

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

WORLD WIDE WEB

www.nursingboard.state.nv.us

The Board extends a big THANK YOU to our advertisers. Because of your support, we are able to provide this magazine at no cost to every Nevada licensee and certificate holder.

For Advertising information contact Jane Saunders at
Voice/Fax: 267.295.1889
email: southerndevelop2@aol.com



contents

Words from the Executive Director	4
Guiding Principles of Nursing Regulation	5
Nurse Practice Act	6
Governor Appoints Two New Board Members	7
Words from the President	9
Thoughts From An Investigator	10
Submission Of Quarterly Personnel Lists: Mandatory	11
Chemical Dependency And The Nurse: QUESTIONS TO ASK AND ANSWER	12
Alternative Program for Chemically Dependent Nurses	14
Eligibility For The Board's Alternative Program	15
Board Takes Steps to Become Green	16
Nurses Are A Critical Asset To Emergency Response	17
<hr/>	
Board and Advisory Committee Meetings	8
Nurse Practice Act	9
You're In Good Company	11
Board Members	19
Discipline and Licensure/Certification Actions	20
Toll-Free Consumer Hot Line	21
Change of Address Form	21
Staff Directory	22

Circulation includes more than 34,000 nurses, nursing assistants and student nurses.



Words from the Executive Director

JOIN US IN shaping health care policy in Nevada, something nurses have been doing for more than a century in the United States. We have done so as individuals, as members of associations, as members of nursing boards, as regulators and as legislators and other government officials.

In 1923, it was the Nevada State Nurses Association that pushed for, and eventually secured, the passage of a bill establishing the Nevada State Board of Nursing. That bill charged the Board with carrying out the laws passed by the legislature, Nevada Revised Statutes, Chapter 632. Since that time, the legislature has passed hundreds of laws that affect how nursing is practiced in Nevada, including statutes that authorized the Board to regulate RNs, LPNs, CNAs, APNs, CRNAs, EMS-RNs, and nursing education programs.

The Nurse Practice Act consists of Chapter 632 statutes, administrative code (regulations) and the Board's practice decisions and governs the practice of every nurse and nursing assistant who holds an active Nevada license or certificate. To ensure it fulfills its mission to protect the public's health, safety, and welfare, the Board also uses the "Guiding Principles of Nursing Regulation" approved by the National Council of State Boards of Nursing in 2007, on the following page.

Nursing issues which may be coming up at the session include certified medication aides, safe patient handling, whistleblower protection for healthcare providers, numeric nurse/patient staffing ratios, nursing education, and the number one issue, the budget. Budget issues will affect all areas of state government and will be the basis for extensive debate and compromise. Get interested, get involved, get excited, and make a positive difference in shaping nursing and healthcare policy in our state.

Get involved in this year's legislative session. The process can be confusing and daunting, but on page 6, there is a guide to the three areas that your Board is involved in—Laws, Regulations, and Practice Decisions. In addition, keep yourselves updated by visiting the

Legislative website, www.leg.state.nv.us. and the Board's website, www.nursingboard.state.nv.us. When you go on to the Board's website, you may click on the state seal or the emblem on either side of the title of the website; the link will take you to the State of Nevada official website. You will find a link to the Legislature in the top left hand corner of the home page. Nurses may get involved by actually attending committee meetings, giving testimony where appropriate, communicating with your legislators, and attending the Nevada Nurses Association, Nurses Day at the Legislature on February 24th, "Solving Nursing Issues Through the Legislative Process". By the time you receive this issue, that day will have passed, but I hope to see you there.

Debra Scott, MSN, RN, APN, FRE
Executive Director

Key to the Photos on the December 2008 Cover

Patty Shutt, LPN,
Site Operations
Supervisor

NEVADA • NURSING IS A DISCIPLINE

Nevada State Board of
NURSING NEWS

December 2008

Statistics can they be lies?
What happens when you say yes?

Board adopts temporary license policy
NEW NURSING REGULATIONS

Happy Holidays

Guiding Principles of Nursing Regulation

Adopted by the 2007 NCSBN Delegate Assembly

Protection of the public

- Nursing regulation exists to protect the health, safety and welfare of the public in their receipt of nursing services.
- Involvement of nurses in nursing regulation is critical to public protection.

Competence of all practitioners regulated by the board of nursing

- Nursing regulation is responsible for upholding licensure requirements for competence of the various levels of nursing practice.
- Competence is assessed at initial licensure/entry and during the career life of all practitioners.

Due process and ethical decision making

- Nursing regulation ensures due process rights for practitioners.
- Boards of nursing hold practitioners accountable for conduct based on legal, ethical and professional standards.

Shared accountability

- Nursing regulation requires shared accountability for enhancing safe patient care.

Strategic collaboration

- Nursing regulation requires collaboration with individuals and agencies in the interest of public protection, patient safety, and the education of nurses.

Evidenced-based regulation

- Nursing regulation uses evidenced-based standards of practice, advances in technology, and demographic and social research in its mission to protect the public.

Response to the marketplace and health care environment

- Nursing regulation requires timely and thoughtful responsiveness to the evolving marketplace.
- Scope of practice clarity and congru-

ence with the community needs for nursing care are essential.

Globalization of nursing

- Nursing regulation occurs at the state level and concurrently works

to standardize regulations and access to licensure.

- Nursing regulation requires fair and ethical practices and policies to address the social, political, and fiscal challenges of globalization.



PLAN YOUR FINANCIAL FUTURE TODAY!

How healthy is your retirement portfolio?

Specializing in 401K rollovers for those who have changed jobs or left the workforce and need to transfer to an IRA or annuity.

Call today for a complimentary consultation.
Steve Lindquist, Financial Services Professional
smlindquist@ft.newyorklife.com • **775.325.2225**

Licensed in NV and CA Ins. Lic. #063057 Agent, New York Life Insurance Company, Registered Representative NYLIFE Securities LLC, (Member FINRA/SIPC), A licensed Insurance Agency 50 W. Liberty St., Ste 500, Reno, NV 89501 775.323.0751

Registration Is Now Open!

24th Annual Advances in Respiratory Care Conference

April 27-28, 2009
The Orleans Hotel & Casino

A two day conference designed for respiratory care therapists, nurses and physicians with an interest in the most current advances in respiratory care procedures, medicines, multiculturalism, technology, ethics and other contemporary healthcare topics.



www.lungnevada.org
702-948-4157

AMERICAN LUNG ASSOCIATION
IN NEVADA



NURSE PRACTICE ACT

LAWS*

(Nevada Revised Statutes Chapter 632)

Idea

Ideas for legislation come from government, elected officials, businesses, lobbyists, and citizens.

Drafting

A request for a bill draft is made by legislators, legislative committees, the governor, state agencies, and local governments. Legislative Counsel Bureau prepares bill draft.

Introduction and First Reading

Bill is submitted by Senate or Assembly member, numbered and read for first time, assigned to committee, and printed.

Action in the House of Origin

Committee

A committee holds a hearing to take testimony and gather information about the bill. It may recommend the house pass a bill as written, pass with amendments, or not pass it at all.

Second Reading Before the Full House

A bill given a "Do Pass" recommendation is read a second time and placed on General File for debate and vote. A bill that is given an "Amend and Do Pass" recommendation is read a second time, amended, and reprinted before being placed on the General File for action.

Floor Debate and Vote by the Full House

Bills are read a third time and debated. Roll-call vote follows. Passage of most bills and joint resolutions requires 11 votes in Senate and 22 in Assembly. If passed or passed with amendments, the measure is sent to the second house.

Action in the Second House

First Reading

Bill is read for the first time and referred to committee.

Committee

Procedures and possible actions are identical to those in the first house.

Second Reading Before the Full House

If passed by committee, bill is read a second time and placed on the daily file (agenda) for debate and vote.

Floor Debate and Vote by the Full House

The procedure is identical to that in the first house. If the second house to consider a bill passes it without amendment, it is sent to the governor. If the second house amends a measure, it is returned to the house of origin for consideration of the amendments.

