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NURSING NEWS

April 2012

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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.

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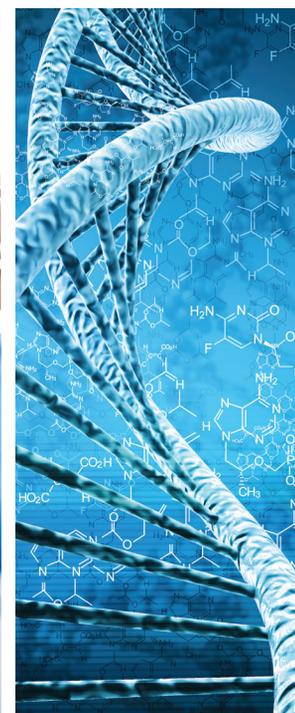


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MESSAGE

• FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

How do you keep abreast of the latest information about nursing, healthcare, professional development, and the latest research? More often, these days, I find myself accessing the wealth of information on the web. You probably are familiar with the NSBN's website, www.nevadanursingboard.org. I recommend that you visit the website on a regular basis to maintain an awareness of what is on the forefront of nursing regulation in Nevada. I hope that you have noticed that electronic copies of our magazine, NSBN News, are always posted, even before you receive it at your address of record.

With the downturn in the economy, our publisher decreased the number of pages in our magazine from 24 to 16. The magazine costs nothing to the Board to publish; all costs are borne by the publisher who pays for overhead, layout, printing, and postage with the revenue generated by advertisements. Board staff writes the copy and edits the final copy, but distribution is done by the publisher. Recently, our new editor, Dr. Colosimo, the Board's Education Consultant, expressed a desire to again provide a 24 page publication to our licensees, certificate holders, and other stakeholders. In conversations with our publisher, he suggested that if we wanted to expand the information available to our readers, we would need to recruit more advertisers...more revenue, more pages. In addition, he suggested another option. He informed us that many other Boards of Nursing who utilize his company as their magazine publisher have gone to an ePublication format, supplemented with bulk mailing to facilities, organizations, nursing programs, and other interested entities. With the decrease in cost, other Boards have been able to increase the information (pages) to better inform the nurses in their states. We decided that this may be the answer to our desire to give you all more of what you need to keep informed about nursing regulation in Nevada.

Board staff follows the direction of the Nevada State Board of Nursing. This was a decision that the Board must make. During the January Board Meeting in Las Vegas, Dr. Colosimo proposed that Nevada change how we distribute our magazine. The Board had a lengthy discussion, but decided to direct staff to go ahead with the proposal. One major consideration was that this proposal was another way for the NSBN to add to meeting its goal of becoming more and more "green." There was other rationale for changing how we distribute the magazine: The waste from magazines that are sent to outdated addresses when nurses do not send the Board a change of address. The fact that nurses who don't have an active license were not sent a magazine and so did not receive very important information about the activities of the Board. Retired nurses who have let their licenses lapse did not receive magazines. Nurses who live out of the country were not receiving magazines.

So, we begin our experiment of increasing the information that you are receiving—an increase from 16 to 24 pages of copy and an increased availability for those who in the past have not received the publication. We realize that there may be a few glitches as we roll out this change. We look to you for comments and opinions on how this new ePublication of the NSBN News works for you. We are relying on your help to give us the feedback that we need to keep the nurses and nursing assistants in Nevada informed. Please call us and let us know. We are open to adjusting distribution to make sure that you are informed.

Wishing you good health, professional growth, and at least a little bit of fun as we enjoy 2012.

Sincerely,

A handwritten signature in black ink that reads "Debra Scott". The signature is written in a cursive, flowing style.



WORDS

● FROM THE PRESIDENT

Kelly Espinoza, MSN, RN, NSBN President

Newly licensed graduate nurses today arrive to their first nursing positions with a different set of skills than previous generations of nurses and are immediately exposed to a very different health care environment. The hospital environment is fast paced with more admissions, discharges and very ill, complex patients. Not too many years ago, a new graduate nurse worked on an interim permit for six to eight months under the watchful eye of an experienced RN while waiting for her National Licensure Exam (NCLEX) results. Today, very few employers hire new graduates under an interim nursing permit due to their unwillingness to invest extensive resources to hire new graduates unless they have passed the NCLEX and have been issued their RN licenses. The Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine's October 2010 "The Future of Nursing: Leading Change, Advancing Health" report sets forth numerous recommendations regarding the future of nursing in the US. One major recommendation is that State Boards of Nursing, accrediting bodies, the federal government, and health care organizations should take action to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

As the President of the Nevada State Board of Nursing, I am so very pleased that in the past three years, stakeholders have come together to do so much to establish these nurse residency transition-to-practice programs. Many nurses have written and received grants to create and sustain these new programs. For example, Saint Mary's Transition to Practice Program was created from funding through a Health Resources and Services Administration (HRSA) grant. It is designed to help RN Graduates transition from students to professional nurses, while enhancing clinical competence, specifically assisting 86 new nurses in this process over the next 3 years. The Healthcare 20/20 Program, based on a program originally created through a partnership between Work Force Connections and the Southern Nevada Medical Coalition, has been so successful for new graduates that it now is offered at Renown Medical Center through NHA Healthcare 20/20.