Role of the Governor

The governor may sign the bill into law, allow it to become law without his signature, or veto it. A vetoed bill returns to the house of origin for a possible vote on overriding the veto, which requires a two-thirds majority of both houses. Measures become effective October 1 in the year of the legislative session, unless otherwise specified in the bill.

REGULATIONS

(Nevada Administrative Code Chapter 632)

Idea

Ideas for regulations come from Board members and staff, Board advisory committees, other regulatory boards, nurses, CNAs, educators, health care organizations, civic and consumer groups, legislators, government officials, nursing associations, and labor organizations.

Drafting

The Board submits a draft to the Legislative Counsel Bureau for review, and if necessary, amendment, to ensure the proposed regulation meets legal requirements.

Public Workshop(s)

The Board holds a public workshop(s) to solicit comments on the proposed regulation. Also, written comments sent directly to the Board office are accepted and considered.

Public Hearing

The Board holds a public hearing to consider all public comments received before and at the hearing. It then debates the issues, and votes to adopt (with or without amendment), or not to adopt, the proposed regulation.

Legislative Health Care Committee

The Legislative Counsel Bureau reviews the adopted regulation (and any amendments) to ensure it meets legal requirements, and if so, forwards it to the Health Care Committee for approval/disapproval.

Legislative Commission

If approved by the Health Care Committee, the regulation is forwarded to the Legislative Commission for approval/disapproval.

Secretary of State

The Secretary of State codifies the approved regulation; it becomes effective on the date it is incorporated into the Nevada Administrative Code.

PRACTICE DECISIONS

(or Advisory Opinions)

Idea

Ideas for practice decisions come from nurses, CNAs, educators, health care organizations, civic and consumer groups, legislators, government officials, nursing associations, and labor organizations. Often, the idea will come in the form of a practice decision request; a request form is available on the Board's website.

Research and Recommendation

In many cases, the Board's Nursing Practice Advisory Committee will receive a practice decision request and place it on a committee agenda. In some cases, the issue may be more appropriate for consideration by another of the Board's five advisory committees. The committee considers the request or issue at its public meetings. It will solicit member and public input, and may assign a member or create a task force to do research on the issue. After thorough consideration and discussion, the committee members vote on whether to recommend the Board adopt the practice decision.

Board Decision

At a regular, public meeting, the Board considers the recommendation made by an advisory committee or by Board staff to adopt the practice decision. It takes testimony from interested parties, reviews the research, debates the issues, and votes to adopt (with or without amendment), or not to adopt, the practice decision.

Effective Date

If the Board votes to adopt the practice decision, it becomes effective on the date of the vote.

Board decisions are generated per NAC 632.935 Advisory opinion or declaratory order. (Please note the terms Practice Decision and Advisory Opinion are interchangeable.)

When the laws, regulations, and practice decisions become effective, they become part of Nevada's Nurse Practice Act, published on the Board's website and available for purchase (see page 9).

*Adapted from the Nevada State Legislature's website www.leg.state.nv.us. The Board encourages you to visit the website. It contains a wealth of information, including a helpful tool to find and contact your legislators, the text of all bills once they are printed, a list of legislative committees and their members, committee agendas and minutes, and even a way to listen and/or view the legislature live.

GOVERNOR APPOINTS TWO NEW BOARD MEMBERS

Governor Jim Gibbons recently appointed Tish Smyer and Kelly DeMaria to the Nevada State Board of Nursing. Ms. DeMaria and Dr. Smyer bring extensive professional nursing and life experience to the decision-making process and leadership for nursing regulation in Nevada. Board members are appointed to a four-year term and may be reappointed for a second term.

Kelly DeMaria, MSN, RN

Ms. DeMaria brings a strong combination of leadership, diverse clinical and quality improvement and customer relations and advocacy skills gained through 25 years in healthcare. She enjoys coaching, mentoring, training, and public speaking, utilizing these skills in develop-



ing and teaching other leaders and medical staff in conflict management, communication, and presentation skills. She has been involved in media relations, preparation and delivery of presentations to international customers from Japan and Belgium and local and national company executives. She is currently employed by Renown Health in Reno where she is Vice President of Quality, Integrated Health Network. She was previously employed by Stanford Hospital and Clinics in California and Saint Mary's Health Network, also in Reno. She has

both a bachelors (BSN) and a masters in nursing (MSN) from the University of Nevada, Reno, Orvis School of Nursing. Her professional memberships and affiliations include Sigma Theta Tau, numerous health quality associations, and she has been a member of one of the NSBN's advisory committees.

Ms. DeMaria shared the following, "I am tremendously honored and flattered to have been chosen for this position. I hope that my contribution to this Board of intelligent, thoughtful professionals can forward the practice of nursing to meet the ever increasing demands we are faced with both now and in the future."

Tish Smyer, DNSc, RN

Dr. Smyer's expertise in nursing education is invaluable in the Board's decision-making process in regulating Nevada nursing programs. She is an Associate Professor and Associate Dean for Academic affairs at the School of Nursing, University of Nevada, Las Vegas (UNLV). As Associate Dean, Dr. Smyer oversees current academic programs, leads the school in the preparation of federal training grants, and serves as a resource to faculty in the teaching mission of the university. Dr. Smyer earned her BSN/Nurse Practitioner from the University of Arkansas Medical Center and her MSN in Psych/Mental Health and her Doctorate of Nursing Science from the University of California, Los Angeles.

Dr. Smyer's area of expertise is the aging prison inmate and American Indian elderly. She has been active in the institutional grant arena to support American Indian Nurse Education. She was a Fuld Fellow (Helene Fuld Health Trust) of the American Association of Colleges of

Nursing, Leadership for Academic Nursing Program and has been a Commission on Collegiate Nursing Education reviewer since 1999. She has numerous honors, awards, and publications, including books, book chapters, monographs, and video/internet productions. She has given lectures, speeches,



and poster presentations at numerous national and international conferences.

Dr. Smyer is familiar with the work of the Board in that she has served as a member of the Board's Education Advisory Committee and worked closely with the Board's education consultant during the recent UNLV site survey. She shares, "I am honored to serve the citizens of Nevada and the nursing profession. It is a pleasure to join a Board with such commitment." She compliments, "The Board executive and administrative staff are professional and efficient which adds to our ability to function effectively in regulating nurses in Nevada."

We welcome both of our new Board members and hope that this experience goes beyond any expectation they may have in serving Nevada citizens. Their experience and commitment speak for itself. Again, the Governor has made excellent choices for members of the Nevada State Board of Nursing.

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

March 18-20, 2009 – Reno

May 13-15, 2009 – Las Vegas

July 15-17, 2009 – Zephyr Cove

September 9-11, 2009 – Las Vegas

November 18-20, 2009 - 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 (one)

May 5, 2009

August 18, 2009

November 3, 2009

CNA Advisory Committee (two)

Disability Advisory Committee (none)

April 24, 2009

Education Advisory Committee (one)

April 3, 2009

August 7, 2009

October 23, 2009

Nursing Practice Advisory Committee (none)

April 7, 2009

June 9, 2009

August 4, 2009

October 13, 2009

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 the 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.

Nevada State Board of NURSING NEWS Magazine Schedule

ADVERTISING (COPY) DEADLINES

PUBLISHING DATE AD DEADLINE

May 25May 1

August 25August 1

November 25November 1

February 25.....February 1

SDM • PUBLISHING • INC.

For advertising information
contact Jane Saunders at

Voice/Fax:

267.295.1889

email:

southerndevelop2@aol.com



Be Adventurous. Be Renown.

Renown Health is northern Nevada's leading health network—and a place where better is a way of life. With a complete network of two medical centers, a rehabilitation hospital, a skilled nursing facility, and multiple medical and urgent care facilities, we offer as much possibility in your professional life as Reno's 300+ days of sunshine and over 4,000 acres of park offers you in your personal. Join us.

RN & Nurse Manager Opportunities Available

For more information on Renown Health or to apply, visit www.renown.org

SKILL. EXPERTISE. TECHNOLOGY.

www.renown.org

EOE

Renown
HEALTH

DO YOU HAVE A QUESTION?

If you have questions regarding nursing practice, the first place to look is inside your Nurse Practice Act. If after reading it, you still have questions, call the Board. 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 Advisory Practice Committee to research the issue and make a recommendation.

FOR MORE ANSWERS—GET INTO THE ACT

The Nevada Nurse Practice Act is a 5-1/2" by 8-1/2" booklet. It's 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).

THE ACT IS ON THE WEB

The Board's website www.nursingboard.state.nv.us has a link to the state laws (NRS), regulations (NAC), and practice decisions which make up the Nurse Practice Act. It also contains a separate section on practice information, including guidelines for determining scope of practice.

LEARN ABOUT THE ACT AND EARN TWO CEs

Take the Nurse Practice Act (Nevada) continuing education course at www.learningext.com. For only \$12, you will learn about the role of the Board and your legal responsibilities as a nurse or CNA, and earn two contact hours of continuing education.



Words from the President

IT IS WITH GREAT pleasure that I write to all of you this month. The fact that I have been asked to write something for this edition of *Nursing News* indicates to all of you that I have been officially re-appointed to the Nevada State Board of Nursing (NSBN) by Governor Gibbons for a second four-year term. I hope to utilize all that I have learned over the past four years in the coming years. I have also just been elected by the Board to serve as the president for the next year, which I will do proudly.

In the previous issue of our magazine, Debra Scott, the Executive Director of the NSBN, alluded to the vast amount of change that will be occurring in the coming year and she utilized several quotes to describe how that will look. There is one additional quote I would like to add for all of you to consider. "Be the change you wish to see in the world" by Mahatma Gandhi.

I recently attended an event where three very *experienced* nurses talked about their experiences in nursing throughout the years. One graduated in 1943 (she's been a nurse for 65 years), one graduated in 1947 (61 years as a nurse) and the last graduated in 1953 (55 years as a nurse).

First of all, these wonderful nurses actually made my own 38-year nursing career seem like just getting started! But when they described what nursing looked like when they began, it became quite apparent that things have been changing for nursing, and for the most part for the better, for a very long time.

They described a time when nurses were not allowed to take a blood pressure as it was something that could only be done by a physician. They described a time when they were the primary care givers for entire hospitals of patients

(only one registered nurse and many students to care for hundreds of patients on the night shift). Their schedules consisted of attending classes in the daytime, taking a nap, and then going to "work" in the hospital.

They also described the cyclic times when there were too many nurses (after the end of World War II), then a shortage, then a surplus, then a shortage, and so on. What that said to me is that even if it may seem like there are enough nurses at any given time; another shortage is just around the corner...so I came to the conclusion that we can never have too many nurses! Everyone, at some point in life, is going to need a nurse.

So, when we think about change, the question is not IF there will be change. Change is inevitable and continuous. The real question is what do we want that change to look like? And how can we participate in molding it to nursing's benefit?

Participating in the process, belonging to various professional nursing organizations, being a thoughtful member of the NSBN, continuing to actively participate in direct patient care, and being both an advocate for my patients and my colleagues is how I participate in being the change I wish to see in the world. . .and so can you! Come to a NSBN meeting, apply to be on a Board advisory committee, or simply come to a meeting to offer public comment and see how the Board works. Information related to these suggestions may be found on the Board's website, www.nursingboard.state.nv.us. Be involved in our profession of nursing. It is an exciting, evolving, ever-changing entity. You, too, can "be the change".

Doreen Begley, MS, RN
President, Nevada State Board of Nursing

Submitted by: Lark Muncy RN

Thoughts From An Investigator

So...you open your mailbox and receive a certified letter from me telling you there is a complaint/investigation regarding your nursing practice.

This investigation starts because someone – your co-worker, a patient that you cared for, a patient's family, your employer, or someone familiar with your nursing practice thinks you violated the law. They then sent a complaint to the Board.

No one hopes to receive these letters, neither I as the investigator who receives a complaint letter, nor you as the nurse who receives the letter from me. As a nurse, it is devastating for you to think you did not provide good nursing care. It is also upsetting to your co-worker, your patient, or your employer to think you did not provide good nursing care.

My role is to inform you of this complaint and to gather as much factual information related to the complaint as possible. I was not there when the event occurred, you and the person who made the complaint were there, and I have already heard from that person. Now I want to hear from you.

You have many decisions to make. What are you going to do? Do you call me? Do you write me a letter? Do you ignore the whole thing? Do you hire a lawyer?

You can make whatever choice you want. Some nurses call me immediately and tell me what happened, find out what they need to do, and stay in touch until the case is resolved.

Some nurses choose to ignore the whole thing. This makes it more difficult to piece together what happened,

but the case will proceed, unfortunately, without your input.

Some nurses choose to hire an attorney. Most attorneys are very diligent and provide an explanation of what happened, provide requested information, and stay in touch until the case is resolved. Some attorneys provide no information, not even an explanation of what happened and don't get involved until the settlement process. This also makes it more difficult to piece together what happened, and the case has proceeded without your input.

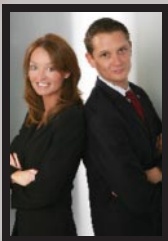
I hope that we can work together to resolve the complaint as quickly as possible. I believe that as a nurse or a CNA, you want your patients well cared for and you do not want your patients and co-workers thinking you do not take good care of your patients.

Kathleen M. Jones
Nurse Attorney

28 yrs experience
RN since 1981
Attorney since 1993



MURPHY JONES LLP



Kathleen M. Jones
Kevin C. Murphy

Offering legal services for all Nursing Board related matters, including disciplinary defense and licensing issues.

FREE INITIAL CONSULTATION

Las Vegas Office

2855 La Casita Avenue
Las Vegas, NV 89120
cell: (702) 271-2122
Office/fax (702) 434-5316

kmj@murphyjoneslaw.com
www.murphyjoneslaw.com

NURSING PROFESSIONALS



Innovation That Is Off The Charts.

Take patient care to a whole new level – and say goodbye to your clipboard. At Banner Health, we've scrutinized all of our processes, from how surgeries are scheduled to how patient records are managed, to find the optimum way to provide patient care. The centerpiece of this endeavor is the implementation of electronic medical records – that help prevent errors, reduce patient wait times and improve satisfaction. **It's no wonder why we've been ranked among the Top 25 Connected Healthcare Facilities for Best Practices in Imaging and IT by Health Imaging and IT.**

Opportunities available for RNs in Fallon

Full-Time and Per Diem positions in all departments

If you're looking for a career with great benefits that makes your future a priority, look to Banner Health. Visit jobs.BannerHealth.com/nvn or call 1-866-377-5627.



Banner Churchill

Community Hospital

EOE/AA Banner Health supports a drug-free work environment.

ALASKA ARIZONA CALIFORNIA COLORADO NEBRASKA NEVADA WYOMING

By CHRIS SANSOM, RN, BSN, *Director of Operations*

SUBMISSION OF QUARTERLY PERSONNEL LISTS: MANDATORY

If you are the nursing administrator of a medical facility, hospital or agency you have probably received notice from the Board requesting that you submit the name, license number and expiration date of all nursing personnel who were employed, even for one day, during the reporting period listed on the form. Submission of this information is not voluntary – it is mandated in Nevada law, NRS 632.125. The nursing administrator is required to submit this information at least three times per year when directed by the Board of Nursing. (The Board currently requires submission on a quarterly basis.)



Chris Sansom

Submission of the list is in keeping with the Board's mission to protect the public. The law mandates that the nursing administrator verify whom they are employing and that the nurse or nursing assistant has an active Nevada license or certificate to practice. The personnel lists are reviewed by Board staff and maintained for three years. By law these lists are confidential.