Nurses have been accused of "eating their young." I am very pleased and proud of the nurses all over the state who have worked to bring a variety of excellent new graduate programs to Nevada. This will not only ensure retention and stability in the Nevada nursing workforce, but will also increase safety for Nevada patients.

INTRODUCTION

• Dr. Rhigel Jay Alforque Tan



With much enthusiasm and excitement to serve my fellow Nevadans, I joined the Nevada State Board of Nursing as the newest member of the Board appointed by Governor Sandoval for a term period of November 2011-November 2015. I believe that, along with the very motivated, able and seasoned group of nursing professionals currently serving the Board and its staff, I bring valuable diversity to the Board of Nursing as we continue with our mission to protect the public's health through effective nursing regulation and to protect the public from unsafe nursing practice.

So let me introduce myself—I am Dr. Rhigel Jay Alforque Tan. Presently, I am an assistant professor of nursing at the University of Nevada Las Vegas - School of Nursing (UNLV-SON) and a previous tenured professor of nursing from the College of Southern Nevada (CSN). My extensive expertise includes clinical training in medical surgical, mental health, emergency room, geriatric and palliative nursing. My clinical practice as an Advanced Practitioner of Nursing focuses on three fields of specialization, as an Adult Nurse Practitioner (ANP), Geriatric Nurse Practitioner (GNP), and Psychiatric and Mental Health Nurse Practitioner (PMHNP). As a foreign graduate nurse, originally from Cebu City, Philippines and relocating to Las Vegas in 1994, my experiences led me to focus my research interest in the development of an Evidenced-Based Practice (EBP) training program among internationally educated nurses and the use of human patient simulation technology in nursing.

I graduated with my BSN from Cebu State College—Cebu City Medical Center, College of Nursing in 1990, and earned my first Masters in Nursing (MN) from Cebu Normal University, Cebu, Philippines in 1993. My second graduate degree was my Masters in Science of Nursing (MSN) from University of Alabama at Birmingham where I graduated in 2010. I finished my terminal degree in Nursing, completing my Doctor of Nursing Practice (DNP) from Rocky Mountain University of Health Professions in Provo, Utah in 2011.

I am very much involved in the Asian community of Las Vegas especially among the Filipinos where I co-founded the KALAH! Philippine Folkloric Ensemble, a cultural community-based organization aimed to unite Filipino-Americans in the Las Vegas area through preservation

and promotion of the Filipino heritage through arts, culture and the promotion of health among the Asian–American. I was also an active board member of the Philippine Nurses Association (PNA) of Nevada and initiated the formation of a PNA Evidenced Based Practice Committee. Working among a diverse community such as Las Vegas is a joy. In 2004, I developed the Nurse Apprentice Program of Nathan Adelson Hospice through a grant from MGM-Mirage Foundation and was invited to present the program at a National Hospice Leadership Convention in Washington, D.C. During that same year, I was the runner-up recipient of the March of Dimes Nurse of the Year for Advanced Practice Nursing. I am familiar with the Board of Nursing principles and mission of protecting the public's safety when I become a member of the Nevada State Board of Nursing Advisory Committee for Advanced Practice from 2008-2010. With passion from Education, I became an NCLEX item writer in 2009 and in 2010 was appointed as a committee member for the Commission on Graduate of Foreign Nursing School (CGFNS). My ongoing commitment to the Las Vegas community is evident through my membership as a volunteer in the Clark County Emergency Corps and the Zeta Kappa Chapter of the Sigma Theta Tau International Honor Society for Nurses.

As the newest member of the NSBN, I will advocate for nursing professionals to get involved with professional membership such as local, regional and national nursing organizations, to update nursing knowledge, hone nursing skills and refine the art and science of Nursing. I hope to impress upon minority nurses the importance of being familiar with the regulations governing nursing practice in the state of Nevada by attending Board meetings or, without reservation, contacting Board staff to answer nursing practice questions, rather than waiting until one's nursing license is under investigation. In doing so, together with the other six members of the Board of Nursing, we can work side by side as we continue to carry on the mission of the Board to protect and promote public safety through quality and safe nursing care for all our fellow Nevadans. After all, I do believe that Nursing is both an art and a science that is practiced with the best harmony of the heart, hand and mind inherent in every nurse's care.



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HANDWASHING



- Good hand hygiene has been shown to be the single most effective method for preventing and reducing the transmission of health care acquired infections.

By Jennifer Snidow, CNA, NSBN Board member

I am both pleased and excited to be the newly appointed Certified Nursing Assistant (CNA) member to the Nevada State Board of Nursing. I became a CNA in 2004 as I was working my way through college. The flexible hours were what initially drew me to the field, but I was surprised by the skills that I would learn beyond what the job description implied. I learned how to manage multiple priorities, to balance a challenging job with a demanding academic career, but most importantly, I learned that every patient, and every person, is worthy of dignity and respect. I have worked in home care, long-term care and acute care settings and as I think back over the years, I fondly remember the times I was able to teach first time parents how to change their new baby's diapers, to lend an understanding ear to a patient who was about to undergo surgery, or to console a woman who had just lost her husband of 65 years. These experiences have had a lasting impact on the person I am today. I am proud of the care that I have been able to provide, and I am honored to have been a member of my patients' nursing care team. As I begin my term on the Board, I plan on being a strong patient advocate by promoting that which I learned as a CNA: every patient is valued and every action we take as members of the nursing team should be in our patients' best interest and safety.

The theme for this issue of Nevada Nursing News is Saving Trees and Saving Lives and since I am new to the Board I thought for my first article it would be nice to start with the fundamentals. The simplest and most important thing we as care providers can do to protect our patients is to practice proper hand hygiene. I know that this is a subject we have all been educated on, but nationwide statistics are still showing that we aren't washing our hands enough. In the United States more than 1.7 million patients are diagnosed with health care acquired infections each year (Klevens, et al., 2007). Of these 1.7 million patients, roughly 90,000 will die from their infections.



This is staggering because these deaths are easily preventable by using proper hand hygiene techniques. Good hand hygiene has been shown to be the single most effective method for preventing and reducing the transmission of health care acquired infections.

According to the CDC, you should wash your hands :

- Before and after touching blood, body fluids, secretions or contaminated items
- Before and after caring for someone with Norovirus, C-difficile or anthrax
 - Before and after treating a cut or wound
 - Before and after eating food
- After using the toilet
- After changing diapers or briefs
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After touching garbage

To wash your hand using the correct techniques:

- Wet your hands with clean, running water (as hot as you can tolerate) and apply soap.
- Rub your hands together to make lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air dry them.

Patient safety starts with you. Taking the time to properly wash your hands will have a lasting impact on your patients by preventing health care acquired infections.

References:

Klevens, R.M. et al (2007). Estimating health care-associated infections and deaths in U.S. hospitals, 2002. Public Health Reports, 122(2), 160-166.

Centers for Disease Control and Prevention (2012). Handwashing: Clean hands save lives. www.cdc.gov, Retrieved from <http://www.cdc.gov/handwashing/>

UPDATE

● CRIMINAL HISTORY BACKGROUND CHECKS ON RENEWAL

By Chris Sansom, MSN, RN

There is a fair amount of misunderstanding and confusion when speaking with nurses, nursing assistants are included in this term for purposes of this article, regarding the Board's criminal history background check (CHBC) on renewal process. When asking applicants where they received their misinformation the response is a friend, a coworker, they made an assumption, or they read it somewhere. It cannot be stressed enough - contact the Board directly or go to the website to obtain accurate information regarding this critical process that can affect your ability to practice nursing.

Why is the Board doing this? Simple - public protection. Not everyone is forthcoming about their past criminal history for a variety of reasons. Since starting CHBCs on renewal in October 2010, the Board has initiated 215 investigations based on a renewal applicant's positive criminal background not previously disclosed. This is in addition to the large number of positive criminal histories investigated for initial applicants (See the Board's Annual Report on the website). Criminal histories received by the Board include DUIs, domestic violence, assault, fraud, theft, drug related charges, child abuse, sexual assault, and attempted murder to name a few. Every conviction is significant when moral character and the ability to practice nursing safely are crucial to public protection.

When notified by the Board, renewal applicants must submit fingerprints (two cards or sets of prints) for an FBI and a Nevada Criminal History background check. Applicants are strongly encouraged to have their fingerprints captured by LiveScan (electronic) whenever possible. It is the fastest and most efficient method available. The license/certificate will be renewed for six months only to allow for processing and for the Board to receive and review the completed reports. Simply submitting the fingerprints does not satisfy the renewal process. If the criminal history is negative, the license will be extended to its full renewal cycle and the applicant will be notified. If the reports are positive an investigation is initiated.