Board staff recently sent approximately 150 second and third notices for noncompliance with this state law. The law is not new. Noncompliance can be considered a violation of the Nurse Practice Act, NAC 632.890 unprofessional conduct, to which your license would be subject. The Board would rather not take this step, however if there is a pattern of noncompliance by a facility, hospital or agency, it will become necessary.

Answers to frequently asked questions regarding the personnel list:

My title is not nursing administrator, am I exempt from this requirement?

No. The term “nursing administrator” refers to the highest-ranking Nevada licensed registered nurse in your organizational structure, whatever your title may be.

The personnel list request comes in the name of the previous nursing administrator. Should I ignore it?

No. You should complete the form and fill in your name as the new nursing administrator.

I just took over my position and the former nursing administrator

allowed a nurse to work for an extended period of time without an active license. If I submit the list for that period, am I responsible for this?

No. The Board will review the information and will address any violations of the Nurse Practice Act with the person who was responsible at the time of the occurrence.

I sent the report and Board staff keeps telling me they didn't receive it, or it is incomplete, why?

There may be many reasons for this. The most common are:

- The list was sent to the Board via email (preferred method) and due to firewall safety the e-mail does not reach us. Please contact Board staff for information on how to correct this problem.
- Your facility, agency has changed their name and no one has informed the Board. Therefore we receive a personnel list but it does not match any facility in our database.
- The list is received but does not indicate facility name on the information.
- One facility submits a single report for multiple sites, but does not indicate on the form that they are reporting for Facility A, Clinic B, and Agency C. Those other sites are listed as delinquent and will receive noncompliance notices from the Board.
- The list is received but is not ‘signed’ by a nursing administrator. To send by email, the nursing administrator may sign the form, scan it and e-mail the scanned document, or clearly state the email is from, “Name, RN, title.” If received by mail unsigned, Board staff will contact you to correct the information.

I never received a request to submit a report, why?

- Your facility moved and did not leave a forwarding address or notify the Board.
- Your company has changed names and has not informed the Board.
- The Board's email request for submission of the list does not reach you because the email address provided to the Board is no longer valid in your organization and the Board was not notified.
- You are a new hospital, agency or facility and are not yet in our database. Contact Board staff to set up receipt of the notice and provide your name and address.

Please contact Board staff with any questions regarding when and how to submit the personnel list. Help us keep our costs down and meet the requirements of the law.



Need Representation
before the State Board?

HAL TAYLOR, Esq.

Over 20 years
experience representing
professionals like you.

(775) 825-2223

www.nevadalicenselawyer.com

Visit Our
Website

THINK



NURSE

www.thinknurse.com



**YOU'RE IN GOOD
COMPANY**

Active Nevada licenses/certificates
on January 23, 2009

RN • 25,319

LPN • 3,219

CNA • 6,474

Chemical Dependency And The Nurse:

“I have a disease. I’m an addict.”

Would that admission from a nurse shock you? What precedes that admission?

Are you or have you worked with a nurse that you suspect may be impaired?

These questions are very timely to reflect on and answer. Statistics estimate that 10% of the population has the disease of addiction and that nurses may be 12-20% higher than the general population. An addiction is a chronic disease... “it interferes with the ability of a human to function normally and it responds to treatment”.

The statistics do not reflect the shame, guilt, humiliation and fear that absorbs a nurse who is chemically dependent, has or is diverting drugs and perhaps facing loss of license and livelihood. These feelings are often verbalized when nurses come to the Board of Nursing office and meet with me as the compliance coordinator, after having been suspended or terminated from a job due to suspicion of alleged impairment or diversion. They often are trying to come to terms with their addiction and frequently admit, “I think I wanted to get caught” and get help.

While addiction, “the secret sickness”, “is an equal opportunity disease”, nurses have special challenges because of:

- being exposed to and having easy access to addictive medications,
- medication is viewed as an appropriate response to illness,
- self diagnosing and self medicating with nurses is common,
- the level of stress is more intense with the professional responsibilities,
- due to a family history of chemical dependency, the nurse may present a predisposition to addiction, and

- Let’s not forget DENIAL: “It can’t happen to me, I know the dangers, I would never put my patient at risk”.

Though the old assumption of an addict as a “down and out, on the street, stumbling, incoherent individual”, the reality is it affects those at all levels of society and involves not just street drugs, but prescriptive drugs and ALCOHOL.

This chronic disease is progressive, predictable, incurable, and irreversible. Unless one admits to the problem, gets treatment, establishes a solid recovery program and maintains that recovery, the disease ultimately can be fatal.

The statistics indicate that you may be working with a nurse who has the disease of chemical dependency or you may have a suspicion due to their “odd, strange or unpredictable ” behavior.

Are you presently working with a colleague who you think is active in her disease? Is he diverting or working impaired on duty and putting his patients at risk?

The following is a checklist for detecting potential chemical dependence in a nurse:

1. Physical/Emotional Problems

- Changes in physical/emotional condition during a shift
- Excessive sweating, tremors or shakiness of hands
- Slurred speech or very rapid speech
- Constricted/dilated pupils; watery eyes
- Wide swings in mood from isolation

to angry outbursts or inappropriate laughter

- Changes in personal grooming and cleanliness

2. Absenteeism:

- Frequent unscheduled short-term absences
- Absences after payday or days off
- Inconsistent or increasingly improbable excuses for absences (unbelievable stories!)
- Absences for traffic or home accident injuries

3. “On-the-job” Absenteeism:

- Long breaks
- Excessive time for charting/record keeping
- “Locked door” syndrome: frequent/excessively long use of a bathroom
- Brief unexplained absences from unit

4. Behavioral:

- Impaired concentration and/or depression
- Difficulty in assigning priorities in their clinical caseload
- Deteriorating handwriting/computer errors during the shift
- Omitted, illogical, incomplete, or illegible charting
- Errors in transcribing orders and/or taking verbal orders
- Overlooking signs of a patient’s deteriorating condition
- Hiding track marks with clothing (long/buttoned sleeves)
- Appearing on the unit on days off
- Complaints by patients of irritability, physical roughness or verbal abuse
- Avoids contact with the nurse leader/supervisor

5. Inconsistent Work Patterns:

- Alternates periods of high and low efficiency

QUESTIONS TO ASK AND ANSWER

- Becomes less dependable
- Performs minimal or substandard work in comparison to peers
- Omits treatments
- Requests change to a less supervised shift

6. Diversion:

- Increased wastage/breakage of controlled substances or evidence of vial tampering
- Uses large amounts of narcotics by one nurse as compared to peers
- Always uses maximum PRN dosage
- Complaints by patients about decreased pain relief
- Discrepancies between patient report-

ed pain relief and patient record

- Using pyxis code of another nurse
- Alterations of verbal or telephone orders for controlled substances
- Frequently volunteers or arbitrarily medicates other nurses' patients
- Usually works swing/night shift

Have you in the past or are you now enabling a fellow nurse?

There is often reluctance to step in or say anything about the behavior or drug problems of the nurse by rationalizing or ignoring "what is going on". Other nurses may use the excuse they didn't want to get involved or make their friend angry or upset. Colleagues may cover up for the addicted nurse by allowing a light work schedule, poorly supervised night duty,

allowing sloppy performance, accepting lies as reasons for errors or absences or just avoiding confrontation believing, "he has many home/financial/personal problems" or "I didn't want to make things worse for her".

This secrecy of enabling can ultimately be dangerous to patients, causing harm or death. In addition, it continues the downward spiral of the nurse's addiction and prevents the nurse from experiencing consequences of her behavior, preventing the nurse from seeking treatment and recovery.

In addition, it is in our law, the Nurse Practice Act, that nurses are "mandatory reporters" and are required to report to the Board violations of the law. (NRS 632.472, NAC 632.940).

Lake Tahoe



Work **where** you play.



Carson City, Nevada

Join Our Award-Winning Team:

- ICU/CVU
- Cath Lab
- Surgery
- PACU
- Telemetry
- Medical/Oncology
- Surgical/Ortho
- Emergency Dept.