A positive CHBC initiates an investigation to determine outcome of the charges. CHBC reports frequently only state the charges, not the outcomes. Board staff never assumes an applicant is guilty of any charge, or that the applicant intentionally "lied" on their application. Applicants receive due process by receiving written notice of allegations, having the opportunity to respond directly, to obtain counsel if they choose, and to present court documents. If evidence (court documents) indicates the applicant was not convicted, the investigation is closed and the license fully renewed. Board policy governs staff investigations and outcomes of CHBCs.

Staff also follows Board policy to resolve an investigation if the evidence proves there has been a conviction not previously disclosed. Resolutions based on policy may include, but not be limited to, a settlement agreement such as a fine, a reprimand,

probation, or a hearing before the Board depending on the nature of the conviction. Applicants are encouraged to review the Board's Information on Criminal Convictions for People Interested in a Nursing Career in Nevada available on the website; however, every conviction must be reported to the Board, not just the fifteen listed in the information packet. There are now fifteen convictions (instead of eight) considered prohibitive, meaning that even if the Board granted a license the applicant could not work in home health, long term care or assisted living either for seven years, or forever depending on the conviction. These prohibitive convictions are based on Nevada facility law, NRS 449.174.

Staff wants you to complete your CHBC successfully and is here to help you with the information you need. If there is a positive report, we will make the process as transparent as possible for you and explain all of your options. Here is a brief list of things to know:

- When you receive a Notice of Investigation from the Board don't panic. A Notice of Investigation letter does not mean there will be discipline against your license. Remember, we do not presume you are guilty of anything. Read the letter at least twice, and start gathering the information listed that you need to resolve the investigation. You may seek legal counsel, but an attorney is not required for any process with the Board.
- All Board investigators are registered nurses. Do not hesitate to call the office and ask for the nurse assigned to your investigation for information.
- By law you must maintain a current address with the Board, NAC 632.205. Your address of record (the one you provide to us) is considered your legal address of record. Not receiving a Notice letter will not halt the investigative process.
- All convictions are reportable to the Board regardless of how long ago they occurred or the nature of the conviction.
- If you answer the screening questions on applications appropriately staff may have more options available to you based on policy.
- If you have a positive criminal history obtain a copy of your court documents or a statement from the court regarding the status of the records. Keep these documents forever! Nevada is one of many states that require CHBC for initial and renewal applicants for nursing licensure.
- Fingerprint immediately when notified by the Board to avoid lapse in licensure. Six months goes by fast.
- If you have questions about the Board's processes, ask us directly to ensure that you are receiving accurate information.



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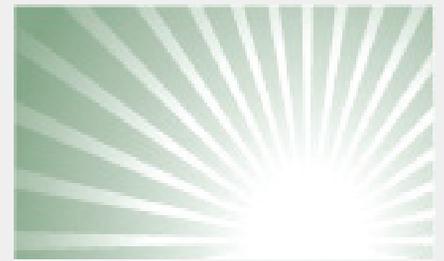
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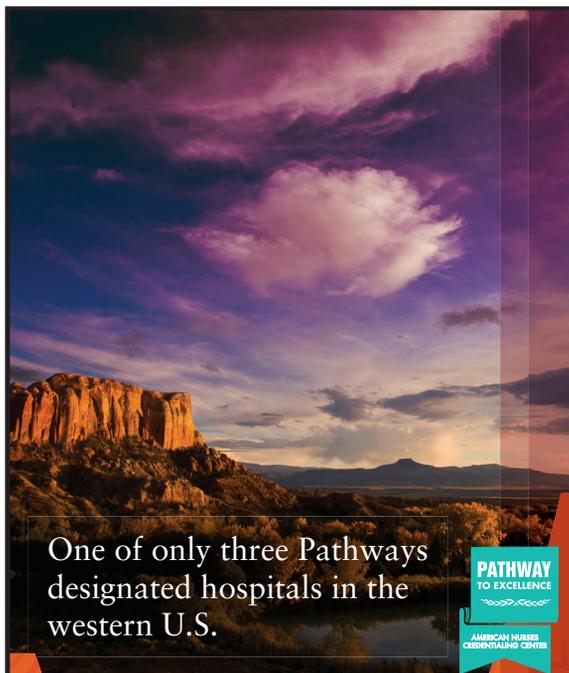
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SAVING LIVES!

• NURSING FROM EARLY IN ITS HISTORY HAS UTILIZED SKILL, SCIENCE AND STATISTICS TO SAVE LIVES.

By Roseann Colosimo, PhD, MSN, RN

My nurse will help you with that. How often does everyone hear that statement and most times the person is not actually a nurse but a medical assistant or a front office person? My veterinarian once said the nurse would do the blood test on my dog. Nursing from early in its history has utilized skill, science and statistics to save lives.

From the beginning, Nursing has been populated by those who take risks. In Greece in the third century the Parabolani order cared for plague victims. Parabolani is a word derived from the Greek word, *paraboulomai*, which means “to throw yourself alongside someone, or something.” It is best translated in English as “to risk,” or “to hazard,” “to gamble” even. It certainly would be a courageous risk to care for plague victims in the third century.

In 1860, Florence Nightingale’s *Notes on Nursing* presented Nursing as a distinct scientific profession. The mortality rate in the early stages of the Crimean War was 50 percent. Nightingale suggested that implementation of sanitation, diet and ventilation measures could improve the mortality rate of British forces in China and subsequently the rate fell to 6 percent. The reforms of Nightingale had not been implemented in the English barracks in London yet so the mortality rate was 17.5 /100 soldiers. Good evidence of a scientific profession saving lives.

Today, professional nurses are fighting political, corporate and government battles to save lives of patients. In Nightingale’s time, women’s role in society and the limited opportunities for women to secure an education was a huge barrier. Today media is one barrier. *Saving Lives: Why the Media Portrayal of Nurses Puts Us All at Risk* by Sandy Summers and Harry Jacobs Summers published by Kaplan in 2009 is a very critical wake- up call for Nurses to be proactive in creating understanding about the profession as a scientific discipline that saves lives. The book focuses on many examples in the media in which doctors are given all the credit for the patient care actually given by nurses. Examples from popular TV shows are great examples where physicians do everything from start IVs to give all medicines and manage codes all by themselves. On the television series, *House*, nurses only exist for derogatory comments by the lead character. The book starts with examples from CNN Iraq war coverage titled “Doctors Save Lives.” The very skilled healthcare team, which included nurses, should receive credit for the lives saved during the long war.

“Real nursing is exciting. That’s why major hospital shows on television, like *House* and *Grey’s Anatomy*, spend so much time showing work that real nurses do. Sadly, they show the physician character doing it.”

In order to attract the best and the brightest to Nursing, the Nevada public needs to understand the tremendous skill and knowledge it takes to be a nurse. A 2011 research article, “Nurse Specialty Certification, Inpatient Mortality, and Failure to Rescue” in *Journal of Nursing Scholarship*, is an excellent example of work being done just as foretold in Nightingale’s definition of Nursing as a distinct scientific profession.

Kendall-Gallagher et al (2011) studied how the proportion of staff nurses with specialty certification is associated with risk-adjusted inpatient 30-day mortality and failure to rescue (deaths in surgical inpatients following a major complication). Obviously Chief Nursing Officers, nurse educators and hospital policy makers want to achieve a competent nursing workforce to function in the highly complex hospital environment. This research found that specialty certification was associated with lower patient mortality and failure to rescue but only among nurses with a BSN or higher. Mean years of hospital experience was not a significant factor. This research informs decisions made by Chief Nursing Officers in improving safety for patients to support their investment in a BSN workforce with specialty certification.

Nevada nurses are working hard to improve patient safety; the number of Nevada nurses in RN to BSN programs has jumped tremendously. Margaret Newman’s theory of health as expanding consciousness is an important idea for the profession. The health of our nursing profession is in a large part dependent on our expanding consciousness that no matter where you work in nursing you are saving lives. In Nevada, professional nurses need to keep expanding the consciousness of nurses and citizens about the importance of a competent scientific nursing workforce for Nevada. Saving lives is what Nursing has been about from the beginning.

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Picard, Carol, and Dorothy A. Jones. *Giving Voice to What We Know: Margaret Newman’s Theory of Health as Expanding Consciousness in Nursing Practice, Research, and Education*. Sudbury, MA: Jones and Bartlett, 2005. Print.

Summers, Sandy; Summers, Harry Jacobs. *Saving Lives: Why the Media Portrayl of Nurses Puts Us All at Risk*. Kaplan Publishing, 2009.

MEET THE STAFF



Char'Dae Criner



Demi Hays

- Char'Dae Criner and Demi Hays are two of the Board's receptionists.

As receptionists, Char'Dae and Demi are responsible for general program support including inquiries, information and referrals, processing initial and renewal applications, and fingerprint capture.

Char'Dae started working for the Board in December 2010. Prior to coming to the Board, she was a Private Branch Exchange (PBX) Operator at the Luxor hotel and casino. When asked what she likes best about working for the Board, Char'Dae responded, "The people are amazing!" She would like to share that we care about both the needs of nurses and the public.

In her free time, Char'Dae enjoys spending time with her son, Jalil.