Benefits Include:

- new, state-of-the-art facility
- sign on bonus
- relocation assistance
- 9 paid holidays

Learn more about us and apply at:

www.carsonatahoe.com
(775) 445-8678



CARSON TAHOE
Regional Healthcare

Here's to your health.

EOE

CTRH is a non-profit 401c3 corporation.

Board Eases Window of Opportunity for Nurses Who Are Willing to Admit to Impairment or Diversion to Enter the Alternative Program for Chemically Dependent Nurses

After intense consideration, discussion, research, and debate, the Disability Advisory Committee recommended the Board approve the proposed policy revision. On January 14, 2009, the Nevada State Board of Nursing approved those revisions to their policy regarding “Eligibility for Participation in the Alternative Program for Chemically Dependent Nurses” as written.

Since 1986, nurses have had the opportunity to enroll in an impaired nurse program with the Nevada State Board of Nursing if they were willing to admit to a violation of the Nurse Practice Act related to chemical dependency, surrender their license under a Contract for Voluntary Surrender, and enter into a Board-approved chemical dependency treatment program. Upon validation of the nurse completing the contract requirements, the nurse must sign a five-year Agreement for Monitoring—a comprehensive monitoring of her nursing practice and involvement in recovery activities. If the nurse successfully completed the entire program, she could return to full practice without discipline against her license. Requirements for entry into the program and compliance with its stipulations are stringent and intense, ensuring that the nurse is safe to practice while maintaining recovery and being monitored.

Until the revision of this policy, the nurse was required to “self-report” her chemical dependency to Board staff *before* a written complaint was filed with

Board staff. The timeframe for the self-report often was between 24 and 72 hours—the window of time offered to the nurse by her employer who had evidence of impairment or diversion before actually filing a complaint with Board staff.

Clinical research shows that someone suffering from active chemical dependency or chemical abuse may not have the cognitive skills necessary to make

clear decisions at this point in the disease. There is a period of weeks or even months during which the individual’s mind clears and the ability to make critical and insightful decisions returns. It is during this period of time, that the nurse may be more willing to take advantage of the nonpublic program offered by the Board.

The revised policy extends the “Window of Opportunity” for the nurse to enter into the Board’s program. That window closes at the time the Board’s attorney issues a formal Complaint and Notice of Hearing, informing the nurse of a scheduled formal hearing before the Board. This document is a public document and may be released to the public upon written request. Whatever action is taken by the Board at this juncture will be public disciplinary action, reported to all appropriate disciplinary databanks, sent to all nursing employers in Nevada, and is published in the Board’s quarterly NSBN Nursing News magazine. Once a disciplinary sanction is ordered by the Board, it stays on the nurse’s record forever, subject to the legal appeal process.

It is recommended that you read the revised policy and the article in this issue, *Chemical Dependency and the Nurse: Questions to Ask and Answer*. Take advantage of the resource you have in your Board of Nursing. This program allows the Board to support nurses in practicing safely which ultimately protects patients and the general public.



ELIGIBILITY FOR THE BOARD'S ALTERNATIVE PROGRAM FOR CHEMICALLY DEPENDENT NURSES/CERTIFIED NURSING ASSISTANTS

Statutory Authority:

- NRS 632.307 Non-disciplinary condition, limitation, or restriction placed on license, or certificate by board
- NRS 632.320 Grounds for Denial, Revocation or Suspension of License or other Disciplinary Action
- NRS 632.330 Consent and settlement agreements: Procedure for approving; deemed public records; exceptions.

Applicable Regulations:

- NAC 632.890 Unprofessional Conduct

Purpose:

It is the policy of the Nevada State Board of Nursing to afford those Nurses and CNAs impaired by disability and who meet specific admission criteria the opportunity to be monitored with non-disciplinary action by the Board. It is the intent of this policy to offer those Nurses/CNAs who meet these specific criteria, the opportunity to engage in recovery with non-disciplinary action by the Board before situations that present imminent harm to patients may occur.

Policy:

It is the belief of the Nevada State Board of Nursing that programs of assistance to the impaired Nurse/CNA that include treatment and monitoring as an alternative to a disciplinary process have been particularly effective in rehabilitating the professional and protecting the public. Nurses/CNAs who choose to participate in the alternative program (which includes the Contract for Temporary Voluntary Surrender of License/Certificate and an Agreement for Monitoring for five (5) years) will be allowed to avoid disciplinary action provided they cooperate fully with the recommended treatment and comply with the requirements for monitoring.

Conditional licensure/certification is offered to a Nurse/CNA who violates the Nurse Practice Act after agreement to temporarily surrender his/her license/certificate. The Nurse/CNA must be willing to be monitored through an agreement for a monitoring period of five (5) years and comply with the stipulations of the conditional licensure/certification in order to continue practicing nursing.

Admission Criteria:

Criteria for admission into the Alternative Program includes:

- Nurse/CNA must admit to a violation of the Nurse Practice Act related to chemical dependency to the Board.
- Nurse/CNA holds or is otherwise eligible or in the process of applying for licensure.
- Nurse's/CNA's abuse of drugs and/or alcohol affects his/her ability to practice safely.
- Nurse/CNA voluntarily requests admission to the Alternative Program and admits in writing to chemical abuse or addiction prior to a formal complaint being issued by the Nevada State Board of Nursing.
- There have been no documented incidents of nursing practice involving actual harm or injury to patients.
- Nurse/CNA has not participated in a diversion or confidential probationary program in another jurisdiction unless the Nurse is making initial application for licensure/certification in Nevada and reports such participation at the time of application. Verification of compliance in the diversion or confidential probationary program must be provided to the NSBN by the coordinator of the out of state program.

Denial Criteria:

Admission to the Alternative Program **may be denied** if any of the following are true:

- Nurse/CNA has had more than one previous treatment episode.
- Nurse/CNA is not eligible for licensure in this jurisdiction.
- Nurse/CNA has a pending criminal action or prior conviction.
- Nurse/CNA has been involved in diversion of drugs, for the purpose of sale, distribution, or supply to another individual.
- Nurse/CNA has had previous disciplinary action related to alcohol, drugs or impairment by any jurisdiction
- The Nurse/CNA has been terminated from this or any other alternative or diversion program due to non-compliance.
- The applicant's participation in the Alternative Program is determined to pose significant

risk to the public as determined by Alternative Program staff, the treatment provider or the nurse (e.g., behavior, or there is information available indicating that incidents have occurred where the nurse caused harm, abuse, or neglect to patients). Situations where this type of incident has occurred may indicate that a disciplinary outcome for the nurse is more appropriate than the Alternative Program participation.

Procedure:

- Nurse/CNA self-reports violation of the Nurse Practice Act related to chemical dependency to the Board.
- Temporarily voluntarily surrenders his/her license/certificate and signs a Contract for Temporary Voluntary Surrender.
- Nurse/CNA completes a Board approved chemical dependency treatment program or treatment program that meets the Board's treatment criteria and has been approved by the executive director and/or the compliance coordinator.
- Nurse/CNA participates in an approved aftercare program following discharge from treatment.
- Nurse/CNA complies with all stipulations of the Contract for Temporary Voluntary Surrender and requests to meet with DAC.
- Nurse/CNA is evaluated by DAC and submits evidence he/she has completed all conditions of the contract for Temporary Voluntary Surrender and is deemed to pose no threat to the public if monitored. Board staff may offer a monitoring agreement for 5 years to the Nurse/CNA. If the Nurse/CNA signs the monitoring agreement, it is presented to the Board for acceptance or rejection.
- Nurses/CNA's who do not meet these criteria may be offered an Agreement for Probation or will have a formal hearing before the Board.
- If the Nurse/CNA leaves the state, disciplinary action may be initiated.