Demi started working for the Board in February 2011. Prior to coming to the Board, she worked at a restaurant as a server. When asked what she likes best about her job, Demi responded, "Everyone here works really hard and if you have a question or need help everyone is there to help and pitch in."

In her free time, Demi enjoys hanging out with her two year old son.

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BOARD TALK

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

May 23 - 24, 2012 - Las Vegas
July 18 - 20, 2012 - TBA

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 an 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 video-conference in Reno and Las Vegas.

Advanced Practice Advisory Committee (none)

May 1, 2012

Disability Advisory Committee (two)

April 20, 2012

Education Advisory Committee (one)

April 19, 2012

Nursing Practice Advisory Committee (none)

April 10, 2012

Certified Nursing Assistant/MA-C Advisory Committee (none)

April 26, 2012

• 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 and closes each 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 nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

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WALK WITH ME

as a Hospice Nurse



This is a new feature to our Nevada nursing magazine that was suggested by Helina Whitney, a new member of the Education Advisory Committee, as she felt nurses are really interested in what other nurses do.

So as with all good ideas, Helina and her nurse Karen Khal then immediately became the subject of our first “Walk with Me” article.

Karen Khal, RN CHPN is a UNLV graduate and a 7-year Hospice nurse. Helina Whitney, RN CHPN is an educator for Nathan Adelson Hospice. Both state they are often asked why they chose to go into hospice nursing, where the focus of care is end of life processes. Hospice nurses have a saying, “You don’t call Hospice; Hospice calls you.” Karen stated she is particularly touched and honored to be a part of the patient and family’s support system as they experience the dying process. The reality is that everyone dies at one point, with or without anyone’s help, and hospices nurses take on the responsibility of being the educator and pain assessment expert.

Things I didn’t know:

1. Only a fraction of the population has advanced directives. This is a big challenge for both healthcare professionals and caregivers because when the patient’s wishes are not known, everyone has to guess as to the right thing to do. In hospice, Karen and Helina see that most patients want to spend their last days at home, without pain, and have their family around them.
2. The vast majority of hospice patients are cared for in their own homes. Inpatient care is reserved for those who cannot be managed at home. Unless the patient is already dying when admitted (which happens all too often) they generally stay on an inpatient unit only 3-5 days for intense symptom management. Once controlled, the patients are transferred home or to long-term care where hospice nurses continue providing support and teaching.
3. One of the little known benefits of hospice is respite care; this benefit allows up to 5 days custodial care for patients so that families can rest or take care of other responsibilities.
4. 13 months of bereavement support is available.
5. Inpatient unit nurses generally take 6 patients per assignment.
6. Home care hospice case managers generally have 15 patients, and they facilitate all aspects of care along with the members of the interdisciplinary team.

When asked what is hard about being a hospice nurse,

Karen answered that family conflicts throughout the process, and working with pediatric cases were especially painful. Since a big area of concern among respiratory patients is the fear of suffocation, Karen states that hospice nurses make helping the patient to stay calm a priority. Being able to deftly handle anxious clients helps hospice nurses tremendously.

One major critical skill for Hospice nurses is knowledge about pain management. Many patients are on a pain regimen that is tailored to meet the needs of end of life discomfort. By using evidenced-based protocols, patients are put on medications suited to address their particular pain in keeping with their goals for comfort. Helina stated that one of the nice things about hospice care is that the plan of care is very individualized, and many patients are able to die a natural death at home without any pain.

Helping clients decide whether moderate pain and time with grandchildren versus little-to-no pain and adequate sedation is right for the individual are a crucial part of the therapeutic communication skills needed. Also, conflict management is necessary. As a culture, we don’t see death as a part of life. Consequently, most of these plans have not all been discussed and must be made during an already stressful time.

The most rewarding aspect is that the patient is truly the boss. Many special arrangements are made from visiting horses to attending weddings or simply chocolate milkshakes. Most patients wish they had started hospice sooner.

In addition to obtaining higher degrees, hospice nurses can advance their careers by obtaining their Certified Hospice and Palliative Care Nurse certification. A national organization that legislates for hospice, and provides ongoing education to all hospices, is the National Hospice and Palliative Care Organization (NHPCO). Both Karen and Helina have seen hospice grow significantly over the last few years, and they project it will keep growing as more people understand they can be a participant in their own care at end of life.

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UPDATES FROM POLICY WORLD

By Sarah Wheeler

Policies and regulations are continuously updated to ensure patient safety and rights. Technology in the past decades has allowed for exponential growth in education, nursing practice, and conservation. Combined, technology and policies move nursing forward to a safer and more up-to-date practice.

Here are some government and nursing updates:

- An enacted Massachusetts bill, MA HB 3815, provides “that a nurse-midwife may order tests, therapeutics and prescribe medications in accordance with specified regulations.”¹
- CA SB 98 would reestablish the California Board of Registered Nursing (BON) given the same powers as the previous BON. The bill will be moved to the Senate for concurrence.¹
- A pending New York bill, NY S 1844, would require RNs and LPNs “to complete approved domestic violence training or course work.”¹
- Scotland launched an e-health strategy for 2011-2017 that encourages “re-designing and improving health services.” A pilot evaluation found 391 users registered in the first six months, with repeat prescriptions and weight monitoring. The portal is expected to deliver a savings of over \$100,000 “based on reductions in outpatient appointments and fewer face-to-face interactions.”²
- The most recent Gallup poll shows nurses have once again been rated as the most trusted profession.³
- “The Philippines Professional Regulation Commission estimates that the number of unemployed Filipino nurses will soon reach 298,000. In response House Bill 4582 has been introduced aiming to establish a Special Program for the Employment of Nurses in Urban and Rural Services.”³
- “The Joint Commission released a warning related to provider fatigue and patient safety, stating that worker fatigue is three times more likely to lead to an error.”³

- A Department of Health and Human Sciences report showed “hospital employees recognize and report only one out of seven errors, accidents and other events that harm Medicare patients while they are hospitalized.” Common reasons were the assumption that someone else

would report, frequent occurrence of the event or the isolated nature of the event.³

1. NCSBN, ed. 2012 *State Legislation Session* (2012): 1-236
2. *Nursing & Midwifery Council* 2011.4 (2011): 10-12.
3. NCSBN, ed. *Policy Perspectives* 13.2 (2012): 1-8

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COALITION

- Nevada Alliance for Nursing Excellence (NANE) and the Nevada Health Care Sector Council (NHCSC) ACCEPTED AS THE NEVADA ACTION COALITION



On February 23, 2012, NANE and the NHCSC were accepted as the Nevada Action Coalition affiliated with the Future of Nursing: Campaign for Action by the Robert Wood Johnson Foundation (RWJF) and the AARP Foundation.

The development of Action Coalitions as a component of The Campaign for Action stems from the RWJF Initiative on the Future of Nursing at the Institute of Medicine's October 2010 report, "The Future of Nursing: Leading Change, Advancing Health." This IOM report set forth numerous recommendations regarding the future of nursing in the US. RWJF and AARP, through the Center to Champion Nursing in America (CCNA), created the Campaign for Action as a collaborative effort to fully implement the recommendations contained in the IOM Report. The Campaign for Action calls together all of the action coalitions—organized groups of nursing and non-nursing leaders and stakeholders working at the local, state and regional levels to implement the recommendations of the IOM Report. Nevada Action Coalition has been approved to be part of this coordinated effort.

The four messages of The Future of Nursing report are:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the US.
- Effective workforce planning and policy making requires better data collection and information infrastructure.

Congratulations to the leaders of NANE and NHCSC for this exciting new designation as the Nevada Action Coalition and their support of the Future of Nursing.

Have a question?
Give us a call.

Nevada State Board of
NURSING NEWS

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SCOPE OF PRACTICE

- DETERMINING YOUR SCOPE OF PRACTICE (Revised 8-6-02)

The Board of Nursing has been diligently working to empower Nevada nurses regarding determining their own scope of practice. The Board's mission is the regulation of nursing practice in Nevada; this regulation does not mean dictating how individual nurses and nursing facilities should carry out that practice, but whether or not that practice meets the standards established by the Nurse Practice Act. Using the following guidelines and algorithm, the Chief Nurse may decide what is within scope, document that for individual nurses, and provide policies and procedures to reflect that practice. For individual nurses, the responsibility is to make certain the Chief Nurse has authorized the practice and that it is documented in policies and procedures.

SCOPE OF PRACTICE DECISION TREE

1. Describe the act to be performed. Was the task/skill taught in your basic nursing program? Review scope of practice for your license/certificate. Is this act expressly permitted or prohibited by the Nurse Practice Act for the license or certificate you hold?



2. Is the act consistent with the generally accepted scope of practice and passes the "reasonable and prudent" standard for nursing?



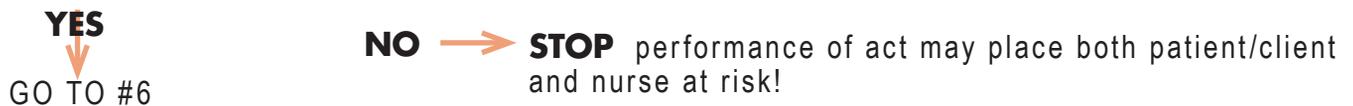
3. Do you personally possess the depth and breadth of knowledge to perform the act safely and effectively?