Revision approved by the Disability Advisory Committee: October 24, 2008

Approved by the Nevada State Board of Nursing: January 14, 2009

BOARD TAKES STEPS TO BECOME GREEN

While conservation of energy and resources is not new, it has never been more pertinent than at this time. Regardless of our personal opinions about global warming, ozone, and waste products, it just makes common sense to reduce, recycle and reuse. We at the Board of Nursing have taken steps in this regard and are continually looking for ways to reduce our impact.

The follow is a brief list of some of our efforts to reduce our carbon footprint:

We are using a document scanning and imaging system and eliminating paper whenever possible. We have saved an estimated 4,000 sheets of paper per Board meeting (6 times per year) by utilizing this system to have paperless Board meetings. We also are utilizing this system to email resource information packets and agendas to our committee members for committee meetings (5 committees, approximately 56 members, meeting a minimum of 4 times per year).

We shred and recycle all paper in our office.

We hold many meetings via videoconference between our offices to reduce travel.

We have online renewal of licensure and are diligently working on online initial applications.

We recycle all office equipment and computers.

We are eliminating storage of files by scanning the documents and shredding the paper documents.

We have made the Nurse Practice Act, disciplinary actions lists, and all meeting minutes and agendas available on our website.

These steps have saved massive amounts of paper, streamlined some processes and are laying the foundation for more services to be available via computer. Can we do more? Yes! With your assistance and cooperation, we can.



Future green initiatives we are considering:

Eliminating the mailing out of the disciplinary actions list. They are available on the website and are published in this magazine.

Eliminating or greatly reducing the mailing

Eliminating the hard card license and certificate. We currently receive 75 to 80 cards back each month marked non-deliverable. The card was created to be a barrier against fraud, but sadly it is not. Verification of licensure and/or certification is available 24 hours a day, 7 days a week via our website. There currently are several states that have already eliminated their hard card nursing licenses or are in the process of doing so. This would save the Board thousands of dollars each year, estimated by our accountant at approximately \$35,000.00, and eliminate plastic refuse.

In these very difficult economic times, we are doing our part to keep costs under control without reducing or eliminating anything that would present a barrier to protecting the public. Keep watching this magazine and our website



Interested in returning to school for a graduate degree in nursing?



The School of Nursing at UNLV offers advanced degrees:

- **Master's of Nursing in:**
 - Nursing Education
 - Family Nurse Practitioner
 - Pediatric Nurse Practitioner
- **Post-Master's Certificate in:**
 - Nursing Education
 - Family Nurse Practitioner
 - Pediatric Nurse Practitioner
- **Doctorate of Philosophy in Nursing with an emphasis in Nursing Education**

ALL Programs are available anytime, anyplace ONLINE

but Nurse Practitioner students come to campus three times a semester

Visit our website at: <http://nursing.unlv.edu> or call Dr. Patricia T. Alpert at (702) 895-3810

Nurses Are A Critical Asset To Emergency Response, Both for Anticipated and Unforeseen Medical Conditions and Emergent Situations

Caroline Punches and Elaine Hudson from the American Red Cross, Mary Anderson, MD, MPH, Washoe County Health District Health Officer, and Debra Barone, Washoe County District Health Department, Medical Reserve Corps Program Coordinator presented information to the Nevada State Board of Nursing at its November, 2008 Board meeting about their organizations' need for licensed nurses to volunteer to be ready to serve in times of disaster or during other times of need.

Dr. Anderson suggested that in the event of a public health emergency, most licensed nurses would be required to report to their places of employment and may not be available to respond to the call for volunteers. She recommended

offering a special, no-cost license to retired or inactive nurses who are willing to volunteer their services. By working with these organizations, the Board would be supporting the expansion of the pool of nurses available for crisis response.

Board staff had previously met with those involved to discuss how to meet the needs of these organizations. An agreement was reached to create a policy that would be considered by the Board which would outline the process to implement a waiver for licensure fees for volunteer nurses if they met all other requirements for licensure in Nevada and if they attested that they would limit their practice to gratuitous nursing in times of natural or manmade disasters for an organized relief organization or in

matters of public health such as immunization centers, public health clinics, or indigent clinics.

A comprehensive policy and procedure was presented to the Board at its January, 2009 Board meeting in Las Vegas. A copy of that approved policy is part of this article. Please read the policy and if you have questions or are interested in obtaining a Volunteer RN or LPN license, please contact the Board's office. We will begin accepting Volunteer License applications on June 1, 2009.

The Nevada State Board of Nursing seeks to encourage patient safety by supporting nurses who wish to practice as a nursing volunteer by waiving the licensure fee under special conditions outlined in the Board's new policy.

I. PURPOSE: The Nevada State Board of Nursing seeks to encourage patient safety by supporting nurses who wish to practice as a nursing volunteer by waiving the licensure fee for those who will attest that their practice will be limited to gratuitous nursing in times of natural or man-made disasters for an organized relief organization or in matters of public health such as immunization centers, public health clinics, or indigent clinics.

II. POLICY STATEMENT: To outline the process by which the executive director may approve the issuance of a "Volunteer" nursing license to a professional or practical nurse who is currently licensed or has been duly licensed in Nevada or another state jurisdiction. A nurse carrying such a license will do so with the understanding and under attestation that all nursing practice will be done gratuitously.

III. PROCEDURE:

1. The nurse who requests a "Volunteer" nursing license must meet all requirements for initial or renewal of licensure by submitting a standard application and any necessary supporting documentation indicating that she is requesting a "Volunteer" nursing license in the state of Nevada. The \$100 licensure fee will be waived for a "Volunteer" license. Any other licensure fees, including fees for fingerprinting, any endorsement or verification fees, disciplinary databank search fees, or continuing education fees, will not be waived.
2. Support documentation for a "Volunteer" nursing license must include a written and authenticated request for consideration for a

"Volunteer" license by an organized relief organization or a public health entity outlining the practice parameters of the gratuitous nursing setting in which the nurse will be working.

3. The application shall include an attestation by the nurse that all nursing practice under the "Volunteer" license will be done gratuitously (without compensation).
4. Additional prohibitions to issuance of a "Volunteer" license are:
 - a. Any nurse who has been disciplined in Nevada or any other jurisdiction is not eligible for a "Volunteer" license.
 - b. Any nurse who has been convicted of any of the prohibitive offenses as described in NRS Chapter 449 is not eligible for a "Volunteer" license.
 - c. Any nurse who is currently enrolled in the NSBN's Alternative Program for Chemically Dependent Nurses or any other state's confidential or diversion program is not eligible for a "Volunteer" license.
 - d. Any nurse who is currently under investigation by the NSBN or any other jurisdiction is not eligible for a "Volunteer" license.
5. The application for initial or renewal of a "Volunteer" licensure and the supporting documentation shall be reviewed by licensure staff and be forwarded to the Board's executive director for final disposition.
6. The executive director will direct Board staff

to issue the "Volunteer" license if:

- a. The nurse meets the requirements for an initial license or for renewal of license,
 - b. The nurse has attested that all nursing practice under the "Volunteer" license will be done gratuitously,
 - c. The support documentation from the organized relief organization or public health entity outlines appropriate parameters for practice, and
 - d. The nurse is not otherwise prohibited from issuance of a "Volunteer" license.
7. Any nurse who practices under a "Volunteer" license is subject to all provisions of Chapter 632 of the NRS and the NAC that governs the practice of nursing in the state of Nevada.
 8. The "Volunteer" license must be renewed every other year on the nurse's birthday. The nurse is required to submit documentation validating ongoing "Volunteer" status at the time of renewal which prevents her from renewing her "Volunteer" license online. She must submit a paper renewal for consideration before her license lapses or she will be subject to a late renewal fee.
 9. Any nurse who practices under a "Volunteer" license for compensation is subject to disciplinary action by the NSBN and shall immediately cease and desist practicing any type of nursing while under investigation by the NSBN.

Adopted by the Board: January 14, 2009

We have moved!!! Please note our new mailing address below.