4. Do you personally possess documented current clinical skills to perform the act safely?



5. Is the performance of the act within the accepted standard of care?



6. Does agency have policy and procedure in place for this activity?



7. Are you prepared to accept the consequences of your action?



If you are unable to determine whether the task/skill is within your scope of practice:

1. Has the Nevada State Board of Nursing made a practice decision regarding the task/skill in question? (See “Nursing Practice Decisions” on nevadanursingboard.org.)
2. Is the task/skill in your hiring agency policy and procedure manual? (NAC 632.225 or 242)
3. Is your competency in performing this task/skill documented in your personnel file?
4. Does carrying out the duty pass the “Reasonable and Prudent” standard for nursing?
5. Is the action reflective of the consumer’s desires and is it appropriately authorized?

If you cannot answer “yes” to the above, and if no practice decision exists, use the *Cumulative Index of Nursing and Allied Health Literature (CINAHL)* process as described in Nurse Practice Regulations NAC 632.225, subsection 3, for Registered Nurses; and for Licensed Practical Nurses, NAC 632.242, subsection 3.

If the task is not addressed in CINAHL, you may request a Board Practice Decision by obtaining the proper forms from a Board office or available on the Board’s website, doing the research using criteria provided by the Board, and submitting 12 copies of your results for review and consideration by the Board’s Nursing Practice Advisory Committee. After the Committee makes a recommendation, the Board’s conclusion will be relayed to the requester following the next regularly scheduled Board meeting.

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COMMUNICATION

By Roseann Colosimo, PhD, MSN, RN

● Patient Safety and Student Clinicals

Many of you remember the days when student nurses were a Monday to Friday, September to May experience. Those days are long gone now. Students come 24/7, year round. There are also many students besides nursing students, like Emergency Medical Services and Physical Therapy students. A variety of clinical experiences is at the core of a nursing education and the future of patient safety. Those educational experiences require a variety of nurses contributing many resources in time, energy, and knowledge to create clinical experiences for nursing students. The legal and governmental regulations of health care increase the burdens on agencies and schools of nursing to provide quality experiences.

A research article in the April/June 2012 issue of *The Journal of Nursing Care Quality* focuses on the importance of “speaking up” behaviors in nurses and their impact on improved patient safety. The article notes that the lack of effective communication has been identified as a major cause of inadvertent patient harm.

“Organizational silence is a phenomenon that also threatens patient safety. When applied to health care, the silence of nurses can have grave impact on patients’ lives. High-risk industries, such as aviation and nuclear power, have learned

that teamwork, collaboration, and communication that includes speaking up play an important role in the successful movement of an organization toward higher levels of safety and ultimately to what can be termed a mature safety culture. (Sayre et al, 2012)”

In Nevada, nursing education clinical experiences and simulations are extremely important to teaching communication for patient advocacy and teamwork. In November, 2011, the Nevada State Board of Nursing voted to budget start up money for a student nurse clinical placement software and support for a student passport for clinical orientation. Schools of Nursing and clinical agencies are involved in very complex work throughout the year to arrange clinical experiences. Many areas of the country are utilizing computerized software programs to facilitate this scheduling.

The programs all seem to have a couple of advantages once in place. The first is less time involved for all individuals due to the use of a more efficient computerized model compared to utilizing hand done Excel sheets. The second is that more clinical placements are able to be utilized based on a greater awareness of available clinical sites when using the more efficient computer model of scheduling.

The number of Nevada nursing programs has doubled in the last five years, which is good for Nevada. For the new graduates to be safe and competent entry level registered nurses, they must have a variety of good clinical experiences. Our hospitals and agencies have grown and changed over the last five years, too. Most are now working with electronic records. Electronic records may differ at each clinical facility, making the orientation of students much more complex. The medication error safety systems in place at hospitals for the administration of medications also create challenges for student nurse experiences in passing medications.

Nevada is very proud of the work being done at so many clinical facilities and nursing programs to maintain the quality of clinical experiences for students to become safe practitioners.

There is much work ahead for a myriad of stakeholders to launch and maintain these complex projects. Receiving the support from the NSBN for start-up money if an appropriate system is found is a tremendous gift to continue to improve the quality of clinical experiences for student nurses. Student nurses can only learn to “speak up” for patient safety if they are involved in quality clinical experiences.

Sayre, M, McNeese, D. Leach, L. Phillips, L. An Educational Intervention to Increase “Speaking Up” Behaviors in Nurses and Improve Patient Safety. *Journal of Nursing Care Quality*. April/June 2012 154-160



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