Law Offices of Tracy L. Singh, LLC

*Licensure Defense
for all Nevada Healthcare Providers*

Nurse-Attorney



Tracy L. Singh, RN, JD

We Handle All Board Matters With Integrity

- Applications/Renewals
- Random Audits/Denials
- Unprofessional Conduct
- Fraud/Falsification of Records
- Abuse/Neglect of a Patient
- DUI/Chemical Dependency/
Diversion
- All forms of Disciplinary Action
- Self Reports
- Settlement Negotiations
- Hearings/Appeals/NDB Disputes
- Probation Support & More

Phone: (702) 444-5520 • Fax: (702) 444-5521

8635 West Sahara Avenue # 437 • Las Vegas, Nevada 89117

Email: tsingh@tlsinghlaw.com • Website: www.tlsinghlaw.com



DESERT CANYON
REHABILITATION HOSPITAL

Currently Accepting Applications for:

Director of Nursing

Current NV RN License,
Prior DON experience required and C.R.R.N. preferred

Registered Nurse

NV License required

Licensed Practical Nurse

NV license required

Submit resume to:

Desert Canyon Rehabilitation Hospital

Attn: Tovah D'Ambrosio

9175 W. Oquendo Road Las Vegas, NV 89148

Phone: 702-795-5806 • Fax: 702-795-5828

TDAmbrosio@dcrh.net M/F/V/D/EOE

PLEASE VISIT www.DCRH.net
FOR MORE INFORMATION

THE STRENGTH TO HEAL
and focus on what matters most.

If what matters most to you is the care of your patients, we've got an extra bonus for you. A sign-on bonus of \$20,000 to \$30,000. Or you can opt for a \$10,000 bonus and up to \$114,900 to repay your education loans. Qualified nurses can continue their education and earn a master's or doctoral degree. You'll serve our Soldiers, their Families and yourself.

To learn more about the U.S. Army Health Care Team, call SSG Clinton Lochabay at 877-721-3195, email clinton.lochabay@usarec.army.mil, or visit healthcare.goarmy.com/info/ncra1.

©2007. Paid for by the United States Army. All rights reserved.



ARMY STRONG.®

BOARD MEMBERS

The Nevada State Board of Nursing is a seven-member board appointed by the governor of Nevada consisting of four registered nurses, one licensed practical nurse, one certified nursing assistant, and one consumer member.

If you wish to contact a Board member, please write c/o Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547; call 1-888-590-6726; or email nursingboard@nsbn.state.nv.us



Doreen Begley, MS, RN
President, RN Member
Term expires 10/31/12



Betty Carlgren, LPN
Vice President, LPN Member
Term expires 10/31/09



Carrie McMurray, CNA
Secretary, CNA Member
Term expires 10/31/11



Kelly DeMaria, MSN, RN
RN Member
Term expires 10/31/12



Belen Gabato, MS, RN
RN Member
Term expires 10/31/11



Sandra Halley
Consumer Member
Term expires 10/31/09



Patricia "Tish" Smyer, DNSc, RN
RN Member
Term expires 10/31/12

BOARD AUTHORITY

The Board has authority only over its licensees and certificate holders and not over the facilities in which these individuals practice. The Board enforces the Nurse Practice Act (the law regulating nursing practice), with funding for all of its activities coming solely from the fees paid to the Board by licensees and certificate holders. The Board does not have authority to take action on issues that are of an employment nature, or those that relate to the nursing profession as a whole. These matters are best dealt with by the state labor commissioner, nursing associations, labor unions, or other similar entities.

Disciplinary and Licensure/Certification Actions

taken by the Nevada State Board of Nursing for the period of December 10, 2008 through January 23, 2009

Please note some disciplinary orders by the Board may not be effective yet due to legal notice requirements. Please call the Board office to obtain further information regarding the effective dates of these outcomes.

Blair, Ashley, RN56620: Voluntary Surrender of License in Lieu of Other Disciplinary Action for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with a Board order.

Breese, Tiffany, CNA018200: Suspended for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Castanaga, Jim, CNA022299: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of nursing practice.

Chiodini, Lisa, CNA022157: Certificate revoked for three years for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (22) patient abandonment.

Coleman, Marya, CNA017536: Certificate denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Dalley, Karla, RN40764: Agreement for Fine of \$50 for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (36) practicing without an active license.

Del Valle, Debra, RN26402: Voluntary surrender of license for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with Board order.

Dunneman, Mark, CNA018253: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (40) violation of professional boundaries.

Eckert, Michelle, LPN12551: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (20) inaccurate recording, falsifying, and (27) customary standards of practice.

Eilers, Theresa, LPN03756: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (7) failing to supervise, and (8) failing to safeguard.

Eldridge-Murphy, Lisa, RN34647: Order of Reprimand and classes for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (12) privacy violation, and (13) confidentiality violation.

Fountain, Jessica, CNA016283: Certificate denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Gray, April, RN53568: Agreement for Suspension and Probation for violation of NRS 632.320 (5) controlled substances and/or alcohol, (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, and (18) diversion of equipment or drugs.

Harris, Thelma, LPN12906: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, (14) failing to comply with Board order, and NAC 632.890 (11) positive drug screen as condition of employment.

Hulshoff, Frances, LPN11483: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Johnson, Joyce, CNA011281: Voluntary surrender of certificate for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (35) failing to comply with Board order.

Kavall, Tamara, CNA002993: Certificate denied for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Kent, Beverly, CNA applicant: Denied for violation of NRS 632.320 (2) criminal convictions.

Martin, Joy, CNA applicant: Denied violation of NRS 632.320 (1) fraudulent application, and (2) criminal convictions.

Nicholson, William, RN48080: Order of Reprimand, Fine of \$200 and classes within thirty days or license is suspended until all requirements completed for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Nostrates, Gwendolyn, LPN11261: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (9) impaired practice.

O'Donnell, John, CNA applicant: Denied for violation of NRS 632.320 (1) fraudulent application, (2) criminal convictions, and (12) action in another state.

Perez, Shauneen, LPN applicant: Denied for violation of NRS 632.320 (2) criminal convictions, and (12) action in another state.

Quidang, Virginia, CNA011371: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (2) practicing beyond scope, (27) customary standards of practice, and (39) pattern of conduct demonstrates failure to protect public.

Rhines, Brandy, CNA applicant: Denied for violation of NRS 632.320 (2) criminal convictions.

Robinson, Meesha, LPN13293: Order for Fine of \$50 and class within thirty days or the license is automatically suspended until all requirements are completed for violation of NRS 632.320 (7) unpro-

ABBREVIATIONS

NRS Nevada Revised Statutes

NAC Nevada Administrative Code

fessional conduct, and NAC 632.890 (26) violation of state/federal nursing law/regulation.

Ruiz, Gabriela, CNA015901: Certificate revoked for two years for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (23) exploitation of a patient

Smith, Linda, CNA002780: Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (11) positive drug screen as condition of employment.

Sturtevant, Susan, LPN02592: Agreement for Reprimand for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice, and (39) pattern of conduct that demonstrates failure to protect the public.

Tarvainen, Pamela, RN33210: Agreement for Probation for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (16) failing to properly document controlled substances, and (27) customary standards of practice.

Valencia, Maria, CNA022410: Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (28) causing harm to a patient, and (33) abusing a patient.

Yocum, Anthony, CNA020821: Voluntary Surrender of Certificate in Lieu of Other Disciplinary Action for violation of violation of NRS 632.320 (7) unprofessional conduct, and NAC 632.890 (27) customary standards of practice.

Young, Kenneth, RN25122: Agreement for Reprimand and classes for violation of NRS 632.320 (1) fraudulent application, and (12) action in another state.

Findings of Guilt for Abuse, Neglect or Misappropriation Placed on the Certified Nursing Assistant Registry by the Nevada State Health Division's Bureau of Licensure and Certification

Sesay, Alimatu, CNA021956 Verbal abuse

Who can I call if I have questions about the complaint or disciplinary process?

The Board encourages you to call any time you have a question about the disciplinary process or what constitutes a violation of the Nurse Practice Act. Just call the Board and ask for one of the nurse investigators or the director of operations.

Please do not use this list of disciplinary actions for verifying licensure or certification status.

Other action may have taken place between the time the discipline was imposed and the time of publication. To verify licensure or certification status, please visit our website or call the Board.

What are common types of disciplinary actions?

When considering what kind of disciplinary action it should take, the Board always asks itself, "What is needed to make this person safe to practice?" The answer depends on the nature of the violation, and can range from reprimanding an individual and ordering the person to attend a remedial class to revoking the person's license or certificate. All disciplinary action is reported to national disciplinary data banks. Outlined in the Nurse Practice Act, NRS 632.325, disciplinary actions available to the Board include:

Denial of Application

If the Board denies an application for licensure or certification, it has determined that the individual violated the Nurse Practice Act. In most cases, the denial is due to criminal convictions and/or submitting a fraudulent application.

Reprimand and/or Fine

If the Board reprimands or fines a nurse or CNA, it has determined that the individual violated the Nurse Practice Act. This action does not prohibit or restrict the individual's practice.

Probation

If the Board puts an individual on probation, it means the nurse or CNA may work, but will be working on a restricted license or certificate and monitored by the Board for a specific time period. The probation may also include practice and/or setting restrictions and requirements like classes or random drug tests.

Suspension

If the Board suspends a license or certificate, it means the nurse or CNA is prohibited from practicing for a designated time period.

Voluntary Surrender

This means the nurse or CNA has agreed to voluntarily surrender his or her license or certificate and cannot practice in Nevada. If the person applies for reinstatement, the Board weighs evidence of rehabilitation and remediation when considering the application.

Revocation

If the Board revokes a license or certificate, it means the nurse or CNA cannot practice in Nevada for a minimum of one to a maximum of 10 years. After that time, the nurse or CNA may apply for reinstatement if all the requirements in the order of revocation have been met. The Board weighs evidence of rehabilitation and remediation when considering the application.

**Reach more than
34,000 nurses,
nursing assistants
and student nurses.**

*For advertising
information contact
Jane Saunders at*

Voice/Fax:

267.295.1889

email:

southerndevelop2@aol.com

SDM • PUBLISHING • INC.

**TOLL-FREE
CONSUMER
HOT LINE
CALL
888-590-6726**

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 or can be obtained by visiting the Board's website.



VA Sierra Nevada Health Care System

Keeping the Promise:

**"To Care For Him Who Shall Have Borne the
Battle and for His Widow and His Orphan..."
Abraham Lincoln, 1965**

**RN – Clinic Nurse Manager, Susanville CA
RNs – Med/Surg – Telemetry
RNs – Community Living Center
LPNs –**

fax or email CV/resume to Lenore Reinhard, RN, Healthcare Recruiter
Fax 775-328-1754, email lenore.reinhard@va.gov

A career with the VA offers stable employment and a future that is challenging, satisfying, and rewarding. Our excellent patient care environment includes earning and teaching opportunities, an advanced electronic medical records system, and competitive salaries. We have a generous comprehensive benefits package.

Visit www.vacareers.va.gov for more details and to download application documents

**Providing World Class Care and Service
to America's Heroes**



EOE

Have a question? Give us a call.

ADMINISTRATION

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

Debra Scott, MSN, RN, APN, FRE, Executive Director

Statewide Liaison and Spokesperson
Organizational and Public Management
Fiscal and Human Resource Management
Legislative and Governmental Relations
APN Advisory Committee Chair
Nursing Practice Advisory Committee Chair

Chris Sansom, BSN, RN, Director of Operations

Program Management
CNA Advisory Committee Chair

Fred Olmstead, General Counsel

Legal Counsel

Dean Estes, Director of Finance/Technology

Budget, Accounting and Payroll Technology Support,
Programming, Website

Roseann Colosimo, PhD, MSN, RN, Education Consultant

Nursing Education Programs
CNA Training Programs
Continuing Education Programs
Education Advisory Committee Chair
Advanced Practice and International Graduate
Document Analysis

Patty Shutt, LPN, Site Operations Supervisor

Las Vegas Site Supervision
Advanced Practice Certificate Processing

Marianne Kadlic, Executive Assistant

Assistant to the Executive Director
Scheduling
Board Meeting Agenda and Arrangements
Nurse Practice Act Publication

SUPPORT STAFF

Christie Daliposon, Management Assistant

Assistant to the Director of Operations
Discipline Investigative Support
Compliance Support
Board Meeting Preparation
Disability Advisory Committee Scheduling
Nursys Data Entry

Cyndie Souza, Management Assistant

Discipline Investigative Support
Yes Answer and Fraudulent Application Processing
Endorsement Forms
Board Meeting Preparation
Nursys Data Entry

Adela Smith, Assistant to the Director of Finance/Technology

Initial and Renewal Applications
Financial File Management
Nursing Personnel Lists

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, Investigator

Complaint Investigations
Nursing Practice Questions

Lark Muncy, RN, Investigator

Complaint Investigations
Nursing Practice Questions

Kathleen Reynolds, BHS, RN, Compliance Coordinator

Disability Advisory Committee Chair
Disability Advisory Committee Scheduling
Probation and Alternative Program Monitoring
Reinstatement Applications

Marilyn Schmit, RN, Application Coordinator

Application Review
Fraudulent Application Screening

Patty Towler, Senior Certification Specialist

CNA Registry Maintenance
CNA Certification and Renewals
CNA Program and Instructor Approvals

Support

Ariadna Ramos, Program Assistant

Program Support for Licensure and Certification
Fingerprint Capture

Gail Trujillo, Receptionist

Renewal Applications
Program Support
Inquiries, Information and Referrals
Licensure and Certification Applications

Melissa Myers - Receptionist

Program Support
Inquiries, Information and Referrals
Licensure & Certification

Licensure/Certification

Sarah Bowen, Licensure Specialist

Licensure Eligibility Questions
Endorsement and Examination Applications
Continuing Education Providers
International Nurse Graduates and Licensure Issues

R E G I S T E R E D N U R S E S

www.sunrisehealth.jobs

Dawn of Possibilities

Start everyday with the promise of making a difference for others and even for yourself.

Sunrise Health is comprised of four exceptional hospitals, MountainView, Southern Hills, Sunrise Hospital and Sunrise Children's, each quite unique with boundless possibilities. Whether you are interested in a team-based approach, working in the only accredited chest pain network in Las Vegas or are excited about a hospital completely wired and developed for today's highly technological environment...the choice is yours. We are committed to excellence in patient care.

Now is a perfect time to consider joining our team. Visit our website to apply online and discover our trailing spouse program to find a job in the area for your loved ones.



SUNRISE HEALTH

SUNRISE | MOUNTAINVIEW | SOUTHERN HILLS | SUNRISE CHILDREN'S

LA ISLA UNIFORMS

THE LARGEST UNIFORM STORE IN NEVADA!

Specializing in Medical, Security, Construction, Shoes, Casino, Restaurant and more.

**WORLD
FAMOUS**

702-734-7070

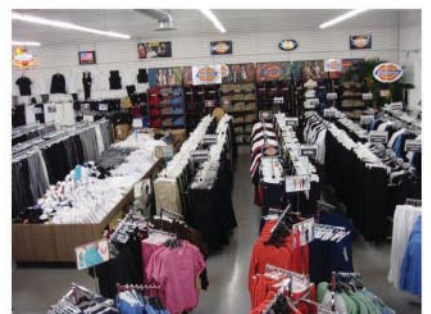


20% OFF ENTIRE STORE

March 1 - April 15

Sale items not included

PLEASE PRESENT COUPON AT TIME OF PURCHASE
LA ISLA UNIFORMS



967 East Sahara Avenue • Las Vegas, NV 89104

Open 7 Days M-Sat 10-6 • Sun 12-5

www.laislauniformslasvegas.com

